

# **PRIOR NOTIFICATION FORM**

## **NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS**

TO (list applicable alders of): ALL

WARD # **ALL**

DATE: **April 17, 2026**

FROM: Department/Office New Haven Health Department  
Person Maritza Bond, Director Telephone 203/946-6978

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 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

Check one if this an appointment to a Board or 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.