

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD # ALL

DATE: **August 4, 2025**

FROM: Department/Office Health
Person Maritza Bond Telephone X6999

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:

RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE
MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT AN IMMUNIZATION
ACTION PLAN GRANT FOR THE AMOUNT OF \$171,744 ANNUALLY FOR THE
PERIOD OF OCTOBER 1, 2025 TO JUNE 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.

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.