

### CHECK LIST FOR ALDERMANIC SUBMISSIONS

<input checked="" type="checkbox"/>	Cover Letter
<input checked="" type="checkbox"/>	Order to Appoint/Reappoint
<input checked="" type="checkbox"/>	Prior Notification Form/Notice of Matter to be Submitted
<input checked="" type="checkbox"/>	Prior Notification Letter to Appointee/Re-appointee
<input checked="" type="checkbox"/>	Application for City Boards/Commissions
<input checked="" type="checkbox"/>	Resumé/CV <u>or</u> personal statement of interest/bio

#### **Other:**

<input type="checkbox"/>	Attendance for past 12 months (*reappointments only)
<input type="checkbox"/>	Recommendations/support letters (optional)
<input type="checkbox"/>	Annual Disclosure Form

Date Submitted: January 24<sup>TH</sup>, 2024

Meeting Submitted For: February 5<sup>TH</sup>, 2024

Regular or Suspension Agenda: Regular

Submitted By: Barbara Montalvo, Legislative Liaison to the BOA

#### **Title of Legislation:**

ORDER OF THE NEW HAVEN BOARD OF ALDERS APPROVING THE APPOINTMENT OF DR. ADA FENICK, MD TO THE BOARD OF PUBLIC HEALTH.

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Comments: LEGISTAR FILE ID: LM-2024-0060

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Coordinator's Signature: N/A

Controller's Signature (if grant): N/A

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

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

**\*\*PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED\*\***