

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: August 1, 2022

Meeting Submitted For: August 1, 2022

Regular or Suspension Agenda: SUSPENSION


Submitted By: Maritza Bond, Director of Health


Title of Legislation:


RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO
APPLY FOR AND ACCEPT AN OVERDOSE DATA TO ACTION GRANT AWARD
OF \$88,987 FROM QUINNIPIACK VALLEY HEALTH DISTRICT AND TO
EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL
DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH
RESPECT THERETO.

Comments: The New Haven Health Department is seeking unanimous
consent for this recurring grant.

LEGISTAR FILE ID: LM-2022-0378

Coordinator's Signature: 

Controller's Signature (if grant): 

Mayor's Office Signature: 

Call (203) 946-7670 with any questions.
bmONTALVO@newhavenct.gov