

**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 26, 2020

Meeting Submitted For: September 8, 2020

Regular or Suspension Agenda: Regular

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

**RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN TO ACCEPT AN EPIDEMIOLOGY AND LABORATORY CAPACITY ENHANCING DETECTION COOPERATIVE AGREEMENT FUNDING APPLICATION FOR THE ENHANCED DETECTION, RESPONSE, SURVEILLANCE AND PREVENTION OF COVID-19 IN THE AMOUNT OF \$1,269,567 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.**

Comments: This was a non-competitive award for which the Health Department received

Funding with out applying.

Department Heads's Signature:



Controller's Signature (if grant):

Mayor's Office Signature:

