

CHECK LIST FOR ALDERMANIC SUBMISSIONS

<input checked="" type="checkbox"/>	Cover Letter
<input checked="" type="checkbox"/>	Resolutions/ Orders/ Ordinances (NOTE: If you are submitting any item to the State you must write a Resolution)
<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"/>	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: April 6, 2023

Meeting Submitted For: April 17, 2023

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

ORDER AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO APPLY FOR AND ACCEPT AN OVERDOSE DATA TO ACTION: LIMITING OVERDOSE THROUGH COLLABORATIVE ACTIONS IN LOCALITIES (OD2A: LOCAL) GRANT AWARD OF \$2,750,000 FOR THE PERIOD OF AUGUST 1, 2023 TO JULY 31, 2028 FROM CENTERS FOR DISEASE CONTROL AND PREVENTION AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

Comments: Legistar File ID: LM-2023-0252

Coordinator's Signature: _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

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