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**CITY OF DANBURY**  
155 DEER HILL AVENUE  
DANBURY, CONNECTICUT 06810

**DAVID W. ST. HILAIRE**  
DIRECTOR OF FINANCE

(203)797-4652  
FAX: (203)796-1526

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**MEMORANDUM**

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**TO:** MARK D BOUGHTON VIA THE CITY COUNCIL  
**FROM:** DAVID W. ST. HILAIRE, DIRECTOR OF FINANCE *DWH*  
**SUBJECT:** RESOLUTION-LEAD POISONING PREVENTION GRANT  
**DATE:** 3/22/2010

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Attached for your review is a resolution that will allow the City of Danbury Department of Health and Human Services to apply for and accept funding for a 'Lead Poisoning Prevention' program. The State of Connecticut Department of Public Health is offering this funding through the Connecticut Association of Directors of Health.

The amount of this request, not to exceed \$6,568, will be used to provide education and to implement State regulations regarding lead. The funding period covers January 1, 2010 through June 30, 2010. There is no local match required.

The City Council is respectfully requested to consider this resolution at its next meeting. If you have any questions or require any additional information, please contact me.

DWS/sk

Cc: S. Leroy



# RESOLUTION

18-1

CITY OF DANBURY, STATE OF CONNECTICUT

\_\_\_\_\_ A.D. 2010

**RESOLVED** BY THE CITY COUNCIL OF THE CITY OF DANBURY

**WHEREAS**, the State of Connecticut Department of Public Health through the Connecticut Association of Directors of Health has offered the City of Danbury Health and Human Services Department the opportunity to apply for grant funding for a Lead Poisoning Prevention program; and

**WHEREAS**, the requested amount, not to exceed \$6,568.00, will be used to provide education and implement State regulations regarding lead poisoning; and

**WHEREAS**, the term of this grant is January 1, 2010 through June 30, 2010 and there is no local match required.

**NOW, THEREFORE, BE IT RESOLVED THAT** Mark D. Boughton, Mayor of the City of Danbury, or Scott T. Leroy, Director of Health and Human Services, as his designee, is authorized to apply for and accept this funding and execute all contracts, agreements or amendments and to take all actions necessary to effectuate the purposes thereof.



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# CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT  
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health Office  
203 - 797-4625  
Fax 796-1596

Social Services Office  
203 - 797-4569  
Fax 797-4566

To: Mayor Mark Boughton & City Council

From: Scott LeRoy, Health Director

## Lead Poisoning Prevention & Control – LHD Assistance

### Impact Statement

1/1/10 through 6/30/10

The State of Connecticut Department of Public Health (DPH) and the Connecticut Association of Directors of Health (CADH), Inc. has contracted with each other to offer a separate subcontract for \$6,568.00 with the City of Danbury Health & Human Services Department to offer Fiscal Assistance towards our Lead Poisoning Prevention Program from January 1<sup>st</sup> to June 30<sup>th</sup>, 2010.

The State of Connecticut Lead Poisoning Prevention Regulations were updated on January 1, 2009, to protect children from the dangers of Lead Poisoning. These changes also have the potential to increase the work load of the Department. This increase might be due to either increased blood lead screening efforts or monitoring of local doctors in children or the identification of new lead poisoned children due to the level being decreased in which a lead poisoning is identified.

These funds are to be used to increase the Department's capability to respond to lead poisoned children, prevent further lead exposure in lead poisoned children, provide lead education to family's with lead exposed children and implement all the requirements of the CTDPH regulation. There are no matching requirements for these funds.

All City Services 311  
Eviction Prevention 797-4565  
Information-Referral 797-4569

Dial 2-1-1 for all  
Connecticut Services!

