



# CITY OF DANBURY

155 DEER HILL AVENUE  
DANBURY, CONNECTICUT 06810

**DENA DIORIO**  
DIRECTOR OF FINANCE

(203)797-4652  
FAX: (203)796-1526

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## M E M O R A N D U M

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**TO:** Hon. Mark D. Boughton via the Common Council  
**FROM:** Dena R. Diorio, Director of Finance & Personnel *Dena*  
**RE:** **BIOTERRORISM RESPONSE PREPAREDNESS GRANT**  
**DATE:** October 21, 2005

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Attached for your review is a resolution, which would allow the City of Danbury, through the Connecticut Department of Public Health, to provide for the assessment of local health emergency response capability, development of response plans, and training of department staff. The total grant amount is \$169,400 with no local match required. The grant period covers August 31, 2005 through August 30, 2007.

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.



## RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

\_\_\_\_\_ A. D., 200\_

RESOLVED by the Common Council of the City of Danbury:

**WHEREAS**, the Connecticut Department of Public Health has made grant funds available to local health departments to provide for the development of local and regional Public Health Preparedness Planning Grants concerning bioterrorism, the exercise of related drills, the development of local communication resources, and the training of local health department staff, for the period of August 31, 2005 through August 30, 2007; and

**WHEREAS**, for the time period of August 31, 2005, through August 30, 2007, grant funds not to exceed \$169,400.00, requiring no local match, will be made available to the Danbury Health and Housing Department for a Public Health Preparedness Planning Grant; and

**WHEREAS**, the Danbury Health and Housing Department will provide the planning, drills, communication, resources, and training services called for in the Grant.

**NOW THEREFORE, BE IT RESOLVED THAT**, Mark D. Boughton, Mayor of the City of Danbury or The Director of Health, as his designee, is authorized to apply for said grant and to accept the grant award on behalf of the City of Danbury, if such award is made. Any prior actions of the Mayor or the Director of Health regarding the application are hereby ratified.

**BE IT FURTHER RESOLVED THAT**, Mayor Mark D. Boughton is hereby authorized to make, execute and approve on behalf of the City of Danbury all contracts/agreements or amendments thereof, which do not require expenditure of City funds, with the Connecticut Department of Public Health regarding said grant, and to take all actions necessary to accomplish the purposes of the grant.



**Department of Public Health**  
**Contracts and Grants Management Division**  
PO Box 340308, 410 Capitol Ave., MS#13 GCT  
Hartford, CT 06134-0308  
Telephone: (860) 509-7704      FAX: (860) 509-8210

October 6, 2005

Scott LeRoy  
Director of Health  
City of Danbury  
155 Deer Hill Ave  
Danbury, CT 06810

Re:

DPH Log #2006-1070  
BT / PHP

\$169,400  
8/31/05 Through 8/30/07

Dear Mr. LeRoy:

Enclosed is the above referenced contract, DPH contract log #2006-1070. Please use the DPH contract log number when sending in progress reports, expenditure reports, budget revision requests and/or other correspondence relating to this contract.

Please review this contract and return the original contract following the procedure explained below. If contract corrections or changes are necessary, please contact me at (860) 509-7599. It is important that the signed/sealed contract and other required submittals be returned to the department by October 31, 2005. You will receive a copy of the original contract signed by the department when the contract is fully executed.

***NOTE: SIGNATURES AND NAMES OF AUTHORIZED OFFICIAL(S) MUST BE IDENTICAL THROUGHOUT THE CONTRACT PACKAGE.***

**Secretarial Certification:** All contractors need to have a resolution passed by their governing body giving the official who signed this contract the authority to do so. The secretarial certification indicates that the authorization to sign contracts was still in place on the date the contract was signed. Therefore, the contract should be signed and dated **prior** to the secretarial certification being signed and dated. Instructions and a sample sheet are enclosed. One original signed and sealed secretarial certification should be returned with your contract. Your agency's seal must be embossed on the lower left side under the "title" of the certifying official. **(White-out is not acceptable!)**

**Acceptances and Approval Page:** The individual indicated on the secretarial certification as authorized to sign the contract must sign the original Personal Service Agreement Form on line 35. The authorized individual should sign his/her name exactly as it appears on the secretarial certification. His/her name, title and the date should be typed or clearly written on the appropriate lines in this area. In addition, your agency's legal seal must be embossed on the Acceptances and Approvals area of page one if it is not embossed on the secretarial certification.

