

CHECK LIST FOR ALDERMANIC SUBMISSIONS

X	Cover Letter
X	Resolutions/Orders/Ordinances (NOTE: If you are submitting any item to the State you must write a Resolution)
X	Prior Notification Form
X	Fiscal Impact Statement - Should include comprehensive budget
X	Supporting Documentation (if applicable)
X	E-mailed Cover letter & Order

IN ADDITION [IF A GRANT]:

X	Notice of Intent
X	Grant Summary
X	Executive Summary (not longer than 5 pages without an explanation)

Date Submitted: June 14, 2024

Meeting Submitted For: July 1, 2024

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 APPLY FOR AND ACCEPT A PREVENTIVE HEALTH AND HEALTH SERVICES GRANT AWARD OF \$300,000 FOR THE PERIOD OF OCTOBER 1, 2024 TO SEPTEMBER 30, 2028 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: **MOTION TO AMEND** Legistar File ID: LM-2023-0340

We are seeking this amendment to a BOA approval that was originally received in 2023. The original approval was for a one year contract not a multi-year contract.

Coordinator's Signature: _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

Call (203) 946-7670 or email bmontalvo@newhavenct.gov with any questions.

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