

# **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.