

CHECK LIST FOR ALDERMANIC SUBMISSIONS

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

IN ADDITION [IF A GRANT]:

N/A	Notice of Intent
N/A	Grant Summary
N/A	Executive Summary (not longer than 5 pages without an explanation)

Date Submitted: January 8th, 2024

Meeting Submitted For: January 16th, 2024

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1
RECLASSIFYING THE POSITION OF SENIOR SANITARIAN TO SANITARIAN
WITHIN THE HEALTH DEPARTMENT

Comments: Legistar File ID: OR-2024-0003

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****