

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of):

ALL

WARD # ALL

DATE: **May 15th, 2023**

FROM: Department/Office New Haven Department of Health

Person

Maritza Bond, Director

Telephone (203) 946-8351

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 AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT A PREVENTIVE HEALTH AND HEALTH SERVICES GRANT AWARD OF \$500,000 FOR THE PERIOD OF OCTOBER 1, 2023 TO SEPTEMBER 30, 2023 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.

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: alder(s); sponsoring department; attached to submission to Board of Alders.