FISCAL IMPACT STATEMENT

DATE:	Monday, August 29, 2022					
FROM (Dept.):	Office of Management and Budget					
CONTACT:	Michael Gormany	PHONE:	203-946-6413			
SUBMISSION ITEM	I (Title of Legislation):					
ORDINANCE AME	<u>ndment to appropriating</u>	G ORDINANCE NUM	MBER 1, OF THE			
BOARD OF ALDER	<u>APPROVED FISCAL YEAR 2022-2</u>	23 BUDGET: SEEKING	G APPROVAL FOR			
THE RECLASSIFIC	ATION OF GENERAL FUND	POSITIONS WITHI	N THE HUMAN			
RESOURCES OFFICE	CE, OFFICE OF THE ASSESS	SOR, PARKS AND	PUBLIC WORKS			
DEPARTMENT, AND POLICE DEPARTMENT.						
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List Cost: Cor	nmercial Lease for City of New Have	n Health Department fo	r FY 2022-23			

	GENERA L	SPECIAL	BOND	CAPITAL/LINE ITEM/DEPT/ACT/OB J CODE
A. Personnel				
1. Initial start up	N/A			
2. One-time	N/A			
3. Annual	N/A			
B. Non-personnel	N/A			
1. Initial start up	N/A			
2. One-time	N/A			
3. Annual				

List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type.

NO X YES

- 1. One-time
- 2. Annual