

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: August 22, 2024

Meeting Submitted For: September 3, 2024

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

RESOLUTION AUTHORIZING THE APPLICATION TO AND ACCEPTANCE OF A RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT GRANT FOR THE PERIOD OF MARCH 1, 2025- FEBRUARY 29, 2028, 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.

Comments: Legistar File ID: LM-2024-0509

Respectfully Request UC.

Coordinator's Signature: _____
Controller's Signature (if grant): _____
Mayor's Office Signature: _____

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

PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED