

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of):

ALL

WARD # ALL

DATE: **September 21, 2023**

FROM: Department/Office Health
Person Maritza Bond, Director of Health Telephone 203-946-8351

This is to inform you that the following matter affecting your ward(s) will be submitted to the Board of Alders in the near future:

RESOLUTION TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEALTH DEPARTMENT TO ACCEPT AN AMERICAN RESCUE PLAN ACT VOUCHER FROM THE STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH IN THE AMOUNT OF 1,956,240 TO CONDUCT EPIDEMIOLOGICAL INVESTIGATIONS IN RESPONSE TO CHILDREN FOUND TO HAVE VENOUS BLOOD LEAD LEVELS OF 5 MICROGRAMS PER DECILITER OR GREATER IN THE CITY FOR THE PERIOD JULY 1, 2023 TO DECEMBER 31, 2026.

Check one if this an appointment to a commission

Democrat

Republican

Unaffiliated/Independent/Other _____

INSTRUCTIONS TO DEPARTMENTS

1. Departments are responsible for sending this form to the alder(s) affected by the item.
2. This form must be sent (or delivered) directly to the alder(s) **before** it is submitted to the Legislative Services Office for the Board of Alders agenda.
3. The date entry must be completed with the date this form was sent the alder(s).
4. Copies to: alder(s); sponsoring department; attached to submission to Board of Alders.