

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 checked="" 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: June 23, 2022

Meeting Submitted For: July 5, 2022

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

ORDER TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEALTH DEPARTMENT TO APPLY FOR AND ACCEPT A GRANT AWARD OF \$500,000 ANNUALLY FROM THE US OFFICE OF THE ASSISTANT SECRETARY FOR HEALTH AND OFFICE OF MINORITY HEALTH FOR THE PERIOD OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2025 TO ADDRESS FACTORS CONTRIBUTING TO STRUCTURAL RACISM IN PUBLIC HEALTH.

Comments: _____

Coordinator's Signature: _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

Call 946-7670 with any questions.
jrodriguez@newhavenct.gov