



## Funding Verification Form

**EVENT #:** 9592

**TITLE:** Employee Dental Plan Benefits

**TOTAL FUNDING AMOUNT:**

AMOUNT
\$ NO FISCAL IMPACT

**FUNDING SOURCE:**

BUDGET YR	FUND	DEPARTMENT	ACCOUNT	ACTIVITY
2022	N/A	N/A	N/A	N/A

**NOTES**

Fiscal Impact Statement: This agenda item has no fiscal impact to the City of Savannah. The cost will be paid by the employees who elect to participate in the plan.