

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: July 21, 2022

Meeting Submitted For: August 1, 2022

Regular or Suspension Agenda: Regular - UC

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

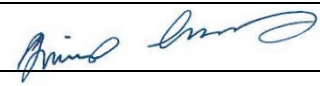
RESOLUTION TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEALTH DEPARTMENT TO ACCEPT A CONTINUATION GRANT AWARD OF \$712,360 ANNUALLY FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2026 FOR TUBERCULOSIS PREVENTION AND CONTROL ACTIVITIES.

Comments: This is a continuation of grant funding. Therefore, we are seeking **Unanimous**

Consent

LEGISTAR FILE ID: LM-2022-0350

Coordinator's Signature: Mehul Dalal

Controller's Signature (if grant): 

Mayor's Office Signature: _____

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