Emergency Shelter 796-1661  
Em. Shelter Fax 796-1660  
WIC Program 797-4638

Template #74  
Subsection A.3/CADH  
Approved by OAG 3/25/09

Connecticut Association of Directors of Health, Inc.  
DPH Log # 2010-1500 – Term: (1/1/10 – 6/30/10)

### Lead Poisoning Prevention and Control Program LHD Fiscal Assistance

Pursuant to Part I, Section A.1 (4), above, the Contractor and each subcontractor LHD funded under this Contract shall enter into a separate, written subcontract using the following form:

Lead Poisoning Prevention and Control Program LHD Fiscal Assistance <b>Sub-Contract</b>		DPH Log No. 2010-1500 Name of Subcontractor LHD: <b>Danbury Health and Housing Department</b>
		<b>TERM OF SUBCONTRACT: 1/1/10 through 6/30/10</b>
1.	Subject to the terms, conditions, provisions and requirements of an original executed contract between the State of Connecticut Department of Public Health (the Department) and the Connecticut Association of Directors of Health, Inc. (CADH), <b>DPH LOG # 2010-1500</b> , (“DPH/CADH Contract”) CADH hereby enters into a Subcontract with: <b>Danbury Health and Housing Department</b>	
2.	CADH hereby uses funding provided under such original DPH/CADH Contract to distribute, through this Subcontract, funding to the Subcontractor LHD named above, in the amount of <b>\$6,568.00</b> . Such funding shall be used by the Subcontractor LHD only and solely for childhood lead poisoning testing, case management and intervention activities as required under this subcontract.	
3.	<b>The Subcontractor LHD shall:</b>	
	a.	perform the services, submit reports and comply with all requirements as described and applicable to such subcontractor LHD in <b>Part I: Subsections A.1 and A.2 and Part II</b> of the DPH/CADH Contract;
	b.	submit Lead Surveillance System data to the Department, as required by LPPCP guidelines, for statewide lead poisoning surveillance and case management,
	c.	conduct timely and thorough case follow-up response actions, and
	d.	provide timely response to LPPCP inquiries
4.	A copy of the fully executed DPH/CADH Contract is attached hereto and is incorporated herein in its entirety as if fully set forth herein.	
5.	Subcontractor LHD’s compliance with provisions 3a, 3b, 3c and 3d above shall be monitored by the Department and shall be fully considered by the Department in subsequent decisions regarding Department funding of the LHD under other contracts, at the sole & final discretion of the Department. The Subcontractor LHD shall submit all deliverables including reports, directly to the Department; CADH shall retain administrative oversight over this and all participating Subcontractor LHDs.	
6.	The Subcontractor LHD acknowledges that it has full responsibility and liability for the provision of subcontracted services hereunder, and that it also hereby holds harmless the State of Connecticut and CADH and any of the officers, representatives, agents, servants, employees, successors and assigns of either the State or CADH from and against any and all claims arising directly or indirectly, in connection with this Subcontract, including but not limited to the acts of commission or omission of the Subcontractor LHD.	

**Acceptances and Approvals:**

<p><i>For the Connecticut Association of Directors of Health, Inc. (CADH)</i></p> <p>By: _____ <b>Jennifer C. Kertanis, Executive Director</b></p> <p>Date: ___ / ___ /2010</p>	<p><i>For the Subcontractor Local Health Department or Local Health District (LHD), (type in official legal name of LHD)</i></p> <p>Dept./District Name: _____</p> <p>By: _____</p> <p>Print name/title: _____</p> <p>Date: ___ / ___ /2010</p>
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Department of Public Health  
Regulatory Services Branch Administration  
PO Box 340308, 410 Capitol Ave., MS#12 RSV  
Hartford, CT 06134-0308  
Telephone: (860) 509-7710 FAX: (860) 509-7541

February 2, 2010

Jennifer Kertanis, Executive Director  
Connecticut Association of Directors of Health, Inc.  
241 Main Street, 2nd Floor  
Hartford, CT 06106

Re: Contract Log 2010-1500  
Contract Period: 1/01/2010 Through 6/30/2010  
Contract Amount: \$699,443  
Contract for: Childhood Lead Poisoning Prevention and Control Program Activities (LHDs)

Dear Ms. Kertanis:

Enclosed is the above referenced contract, DPH Log 2010-1500. The DPH contract log number must be identified on all correspondence submitted including progress reports, expenditure reports, budget revision requests and/or other correspondence relating to this contract.

