CITY OF DANBURY
155 DEER HILL AVENUE
DANBURY, CONNECTICUT 06810

DAVID W. ST. HILAIRE
DIRECTOR FINANCE

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

M E M O R A N D U M

DATE: 6/21/12

TO: HON. MARK D. BOUGHTON VIA THE CITY COUNCIL

FROM: DAVID W. ST. HILAIRE, DIRECTOR OF FINANCE

RE: RESOLUTION-PER CAPITA GRANT 2012/2013 ALLOCATION

Attached for your review is a resolution that will allow the City of Danbury, Department of Health and Human Services, to accept funding from the State of Connecticut, Department of Public Health.

This allocation, in the amount of $95,646.08, is available from 7/1/12-6/30/13 and will be used to promote programs within the Health and Human Services Department. There is no local match required.

The City Council is respectfully requested to consider this resolution at its next meeting.

Attach.

DWS/sk

Cc: S. LeRoy

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RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

_____A.D. 2011

RESOLVED BY THE CITY COUNCIL OF THE CITY OF DANBURY

WHEREAS, the State of Connecticut Department of Public Health has made per capita funding available for the 2012-2013 fiscal year to municipalities in accordance with Section 19a-202 of the Connecticut General Statutes; and

WHEREAS, the City of Danbury's Health and Human Services Department has formulated a program to promote optimal health quality in the City of Danbury; and

WHEREAS, the State of Connecticut has provided the City of Danbury a continuation grant award application in the amount of $95,646.08 for funding available from July 1, 2012 through June 30, 2013; and

WHEREAS, there is no local match required.

NOW, THEREFORE, BE IT RESOLVED THAT Mayor Mark D. Boughton, or Scott T. LeRoy, Director of Health, as his designee, is hereby authorized to apply for and accept said funding and to execute all contracts or amendments 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

SFY 2013 PER CAPITA FUNDING APPLICATION

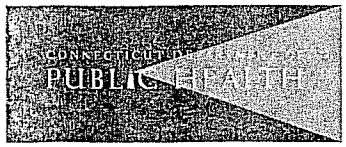
Impact Statement

The City of Danbury Department of Health & Human Services relies on the Per Capita Funding Application from the State of Connecticut to fund many Department activities.

The City of Danbury Health& Human Services Department has been awarded $95,646.08 for the contract year SFY 2013. The proposed activities to be funded with these monies include, but would not be limited too, School-based Health center activities, health department activities, Homeless services, supplies, etc...(see attached proposed budget).

There are no matching requirements for these funds.

anbury,



Keeping Connecticut Healthy

STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH

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SFY 2013 PER CAPITA FUNDING APPLICATION FOR:

Danbury Health Department
155 Deer Hill Avenue
Danbury, CT 06810

SFY 2013 Per Capita Allocation $95,646.08 Population (2010) 81,056

This application certifies that Danbury Health Department is in compliance with the following terms of the State Aid to Full-time Health Department Program:

1. The city/town employs a duly authorized full-time Director of Health as defined in Section 19a-200 C.G.S. We understand that we may become ineligible to receive this Grant-in-Aid if the Director of Health position is either vacant or filled with an acting Director of Health for more than (3) months.

2. The city/town expends at least $1.00 per capita per fiscal year from annual local tax receipts for health department services.

3. If this grant application is approved, monies granted will not be used to substitute for funds budgeted for the local health department under the normal budgetary process.

4. The information provided on behalf of the health department in this application and attachments is true and correct.

Name of Individual Completing the Application: _____
(Please print or type)
Signature: _____

Director of Health: _____
(Please print or type)
Signature: _____

Chief Elected Official: _____
(Please print or type)
Signature: _____

LOCAL HEALTH ADMINISTRATION BRANCH
PER CAPITA APPLICATION

DATE_____

NAME OF DIRECTOR OF HEALTH___Scott T. LeRoy MPH, MS_____

POPULATION (2010) 81,056

SIGNATURE OF DIRECTOR OF HEALTH_____

ALLOCATION (2013) $95,646.08

GRANT PROPOSAL FOR SFY 2013

BUDGET LINE ITEM	SFY 2013 Per Capita Allocation	*Carryover from Prior Years	Total Per Capita ALLOCATION
1.) Provide services to 3 School Based Health Centers	30,000		
2.) Project Homeless Connect, two temporary employees for event planning and implementation.	2,841.74		
3.) Health Department office supplies / equipment replacement / repair, etc...	10,000		
4.) Consultant/Regional Public Health Preparedness Program	10,000		
5.) Telecommunications services for GPS, Laptops for Emergencies and Drills.	5,000		
6.) Tools, emergency & safety equipment as needed, etc...	5,000		
7.) Computer services, programs, any hardware & software, etc...	4,000		
8.) Public Health Inspector / Sanitarian, additional part time hours	5,000		

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9) Food Operator Training	2,000		
10) Homeless Outreach Services, Project Homeless Connect equipment, supplies, Shelter Operations, etc...	5,000		
11) City Audit Fees.	5,734.76		
12. Medical Assistant, Community Health Program	8,034.34		
13. Wetlands Inspector, p/t hours	3,035.24		
TOTAL	95,646.08		

*If you do not have carryover from prior years, leave this column blank.

