FISCAL IMPACT STATEMENT

DATE: FROM (Dept.): CONTACT: SUBMISSION ITE ORDER OF THE N THE AMERICAN SAFETY VEHICLE	O M /_ E M (Title NEW HA RESCUI	VEN BOARD E PLAN ACT	ment and Budg / Regina Y. R Karl Jacobsen Puro Hyd OF ALDERS, TO IMPLEM	ush-Kittle chase of Public rant repairs/re APPROPRIA' IENT THE P	eplacements FING \$4.5 PURCHASI	<u>MILLION FROM</u>
List Cost: Co	ommerci	al Lease for City	of New Have	n Health Depa	rtment for l	FY 2022-23
		GENERAL	SPECIAL	BOND	CAPITA	L/LINE DEPT/ACT/
A. Personnel						
1. Initial start i	up					
2. One-time						
3. Annual						
B. Non-personne	el					
1. Initial start ı	up					
2. One-time			\$4,500,000			
3. Annual						
	Will this type.	item result in a	ny revenues for	the City? If Y	es, please lis	st amount and
NO [YES [X					
1. One-time	<u>;</u>					
2. Annual						