

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	Disk or 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 20, 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
ACCEPT A CONTINUATION OF FUNDING GRANT AWARD FOR THE PER
CAPITA GRANT IN THE AMOUNT OF \$260,706.33 FROM THE CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2024 THROUGH
JUNE 30, 2025 TO ASSIST WITH THE OPERATION OF THE HEALTH
DEPARTMENT.

Comments: Legistar File ID: LM-2024-0434

Since this is a recurring, non-competitive grant, we are requesting unanimous consent.

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****