

**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
X	Supporting Documentation (if applicable)
X	E-mailed Cover letter & Order

**IN ADDITION [IF A GRANT]:**

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

**Date Submitted:** May 9, 2023

**Meeting Submitted For:** May 22, 2023

**Regular or Suspension Agenda:** Regular - UC

**Submitted By:** Maritza Bond, Director of Health

**Title of Legislation:**

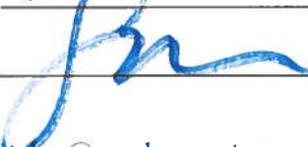
RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT A CONTINUATION OF FUNDING GRANT AWARD FOR THE PER CAPITA GRANT IN THE AMOUNT OF \$251,383 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024 TO ASSIST WITH THE OPERATION OF THE HEALTH DEPARTMENT.

**Comments:** Legistar File ID: LM-2023-0323

Since this is a recurring, non-competitive grant, we are requesting unanimous consent.

**Coordinator's Signature:** \_\_\_\_\_ *\*see additional copy of page with signature*

**Controller's Signature (if grant):** \_\_\_\_\_ 

**Mayor's Office Signature:** \_\_\_\_\_ 

Call (203) 946-7670 or email [bmorralvo@newhavenct.gov](mailto:bmorralvo@newhavenct.gov) with any questions.

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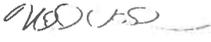
**Submitted By:** Maritza Bond, Director of Health

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JUSTIN ELICKER  
MAYOR

**CITY OF NEW HAVEN**  
**COMMUNITY SERVICES ADMINISTRATION**  
**DEPARTMENT OF HEALTH**

54 Meadow Street, 9<sup>th</sup> Floor • New Haven, Connecticut 06519  
Phone 203-946-6999 • Fax 203-946-7234



MARITZA BOND, MPH  
DIRECTOR OF HEALTH

September 7, 2021

The Honorable Tyisha Walker-Myers  
President, New Haven Board of Alders  
City of New Haven  
165 Church Street  
New Haven, Connecticut 06510

RE: Resolution authorizing the Mayor of the City of New Haven to accept funding from the Connecticut Department of Public Health in the amount of \$250,382.50 for the period of July 1, 2021 to June 30, 2022 to enhance local health response and initiatives and to execute, acknowledge, implement and deliver any and all documents as may be considered necessary or appropriate with respect thereto.

Dear President Walker-Myers:

In accordance with the Order of New Haven Board of Alders (Board) authorizing the Mayor to apply for and accept all grants on behalf of the City of New Haven (City), passed on 17 October 1994, I write to respectfully request the Honorable Board of Alders to authorize the Mayor of the City of New Haven to accept funding from the Connecticut Department of Public Health in the amount of \$250,382.50 for the period of July 1, 2021 to June 30, 2022 to enhance local health response and initiatives and to execute, acknowledge, implement and deliver any and all documents as may be considered necessary or appropriate with respect thereto..

Due to the non-competitive nature of this continuation of funding, we are asking that you approve this item under **UNANIMOUS CONSENT**.

Should you require additional information, please do not hesitate to contact me directly.

Sincerely,

Maritza Bond, MPH  
Director of Health

Attachments

June 2, 2020

..title

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT A CONTINUATION OF FUNDING GRANT AWARD FOR THE PER CAPITA GRANT IN THE AMOUNT OF \$251,383 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024 TO ASSIST WITH THE OPERATION OF THE HEALTH DEPARTMENT.

..body

WHEREAS, the City of New Haven Health Department has applied for funding from the Connecticut Department of Public Health; and upon receipt of such grant, the City will accept the grant in its entirety; and

WHEREAS, the State of Connecticut Department of Public Health has issued a continuation Per Capita funding application, intended to continue to support the operation of the Health Department; and

WHEREAS, the New Haven Health Department is seeking to continue to receive Per Capita funding in the amount of approximately \$251,383.

