

CHECK LIST FOR ALDERMANIC SUBMISSIONS

- ☒ Cover letter
- ☒ Resolutions/Orders/Ordinances
- ☒ Prior Notification Form
- ☒ Fiscal Impact Statement (Should include comprehensive budget)
- ☒ Supportive Documentation -
- ☒ Floppy disk or e-mail(ed) cover letter and order

IN ADDITION, IF A GRANT:

- ☒ Notice of Intent
- ☒ Executive Summary (not longer than five pages without an explanation)

Date Submitted:	August 25, 2020
Meeting Submitted For:	September 8, 2020
Regular or Suspension Agenda:	Regular/Unanimous Consent
Submitted by:	Thomas E. Butcher, Project Director, Ryan White Part A Office/Maritza Bond, Health Director
	New Haven Health Dept., 54 Meadow St., (9 th Fl.), New Haven CT 06519
	Ph: (203) 946-7388/8173 / Fax: 946-5953 /tbutcher@newhavenct.gov

TITLE OF LEGISLATION:

RESOLUTION AUTHORIZING THE APPLICATION TO AND ACCEPTANCE OF
FY 2020-2021 RYAN WHITE HIV/AIDS TREATMENT MODERNIZATION ACT GRANT
IN THE AMOUNT OF \$5,691,195.00 FROM THE U.S. DEPARTMENT OF HEALTH AND
HUMAN SERVICES' HEALTH RESOURCES AND SERVICES ADMINISTRATION
(HRSA) FOR EMERGENCY HEALTHCARE SERVICES FOR INDIVIDUALS LIVING
WITH OR AFFECTED BY HIV/AIDS IN NEW HAVEN AND FAIRFIELD COUNTIES.

Comment(s) (if any): This application is required on an annual basis to continue services. This is a continuation grant following newly implemented procedures by the Board of Aldermen.

**This is a continuation grant to provide HIV Services, therefore we are seeking
Unanimous Consent**

Department Head Signature: _____



Controller's Signature (if grant) _____

Signature (Office of the Mayor) _____