

FISCAL IMPACT REPORT**General Information:**(Check) Bill: _____ Resolution: XShort Title(s): COVID-19 Memorial DaySponsor(s): Mayor Webber and Councilors Villarreal and RiveraReviewing Department(s): Legislative ServicesStaff Completing FIR: Jesse Guillen Date: 1/29/21 Phone: 955-6518Reviewed by City Attorney:  Date: Feb 4, 2021Reviewed by Finance Director:  Date: Feb 3, 2021**Summary:**The proposed Resolution designates the first Monday in March as "COVID-19 Memorial Day" in remembrance of those who have lost their lives or continue to suffer the effects of COVID-19.**Departments Affected:**None.**Consequences of Not Enacting Legislation:**The Governing Body will not support the designation of the first Monday in March as COVID-19 Memorial Day.**Conflict, Duplication, Companionship, or Relationship to Other Legislation:**None identified.**Performance and Administrative Implications:**None identified.**Fiscal Implications:**None identified.**Fiscal Impact**X Check here if no fiscal impact

Expenditures

Expenditure Type	FYE __	FYE __	FYE __	Require BAR (Y/N)	Recurring (R) or Non-recurring (NR)	Fund	3-Year Total Cost
Personnel and Benefits*	\$ _____	\$ _____	\$ _____	_____	_____	_____	
Capital Outlay	\$ _____	\$ _____	\$ _____	_____	_____	_____	
Contractual/	\$ _____	\$ _____	\$ _____		_____	_____	
Professional Services							
Operating	\$ _____	\$ _____	\$ _____		_____	_____	\$ _____
Total:	\$ _____	\$ _____	\$ _____				\$ _____

* This includes all staff time associated with executing the job functions of the proposed legislation.

Expenditure Narrative:

Revenue

Revenue Type	FYE __	FYE __	FYE __	Recurring (R) or Non-recurring (NR)	Fund
General Fund	\$ _____	\$ _____	\$ _____	_____	_____
Special Revenue	\$ _____	\$ _____	\$ _____	_____	_____
CIP	\$ _____	\$ _____	\$ _____	_____	_____
Enterprise	\$ _____	\$ _____	\$ _____	_____	_____
Internal Service	\$ _____	\$ _____	\$ _____	_____	_____
Trust and Agency	\$ _____	\$ _____	\$ _____	_____	_____
Federal	\$ _____	\$ _____	\$ _____	_____	_____
Other	\$ _____	\$ _____	\$ _____	_____	_____
Total	\$ _____	\$ _____	\$ _____		

Revenue Narrative:

Signature: 

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