PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list	applicable alders of):	ALL			
		WARD# ALL			
DATE:	October 21, 202	4			
FROM:	Department/Office Person	Health Maritza Bond, Director of Health	Telephone	203-946- 8351	
	o inform you that the foll oard of Alders in the near	owing matter affecting your w future:	ard(s) will be	submitted	
MILLIC DEPAR HEALT TO IN TRAVE (\$2,300,0	DRIZING BUDGET TE DN THREE HUNDREI TMENT'S GENERAL TH DEPARTMENT'S M CREASE THE AMOU LING STAFF, INC. BY 1000) TO COVER THE T	RANSFER #144-25-1 IN THE D THOUSAND (\$2,300,000) FUND SALARY LINE (13 ISCELLANEOUS EXPENSED TO THE CONTRACT TWO MILLION THREE FOTAL ESTIMATED COSTS SERVICES IN NEW HAVE	IE AMOUN' FROM TH 5011010-50110 E LINE (130 C WITH WO HUNDRED T	T OF TWO E HEALTH D) TO THE 11010-56699) ORLDWIDE THOUSAND PROVISION	
Den	ne if this an appointment nocrat ublican	to a commission			
	ffiliated/Independent/Oth	ner			
INSTRUCTIONS TO DEPARTMENTS					
1. Dep	. Departments are responsible for sending this form to the alder(s) affected by the item.				
2. This	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: alderperson(s); sponsoring department; attached to submission to Board of Alders.			