

## **CHECK LIST FOR ALDERMANIC SUBMISSIONS**

<b>X</b>	Cover Letter
<b>X</b>	Resolutions/Orders/Ordinances (NOTE: If you are submitting any item to the State you must write a Resolution)
<b>X</b>	Prior Notification Form
<b>X</b>	Fiscal Impact Statement - Should include comprehensive budget
	Supporting Documentation (if applicable)
	E-mailed Cover letter & Order

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

<b>X</b>	Notice of Intent
<b>X</b>	Grant Summary
<b>X</b>	Executive Summary (not longer than 5 pages without an explanation)

Date Submitted: June 20<sup>th</sup>, 2024

Meeting Submitted For: July 1<sup>st</sup>, 2024

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

**Title of Legislation:**

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO  
APPLY FOR AND ACCEPT THE PUBLIC HEALTH EMERGENCY PREPAREDNESS  
GRANT AWARD FROM THE CHESPROCOTT HEALTH DISTRICT FROM JULY 1,  
2024 TO JUNE 30, 2025.

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Comments: Legistar File ID: LM-2024-0432

As this is a contract renewal, respectfully requesting UC on this item.

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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\*\***