

## FISCAL IMPACT STATEMENT

**DATE:** May 8, 2024  
**FROM (Dept.):** Elderly Services  
**CONTACT:** Tomi Veale **PHONE** 203-946-7854

**SUBMISSION ITEM (Title of Legislation):**

RESOLUTION OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN TO ACCEPT FUNDS FOR THE DIXWELL/NEWHALLVILLE SENIOR CENTER TRANSPORTATION FOR FY 24 AND FY25 IN THE AMOUNT TOTALLING \$100,000.00 FROM THE STATE OF CT STATE UNIT ON AGING WITH AN INDEMNIFICATION CLAUSE

**List Cost:** Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this purpose.

	GENERAL	SPECIAL	BOND	CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE
A. Personnel	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$0	\$0	
3. Annual	\$0	\$0	\$0	
B. Non-personnel	\$0	\$0	\$0	
1. Initial start up	\$0	\$0	\$0	
2. One-time	\$0	\$100,000	\$0	
3. Annual	\$0	\$0	\$0	

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

NO ☒  
YES ☐

1. One-time \$100,000.00  
2. Annual

**Other Comments:**