

### CHECK LIST FOR ALDERMANIC SUBMISSIONS

|                                     |                                                               |
|-------------------------------------|---------------------------------------------------------------|
| <input checked="" type="checkbox"/> | Cover Letter                                                  |
| <input checked="" type="checkbox"/> | Resolutions/ Orders/ Ordinances                               |
| <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)                      |
| <input checked="" type="checkbox"/> | Disk or E-mailed Cover letter & Order                         |

#### **IN ADDITION IF A GRANT:**

|                                     |                                                                    |
|-------------------------------------|--------------------------------------------------------------------|
| <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: April 13, 2022

Meeting Submitted For: May 3, 2022

Regular or Suspension Agenda: Regular

Submitted By: Interim Chief Renee Dominguez

#### Title of Legislation:

RESOLUTION OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN  
AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO SUBMIT AN  
APPLICATION TO THE U.S. DEPARTMENT OF JUSTICE, OFFICE OF COMMUNITY  
ORIENTED POLICING SERVICES, 2022 LAW ENFORCEMENT MENTAL HEALTH  
AND WELLNESS ACT IMPLEMENTATION PROJECT, IN AN AMOUNT NOT TO  
EXCEED \$175,000.00 TO PROMOTE/ENHANCE MENTAL HEALTH AND  
WELLNESS PROGRAMS FOR LAW ENFORCEMENT PERSONNEL AND TO  
ACCEPT SUCH FUNDS IF OFFERED AND TO EXECUTE ALL DOCUMENTS AND  
CONTRACTS AS NECESSARY.

Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Coordinator's Signature: 

Controller's Signature (if grant): 

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

Call 946-7670 with any questions.