

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD # ALL

DATE: **August 21, 2025**

FROM: Department/Office Health Department
Person Maritza Bond, Director Telephone (203) 946-6978

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:

Title of the Legislation

RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE
MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT THE PER
CAPITA GRANT AWARD FROM THE CONNECTICUT DEPARTMENT OF
PUBLIC HEALTH FROM JULY 1, 2025 TO JUNE 30, 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: alderperson(s); sponsoring department; attached to submission to Board of Alders.