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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

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**MEMORANDUM**

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**TO:** MARK D BOUGHTON VIA THE CITY COUNCIL  
**FROM:** DAVID W. ST. HILAIRE, DIRECTOR OF FINANCE *D46*  
**SUBJECT:** RESOLUTION-SCHOOL-BASED HEALTH CENTERS GRANT  
**DATE:** 7/20/2010

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Attached for your review is a resolution which will allow the City of Danbury Health and Human Services Department to apply for and accept funding from the State of Connecticut Department of Health Services. This grant opportunity will be used to fund the City of Danbury's three school-based health center sites.

This funding request, not to exceed \$1,490,901, is for a three-year grant period covering 7/1/10 through 6/30/13. The budget for each year will be \$496,967, and the 25% local match will be met through the use of facilities, salaries of the SBHC Coordinator, and other general services.

The City 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.

cc: S. Leroy  
M. Bonjour

11-1



# RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

\_\_\_\_\_ A.D. 2010

**RESOLVED** BY THE CITY COUNCIL OF THE CITY OF DANBURY

**WHEREAS**, the State of Connecticut Department of Health Services has notified the City of Danbury Health and Human Services Department of its eligibility to apply for a School-Based Health Center grant; and

**WHEREAS**, this three-year grant period, covering July 1, 2010 through June 30, 2013 will allocate \$496,967 for each year, not to exceed \$1,490,901; and

**WHEREAS** this funding will provide age appropriate accessible and affordable medical and mental health care services to Danbury Public School students at the two middle schools and the high school; and

**WHEREAS**, the required 25% local match will be met through the use of the facilities, salaries and other services.

**NOW, THEREFORE, BE IT RESOLVED THAT** Mark D. Boughton, Mayor of the City of Danbury or Scott T. Leroy, Director of Health, as his designee, is hereby authorized to apply for and accept said grant funds and to take all actions necessary to effectuate the purposes hereof.

**IMPACT STATEMENT**  
**CT State DPH Continuation Funding Application**  
**City of Danbury**  
**School-Based Health Centers**

**Contract Period: July 1, 2010 to June 30, 2013**

**\$1,409,901**

**Total Allocation (Three Year Period):**

<b>FY 2010-2011:</b>	<b>\$496,967</b>
<b>FY 2011-2012:</b>	<b>\$496,967</b>
<b>FY 2012-2013:</b>	<b>\$496,967</b>

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**Program Impact**

This grant funding will enable the City of Danbury to continue efforts to address unmet health needs of the community's adolescent population through the provision of quality medical, dental, and mental health services. Further benefits will be achieved through the removal of potential barriers to education, namely unmet health conditions, which can interfere or hinder an adolescent's capacity to learn. The primary beneficiaries of these services will be students enrolled in Danbury High School, Broadview Middle School and Rogers Park Middle School.

This impact will be achieved through the maintenance of established State licensed outpatient clinics located on the grounds of Danbury High School, Broadview Middle School, and Rogers Park Middle School. Professional medical, dental 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 measures targeting the student population will be carried out by program staff and will include health promotion and disease prevention strategies.

**Fiscal Impact**

\$1,409,901 funding will be made available over a three year budget period, with equal allocations of \$496,967 awarded each year. This grant provides funding for part-time staff positions including .50 FTE clinic coordinator, nurse practitioner, and licensed social workers, medical assistant, sub-contractual salaries for dental staff and medical director and general operating costs. Relevant fringe benefit costs for salaried positions charged to this grant are also included in this budget. A 3% Administration Fee and 3% Audit Fee are budgeted under this grant.

**Anticipated Grant Lifetime**

Currently, funding for services operated under this grant is available through June 30, 2010. The proposed contract covers a three-year funding cycle commencing July 1, 2010 and concluding June 30, 2013. As with all State contracts, funding is contingent on passage of a State budget.

