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CITY OF DANBURY

155 DEER HILL AVENUE
DANBURY, CONNECTICUT 06810

DAN GARRICK
ASSISTANT DIRECTOR OF FINANCE

(203)797-4650
FAX: (203)796-1526

MEMORANDUM

TO: Hon. Mark D. Boughton via the Common Council
FROM: Dan Garrick, Assistant Director of Finance
RE: **RESOLUTION- PREVENTIVE HEALTH CARE BLOCK GRANT**
DATE: June 27, 2005

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 $13,667. This grant, for the time period July 1, 2005-June 30, 2006, requires no local in-kind match.

Also attached is a copy of the budget and impact statement for you 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 Public Health has notified the City of Danbury Health and Housing Department that it is eligible to apply for a Preventive Health and Health Services Block Grant in an amount not to exceed $13,667.00; and

WHEREAS, the grant will cover the period of July 1, 2005 through June 30, 2006 with no local in kind match; and

WHEREAS, the funding will be used for a Youth Violence Prevention program in conjunction with the School Based Health Centers located at Danbury High School and Broadview Middle School.

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

AND FURTHER, Mark D. Boughton is hereby authorized to execute all contracts/agreements in connection therewith and to do all things necessary to effectuate the purposes of said grant.

IV. FUNDING APPLICATION

Cover Page

Name of Program: Youth Violence Prevention
DPH Log #2006-0105

Applicant Agency

Legal Name: City of Danbury, Incorporated
Address: 155 Deer Hill Avenue
Town/City, State, Zip Code: Danbury, Connecticut 06810
Telephone No.: (203) (797-4510)
Fax No.: (203) (796-1596)
E-Mail Address: health.staff@ci.danbury.ct.us
Amount Requested: **$13,667**

Contract Period: **July 1, 2005 to June 30, 2006**

Agency Fiscal Year: July - June
Minority Business Enterprise (MBE) ☐ Yes ☒ No
Women Business Enterprise (WBE) ☐ Yes ☒ No
Federal Employer ID Number: 066001868 Town Code:
Incorporated ☒ Yes ☐ No
Type of Agency ☒ Public ☐ Private ☐ Non-Profit
☐ Other Explain:

I certify that to the best of my knowledge and belief, the information contained in this application is true and correct, the applicant has the authority to apply for this funding, the applicant will comply with applicable state and federal laws and regulations, and I am authorized to make this application on behalf of the applicant agency.

Signature: _____ Date: _____
Name: Mark D. Bougton Title: Mayor
(Print or Type)

Contractor Information

Please List the Agency Contact Person(s)
Responsible for Completion and Submittal of:

Contract and Legal Documents/Forms:

Name & Title: Scott Leroy, Director Health
Address: 155 Deer Hill Avenue
Town/City, State, Zip Code: Danbury, Connecticut 06810 E-Mail Address: s.leroy@ci.danbury.ct.us
Telephone No.: (203) (797-4625) Fax No.: (203) (796-1596)

Program Progress/Activity and Statistical Data Reporting Forms:

Name & Title: Melanie Bonjour, Health Promotion Coordinator
Address: 155 Deer Hill Avenue
Town/City, State, Zip Code: Danbury, Connecticut 06810 E-Mail Address: m.bonjour@ci.danbury.ct.us
Telephone No.: (203) (797-4625) Fax No.: (203) (796-1596)

Financial Expenditure Reporting Forms:

Name & Title: Dena Diorio, Director of Finance
Address: 155 Deer Hill Avenue
Town/City, State, Zip Code: Danbury E-Mail Address: d.diorio@ci.danbury.ct.us
Telephone No.: (203) (796-1548) Fax No.: (203) (796-1666)

Program Location(s)** (if different than Applicant Agency Address listed above):

Location #1
Name: Broadview Middle School
Address: 72 Hospital Avenue
Town, State, Zip: Danbury, CT 06810
Telephone No.: (203) (731-8272)

Location #2
Name: Danbury High School
Address: 43 Clapboard Ridge Road
Town, State, Zip: Danbury, Connecticut 06811
Telephone No.: (203) (790-2886)

Location #3
Name:
Address:
Town, State, Zip:
Telephone No.: ( ) (-)

Location #4
Name:
Address:
Town, State, Zip:
Telephone No.: ( ) (-)

Location #5
Name:
Address:
Town, State, Zip:
Telephone No.: ( ) (-)

Location #6
Name:
Address:
Town, State, Zip:
Telephone No.: ( ) (-)

** If more than 3 locations use additional pages.

City of Danbury #2006-0105
Contract Period: 07/01/05 to 06/30/06

Program: Youth Violence Prevention

Category	Amount
Personnel:	
1. Name & Position: C. Bulmash, Clinical Social Worker	
Calculation: 4 hrs/wk x $26.34 x 44 weeks	$4,636
Fringe Benefit: 21.45%	$994
2. Name & Position: N. Fawcett, Clinical Social Worker	
Calculation: 4 hrs/wk x $26.34 x 44 weeks	$4,636
Fringe Benefit: 21.45 %	$994
3. Name & Position: ,	
Calculation:	
Fringe Benefit: %	
4. Name & Position: ,	
Calculation:	
Fringe Benefit: %	
5. Name & Position: , :	
Calculation:	
Fringe Benefit: %	
6. Travel .405per mile X 500miles	$203
7. Training	$600
8. Educational Materials	$1,000
9. Office Supplies	$683
10.Medical Materials	
11.Contractual (Subcontracts)***	$600
12.Telephone	
13.Advertising	
14.Other Expenses (List Below)	
15.Public Liability 4.657/1000 of total expenditures	$42
16.	
17.	
18.	
19.	
20.	
21.Administrative Costs	$273
22.Indirect Costs	
Total DPH Grant	**$13,667**
Other Program Income:	

*** Complete Subcontractor Schedule A

Budget Justification Schedule B
City of Danbury #2006-0105
Contract Period: 07/01/05 to 06/30/06
Program: Youth Violence Prevention

Line Item (Description)	Amount	Justification including Breakdown of Costs
Salaries	$9,272	2 social work clinicians 4 hrs/wk @ $26.34 x 44 weeks
Fringe Benefits	$2,030	w/c $3.06/100 annual salary x 2 = $284 FICA 7.65% x $4636 x 2 = $710 Public Liability 4.657/1000 of total expenditures = $42
Travel	$203	.405/mile x 500 miles
Training	$600	Registration Fees for six trainings @ $100/session
Educational Materials	$1,000	Misc. educational materials including videos, pamphlets, books, etc.
Office Supplies	$683	Misc. office supplies and art materials
Contractual	$600	Two performances by Interactive Educational Theater or Other Educational Speaker/Group
Administrative Fee	$273	Audit Fee @ 2% ot total