

**WEST HARTFORD-BLOOMFIELD HEALTH DISTRICT**  
**MEETING AGENDA**  
**WEDNESDAY, JUNE 5, 2024**  
**VIRTUAL MEETING OPTION 312-626-6799 Meeting ID: 83436248535**  
**9:30 A.M.**

- |       |                                                                                                                                                                                 |             |
|-------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|
| I.    | Call to Order                                                                                                                                                                   |             |
| II.   | Chairperson's Report                                                                                                                                                            | Information |
| III.  | Director's Report                                                                                                                                                               | Information |
| IV.   | Approval of the March 6, 2024 Board Meeting Minutes                                                                                                                             | Approval    |
| V.    | Approval of the Revised FY24-25 Budget (B)                                                                                                                                      | Approval    |
| VI.   | Authorization of the Director of Health to Accept the MetLife Long Term Disability/Basic Term Life and AD&D Policy                                                              | Approval    |
| VII.  | Authorization of the Director of Health to Accept funding in the amount of \$8,632.41 from CROCG.                                                                               | Approval    |
| VIII. | Authorization of the Director of Health to execute any and all contracts or amendment thereof with the State of Connecticut Department of Public Health on behalf of the WHBHD. | Approval    |
| IX.   | Other Business                                                                                                                                                                  |             |
| X.    | Adjournment                                                                                                                                                                     |             |