

# **PRIOR NOTIFICATION FORM**

## **NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS**

TO (list applicable alders of): ALL

WARD # **ALL**

DATE: **September 3, 2024**

FROM: Department/Office Health Department  
Person Maritza Bond, Health Director Telephone 203.946.8351

This is to inform you that the following matter affecting your ward(s) will be submitted to the Board of Alders in the near future:

RESOLUTION AUTHORIZING THE APPLICATION TO AND ACCEPTANCE OF  
FY 2025 RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT GRANT  
IN THE AMOUNT OF \$5,722,896 FROM THE U.S. DEPARTMENT OF HEALTH  
AND HUMAN SERVICES' HEALTH RESOURCES AND SERVICES  
ADMINISTRATION (HRSA) FOR EMERGENCY HEALTHCARE SERVICES FOR  
INDIVIDUALS LIVING WITH OR AFFECTED BY HIV/AIDS IN NEW HAVEN  
AND FAIRFIELD COUNTIES.

Check one if this an appointment to a Board or Commission:

Democrat

Republican

Unaffiliated/Independent/Other \_\_\_\_\_

### **INSTRUCTIONS TO DEPARTMENTS**

1. Departments are responsible for sending this form to the alder(s) affected by the item.
2. This form must be sent (or delivered) directly to the alder(s) **before** it is submitted to the Legislative Services Office for the Board of Alders agenda.
3. The date entry must be completed with the date this form was sent the alder(s).
4. Copies to: alder(s); sponsoring department; attached to submission to Board of Alders.

