

## 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: December 16<sup>th</sup>, 2024

Meeting Submitted For: January 7<sup>th</sup>, 2025

Regular or Suspension Agenda: Regular

Submitted By: Tirzah Kemp, Director for Department of  
Community Resilience

Title of Legislation:

ORDER AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT GRANT FUNDING FROM THE U.S. SUBSTANCE ABUSE AND MENTAL HEALTH SERVICES ADMINISTRATION CHILDREN'S MENTAL HEALTH INITIATIVE TO FUND A SYSTEM OF CARE FOR YOUTH EXPERIENCING SERIOUS EMOTIONAL DISTURBANCES AND AT RISK FOR DEVELOPING PSYCHOSIS AND TO EXECUTE ALL DOCUMENTS AND CONTRACTS AS NECESSARY IN PARTNERSHIP WITH THE PRIME PSYCHOSIS RISK CLINIC AT YALE UNIVERSITY.

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Comments: Legistar File ID: LM-2024-0755

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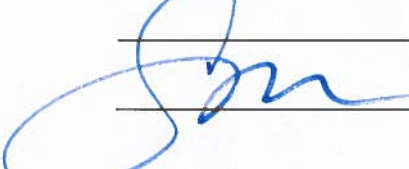
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Coordinator's Signature: \_\_\_\_\_

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

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

  
\_\_\_\_\_  
  
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Call (203) 927-0802 or email [aguzhnay@newhavenct.gov](mailto:aguzhnay@newhavenct.gov) with any questions.