

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): **All**

WARD # **All**

DATE: **February 28, 2024**

FROM: Department/Office Elderly Services
Person Tomi Veale Telephone 203-946-7854

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 OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN TO
ACCEPT FUNDS FOR THE CITY OF NEW HAVEN SENIOR CENTERS FOR FY 24
THROUGH FY26 IN THE AMOUNT TALLING \$235,535.00 FROM THE STATE OF
CT STATE UNIT ON AGING

Check one if this an appointment to a Board or Commission:

- Democrat
- Republican
- Unaffiliated/Independent/Other _____

INSTRUCTIONS TO DEPARTMENTS

1. Departments are responsible for sending this form to the alder(s) affected 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 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.