



CITY OF DANBURY

155 DEER HILL AVENUE
DANBURY, CONNECTICUT 06810

DENA DIORIO
DIRECTOR OF FINANCE

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

M E M O R A N D U M

TO: Hon. Mark D. Boughton via the Common Council
FROM: Dena Diorio, Director of Finance & Personnel *Dena*
RE: RESOLUTION – SCHOOL BASED HEALTH CENTER REVISION
DATE: January 26, 2006
CC: Melanie Bonjour

Attached for your review is a revised 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 \$424,284. The revision reflects an additional \$4,080 in funding. The grant period is two years. The budget for 2005-06 is \$212,142, and the budget for 2006-07 is \$212,142.

Attached also is a copy of the revised budget and information relating to the increase 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.

DD/jgb

Attach.



RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

_____ A. D., 200_

RESOLVED by the Common Council of the City of Danbury:

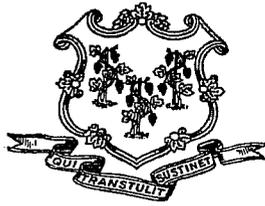
WHEREAS, the State of Connecticut Department of Health Services has notified the Department of Health and Housing of the City of Danbury of the City's award of an additional \$4,080.00 for the School Based Health Center Continuation Grant for FY 2005-07. Total two-year award is not to exceed \$424,284.00; and

WHEREAS, the grant term will cover a two year period of July 1, 2005 through June 30, 2006 for \$212,142.00 and a second year July 1, 2006 to June 30, 2007 for an additional \$212,142.00 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.



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

December 6, 2005

Scott Leroy
Director of Health
City of Danbury
155 Deer Hill Avenue
Danbury, CT 06810

Re: Contract for Amendment to School Based Health Centers
Contract Period: July 1, 2005 – June 30, 2007
Amendment Award: \$36,118
Total Contract Award: \$424,284 (Year One - \$212,142 Year Two - \$212,142)

Dear Mr. Leroy:

Enclosed is the amendment to the above referenced contract, DPH#2006-004 1-1. The purpose of this amendment is to increase the dollar amounts in Year One and Two of your contract to include COLA allocation outlined in the Governor's approved budget.

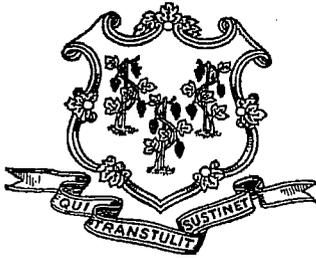
Please review and return the original amendment following the procedure explained below. It is important that the signed/sealed amendment and other required submittals be returned to the department as soon as possible. You will receive a copy of the original signed by the department when it is fully executed.

- **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. 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 Acceptances and Approval page of the contract under the "By the Contractor" section, on the line marked "Signature (Authorized Official)". The authorized individual should sign his/her name exactly as it appears on the Secretarial certification. Type your agency's legal name, the name and title of the authorized official and the date the document was signed. In addition, your agency's legal seal must be embossed on the Acceptances and Approvals page if it is not embossed on the Secretarial Certification. **(White-out is not acceptable!)**

Thank you for your cooperation.

Sincerely,

Brenda L. West
Fiscal Administrative Officer
Contracts and Grants Management Section



State of Connecticut
Department of Public Health

City of Danbury
CONTRACT #2006-0041-1
AMENDMENT #1

Contract #2006-0041-1, between the City of Danbury and the Department of Public Health is hereby amended as follows:

1. An increase of \$18,059 in Year One, July 1, 2005 through June 30, 2006, and an increase of \$18,059 in Year Two, July 1, 2006 through June 30, 2007 due to COLA allocations outlined for School Based Health Centers Program in the Governor's approved budget.
2. In Part III, Section A, Subsection A.1, delete paragraph 1 and replace with the following:
 1. The contractor shall provide services for School Based Health Centers for the period July 1, 2005 to June 30, 2007 described in detail as follows.
3. In Part III, Section A, Subsection A.1, delete paragraph 12 and replace with the following:
 12. The funding for Year 1 is \$212,142. The funding for Year 2 is \$212,142. The total amount of this agreement shall not exceed \$424,284.
4. In Part III, Section A, Subsection A.1, delete paragraph 13 and replace with the following:
 13. Funds for this contract are provided from the following sources:

SID	Fund Description /CFDA#	Year	Amount
17019	School Based Health Clinics	1	\$212,142
17019	School Based Health Clinics	2	\$212,142

Budget Justification Schedule B
City of Danbury #2006-0041-1
Contract Period: 07/01/05 to 06/30/07
Budget Period: 7/1/2005-6/30/2006
Program: School-Based Health Centers

