

## **CHECK LIST FOR ALDERMANIC SUBMISSIONS**

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

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

<input type="checkbox"/>	Notice of Intent
<input type="checkbox"/>	Grant Summary
<input type="checkbox"/>	Executive Summary (not longer than 5 pages without an explanation)

**Date Submitted:** November 28<sup>th</sup>, 2023

**Meeting Submitted For:** December 4<sup>th</sup>, 2023

**Regular or Suspension Agenda:** Regular

**Submitted By:** Maritza Bond & Michael Gormany

**Title of Legislation:** Budget Transfer 301-24-1

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE NUMBER ONE OF THE NEW HAVEN BOARD OF ALDERS, AUTHORIZING BUDGET TRANSFER 301-24-1 IN THE AMOUNT OF ONE MILLION TWO HUNDRED THOUSAND (\$1,200,000) FROM THE HEALTH DEPARTMENT SALARY ACCOUNT TO THE HEALTH DEPARTMENT MISCELLANEOUS ACCOUNT FOR THE CONTINUED USE OF TEMPORARY STAFFING/NURSING SERVICES AND TO INCREASE THE AGREEMENT WITH WORLDWIDE TRAVEL STAFFING, LIMITED BY ONE MILLION TWO HUNDRED THOUSAND DOLLARS AND ZERO CENTS (\$1,200,000)

**Comments:** Legistar File ID: OR-2023-0043

**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\*\*