

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 checked="" type="checkbox"/>	Supporting Documentation (if applicable)

IN ADDITION [IF A GRANT/DONATION]:

<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: July 7, 2025

Meeting Submitted For: August 4, 2025

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE
MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT AN IMMUNIZATION
ACTION PLAN GRANT FOR THE AMOUNT OF \$171,744 ANNUALLY FOR THE
PERIOD OF OCTOBER 1, 2025 TO JUNE 30, 2028 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: Legistar File ID: LM-2025-0377

*** As this is a grant renewal, we are respectfully requesting unanimous consent.

Coordinator's Signature:

Controller's Signature (if grant):

Mayor's Office Signature:


 DocuSigned by:
 Kristy Sampieri
 BCB60820249A483...

Call (203) 927-0802 or email aguzhnay@newhavenct.gov with any questions.

PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED

*** SUSPENSION AGENDA ITEMS MUST BE DISCUSSED WITH PRESIDENT OF BOA***