

NOTICE OF INTENT

NOTIFICATION TO THE NEW HAVEN BOARD OF ALDERS REGARDING PROPOSED GRANT AND CONTRACT APPLICATIONS TO BE MADE BY THE CITY OF NEW HAVEN DURING THE PERIOD:

July 1, 2024 to June 30, 2025

PROGRAM NAME: State Healthy Subsidy / Per Capita Grant

() NEW (**X**) CONTINUATION

FUNDING LEVEL AVAILABLE TO PROJECT: Approx. \$260,706.33

FUNDING SOURCE: Connecticut Department of Public Health

PURPOSE OF PROGRAM: To support local health programming that is response to the needs of
New Haven residents.

BRIEF SUMMARY OF CITY'S PROPOSAL:

This ongoing initiative complies with the following requirements set forth by the State of Connecticut:

- To support staffing and programmatic needs of the City of New Haven Health Department.

MATCH REQUIREMENT FROM GENERAL FUND (if any): N/A

PROPOSED SOURCE OF MATCH: - 0 -

ALLOWABLE INDIRECT COST: 3.5%

DEPARTMENT SUBMITTING APPLICATION: New Haven Health Department

CONTACT PERSON: Maritza Bond, Health Director (203) 946-6978
MBond@newhavenct.gov

DATE: July 1, 2024