**Contract Compliance forms:** Please read Commissioner Galvin's letter concerning the Department's commitment to affirmative action. Complete, sign and return the **Workforce Analysis** and the **Notification to Bidders**. Contractors with more than one (1) employee who do not have affirmative action plans **must** have an affirmative action policy statement. You may use the enclosed statement from Commissioner Galvin as a model. You must return a copy of your statement if you do not have an affirmative action plan and have more than one (1) employee. Contractors with more than twenty-five (25) employees must have an Affirmative Action Plan on file at their place of business. **DO NOT SEND PLANS TO THE DEPARTMENT.**

- **Certificate of Insurance:** The Attorney General's Office requires that all contractors file a Certificate of Insurance with the Department. Please submit a statement (policy declaration page) showing current insurance coverage.
- **Smoking Policy:** All agencies with 20 or more employees must submit a copy of their smoking policy.
- **Contractor's Minority Business Enterprises Utilization Form,** if applicable.
- **Invoices:** Please sign the enclosed invoices, but do not date them. Return all of the enclosed invoices with the original signed contract. This will help speed the payment process.

Thank you for your cooperation.

Sincerely,

Diana Lejardi  
Public Health Preparedness Contracts Coordinator  
Contracts and Grants Management Section

CC: Cheryl Mayeran

PERSONAL SERVICE AGREEMENT CO-802A REV. 2/2000 (electronic version) PRINT OR TYPE						STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER CENTRAL ACCOUNTS PAYABLE DIVISION				
1. Prepare 5 copies 2. The State Agency And The Contractor As Listed Below Hereby Enter Into An Agreement Subject to the terms and conditions stated herein and/or Attached hereto and Subject to the Provisions of Section 4-98 of the Connecticut General Statutes as Applicable						(1) DPH Log #2006-1070				
3. Acceptance of this Contract implies Conformance with Terms and Conditions set forth at Sheet 2 of this file, as attached hereto and incorporated by reference.						<input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		(2) Identification No P.S.		
CONTRACTOR		Contractor Name City of Danbury				(3) Are you Presently a State Employee <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
		Address 155 Deer Hill Ave, Danbury , CT 06810				Contractor FEIN/SSN 000-00-0034				
STATE AGENCY		(4) Agency Name And Address State of Connecticut, Department of Public Health MS#13 GCT, 410 Capitol Ave., PO Box 340308, Hartford, CT 06134-0308				(6) AGENCY NO. 48500				
CONTRACT PERIOD		(7) DATE (FROM) 08/31/05		THROUGH (TO) 08/30/07		(8) INDICATE <input type="checkbox"/> Master Agreement <input type="checkbox"/> Contract Award No. <input checked="" type="checkbox"/> Neither				
CANCELLATION CLAUSE		THIS AGREEMENT SHALL REMAIN IN FULL FORCE AND EFFECT FOR THE ENTIRE TERM OF THE CONTRACT PERIOD STATED ABOVE UNLESS CANCELLED BY THE STATE AGENCY, BY GIVING THE CONTRACTOR WRITTEN NOTICE OF SUCH INTENTION (REQUIRED DAYS NOTICE SPECIFIED AT RIGHT.)						(9) Required No. of days written notice: 30		
		(10) CONTRACTOR AGREES TO: (Include special provisions - Attach additional blank sheets if necessary.)								
