

**CHECK LIST FOR ALDERMANIC SUBMISSIONS**

<input checked="" type="checkbox"/>	Cover Letter
<input checked="" type="checkbox"/>	Resolutions/ Orders/ Ordinances
<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 checked="" type="checkbox"/>	Disk or E-mailed Cover letter & Order

**IN ADDITION IF A GRANT:**

<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: August 26, 2020

Meeting Submitted For: September 8, 2020

Regular or Suspension Agenda: Regular – UNANIMOUS CONSENT

Submitted By: Maritza Bond, Director of Health

**Title of Legislation:**

**RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT A PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT AWARD OF \$66,136 FROM THE CHESPROCOTT HEALTH DISTRICT AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.**

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**Comments:** This is a contract renewal; therefore, we are requesting Unanimous Consent.

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Department Head's Signature:



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Controller's Signature (if grant):

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Mayor's Office Signature:

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