

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 13, 2021

Meeting Submitted For: September 7, 2021

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 APPLY FOR AND ACCEPT A HEALTH HOMES PRODUCTION GRANT FROM THE US DEPARTMENT OF HOUSING AND URBAN DEVELOPMENT IN THE AMOUNT OF \$2,000,000 FOR THE PERIOD OF OCTOBER 27, 2021 TO APRIL 27, 2025 AND TO TAKE A COMPREHENSIVE APPROACH TO ADDRESSING MULTIPLE CHILDHOOD DISEASES AND INJURIES IN THE HOME BY FOCUSING ON HOUSING-RELATED HAZARDS IN A COORDINATED FASHION AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

Comments: _____

Coordinator's Signature: _____

Controller's Signature (if grant): _____

Mayor's Office Signature: _____

Call 946-7670 with any questions.

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