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# CITY OF DANBURY

155 DEER HILL AVENUE

DANBURY, CONNECTICUT 06810

**DAN GARRICK**  
ASSISTANT DIRECTOR OF FINANCE

(203)797-4650  
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## MEMORANDUM

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**TO:** Hon. Mark D. Boughton via the Common Council  
**FROM:** Dan Garrick, Assistant Director of Finance   
**RE:** **RESOLUTION- SCHOOL BASED HEALTH CENTER**  
**DATE:** June 28, 2005

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Attached for your review is a resolution that will allow the City of Danbury, Department of Health and Housing, to apply for and accept funding from the State of Connecticut, Department of Public Health in the amount of \$388,166.00. The grant term will cover a two year period of July 1, 2005 through June 30, 2007, which requires no local in-kind match. The budget for 2005-2006 is \$ 194,083.00 and the budget for 2006-2007 is \$194,083.00.

Also attached is a copy of the budget and impact statement for your review. The Common Council is requested to consider this resolution at its next meeting. If you have any questions, or require any further information, please contact my office at 203-797-4652.

Attach.

cc: S.Bergmann



## 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 Health Services has notified the Department of Health and Housing of the City of Danbury of the City's eligibility to apply for a School Based Health Center Continuation Grant in an amount not to exceed \$388,166.00; and

**WHEREAS**, the grant term will cover a two year period of July 1, 2005 through June 30, 2006 for \$194,083.00 and a second year July 1, 2006 to June 30, 2007 for an additional \$194,083.00 with no local match required; and

**WHEREAS**, the State's purpose in providing these funds is to enable the City's Health and Housing Department to provide the age appropriate accessible and affordable medical and mental health care services of Danbury High School students.

**NOW, THEREFORE, BE IT RESOLVED THAT** Mark D. Boughton, Mayor of the City of Danbury is hereby authorized to apply to the State of Connecticut Department of Health Services for said grant funds and to accept the award if offered; and

**BE IT FURTHER RESOLVED THAT** Mayor Mark D. Boughton is hereby authorized to take any and all actions necessary to effectuate the purposes hereof.

**IMPACT STATEMENT**  
**School-Based Health Center Continuation Funding Application**

Amount Available:   Year 1:\$194,083  
                                  Year 2:\$194,083

**Total Awarded:       \$388,166**  
Contract Period:       July 1, 2005 to June 30, 2007

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**Program Impact**

This grant will enable the City of Danbury to serve unmet health needs of the community's adolescent population through the provision of quality medical and mental health services. The primary beneficiaries of these services will be students enrolled in Danbury High School and Broadview Middle School.

Further benefits will be achieved through the removal of potential barriers to education, namely unmet health problems, which can interfere or hinder an adolescent's capacity to learn.

This impact will be achieved through the maintenance of an established State licensed outpatient clinic located on the grounds of Danbury High School and Broadview Middle School. Professional medical and mental health care services will be easily accessible to students, conducted in a confidential manner, and provided at no out of pocket cost to students or their family. Outreach to the student population, which will include health promotion and disease prevention strategies, will be carried out by program staff.

**Fiscal Impact**

This grant is available through the Connecticut State Department of Public Health. Two-year funding totaling \$388,166 will be made available to Level IV, fully operational, licensed school-based health center sites in Connecticut. \$194, 083 will be awarded during year one of the contract, followed by an additional \$194,083 during year two. A twenty-five percent (25%) in-kind local match is required.

This grant provides funding for part-time staff positions including nurse practitioner, licensed social workers, and medical assistant. Relevant fringe benefit costs for salaried positions charged to this grant are also included in this budget. Additionally, this grant provides reimbursement for half-time salary and fringe benefits of a full-time City employee who acts as Coordinator for the center. A 2% Administration Fee and 2% Audit Fee are budgeted under this grant.

**Anticipated Grant Lifetime**

Currently, funding for services operated under this grant is available through June 30, 2005. The proposed contract covers a two-year funding cycle, July 1, 2005 through June 30, 2007, and is contingent on passage of a State budget.

