FISCAL IMPACT STATEMENT

DATE:	Sep	tember 7, 2021				
FROM (Dept.):	Hea	ılth				
CONTACT:	Mai	ritza Bond			PHONE	203-946-6364
SUBMISSION ITEM	(Title of Le	egislation):				
RESOLUTION A	UTHORI2	ZING THE MA	YOR OF TH	E CITY OF N	EW HAV	EN TO APPLY FOR
						DEPARTMENT OF
						FOR THE PERIOD
						NSIVE APPROACH IN THE HOME BY
	_	_				FASHION AND TO
						L DOCUMENTS AS
MAY BE CONSII						
List Cost: De	escribe in a	as much detail a	as possible bot	h personnel ar	nd non-per	sonnel costs;
ge	eneral, cap	ital or special fu	unds; and soui	ce of funds cui	rrently bud	lgeted for this
рι	ırpose.					
					CADIT	AL/LINE
						DEPT/ACT/OBJ CODE
		GENERAL	SPECIAL	BOND	II LIVI,	DEF 1/AC1/ODJ CODE
A. Personnel						
1. Initial start ւ	ıp					
2. One-time						
3. Annual						
B. Non-personnel						
1. Initial start (up					
2. One-time						
3. Annual						
List Revenues:	Will this it	em result in an	y revenues fo	the City? If Ye	s, please li	st amount and type.
NO	Х					
YES						
1. One-time						
2. Annual						
Other Comments:						

Budget details to be determined when grant application is completed. Budget will include money for personnel and non-personnel costs.