

CHECK LIST FOR ALDERMANIC SUBMISSIONS

- | | |
|-------------------------------------|---|
| <input checked="" type="checkbox"/> | Cover Letter |
| <input checked="" type="checkbox"/> | Resolutions/Orders/Ordinances (NOTE: If you are submitting any item to the State you must write a Resolution) |
| <input checked="" type="checkbox"/> | Prior Notification Form |
| <input checked="" type="checkbox"/> | Fiscal Impact Statement - Should include comprehensive budget |
| <input type="checkbox"/> | Supporting Documentation (if applicable) |

IN ADDITION [IF A GRANT/DONATION]:

- | | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Notice of Intent |
| <input checked="" type="checkbox"/> | Grant Summary |
| <input checked="" type="checkbox"/> | Executive Summary (not longer than 5 pages without an explanation) |

Date Submitted: May 21st, 2026

Meeting Submitted For: June 1st, 2026

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

Title of Legislation: _____

RESOLUTION OF THE NEW HAVEN BOARD OF ALDERS AUTHORIZING THE
MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT THE
PUBLIC HEALTH EMERGENCY PREPAREDNESS (PHEP) GRANT AWARD FROM
THE CHESPROCOTT HEALTH DISTRICT IN THE AMOUNT OF UP TO \$80,611
FROM JULY 1, 2026 TO JUNE 30, 2027


Comments: Legistar File ID: LM-2026-0235


****As this is an annual renewal, we respectfully request UC on this item.*

Coordinator's Signature: _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____


Signed by: Michael Formany
EA14AG58F4M580



Call (203) 927-0802 or email aguzman@newhavenct.gov with any questions.

PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED

*** SUSPENSION AGENDA ITEMS MUST BE DISCUSSED WITH PRESIDENT OF BOA ***