

# **PRIOR NOTIFICATION FORM**

## **NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS**

TO (list applicable alders of): ALL

WARD #

DATE: **August 1, 2022**

FROM: Department/Office Health Department  
Person Maritza Bond Telephone 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:

*Title of the Legislation:* RESOLUTION TO THE BOARD OF ALDERS AUTHORIZING THE ACCEPTANCE OF \$890,450 IN CONTINUATION FUNDING FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2026 TO CONTINUE THE TUBERCULOSIS CONTROL GRANT.

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.