NOW, THEREFORE, BE IT RESOLVED THAT:

The Mayor is authorized to execute said in the amount of about \$251,383 from the State of Connecticut Department Public Health and to execute any revisions, amendments or modifications to said contract.

# PRIOR NOTIFICATION FORM

## NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD # ALL

DATE: **May 22, 2023**

FROM: Department/Office Health  
Person Maritza Bond Telephone 203-946-8351

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 A CONTINUATION OF FUNDING GRANT AWARD FOR THE PER CAPITA GRANT IN THE AMOUNT OF \$251,383 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024 TO ASSIST WITH THE OPERATION OF THE HEALTH DEPARTMENT.

Check one if this an appointment to a 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.

FISCAL IMPACT STATEMENT

DATE: May 22, 2023  
FROM (Dept.): City of New Haven Health Department  
CONTACT: Maritza Bond, Director of Health PHONE 946-6978

SUBMISSION ITEM (Title of Legislation):

RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT A CONTINUATION OF FUNDING GRANT AWARD FOR THE PER CAPITA GRANT IN THE AMOUNT OF \$251,383 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2023 THROUGH JUNE 30, 2024 TO ASSIST WITH THE OPERATION OF THE HEALTH DEPARTMENT.

List Cost: Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this purpose.

	<u>GENERAL</u>	<u>SPECIAL</u>	<u>BOND</u>	<u>CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE</u>
<b>A. Personnel</b>				<b>HEALTH 20381514</b>
1. Initial start up				
2. One-time				
3. Annual			\$208,953	
<b>B. Non-personnel</b>				
1. Initial start up				
2. One-time				
3. Annual			\$42,430	

List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type.

<input type="checkbox"/>	Yes
<input checked="" type="checkbox"/>	No

Other Comments:



**GRANT SUMMARY**

<b>Grant Title:</b>	PER CAPITA GRANT IN AID FUNDING
<b>MUNIS #:</b>	20381514
<b>City Department:</b>	Health Department
<b>City Contact Person &amp; Phone:</b>	Maritza Bond, Director of Health, ext. 6978
<b>Funding Level:</b>	\$ 251,383
<b>Funding Period:</b>	July 1, 2023 through June 30, 2024
<b>Funding Source:</b>	State of Connecticut Department of Public Health
<b>Funding Source Contact Person &amp; Phone</b>	Sue Walden, Health Program Associate, 860-509-7706
<b>Purpose of Program:</b>	To support Health Department programs and staffing needs.
<b>Personnel (salary):</b>	\$137,489
<b>Personnel (Worker's Comp):</b>	\$87,993
<b>Personnel (Med. Benefit):</b>	\$63,245
<b>Non-Personnel (total):</b>	\$42,430
<b>Non-Personnel (M &amp; U):</b>	\$4,812
<b>New or Renewal?</b>	Renewal
<b>Limits on spending (e.g., Admin. Cap)?</b>	Expenditures that exceed a budget line item by more than 20% must be approved in writing by the State Department of Public Health.
<b>Reporting requirements:</b> <b>Fiscal</b>	Annual expenditure report.
<b>Reporting requirements:</b> <b>Programmatic</b>	Annual expenditure reports are required
<b>Due date of first report:</b>	July 2024
<b>Audit Requirements:</b>	An annual financial audit with management letters and audit recommendations. Compliance federal and state single audit standards as applicable.

**EXECUTIVE SUMMARY**

**Grant Title:** Per Capita Grant in Aid  
**Funding Level:** Approximately \$251,383

**Funding Period:** July 1, 2023 through June 30, 2024

**Funding Source:** Connecticut Department of Public Health

**Purpose of Program:** This ongoing initiative complies with the following requirements set forth by the State of Connecticut:

To support staffing and programmatic needs of the City of New Haven Health Dept.

**Contact Person:** Maritza Bond, Director of Health – Phone – (203) 946-6978