City of Danbury #2008-0015

Contract Period: 07/01/10 to 06/30/13

Budget Period: 7/1/2010-6/30/2011

Category	Program #1 Danbury HS Amount	Program #2 Broadview MS Amount	Program #3 Rogers Park MS	Total Amount
<b>Personnel:</b>				
Name & Position: M. Bonjour, Clinic Administrator				
Calculation: \$34.25 x 17.5 hrs/week x 52 weeks	\$15,584	\$15,584		\$31,168
Fringe Benefit: 24.191%	\$3,770	\$3,770		\$7,540
<b>1.</b> Name & Position: K.C. White, DHS APRN				
Calculation: \$39.95 x 34 hrs/wk x 48 weeks	\$65,199			\$65,199
Fringe Benefit: 8.60%	\$5,611			\$5,611
<b>2.</b> Name & Position: J. Handau, BMS APRN				
Calculation: \$39.95 x 34 hrs/wk x 48 weeks		\$65,199		\$65,199
Fringe Benefit: 8.60%		\$5,611		\$5,611
<b>3.</b> Name & Position: N. I. Munn, RPMS APRN				
Calculation: \$39.95 x 30 hrs/wk x 44 weeks			\$52,734	\$52,734
Fringe Benefit: 8.60%			\$4,538	\$4,538
<b>4.</b> Name & Position: G. Alpert, BMS Med. Asst.				
Calculation: \$17.31 x 34 hrs/wk x 44 weeks		\$28,250		\$28,250
Fringe Benefit: 8.60%		\$2,431		\$2,431
<b>5.</b> Name & Position: M. Mele, DHS Med. Asst.				
Calculation: \$17.31 x 34 hrs/wk x 48 weeks	\$28,250			\$28,250
Fringe Benefit: 8.60%	\$2,431			\$2,431
<b>6.</b> Name & Position: N. Fawcett, DHS LCSW				
Calculation: \$27.94 x 29 hrs/week x 44 weeks	\$35,651			\$35,651
Fringe Benefit: 8.60%	\$3,068			\$3,068
<b>7.</b> Name & Position: C. Gelissen, RPMS LCSW				
Calculation: \$27.94 x 30 hrs/wk x 44 weeks			\$36,881	\$36,881
Fringe Benefit: 8.60%			\$3,174	\$3,174
<b>8.</b> Name & Position: E. Medina, RPMS Med. Asst				
Calculation: \$17.31 x 30 hrs/wk x 44 weeks			\$22,850	\$22,850
Fringe Benefit: 8.60%			\$1,966	\$1,966
<b>10.</b> Name & Position: C. Bulmash, BMS LCSW				
Calculation: \$27.94 x 25 hrs/wk x 44 weeks		\$30,734		\$30,734
Fringe Benefit: 9.02%		\$2,645		\$2,645
<b>11.</b> Travel \$0.50 per mile X 1,596 miles	\$266	\$266	\$266	\$798
<b>12.</b> Training	\$300	\$300	\$300	\$900
<b>13.</b> Educational Materials				
<b>14.</b> Office Supplies & Furnishings	\$319	\$300	\$65	\$684
<b>15.</b> Postage 3,584 \$ .44 cent stamps	\$525	\$525	\$527	\$1,577
<b>16.</b> Medical Materials & Supplies	\$917	\$917	\$919	\$2,753
<b>17.</b> Contractual (Subcontracts)***	\$6,873	\$6,873	\$6,874	\$20,620
<b>18.</b> Other Expenses (List Below)				
a. Public Liability 4.657/\$1,000 tot. exp.	\$1,133	\$576	\$605	\$2,314
b. Printing & Duplicating				
c. Computer/Software Equipment & Maintenance	\$500	\$500	\$500	\$1,500
d. Dues & Subscriptions & License Fees				
e. Maintenance and Service Fee for Copier/Fax (Ikon)	\$364	\$364	\$364	\$1,092

f.	Maintenance Fee for Yearly Med./Dental Equipment Inspection (Up to 10 pcs./site) (CalMed)	\$215	\$250	\$215	\$680
19.	Administrative/Audit Costs 6% total expend	\$10,232	\$9,897	\$7,998	\$28,127
20.	Indirect Costs	□□□□□	□□□□□		□□□□□
<b>Total DPH Grant</b>		<b>\$181,208</b>	<b>\$174,992</b>	<b>\$140,776</b>	<b>\$496,967</b>
Other Program Income: Medicaid Billing Revenue		\$30,000	\$25,000	\$30,000	\$85,000

\*\*\* Complete Subcontractor Schedule A

**Subcontractor Schedule A-Detail  
City of Danbury, Health & Human Services #2008-0015  
Budget Period: 7/1/2010- 06/30/2011**

**#1**

Subcontractor Name: Dr. Robert Golenbock, MD  
Address: 107 Newtown Road, Danbury, CT 06810  
Telephone: (203) (790-0822)

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 (Wkly On-site Consultation and On Call Consult as Needed)	\$5,000
Total Subcontract Amount:	\$5,000

**# 2**

Subcontractor Name: Danbury Public School and Community Oral Health Initiative

Address: 63 Beaver Brook Road, Danbury, CT 06810

Telephone: (203) (790-2813)

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

Indicate One:             MBE                             WBE                             Neither

Line Item	Amount
Preventive Care: Dental Hygienist \$35/hr x 6 hrs/wk x 22 weeks = \$4,620	\$15,620
Restorative Care: Dentist \$80/hr x 5 hrs/wk x 22 wks = \$8,800	
Dental Assistant: \$20/hr x 5 hrs/wk x 22 wks = \$2,200	
Total Subcontract Amount:	\$15,620