

FISCAL IMPACT STATEMENT

DATE: Monday, October 15, 2018
FROM (Dept.): Health Department
CONTACT: Dr. Byron Kennedy PHONE: 203.946.6999

SUBMISSION ITEM (Title of Legislation):

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1AUTHORIZING BUDGET TRANSFER #301-19-1 TRANSFERRING FUNDS FROM THE HEALTH SALARY ACCOUNT IN THE AMOUNT OF \$60,000 TO THE TEMPORARY AND PART TIME HELP ACCOUNT FOR TEMPORARY NURSING SERVICES

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.

				CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE
	GENERAL	SPECIAL	BOND	
A. Personnel				
1. Initial start up	12,000			
2. One-time	60,000			
3. Annual	See Attached			
B. Non-personnel				
1. Initial start up				
2. One-time				
3. Annual	See Attached			

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

NO	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>

1. One-time	60,000
2. Annual	