

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: August 21, 2025

Meeting Submitted For: September 2, 2025

Regular or Suspension Agenda: Regular

Submitted By: Kayla Bland, Emergency Management

Title of Legislation:

RESOLUTION OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN
AUTHORIZING ACCEPTANCE OF CONTINUING HOMELAND SECURITY GRANT
FUNDS FOR FFY 2024 AND APPROVE A MEMORANDUM OF AGREEMENT
DESIGNATING THE EAST SHORE DISTRICT HEALTH DEPTMENT AS THE
ADMINISTRATOR OF THESE REGIONAL FUNDS FOR THE STATE OF
CONNECTICUT DEPARTMENT OF EMERGENCY SERVICES AND PUBLIC
PROTECTION (DESPP).

Comments: Legistar File ID: LM-2025-0474

*** Respectfully requesting UC for this recurring grant/MOU.

Coordinator's Signature:



DocuSigned by:

Controller's Signature (if grant):

Kristy Sampieri

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