

## **PRIOR NOTIFICATION FORM**

### **NOTICE OF MATTER TO BE SUBMITTED TO BOARD OF ALDERMAN**

**TO:** "Full" Board of Aldermen **WARD#:** All Wards

**DATE:** September 8, 2020

**FROM:** Department/Office: Ryan White Part A Office (Health Department)  
Person: Thomas E. Butcher, Director, Ryan White Part A  
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**This is to inform you that the following matter affecting your ward(s) will be submitted to New Haven Board of Aldermen in the near future:**

Authorization to apply for and accept a grant award in the amount of about \$5,691,195 for continuation of emergency Acquired Immunodeficiency Syndrome (AIDS) services (Medical Case Management, Mental Health Services, Outpatient/Ambulatory Medical Care, Housing Services, Substance Abuse Services- Outpatient, Early Intervention Services, Medical Transportation, Oral Health Care, Emergency Financial Assistance, Food Bank/Home Delivered Meals, Health Insurance Premium & Cost Sharing Assistance, Substance Abuse Services- Inpatient and Early Intervention Services-Minority AIDS Initiative), persons living with and/or affected by HIV/AIDS in both Fairfield and New Haven Counties.

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