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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 COMMON COUNCIL  
**FROM:** DAVID W. ST. HILAIRE, DIRECTOR OF FINANCE *DST*  
**SUBJECT:** RESOLUTION-PUBLIC HEALTH EMERGENCY PREPAREDNESS GRANT  
**DATE:** 6/29/2009

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Attached for your review is a resolution that will allow the City of Danbury to apply for and accept funding from the State of Connecticut Department of Public Health. This will allow the City to continue its public health emergency preparedness program activities.

This funding, not to exceed \$62,582, covers 8/10/09-8/9/10 and requires no local match.

The Common Council is respectfully requested to consider this resolution at its next meeting. If you have any questions or require any additional information, please contact my office at 203-797-4652.

cc: S. Leroy

# RESOLUTION

**CITY OF DANBURY. STATE OF CONNECTICUT**

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**RESOLVED** by the Common Council of the City of Danbury:



**WHEREAS** the State of Connecticut Department of Public Health has notified the City of Danbury Health, Housing and Welfare Department of continued funding for public health emergency preparedness; and

**WHEREAS** this funding will be used to fund the City's emergency planning and response activities; and

**WHEREAS** this funding, not to exceed \$62,582, covers the period 8/10/09 - 8/9/10 and requires no local match.

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



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# CITY OF DANBURY

HEALTH, HOUSING, & WELFARE DEPARTMENT  
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

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

Central Welfare Office  
203 - 797-4569  
Fax 797-4566

## Public Health Preparedness Grant (PHEP)

### Impact Statement

08/10/09 through 08/09/10

The City of Danbury Department of Health, Housing & Welfare relies on the Public Health Emergency Preparedness grant from the State of Connecticut to fund the Department's Emergency Planning and Response activities.

Funding amounts have fluctuated over time due to financial constraints and is now provided for a one year grant period (08/10/09 through 08/09/10).

The State of Connecticut Department of Public Health has provided a \$62,582.00 grant to ensure the activities of the PHEP program are continued for another year.

There are no matching requirements for these funds.

Medical Outreach 797-4567  
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  
Administration 796-1504



# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



**To:** Mr. Scott T. LeRoy, MPH, MS  
Danbury Health and Housing Department

**From:** Pamela Kilbey-Fox, MPH  
Chief, Local Health Administration Branch

David A. Hunt, EMT-I, HPA 2  
Local Health Administration Branch

**Date:** June 17, 2009

**Subject:** Public Health Preparedness Grant Allocation for 2009-2010

The Centers for Disease Control and Prevention has notified the CT Department of Public Health that we will be receiving continued public health emergency preparedness funding for the period beginning 10 August 2009 and going through 9 August 2010.

This memo serves to notify you that the Department will continue to fund the public health preparedness grants to local health departments at the current base level amount. There is no pan flu funding at this time and we will keep you informed if there are changes.

The base allocation for your emergency preparedness contract for the Danbury Health and Housing Department is \$62,582.00. Please assemble a budget based on this dollar amount and submit this budget as soon as possible so contracts can be prepared and sent for your signatures. We have attached draft contract language for you to review and use to plan your budget submissions accordingly. Thank you.

If you have any questions, please contact David Hunt at 860-509-7915 or at [david.hunt@ct.gov](mailto:david.hunt@ct.gov).

**Cc:** Leonard Guercia  
Bruce Wallen  
Michael Purcaro  
Mary Pettigrew  
Anthony Nwankwo



Phone: (860) 509-7975  
Telephone Device for the Deaf (860) 509-7191  
410 Capitol Avenue - MS # 12EMS  
P.O. Box 340308 Hartford, CT 06134-0308  
An Equal Opportunity Employer

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**Proposed Budget City of Danbury, CT**  
**Contract Period: 8/10/2009 to 8/9/2010**

**Program: Danbury Public Health Emergency Preparedness**

Category	Program #1 Amount	Program #2 Amount	Total Amount
<b>Personnel:</b>			
1) Name & Position: Kristy Gray, PHEP Assistant			
Calculation: \$19/hrX20hrs/wkX52 wks	19,760		19,760
Fringe Benefit: 10%	1,976		1,976
2) Name & Position: TBD Salary / Fringe Reimbursement			
Calculation: Employee related work, Over Time, Drills, Exercises, Meetings, Trainings, etc...	3,000		3,000
Fringe Benefit: %			
3) Name & Position:			
Calculation:			
Fringe Benefit: %			
4) Name & Position:			
Calculation:			
Fringe Benefit: %			
5) Name & Position:			
Calculation:			
Fringe Benefit: %			
6) Travel per mile X miles			
7) Training	1,000		1,000
8) Educational Materials	1,000		1,000
9) Office Supplies	2,030		2,030
10) Medical Materials	1,000		1,000
11) Contractual (Subcontracts)***	20,000		20,000
12) Telephone	5,000		5,000
13) Advertising			
14) Other Expenses (List Below)			
a) Conferences	4,500		4,500
b) Public Liability	316		316
c) Equipment	3,000		3,000
d)			
***IF Administrative Costs***			
<b>Total DPH Grant</b>	<b>62,582.00</b>		<b>62,582.00</b>
Other Program Income:			

\*\*\* Complete Subcontractor Schedule A



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**Proposed Budget City of Danbury, CT**  
**Contract Period: 8/10/2009 to 8/9/2010**

Program: **Danbury Public Health Emergency Preparedness**

Subcontractor Name: to de determined

Address:

Telephone: ( ) ( - )

Select One: A  Budget Basis B  Fee-for-Service C  Hourly Rate

Indicate One:  MBE  WBE  Neither

Line Item	Amount
Subcontractors as needed in the past.	20,000
Total Subcontract Amount:	20,000