



City of San Antonio

Fiscal Impact Form

Category Selection

*Tip: Once you have selected a category, you must reset the form to change the category.
Resetting the form clears all your entries.*

*Is this a contract for City Council Consideration? ☒ Yes ☐ No

*Fiscal Impact? ☒ Yes ☐ No

*Is the attached contract signed? ☐ Yes ☒ No

SAP Contract Number:

Please choose from the list below:

Category 3: Grant

This option would be used to accept or expend grant funds.

If applicable, state grant type and name (i.e. federal, state, or other grant):

Dept of Health and Human Services
Center for Disease Control and Prevention
Immunization and Vaccines for Children Program

Is this 100% grant funded? ☒ Yes ☐ No

Does the grant include an indirect cost to the General Fund? ☒ Yes ☐ No

What is the Dollar Amount?

If this is a new grant, does this action create a new position? Explain in detail.

If this is a continuation of a grant, does this action require any changes to the current authorized positions for the department/project? Explain in detail.



City of San Antonio Fiscal Impact Form

Impact on Operation & Maintenance:

N/A

This completes your required information.

User Authentication

Authorized Signature: *Duncan Brown (SAMHD)*

Date: 01/04/2024

Attach this completed form to your item.