

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD #

DATE: **July 5, 2022**

FROM:	Department/Office	Health		
	Person	Maritza Bond, Director of Health	Telephone	203-946-8351

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:

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.

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: alderperson(s); sponsoring department; attached to submission to Board of Alders.