**City of Danbury, Health & Housing #2006-00041**

**Contract Period: 07/01/05 to 06/30/07**

**Budget Period: 7/1/2006-6/30/2007**

**Program: School-Based Health Centers**

Category	Amount
<b>Personnel:</b>	
1) Name & Position: M.S. Bonjour, Clinic Coordinator	
Calculation: \$29.26 x 17.5 hrs x 53 weeks	\$27,139
Fringe Benefit: FICA 7.65% x \$27,139 = \$2,076 W/C . 1.29/\$100 x \$27,139 = \$350 Medical (Family) \$1,430 x 6 months = \$8,580 Life .51/1000 *\$27,139 x 6 months = \$83 Disability .42/100 of annual salary = \$114 PL 4.657/\$1000 of total expenditures = \$903	\$11,203      \$903
2) Name & Position: K. C. White, Nurse Practitioner #1	
Calculation: 30 hrs/wk @ 37.66 x 44 wks	\$49,711
Fringe Benefit: FICA 7.65% x \$49,711 = \$3,803 W/C 3.06/\$100 x \$49,711 = \$1,521	\$5,822
3) Name & Position: J. K. Wacławski, Nurse Practitioner #2	
Calculation: 30 hrs/wk @ \$37.66 x 44 wks	\$49,711
Fringe Benefit: FICA 7.65% x \$49,711 = \$3,803 W/C 3.06/\$100 x \$49,711 = \$1,521	\$5,822
4) Name & Position: M. Burness, Medical Assistant	
Calculation: 30 hrs/wk @ \$16.32 x 24 wks	\$11,750
Fringe Benefit: FICA 7.65% x \$11,750 = \$899 W/C 3.06/\$100 x \$11,750 = \$362	\$1,261
5) Name & Position: R. Williams, Medical Assistant	
Calculation: 30 hrs/wk @ \$16.32 x 24 wks	\$11,750
Fringe Benefit: FICA 7.65% x \$11,750 = \$899 W/C 3.06/\$100 x \$11,750 = \$362	\$1,261
6) Travel \$.405 per mile X miles	
7) Office Supplies	
8) Medical Materials & Supplies	\$566
9) Contractual (Subcontracts)***	\$9,420
10) Telephone	
11) Advertising	
12) Other Expenses (List Below)	
a) Postage	
b) Printing & Duplicating	
c) Dues, Subscriptions, License Fees	
d) Educational Materials & Supplies	
e) Conferences/Training	
13) Administrative Costs	\$7,764
Grant Administration Fee @ 2% of grant total = \$3,882 Audit Fee @ 2% of grant total = \$3,882	
14) Indirect Costs	
<b>Total DPH Grant</b>	<b>\$194,083</b>
Other Program Income: Billing Revenue	3,000+/-

\*\*\* Complete Subcontractor Schedule A

**Subcontractor Schedule A-Detail**  
**City of Danbury, Health & Housing #2006-0041**  
**Budget Period: 7/1/2006- 06/30/2007**  
**#1**

Program: School-Based Health Centers

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
Services as SBHC Medical Director	\$4,620
1.5 hours/week @ \$70/hour x 44 weeks	
Total Subcontract Amount:	\$4,620

**#2**

Subcontractor Name: Ruth Schofield, LMFT

Address: 57 Head O'Meadow Road, Newtown, CT 06482

Telephone: (203) (364-0049)

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

Indicate One:         MBE                       WBE                       Neither

Line Item	Amount
Services as SBHC Social Work Consultant	\$4,450
2 hours/week @ \$50/hour x 44 weeks	
Total Subcontract Amount:	\$4,450

**#3**

Subcontractor Name: CalMed, Inc.

Address: 415 Howe Avenue, Shelton, CT 06484

Telephone: (203) (924-4873)

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

Indicate One:         MBE                       WBE                       Neither

Line Item	Amount
Yearly Inspection of medical equipment at DHS & BMS clinics; up to 10 pcs. per site	\$350
Total Subcontract Amount:	\$350