

## **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:** April 11, 2023

**Meeting Submitted For:** April 17, 2023

**Regular or Suspension Agenda:** Regular

**Submitted By:** Giovanni Zinn, City Engineer

### **Title of Legislation:**

RESOLUTION AUTHORIZING THE MAYOR TO APPLY FOR AND ACCEPT FUNDING FROM THE STATE OF CONNECTICUT MADE AVAILABLE UNDER THE AMERICAN RESCUE PLAN ACT CAPITAL PROJECT FUND FOR THE CONSTRUCTION AND IMPROVEMENTS OF A MULTI-PURPOSE COMMUNITY FACILITY

**Comments:** Legistar File ID: LM-2023-0254  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.