

COUNCIL PENDING ORDINANCE NO: 2024-17
AS AMENDED _____
CERTIFICATION DATE _____
CERTIFIED BY _____
FAVORABLY _____
UNFAVORABLY _____

AN ORDINANCE AMENDING ORDINANCE NUMBER 9446 APPROVING AN ARPA SPENDING PLAN OUT OF PUBLIC HEALTH - COVID-19 ASSISTANCE TO NON-PROFITS CATEGORY FOR COMMUNITY HEALTHNET

WHEREAS, Ordinance Number 9446 approved the original ARPA Spending Plan; and

WHEREAS, the City of Gary is desiring provide support to Community HealthNet, Inc. with ARPA funding to assist with health care services to the citizens of Gary; and

WHEREAS, it is in the best interest of the City to ensure it is complying with federal and state laws.

NOW, THEREFORE, BE IT ORDAINED by the City of Gary Common Council as follows:

SECTION 1. The following item in the indicated amounts are hereby approved as a part of the ARPA Spending Plan as:

For the provision of public health and negative economic impacts due to the COVID-19 public health emergency for Three Hundred Thousand Dollars (\$300,000) for Community HealthNet, Inc. a health care provider in the City and is in the best interest of the City for public health standards and improve the consequences of health care as a result of COVID-19 impacts that have occurred.

SECTION 2. This ordinance shall be in full force and effect from and after its passage.

PASSED by the Common Council of the City of Gary, Indiana, this ____ day of _____ 2024.

PRESIDING OFFICER

ATTEST:

CITY CLERK

Presented by me to the Mayor for his approval and signature this ____ day of _____ 2024.

CITY CLERK

APPROVED and SIGNED by me this ____ day of _____ 2024.

MAYOR, CITY OF GARY, INDIANA

PREPARED BY: Carla Morgan, Corporation Counsel

SPONSORED BY: Eddie D. Melton, Mayor
Celita Green, City Controller

COMMITTEE ASSIGNMENT _____ Reported-out/Date _____
1st Reading/Date _____ Committee Hearing/Date _____
2nd Reading/Date _____ Public Hearing/Date _____
3rd Reading/Date _____ Final Reading/Date _____
Passed/Date _____ Defeated/Date _____ Deferred/Date _____
Tabled/Date _____ Override/Date _____ Adopted Date _____
Publications/Date _____ Community Hearing/Date _____ Veto _____
Pocket Veto _____ Adopted _____