Line Item (Description)	Amount	Justification including Breakdown of Costs
Salary & Fringe Benefits	\$27,139	\$29.26 x 17.5 hrs/wk x 53 weeks
M. Bonjour, Clinic Coordinator	\$11,203	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
	\$978	PL 4.657/\$1,000 of total expenditures = \$978
Salary & Fringe Benefits	\$49,711	\$37.66 x 30 hrs/wk x 44 weeks
K.C. White, APRN	\$5,822	FICA 7.65% x \$49,711 = \$3,803 W/C 3.06/\$100 x \$49,711 = \$1,521
Salary & Fringe Benefits	\$49,711	\$37.66 x 30 hrs/wk x 44 weeks
J. K. Waclawski, APRN	\$5,822	FICA 7.65% x \$49,711 = \$3,803 W/C 3.06/\$100 x \$49,711 = \$1,521
Salary & Fringe Benefits	\$21,542	\$16.32 x 30 hrs/wk x 44 weeks
M. Burness, Medical Assistant	\$2,412	FICA 7.65% x \$21,542 = \$1,638 W/C 3.06/\$100 x \$21,542 = \$774
Salary & Fringe Benefits	\$21,542	\$16.32 x 30 hrs/wk x 44 weeks
R.A. Williams, Medical Assistant	\$2,412	FICA 7.65% x \$21,542 = \$1,638 W/C 3.06/\$100 x \$21,542 = \$774
Training	\$500.00	Misc. staff trainings and/or inservices
Educational Materials	\$216.32	Misc. patient education materials (i.e. pamphlets, brochures, flyers, etc.)
Medical Materials and Supplies	\$1,296	Misc. medical materials and supplies (i.e. bandages, medications, topical dressings, etc.)
Contractual: Medical Director (TBD) Social Work Consultant – R. Schofield, LMFT CalMed, Inc.	\$3,350	@ \$100/hr – Not to exceed \$2,000 2 hrs/month @ \$50/hr x 10 weeks Yearly inspection of medical equip. @ BMS & DHS; up to 10 pcs./site
Administrative Costs Audit Grant Admin. Fee	\$8485.68	2% of grant total 2% of grant total

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FINANCE DEPT.
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5. In Part III, Section A, Subsection A.1, paragraph 14, delete the Year One and Year Two Payment Schedules on page 18 of the original contract and replace with the following:

YEAR ONE: 7/1/05 TO 6/30/06

Payment #	Amount	Conditions	On or After:
1	\$48,521	Upon full execution of the contract pursuant to paragraph 4 of Part II	July 1
2	\$54,541	Upon receipt and approval by the Department of the final reports and any refund due to the Department from the previous contract year.	October 1
3	\$54,541	Upon receipt and approval by the Department of the first reports from the current contract year, required pursuant to paragraph 4 of this subsection.	January 1
4	\$54,539	Upon receipt and approval by the Department of the second reports from the current contract year, required pursuant to paragraph 4 of this subsection.	April 1

YEAR TWO: 7/1/06 TO 6/30/07

Payment #	Amount	Conditions	On or After:
1	\$53,036	At the beginning of the second year of the contract and upon receipt and approval by the Department of the third reports from the previous contract year required pursuant to paragraph 4 of this subsection.	July 1
2	\$53,036	Upon receipt and approval by the Department of the final reports and any refund due to the Department from the previous contract year.	October 1
3	\$53,036	Upon receipt and approval by the Department of the first reports from the current contract year, required pursuant to paragraph 4 of this subsection.	January 1
4	\$53,034	Upon receipt and approval by the Department of the second reports from the current contract year, required pursuant to paragraph 4 of this subsection.	April 1

6. Replace the budget attached to the original contract with the budget entitled "Amended Budget for Year Two, Contract Log #2006-0041-1" attached hereto and made a part hereof.

This documentation constitutes an amendment to the above numbered contract. All provisions of that contract, except those that are explicitly changed above by this amendment, shall remain in full force and effect.

Amended Budget for Year One, Contract Log #2006-0041-1
Contract Period: 07/01/05 to 06/30/07
Budget Period: 7/1/2005 to 6/30/2006
Program: School-Based Health Centers

Category	Program 1	Program 2	COLA	Amount
Personnel:				
1) Name & Position: M.S. Bonjour, Clinic Administrator				
Calculation: \$29.26 x 17.5 hrs x 53 weeks	\$13,569.50	\$13,569.50		\$27,139
Fringe Benefit @ 44.885%	6,090.50	6,090.50		12,181
2) Name & Position: K. C. White APRN, Nurse Practitioner				
Calculation: \$37.66 x 30 hrs/wk x 44 wks	49,711			49,711
Fringe Benefit: @ 11.712%	5,822			5,822
3) Name & Position: J. K. Wacławski, APRN, Nurse Practitioner				
Calculation: \$37.66 x 30 hrs/wk x 44 wks		49,711		49,711
Fringe Benefit: @ 11.712%		5,822		5,822
4) Name & Position: R.A. Williams, Medical Assistant				
Calculation: \$16.32 x 30 hrs/wk x 44 wks	21,542			21,542
Fringe Benefit: @ 11.195%	2,412			2,412
5) Name & Position: M. Burness, Medical Assistant				
Calculation: \$16.32 x 30 hrs/wk x 30 wks		14,688		14,688
Fringe Benefit: @ 10.715%		1,574		1,574
6) Travel \$. per mile X miles				
7) Training				
8) Educational Supplies & Materials				
9) Office Supplies				
10) Medical Materials	148	148		296
11) Contractual (Subcontracts)***	5,400	5,400		10,800
12) Telephone				
13) Advertising				
14) Other Expenses (List Below)				
a) Postage				
b) Printing & Duplicating				
c) Computer/Software Maintenance				
15) Administrative Costs:				
Grant Administration Fee Audit Fee @ 2% of grant total= \$4,202	4,202			4,202
Audit Fee @ 2% of grant total= \$4,202		4,202		4,202
16) Indirect Costs				
17) COLA-unallocated increase			2,040	2,040
Total DPH Grant	\$108,897	\$101,205	\$2,040	\$212,142

