

## **CHECK LIST FOR ALDERMANIC SUBMISSIONS**

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

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

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

Date Submitted: May 8, 2024

Meeting Submitted For: May 20, 2024

Regular or Suspension Agenda: Regular

Submitted By: Tomi Veale, Director of Elderly Services

#### **Title of Legislation:**

RESOLUTION OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN TO  
ACCEPT FUNDS FOR THE CITY OF NEW HAVEN SENIOR CENTERS FOR FY 24  
THROUGH FY26 IN THE AMOUNT TOTALING \$235,535.00 FROM THE STATE OF  
CT STATE UNIT ON AGING TO ADD INDEMNIFICATION LANGUAGE

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Comments: MOTION TO AMEND: Legistar File ID: LM-2024-0105

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Coordinator's Signature: \_\_\_\_\_

Controller's Signature (if grant): \_\_\_\_\_

Mayor's Office Signature: \_\_\_\_\_

Call (203) 946-7670 or email [bmONTALVO@newhavenct.gov](mailto:bmONTALVO@newhavenct.gov) with any questions.

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