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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: 05/21/2013
TO: HON. MARK D. BOUGHTON VIA THE CITY COUNCIL
FROM: DAVID W. ST. HILAIRE, DIRECTOR OF FINANCE *DW*
RE: RESOLUTION-DSS SHELTER FUNDING

Attached for your review is a resolution that will allow the City of Danbury, Department of Health and Human Services to accept an amendment to the existing contract for City emergency shelter funds with the State of Connecticut Department of Social Services.

The current funding for the period of 10/1/12-6/30/13 will be increased from \$90,277 to \$90,860. The contract will be extended for one year, through 6/30/14, with funding for the second year of the contract 7/1/13-6/30/14 to be determined as allocations become available from the State. There is no local match required.

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

DST/sk

Cc: S. Leroy



RESOLUTION

9-1

CITY OF DANBURY, STATE OF CONNECTICUT

_____ A.D. 2013

RESOLVED BY THE CITY COUNCIL OF THE CITY OF DANBURY

WHEREAS, the State of Connecticut Department of Social Services has notified the City of Danbury Department of Health and Human Services about a contract amendment to the existing Emergency Shelter Services, (ESS) contract; and

WHEREAS, this amendment increases the contract period by one (1) year and increases the contract amount from \$90,277 to \$90,860; and

WHEREAS, the first year of funding covers 10/1/12-6/30/13 in the amount of \$90,860 and the second year of funding covers 7/1/13-6/30/14 with an allocated amount to be determined as State funds become available; and

WHEREAS, this funding will be used for expenditures related to operating the City's shelter.

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



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CITY OF DANBURY

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

Central Health Office
Tel: (203) 797-4625
Fax: (203) 796-1596

Social Services Office
Tel: (203) 797-4569
Fax: (203) 797-4566

May 16, 2013

Mayor Mark Boughton and City Council
City Hall
155 Deer Hill Avenue
Danbury, Connecticut 06810

RE: DSS Emergency Shelter Grant 10/01/12-06/30/14

The City of Danbury relies heavily on the Department of Social Services (DSS) Emergency Shelter grant from the State of Connecticut to assist in funding the Emergency Shelter and Day Center operational costs. The amended funds allotted to the City of Danbury for grant period 10/01/12 to 6/30/13 is \$90,870.00. This grant will provide funding for salaries that include part time shelter aide and shelter night staff and other operational expenses in providing assorted support services for the shelter 7 days a week, 365 days a year.

There are no matching requirements for this fund. The City's Emergency Shelter services would be seriously jeopardized if State funds were not made available. It is important that a Resolution be approved by City Council to allow the Finance Department to cover expenses incurred by the Emergency Shelter and Day Center. Without the City's assistance, our Emergency Shelter, Day Center and its services would be decreased. In the past, the City of Danbury has been supportive of the needs and efforts that the City Shelter provides to those who are homeless and are at risk of becoming homeless.

In today's difficult economic times, the Emergency Shelter will continue to provide services and assistance to this needed population and will continue to promote and support the Mayor's Ten Year Plan to End Homelessness.

Sincerely,


Scott LeRoy, MPH, MS
Director of Health and Human Services

All City Services 311
Eviction Prevention 203-797-4565
Information-Referral 203-797-4569

Dial 2-1-1 for all
Connecticut Services!

Emergency Shelter 203-796-1661
Emergency Shelter Fax 203-796-1660
WIC Program 203-797-4638

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STATE OF CONNECTICUT
DEPARTMENT OF SOCIAL SERVICES
25 SIGOURNEY STREET • HARTFORD, CONNECTICUT 06106-5033

May 13, 2013

The Honorable Mark D. Boughton c/o S. Zaborowski
Mayor
City of Danbury
155 Deer Hill Avenue
Danbury, CT 06810

Contract Number: 034-ESS-24/12DSS3701GT Amendment: A1
Term as Amended: 10/01/12 - 06/30/14 Amount as Amended: \$90,870

Dear Mayor Boughton:

I have attached documents to amend the contract referenced above. Please review all documents carefully, sign IN BLUE INK where indicated, and return all documents requiring signature to me via PDF **no later than 05/23/2013**. Please use blue ink for signatures. **If amendment is not returned to the Department by 5-23-13, the contractor risks lapsing the state monies identified in the amendment.** Except for the budget, the following documents are included:

- **Amendment**
- **Budget** – Please submit a budget totaling the amount as amended
- **Signature & Approvals** – Please sign and date, preferably in blue ink. The date must be on or after the applicable Board meeting, and on or before the date of the Secretary of the Corporation's signature on the bottom of the Authorization of Signature (Certified Resolution) form.
- **Authorization of Signature (Certified Resolution)** - The Secretary of the Corporation must sign, date, and seal (if possible) this form on or after the date of the bottom of the Signature and Approvals form. Please review the accompanying instructions for clarification.
- **Nondiscrimination Certification (revised July 2009):** ONE copy of one of these forms must be signed and dated, and notarized as appropriate, preferably in blue ink. Please refer to the accompanying instructions for clarification.
- **OPM Ethics Form 5 - Consulting Agreement Affidavit** – This document is required for contracts, including those with municipalities, with a value of \$50,000 or more in a calendar or fiscal year; it must be completed, signed, and notarized.
- **Request for Payment (W-1270)** – This form must be signed, dated, and submitted to your Program Representative, **Susan A Gajda**. Please discard any earlier versions.

If you have any questions regarding this process please contact me at (860) 424-5082 or through e-mail at tina.mcgill@ct.gov. For questions regarding the program, please contact Susan A. Gajda at (860) 704-3044 or through e-mail at susan.gajda@ct.gov.

Sincerely,

Tina McGill
Contract Administration

C: Susan A Gajda