

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD # ALL

DATE: **July 1st, 2024**

FROM: Department/Office New Haven 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:

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO
APPLY FOR AND ACCEPT THE PUBLIC HEALTH EMERGENCY PREPAREDNESS
GRANT AWARD FROM THE CHESPROCOTT HEALTH DISTRICT FROM JULY 1,
2024 TO JUNE 30, 2025.

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.