FISCAL IMPACT STATEMENT

		FISCAL IIVIF	ACISIAIENE	<u>.IN 1</u>			
DATE:	Thu	ursday, July 3	0, 2020				
FROM (Dept.):	Dep	Department of Health and Office of Management and Budget					
CONTACT:	Ma	ritza Bond			_ PHONE:	203-946-6999	
SUBMISSION IT	EM (Title o	of Legislation):				
TRANSFER #30 ⁻ OTHER CONTR HEALTH DEPAR DEPARTMENT	1-21-1 TR/ ACTUAL S RTMENT SALARY CCOMANI	ANSFERRING SERVICES A TEMPORARY ACCOUNT; DATION OF A	FUNDS FRACCOUNT UP CCOUNT UP AND PAR' TO COMPLY ANURSE IN E	OM THE EX TO AN AM T TIME ST. WITH TH EVERY SCH	PENDITURE MOUNT OF AFF ACCOL E STATE I OOL TO PER	ORIZING BUDGET RESERVE FUND, \$850,000 TO THE JNT OR HEALTH DEPARTMENT OF RFORM TASKS OF	
			possible both pe unds currently bu			sts; general, capital or	
					CAPITAL		
		GENERAL	SPECIAL	BOND	II EM/DEI	PT/ACT/OBJ CODE	
A. Personnel			<u> </u>				
1. Initial start up							
2. One-time							
3. Annual							
B. Non-personnel							
1. Initial start up							
2. One-time							
3. Annual		See Attached	i				
List Revenues:	Will this iter	m result in any re	evenues for the (City? If Yes, ple	ase list amount	and type.	
YES 1. One-time							
1. OHE-UHE							

2. Annual