

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERMEN

TO (list applicable aldermen/women): Entire Board

DATE: **Monday, October 15, 2018**

FROM: Department Health Department
Person Dr. Byron Kennedy Telephone 203.946.6999

This is to inform you that the following matter affecting your ward(s) will be submitted to the Board of Aldermen.

ORDINANCE AMENDMENT TO APPROPRIATING ORDINANCE # 1AUTHORIZING BUDGET TRANSFER #301-19-1 TRANSFERRING FUNDS FROM THE HEALTH SALARY ACCOUNT IN THE AMOUNT OF \$60,000 TO THE TEMPORARY AND PART TIME HELP ACCOUNT FOR TEMPORARY NURSING SERVICES

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 alderperson(s) affected by the item.
2. This form must be sent (or delivered) directly to the alderperson(s) **before** it is submitted to the Legislative Services Office for the Board of Aldermen agenda.
3. The date entry must be completed with the date this form was sent the alderperson(s).
4. Copies to: alderperson(s); sponsoring department; attached to submission to Board of Aldermen.