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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

MEMORANDUM

TO: MARK D BOUGHTON VIA THE COMMON COUNCIL
FROM: DAVID W. ST. HILAIRE, DIRECTOR OF FINANCE *DWS*
SUBJECT: RESOLUTION-PUBLIC HEALTH EMERGENCY RESPONSE/H1N1 GRANT
DATE: 8/24/2009

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. The purpose of this funding is to allow the City to implement H1N1 prevention plans and activities including drills and public education.

This funding, not to exceed \$33,925, covers 7/31/09-7/30/10 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.

Attach.

DWS/sk

cc: S. Leroy

16-1

RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT



_____ A. D., 200__

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 funding available for Public Health Emergency Response (H1N1) activities; and

WHEREAS, this funding, in the amount of \$33,925.00, will be used toward prevention plans and activities and covers the period 7/31/09-7/30/10; and

WHEREAS, there is no required local match for this funding.

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 hereby authorized to apply for and accept said funding and to execute all contracts or amendments and take necessary actions to effectuate the purposes thereof.



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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 Emergency Response (PHER)
H1N1 Preparedness Grant
Impact Statement
7/31/09 through 7/30/10

The City of Danbury relies on the Public Health Emergency Response (PHER) H1N1 Preparedness grant from the State of Connecticut to fund the Department's Emergency Planning and Response activities related to Flu Prevention Planning.

The State of Connecticut Department of Public Health has provided \$33,925 towards this year's prevention plan and activities. H1N1 / PHER activities would include, but are not limited too, personnel to implement actions and planning, drills, consultants, public education, etc... (see attached proposed budget).

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

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State of Connecticut Department of Public Health

Local Health Administration Branch, MS# 11LOC

P.O. Box 340308, 410 Capitol Avenue

Hartford, CT 06134-0308

Telephone: (860) 509-7660 FAX: (860) 509-7782

TO: Director of Health
Health Department/District Name

FROM: Pamela Kilbey-Fox, Branch Chief
Local Health Administration Branch

DATE: August 11, 2009

SUBJECT: Public Health Emergency Response (PHER) Grant Allocation for 2009-2010 – Award H1N1 Phase 1

The Centers for Disease Control and Prevention has notified the CT Department of Public Health that we will be receiving Phase 1 of Public Health Emergency Response funding (H1N1) for the period beginning July 31, 2009 and ending July 30, 2010.

The Danbury Health Department will be receiving \$33,925 in funding for PHER (H1N1) activities. Please prepare a budget for your PHER Phase 1 allocation using the attached budget forms and submit via email to rebecca.foreman@ct.gov. We are requesting that you submit your budget as soon as possible so that we can move forward with your public health preparedness contract.

The MDA Lead Contractor will be the Public Health H1N1 Vaccine Coordinator for their MDA and prepare for receipt, storage and distribution of H1N1 vaccine, if necessary. Activities include but are not limited to:

1. inventory of the cold storage capacity for a surge of H1N1 vaccine and develop a plan for increasing the storage capacity of their MDA if necessary,
2. develop a plan for their MDA, in collaboration with community partners and agencies, to vaccinate priority populations for H1N1, based upon CDC and DPH guidelines,
3. update their local HAN to include any new partners identified in the H1N1 vaccination plans in order to inform on the availability of H1N1 vaccine in the event of mass vaccination.

If you have any questions regarding the contractual process please contact Sue Walden at 860-509-7706 or via email at sue.walden@ct.gov.

cc: Leonard Guercia
Mary Pettigrew

City of Danbury H1N1 Preparedness

Contract Period: 7/31/09-7/30/10

H1N1 Phase 1

Category	Program #1 Amount	Program #2 Amount	Total Amount
Personnel:			
1) Name & Position: Kristy Gray, PHEP Assit.			
Calculation: \$19/hr X 11hours X 50 weeks	10,450		10,450
Fringe Benefit: 10%	1,450		1,450
2) Name & Position:			
Calculation:			
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			
8) Educational Materials			
9) Office Supplies	1,765		1,765
10) Medical Materials	714.50		714.50
11) Contractual (Subcontracts)***	10,000		10,000
12) Telephone			
13) Advertising			
14) Other Expenses (List Below)			
a) Conferences	2,000		2,000
b) Public Liability	160		160
c) Equipment (vaccine storage, etc...)	5,350		5,350
d) 6% Administrative (3% Admin & 3% Audit fee)	2,035.50		2,035.50
IF Administrative Costs			
Total DPH Grant	33,925		33,925
Other Program Income:			

*** Complete Subcontractor Schedule A

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**Subcontractor Schedule A-Detail
City of Danbury H1N1 Preparedness
H1N1 Phase 1**

Program: City of Danbury Health, Housing & Welfare Department H1N1

Subcontractor Name: To Be 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	10,000
Total Subcontracts Amount:	\$10,000.00

#2

Subcontractor Name:

Address:

Telephone: () (-))

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

#3

Subcontractor Name:

Address:

Telephone: () (-))

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	