

**FISCAL IMPACT REPORT****General Information:**(Check) Bill: \_\_\_\_\_ Resolution:   X  Short 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**

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

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

**Expenditure Narrative:**

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**Revenue**

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

**Revenue Narrative:**

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**Signature:** 

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