Please review this contract and return the original contract following the procedure explained below. Please note that the State of Connecticut standard contract language includes new or revised Terms and Conditions including the following clauses: Indemnification, Campaign Contribution Restrictions, Whistleblower Provision and Executive Order No. 14. It also includes a requirement to adopt a nondiscrimination resolution and submit a certification of same.

If contract corrections or changes are necessary, please contact me at (860) 509-7710. It is important that the signed/sealed contract and other required submittals be returned to the department by March 1, 2010. You will receive a copy of the original contract signed by the department when the contract is fully executed.

**PLEASE NOTE: SIGNATURES AND NAMES OF AUTHORIZED OFFICIAL(S) MUST BE IDENTICAL THROUGHOUT THE CONTRACT PACKAGE.**

- **Secretarial Certification:** All contractors need to have a resolution passed by their governing body giving the official who signed this contract the authority to do so. The secretarial certification indicates that the authorization to sign contracts was still in place on the date the contract was signed. **Therefore, the contract should be signed and dated prior to the Secretarial Certification being signed and dated.** Instructions and a sample sheet are enclosed. One original signed and sealed secretarial certification should be returned with your contract. Your agency's seal must be embossed on the lower left side under the "title" of the certifying official. **(White-out is not acceptable!)**
- **Nondiscrimination Certification:** All contractors need to have a resolution passed by their governing body adopting and supporting nondiscrimination agreements and warranties required under Conn. Gen. Stat. § 4a-60(a)(1) and § 4a-60a(a)(1). The signature certification indicates that the resolution has been adopted and is in full force and effect at the time of signing. Instructions and the required certification are enclosed.
- **Acceptances and Approval Page:** The individual indicated on the secretarial certification as authorized to sign the contract must sign the Acceptances and Approval page of the contract under the "By the Contractor" section, on the line marked "Signature (Authorized Official)". The authorized individual should sign his/her name exactly as it appears on the secretarial certification. Type your agency's legal name, the name and title of the authorized official and the date the document was signed. In addition, your agency's legal seal must be embossed on the Acceptances and Approvals page if it is not embossed on the Secretarial Certification. **(White-out is not acceptable!)**
- **Contract Compliance Forms:** Please read Commissioner Galvin's letter concerning the Department's commitment to affirmative action. Complete, sign and return the Workforce Analysis and the Notification to Bidders. Contractors with more than one (1) employee who do not have affirmative action plans **must** have an affirmative action policy statement. You may use the enclosed statement from the Department's Commissioner as a model. You must return a copy of your statement if you do not have an affirmative action plan and have

DEPARTMENT OF PUBLIC HEALTH / CADH  
BUDGET REQUEST

Contractor/Agency Name: Danbury Health & Human Services Department      Contract Log #: 2010-1500/Lead

Contract Period: 1/1/10 to 6/30/10  
Budget Period: 1/1/10 to 6/30/10

Program: City of Danbury Health & Human Services Dept.

Budget Line Items	Amounts	Justification
City Admin. Fee	395	6% Administrative Fee
<b>Supplies</b>		
-----Paper, office supplies	2,672	Office Supplies for Inspectors
-----Printing	130	Printing of cards or other materials
-----Ed. Materials	130	Health Education Flyers
<b>Maintenance</b>		
----Lead Monitoring (wipes)	61	Monitoring of LMD
---Source Replacement detector	2,870	Source Replacement for LMD
-----Lead RMD Registration	310	CTDEP Registration fee/ mailing
<b>Total</b>	<b>6,568.00</b>	

Requested by (contractor)      Scott LeRoy, Director of Health      Signature      Date      3/16/2010

Reviewed by (RSBA)      \_\_\_\_\_      Signature      Date

Approved by (DPH Program)      \_\_\_\_\_      Signature      Date

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