

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 checked="" 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: March 21, 2025

Meeting Submitted For: April 7, 2025

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 A BEST PRACTICES IN TOBACCO CONTROL PROGRAMS GRANT IN THE AMOUNT OF \$1,800,000 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD OF DECEMBER 1, 2025 TO NOVEMBER 30, 2028 AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

Comments: Legistar File ID: LM-2025-0183

Coordinator's Signature:



Controller's Signature (if grant):

DocuSigned by:
Kristy Sampier
BCB60820249A483...

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