

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: May 23rd, 2025

Meeting Submitted For: June 4th, 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 THE
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) GRANT AWARD FROM
THE CHESPROCOTT HEALTH DISTRICT FROM JULY 1, 2025 TO JUNE 30, 2026


Comments: Legistar File ID: LM-2025-0310

*** As this is a contract renewal, we respectfully request UC on this item.

Coordinator's Signature:

Controller's Signature (if grant):

Mayor's Office Signature:


DocuSigned by:
Kristy Sampieri
B1C860820240A483

Call (203) 927-0802 or email aguzhnay@newhavenct.gov with any questions.

PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED

*** SUSPENSION AGENDA ITEMS MUST BE DISCUSSED WITH PRESIDENT OF BOA***