

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: June 2, 2021

Meeting Submitted For: June 7, 2021

Regular or Suspension Agenda: Regular – UNANIMOUS CONSENT

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

**RESOLUTION AUTHORIZING THE MAYOR OF THE CITY OF NEW HAVEN
TO APPLY FOR AND ACCEPT A PUBLIC HEALTH EMERGENCY
PREPAREDNESS GRANT AWARD OF \$66,136 ANNUALLY FOR THE 3-YEAR
GRANT PERIOD FROM THE CHESPROCOTT HEALTH DISTRICT AND TO
EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL
DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE
WITH RESPECT THERETO.**

Comments: This is a contract renewal; therefore, we are requesting Unanimous Consent.

Coordinator's Signature: _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____