

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD # ALL

DATE: **April 7, 2025**

FROM: Department/Office Health Department
Person Martiza Bond Telephone 203-946-6999

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:

Title of the Legislation
RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT A BEST PRACTICES IN TOBACCO CONTROL PROGRAMS GRANT IN THE AMOUNT OF \$1,800,000 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD OF DECEMBER 1, 2025 TO NOVEMBER 30, 2028 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. 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.