

## **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)  |
| <input type="checkbox"/>            | E-mailed Cover letter & Order   |

### **IN ADDITION [IF A GRANT]:**

|                                     |  |
|-------------------------------------|--|
| <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: February 27, 2024

Meeting Submitted For: March 4, 2024

Regular or Suspension Agenda: Regular

Submitted By: Tomi Veale, Director of Elderly Services

**Title of Legislation:**

RESOLUTION OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN TO  
ACCEPT FUNDS FOR THE CITY OF NEW HAVEN SENIOR CENTERS FOR FY 24  
THROUGH FY26 IN THE AMOUNT TOTALLING \$235,535.00 FROM THE STATE OF  
CT STATE UNIT ON AGING

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Comments: Legistar File ID: #LM-2024-0105

\*\*This is ARPA Senior Center funding

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Coordinator's Signature: \_\_\_\_\_

Controller's Signature (if grant): \_\_\_\_\_

Mayor's Office Signature: \_\_\_\_\_

Call (203) 946-7670 or email [bmONTALVO@newhavenct.gov](mailto:bmONTALVO@newhavenct.gov) with any questions.

\*\*PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED\*\*