

## **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 type="checkbox"/>	Supporting Documentation (if applicable)
<input 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: February 27, 2024

Meeting Submitted For: March 4, 2024

Regular or Suspension Agenda: Regular

Submitted By: Tomi Veale, Director of Elderly Services

**Title of Legislation:**

RESOLUTION OF THE BOARD OF ALDERS OF THE CITY OF NEW HAVEN TO  
ACCEPT FUNDS FOR THE DIXWELL/NEWHALLVILLE SENIOR CENTER  
TRANSPORTATION FOR FY 24 AND FY25 IN THE AMOUNT TOTALLING  
\$100,000.00 FROM THE STATE OF CT STATE UNIT ON AGING

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Comments: Legistar File ID: LM2024-0162

\*\*Ths is ARPA senior center funding

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Coordinator's Signature: \_\_\_\_\_

Controller's Signature (if grant): \_\_\_\_\_

Mayor's Office Signature: \_\_\_\_\_

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

**\*\*PLEASE NOTE CLEARLY IF UC (UNANIMOUS CONSENT) IS REQUESTED\*\***