

PRIOR NOTIFICATION FORM

**NOTICE OF MATTER TO BE SUBMITTED TO
THE BOARD OF ALDERS**

TO (list applicable alders of): All

WARD # All

DATE: **April 15, 2024**

FROM: Department/Office Management and Budget
Person Ron Gizzi Telephone 203-946-8358

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:

ORDER OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN APPROVING THE CITY OF NEW HAVEN'S FY 2024-2025 ANNUAL ACTION PLAN STATEMENT OF ACTIVITIES AND USE OF COMMUNITY DEVELOPMENT BLOCK GRANT (CDBG), HOME INVESTMENT PARTNERSHIP (HOME), HOUSING OPPORTUNITIES FOR PERSONS WITH AIDS (HOPWA), AND EMERGENCY SOLUTIONS GRANTS (ESG) FUNDS TO BE SUBMITTED TO THE U.S. DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT FOR FEDERAL FINANCIAL ASSISTANCE FOR PLANNING AND COMMUNITY DEVELOPMENT ACTIVITIES UNDER THE PROVISIONS OF TITLE I OF THE HOUSING AND COMMUNITY DEVELOPMENT ACT OF 1974 AS AMENDED, (PL 93-383); THE CRANSTON GONZALEZ NATIONAL AFFORDABLE HOUSING ACT OF 1990 AS AMENDED(PL 101-625); THE MCKINNEY - VENTO HOMELESS ASSISTANCE ACT OF 2000 AS AMENDED(PL 106-400); THE HOMELESS EMERGENCY ASSISTANCE AND RAPID TRANSITION TO HOUSING (HEARTH) ACT OF 2009; AND THE AIDS HOUSING OPPORTUNITY ACT (PL 102-550); HEREAFTER REFERRED TO AS "HOUSING AND COMMUNITY DEVELOPMENT PROGRAM ACTS" AND FOR ACTIVITIES TO BE FUNDED BY PROGRAM INCOME AND/OR REPROGRAMMING FUNDS FROM PRIOR GRANT YEARS

Check one if this an appointment to a Board or 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.

