PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of):		ALL					
WARD# ALL							
DA	ГЕ:	Feb 3, 2025					
FRO	OM:	Department/Office Person	Health Maritza Bon	d′	Telephone	X6999	
This is to inform you that the following matter affecting your ward(s) will be submitted to the Board of Alders in the near future:							
RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT AN IMMUNIZATION – BASE / COVID-19 IMMUNIZATION CONTRACT AMENDMENT FOR AN ADDITIONAL YEAR OF GRANT FUNDING IN THE AMOUNT OF \$202,872.00 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FROM THE PERIOD OF JULY 1, 2025 TO JUNE 30, 2026 AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO. Check one if this an appointment to a commission Democrat Republican Unaffiliated/Independent/Other							
INSTRUCTIONS TO DEPARTMENTS							
1.	Departme	nts are responsible for ser	nding this form to	the alder(s) affected	I by the item.		
2.	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 of	The date entry must be completed with the date this form was sent the alder(s).					
4.	Copies to: alder(s); sponsoring department; attached to submission to Board of Alders.						