

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 type="checkbox"/> | Supporting Documentation (if applicable) |

IN ADDITION [IF A GRANT/DONATION]:

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

Date Submitted: April 17, 2026

Meeting Submitted For: May 4, 2026

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE
MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT THE PER
CAPITA GRANT AWARD IN THE AMOUNT OF \$293,007.06 FROM THE
CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FROM JULY 1, 2026 TO JUNE
30, 2027

Comments: Legistar File ID: LM-2026-0193

*** As this is an annual renewal, we respectfully request UC on this item

Coordinator's Signature: 

Controller's Signature (if grant): 

Mayor's Office Signature: 

Call (203) 927-0802 or email aguzhnay@newhavenct.gov with any questions.

PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED
*** SUSPENSION AGENDA ITEMS MUST BE DISCUSSED WITH PRESIDENT OF BOA***