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Provide a **budget justification for each line in your budget,** describing how your health department intends to use the per capita funds. If funds are used to support a position, **include the name of the person, title of position, salary detail for the position (hourly rate X hours per week)**. If the district is subcontracting out services or using a consultant, please use the following page and indicate the name of consultant/agency and rate of payment/funding detail for the services.

BUDGET LINE ITEM	JUSTIFICATION
1. Provide services/support at 3 School Based Health Centers	Provide primary medical, social & mental health care to approximately 1,500 enrollees @ Danbury High School. & approximately 1,250 @ both Broadview Middle & Rogers Park Schools. Continue documentation, improve provision of student health surveillance and maintain quality assurance services. Additional information is on file with Brenda West in Grants & Contract Management.
2. Project Homeless Connect, two temporary employees for event planning and implementation.	A single day event, usually in December, to provide one-stop services to prevent homelessness and provide health screenings to those in need such as vaccinations, eye screenings, social service applications, etc... ($15/hr).
3. Health Department Office supplies / equipment replacement/ repair, etc...	Reoccurring problems with main copier / printer requires this item to be budget in case of major supplies replenishment, repair or immediate replacement is needed. Equipment needed for office such as furniture, shelves, desks, chairs, counters, etc...
4. Consultant / Public Health Preparedness Program	Anticipation of increased planning efforts towards flu/vaccination methods (consulting, prevention, etc...). Regional planning efforts will be maintained as well (HVCEO , $100/hr)).
5. Telecommunication n/ wireless services for GPS, Laptops, tablets, smartphones for Emergencies and Drills.	Telecommunication service to ensure proper communications are established and maintained throughout the event for computers, laptops, new / replacement smartphones, etc...
6. Office: including field tools, office furniture, communication equipment, computer equipment, hardware, field equipment as needed, etc...	Equipment needed / repaired / replaced such as mobile smart phones / accessories, computer hardware, furniture, shovels, levels, probes, temperature gages, rain gear, badges, ID gear, etc...
7. Computer services, programs, assistance, updates, any software necessary, etc...	Assistance, maintenance and software needed to ensure programs efficiency and effectiveness, existing consultant for existing public health programs is Frank Deluca (designer, maintainer, etc...$100/hr). Epi software for smartphones / tablets and/or services for Illness Investigation.
8. Public Health Inspector / Sanitarian, additional part time hours	Hours to supplement part time sanitarians / public health inspectors for work during the day, evening and weekends for all programs and services ($20.52/hr).
9. Food Operator Training	Over estimated need / requests for training by operators in 2010 TBD, carry over will funds a Food Safety Education program for field inspectors, owners, operators and food service workers in their native languages as require by State Code.
10. Homeless Outreach Services, Project Homeless Connect equipment, supplies, etc...	Funds not used due to changes in the use of staff, funds to be used for Homeless Outreach Services, purchases for Project Homeless Connect, services needed for the outreach programs, etc...(signs, advertising, gear, bags, services, ID, forms, food, travel vouchers/ bus passes, eyeglasses, health services, etc..).
11. City Audit Fees (3%) and Admin. Fee (3%)	To be deducted, as per city policy,(3%+3%) 6% of budget
12. Medical Assistant, Community Health Program	Provide partial funding of a shared medical / office assistant at the Department's Office of Community Medicine for the year. The medical assistant (Carla Beach) is full time Rate of pay is presently $15.96/hr. for 37.5 hrs/wk
13. Wetlands inspector, p/t hours	Hours to supplement part time wetland inspectors for work during the day, evening and weekends if needed for all programs and services. $30.92/hr

Subcontractors

Program: Per Capita Grant

Subcontractor Name: HVCEO Regional Planning Agency
Address: 162 Whisconier Road, Brookfield, CT 06804
Telephone: 203-775-6256
Select One: A ☐ Budget Basis B X Fee-for-Service CX Hourly Rate
Indicate One: ☐ MBE ☐ WBE x Neither

Line Item	Amount
4. Public Health Preparedness Program/ consultation & Regional planning	
Activities maybe be contracted as needed as with previous budget years. HVCEO regional planning agency ($100/hr as with previous years).	
Total Subcontract Amount:	10,000

Subcontractor Name:
Address:
Telephone: ( ) (-)
Select One: A ☐ Budget Basis B ☐ Fee-for-Service C ☐ Hourly Rate
Indicate One: ☐ MBE ☐ WBE x Neither

Line Item	Amount
Total Subcontract Amount:	