## 29TH BOARD OF REPRESENTATIVES CITY OF STAMFORD

President
RANDALL M. SKIGEN
Clerk of the Board
ANNIE M. SUMMERVILLE

Majority Leader
ELAINE MITCHELL
Minority Leader
MARY L. FEDELI

## RESOLUTION NO. 3857 AUTHORIZING THE MAYOR TO ENTER INTO AGREEMENT WITH THE CONNECTICUT STATE DEPARTMENT OF PUBLIC HEALTH, OFFICE OF LOCAL HEALTH ADMINISTRATION FOR FUNDING ASSISTANCE UNDER THE STATE AID TO FULL-TIME HEALTH DEPARTMENT PROGRAMS

I, Donna M. Loglisci, City and Town Clerk of the City of Stamford, a corporation organized and existing under the laws of the State of Connecticut, hereby certify pursuant to a resolution adopted at a meeting of the 29<sup>th</sup> Board of Representatives of the City of Stamford, on the 2nd day of October, 2017, that

WHEREAS, there is a Grant available for a program to provide funding for the provision of health services, and administered by the State of Connecticut Department of Public Health, and

WHEREAS, the City of Stamford is eligible to receive said Grant and the City of Stamford is desirous of applying to the State of Connecticut for the aforesaid Grant.

## NOW, THEREFORE, BE IT RESOLVED BY THE 29<sup>th</sup> BOARD OF REPRESENTATIVES OF THE CITY OF STAMFORD,

That David R. Martin, Mayor of the City of Stamford, has been empowered to sign contracts and any amendments thereto, on behalf of the City of Stamford, between the City of Stamford and the State of Connecticut Department of Public Health or its successor agency.

IN WITNESS WHEREOF, the the City of Stamford this	undersigned has affixed her signated the signated and the signated are signated as a s	•
	Donna M. Loglisci City and Town Clerk	

cc: Mayor David Martin
Michael Handler, Director of Administration
Ernie Orgera, Chair, Director of Operations
Thomas Madden, Director of Economic Development
Ted Jankowski, Director of Public Safety
Kathryn Emmett, Esq., Director of Legal Affairs
Donna Loglisci, Town and City Clerk
Jay Fountain, Director of OPM
Karen Cammarota, Grants Officer
Jennifer Calder, Health Director