COMPLETE DESCRIPTION OF SERVICE		City of Danbury, hereinafter "the contractor", shall provide services to the Department of Public Health, hereinafter "the DPH", as described in this agreement, on pages 2 through 17 as follows: (Continued on Page 1b)								
		(11) PAYMENT TO BE MADE UNDER THE FOLLOWING SCHEDULE UPON RECEIPT OF PROPERLY EXECUTED AND APPROVED INVOICES								
COST AND SCHEDULE OF PAYMENTS		Payment shall be made according to the schedule in Section I.X. of this contract. The total amount of this contract shall not exceed \$169,400.								
(12) Act CD	(13) Doc Typ	(14) Comp Typ	(15) LSE Typ	(16) Org Agcy 48500	(17) Doc Typ	(18) Commit Agency 48500	(19) Commit Num	(20) FEIN/SSN 000-00-0034		
(21) COMMITTED AMOUNT \$				(22) OBLIGATED AMOUNT \$169,400			(23) CONTRACT PERIOD (from/to) 08/31/05   08/30/07			
REQUIRED							OPTIONAL		REQR	
(21) Amount	(22) FUND	(23) Department	(24) SID	(25) Program	(26) Account	(27) Project	(28) Activity	(29) Agcy Chart	(30) Budget Ref	
\$84,700	12060	DPH48557	21096	42008	55050	DPH_NP			2006	
\$84,700	12060	DPH48557	21096	42008	55050	DPH_NP			2007	
(31) An Individual entering into a Personal Service Agreement with the State of Connecticut is contracting under a "work-for-hire" arrangement. As such, the individual is an independent contractor, and does not satisfy the characteristics of an employee under the common law rules for determining the employer/employee relationship of Internal Revenue Code section 3121(d) (2). Individuals performing services as independent contractors are not employees of the State of Connecticut and are responsible themselves for payment of all State and local income taxes, federal income taxes and Federal Insurance Contribution Act (FICA) taxes.										
(32) ACCEPTANCES AND APPROVALS					(33) STATUTORY AUTHORITY: 4-8, 19a-2a, 19a-32					
(34) <b>The Contractor herein IS NOT a Business Associate under HIPAA*:</b>										
(35) CONTRACTOR (OWNER OR AUTHORIZED SIGNATURE)					TITLE			DATE		
(36) AGENCY (AUTHORIZED OFFICIAL)					TITLE			DATE		
Norma D. Gyle, R.N., Ph.D					Deputy Commissioner					
(37) OFFICE OF POLICY & MGMT./DEPT. OF ADMIN. SERV.					TITLE			DATE		
(38) ) ATTORNEY GENERAL (APPROVED AS TO FORM)										

**Approved Budget Year Two**  
**Budget Period: 8/31/06 – 8/30/07**  
**Program: Public Health Emergency Preparedness**

Category	Amount
<b>Personnel:</b>	
1. Name & Position: Jill Olejniczak, BT Facilitator	
Calculation: \$31.50x25x52	40950
Fringe Benefit: 2.06%	847
2. Name & Position: Elizabeth Benjamin, HazMat Planner	
Calculation:	1260
Fringe Benefit: 1.8%	23
3. Name & Position: TBD, Full time Salary Reimbursement For BT-related training/participation	1000
4. Name & Position:	
Calculation:	
Fringe Benefit: %	
5. Name & Position:	
Calculation:	
Fringe Benefit: %	
6. Name & Position:	
Calculation:	
Fringe Benefit: %	
7. Travel .405 per mile	1000
8. Training	2000
9. Educational Materials	1000
10. Office Supplies	1000
11. Medical Materials	2000
12. Contractual (Subcontracts)	24720
13. Cellular Phone Service	2600
14. Advertising	400
15. Other Expenses	
a. Muratec Maintenance Contract/Supplies	500
b. Ancillary Supplies	500
c. Conferences	550
d. Equipment	1000
16a. Administrative Costs (up to 10% of total award)	3350
<b>Total Year Two</b>	<b>84700</b>

**Approved Budget Year One**  
**Budget Period: 8/31/05 – 8/30/06**  
**Program: Public Health Emergency Preparedness**

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