

CHECK LIST FOR ALDERMANIC SUBMISSIONS

<input checked="" type="checkbox"/>	Cover Letter
<input checked="" type="checkbox"/>	Resolutions/ Orders/ Ordinances
<input checked="" type="checkbox"/>	Prior Notification Form
<input checked="" type="checkbox"/>	Fiscal Impact Statement - Should include comprehensive budget
<input checked="" type="checkbox"/>	Supporting Documentation (if applicable)
<input checked="" 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: May 15, 2023

Meeting Submitted For: May 15, 2023

Regular or Suspension Agenda: Suspension – Unanimous Consent

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 A PREVENTIVE HEALTH AND HEALTH SERVICES GRANT AWARD OF \$500,000 FOR THE PERIOD OF OCTOBER 1, 2023 TO SEPTEMBER 30, 2023 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

Comments: We are seeking Unanimous Consent as this is continuation grant.

Legistar File ID: LM-2023-0340

Coordinator's Signature: _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

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