## **FISCAL IMPACT STATEMENT**

DATE:	September 7, 2021				
FROM (Dept.):	Health				
CONTACT:	Maritza Bond		PHO	ONE	203-946-6364
SUBMISSION ITEM (Title of Legislation):					
RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT A HEALTH HOMES PRODUCTION GRANT FROM THE US DEPARTMENT OF					
HOUSING AND URBAN DEVELOPMENT IN THE AMOUNT OF \$2,000,000 FOR THE PERIOD					
OF OCTOBER 27, 2021 TO APRIL 27, 2025 AND TO TAKE A COMPREHENSIVE APPROACH TO ADDRESSING MULTIPLE CHILDHOOD DISEASES AND INJURIES IN THE HOME BY					
FOCUSING ON HOUSING-RELATED HAZARDS IN A COORDINATED FASHION AND TO					
EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS					
MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.					
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					
purpos	e.				
			,	CAPITA	I /LINE
					EPT/ACT/OBJ CODE
	GENERAL	SPECIAL	BOND		El I/ACI/OBJ CODE
A. Personnel					
1. Initial start up					
2. One-time					
3. Annual					
B. Non-personnel					
1. Initial start up					
2. One-time					
3. Annual					
List Revenues: Will	this item result in any	y revenues for	the City? If Yes, pl	ease lis	t amount and type.
NO X 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.