

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: August 21, 2025

Meeting Submitted For: September 2, 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 PER
CAPITA GRANT AWARD FROM THE CONNECTICUT DEPARTMENT OF PUBLIC
HEALTH FROM JULY 1, 2025 TO JUNE 30, 2026

Comments: Legistar File ID: LM-2025-0448

*** Respectfully requesting unanimous consent as this is a continuation of funding and is a grant received yearly

Coordinator's Signature:

Controller's Signature (if grant):

Mayor's Office Signature:


DocuSigned by:
Kristy Sampieri
BOE60820249A483...



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*****