

## CHECK LIST FOR ALDERMANIC SUBMISSIONS

<input checked="" type="checkbox"/>	Cover Letter
<input checked="" type="checkbox"/>	Resolutions/Orders/Ordinances (NOTE: If you are submitting any item to the State you must write a Resolution)
<input checked="" type="checkbox"/>	Prior Notification Form
<input checked="" type="checkbox"/>	Fiscal Impact Statement - Should include comprehensive budget
<input checked="" type="checkbox"/>	Supporting Documentation (if applicable)

### **IN ADDITION [IF A GRANT/DONATION]:**

<input checked="" type="checkbox"/>	Notice of Intent
<input checked="" type="checkbox"/>	Grant Summary
<input checked="" type="checkbox"/>	Executive Summary (not longer than 5 pages without an explanation)

Date Submitted: January 17, 2025

Meeting Submitted For: February 3, 2025

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

### Title of Legislation:

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO  
ACCEPT AN IMMUNIZATON – BASE / COVID-19 IMMUNIZATION CONTRACT  
AMENDMENT FOR AN ADDITIONAL YEAR OF GRANT FUNDING IN THE  
AMOUNT OF \$202,872.00 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC  
HEALTH AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER  
ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR  
APPROPRIATE WITH RESPECT THERETO.

Comments: Legistar File ID: LM-2025-0034

\* Respectfully requesting UC as this is a renewal

Coordinator's Signature: 

Controller's Signature (if grant): 

Mayor's Office Signature: 

Call (203) 927-0802 or email [aguzhmay@newhavenct.gov](mailto:aguzhmay@newhavenct.gov) with any questions.

**\*\*PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED\*\***

**\*\*\* SUSPENSION AGENDA ITEMS MUST BE DISCUSSED WITH PRESIDENT OF BOA\*\*\***