*** Complete Subcontractor Schedule A

Subcontractor Schedule A-Detail
Budget Period: 7/1/2005 to 6/30/2006
#1

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	\$6,000
1.5 hours/week @ \$100/hour x 40 weeks	
Total Subcontract Amount:	\$6,000

#2

Subcontractor Name: Ruth Schofield, LMFT

Address: 57 Head O'Meadow Road, Newtown, CT 06470

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 .5weeks	
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 @ DHS & BMS clinics; up to 10 pcs. Per site.	\$350
Total Subcontract Amount:	\$350

Amended Budget for Year Two, Contract Log #2006-0041-1
Contract Period: 07/01/05 to 06/30/07
Budget Period: 7/1/2006 to 6/30/2007
Program: School-Based Health Centers

Category	Program 1	Program 2	COLA	Amount
Personnel:				
6) Name & Position: M.S. Bonjour, Clinic Administrator				
Calculation: \$29.26 x 17.5 hrs x 53 weeks	\$13,569.50	\$13,569.50		\$27,139
Fringe Benefit @ 44.885%	6,090.50	6,090.50		12,181
7) Name & Position: K. C. White APRN, Nurse Practitioner				
Calculation: \$37.66 x 30 hrs/wk x 44 wks	49,711			49,711
Fringe Benefit: @ 11.712%	5,822			5,822
8) Name & Position: J. K Waclawski, APRN, Nurse Practitioner				
Calculation: \$37.66 x 30 hrs/wk x 44 wks		49,711		49,711
Fringe Benefit: @ 11.712%		5,822		5,822
9) Name & Position: R.A. Williams, Medical Assistant				
Calculation: \$16.32 x 30 hrs/wk x 44 wks	21,542			21,542
Fringe Benefit: @ 11.195%	2,412			2,412
10) Name & Position: M. Burness, Medical Assistant				
Calculation: \$16.32 x 30 hrs/wk x 30 wks		14,688		14,688
Fringe Benefit: @ 10.715%		1,574		1,574
6) Travel \$. per mile X miles				
7) Training				
8) Educational Supplies & Materials				
9) Office Supplies				
10) Medical Materials	148	148		296
11) Contractual (Subcontracts)***	5,400	5,400		10,800
12) Telephone				
13) Advertising				
14) Other Expenses (List Below)				
a) Postage				
b) Printing & Duplicating				
c) Computer/Software Maintenance				
15) Administrative Costs :				
Grant Administration Fee Audit Fee @ 2% of grant total= \$4,202	4,202			4,202
Audit Fee @ 2% of grant total= 4,202		4,202		4,202
16) Indirect Costs				
17) COLA –unallocated increase			2,040	2,040
Total DPH Grant	\$97,041.50	\$97,041.50	\$2,040	\$212,142

*** Complete Subcontractor Schedule A

Subcontractor Schedule A-Detail
Budget Period: 7/1/2006 to 6/30/2007
#1

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	\$6,000
1.5 hours/week @ \$100/hour x 40 weeks	
Total Subcontract Amount:	\$6,000

#2

Subcontractor Name: Ruth Schofield, LMFT

Address: 57 Head O'Meadow Road, Newtown, CT 06470

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 44.5 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 @ DHS & BMS clinics; up to 10 pcs. Per site.	\$350

[] Original Contract: #2006-0041
[X] Amendment #2006-0041-1
(For Internal Use Only)

The Contractor herein IS NOT a Business Associate under HIPAA*:

ACCEPTANCES AND APPROVALS:

By the Contractor:

City of Danbury
Contractor (Corporate/Legal Name of Contractor)

Signature (Authorized Official) Date

Documentation necessary to demonstrate the authorization to sign must be attached.

(Typed Name of Authorized Official) (Title)

By the Department:

Department of Public Health
(Department Name)

Signature (Authorized Official) Date

Norma D. Gyle, R.N., Ph.D. Deputy Commissioner
(Typed Name of Authorized Official) Title

By the Office of the Attorney General:

Attorney General (approved as to form) Date

() This contract does not require the signature of the Attorney General pursuant to an agreement between the department and the Office of the Attorney General, dated
dated: _____