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CITY OF DANBURY

FIRE DEPARTMENT

19 NEW STREET

DANBURY, CONNECTICUT 06810

T.J. Wiedl
Deputy Fire Chief

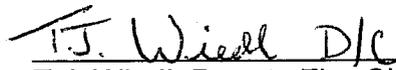
Phone 203-796-1560
Fax 203-796-1533

DATE: August 20, 2012
TO: The Honorable Mark D. Boughton via the City Council
FROM: T.J. Wiedl, Deputy Fire Chief
RE: Mass Casualty Trailer DPH Log # 2013-0037

Attached for your review is a resolution requesting acceptance of the above referenced contract. This contract is a renewal of personal services agreement (PSA) between the City of Danbury and the State of Connecticut Department of Public Health.

This PSA requires the City to maintain and house a mass casualty response trailer to be used in critical events or incidents. This is a no cost agreement between the City and the State that is valid from 08/01/12-06/30/17.

On behalf of the City of Danbury Fire Department, I respectfully request that you approve the above referenced resolution so the City can move forward to execute the contract with the State.



T.J. Wiedl, Deputy Fire Chief
Danbury Fire Department

12-1



RESOLUTION

CITY OF DANBURY, STATE OF CONNECTICUT

_____ A.D. 2012

RESOLVED BY THE CITY COUNCIL OF THE CITY OF DANBURY

WHEREAS, the Connecticut Department of Public Health (DPH), working in partnership with the Connecticut Department of Emergency Management and Homeland Security (DEMHS) have previously acquired five (5) mass casualty trailers for regional and statewide deployment; and

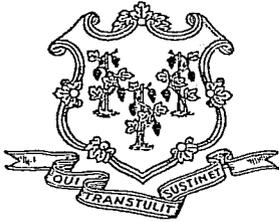
WHEREAS, the City of Danbury Fire Department has been housing one of these trailers since 2007 for purposes of providing supporting assistance in delivering coordinated and effective response in mass casualty situations that might result from acts of terrorism and other emergencies; and

WHEREAS, this contract extends the memorandum of agreement for the period of August 1, 2012 through June 30, 2017; and

WHEREAS, the City of Danbury is required to house this vehicle and have it available for use at no cost to the City.

NOW, THEREFORE BE IT RESOLVED THAT Mayor Mark D. Boughton or his designee, Geoff Herald, Chief of the Danbury Fire Department, be and hereby are authorized to execute a Memorandum of Agreement (MOA) and such other documents and contracts as may be required to effectuate the purposes hereof.

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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

August 1, 2012

Geoff Herald, Fire Chief
City of Danbury - Fire Department
155 Deer Hill Avenue
Danbury, CT 06810

Contract Log: #2013-0037
Program: Public Health
Preparedness-EMS

Contract Award: \$0.00
Contract Period: 8/1/2012 Through
6/30/2017

Dear Chief Herald:

Enclosed is the above referenced Contract, DPH Log #2013-0037. 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) 509-7272. It is important that the signed/sealed contract and other required submittals be returned to the Department by **August 15, 2012**. 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.**

Signature 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 signature certification indicates that the authorization to sign contracts was in place on the date the Contract was signed. Therefore, the Contract must be signed and dated **prior** to the certification being signed and dated. Instructions and a sample sheet are enclosed. One original signed and sealed certification must be returned with the 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!)**

Nondiscrimination Certification: All contractors need to have a resolution passed by their governing body adopting and supporting nondiscrimination agreements and warranties required under Conn. Gen. Stat. § 4a-60(a)(1) and § 4a-60a(a)(1). The signature certification indicates that the resolution has been adopted and is in full force and effect at the time of signing. Instructions and the required certification are enclosed. Contractors are required to submit an updated certification when there is a change to the filed information or twelve months later than the last filed Certification. Additional forms are included for this purpose.

Acceptances and Approval Page: The individual indicated on the Certification of Authorized Signature must sign the original Personal Service Agreement Form on line

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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

- 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
- Acceptance of this Contract implies Conformance with Terms and Conditions, as attached hereto and incorporated by reference.

DPH Log #2013-0037

		(1) <input checked="" type="checkbox"/> Original <input type="checkbox"/> Amendment		(2) Identification No P.S.				
CONTRACTOR	(3) Contractor Name City of Danbury - Fire Department			(4) Are you Presently a State Employee <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	Address 155 Deer Hill Avenue, Danbury, CT 06810			Contractor FEIN/SSN 000-00-034				
STATE AGENCY	(5) 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) 08/01/12	THROUGH (TO) 06/30/17	(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				
COMPLETE DESCRIPTION OF SERVICE	(10) CONTRACTOR AGREES TO: (Include special provisions - Attach additional blank sheets if necessary.) A. City of Danbury - Fire Department, hereinafter "the Contractor", shall provide services to the Department of Public Health, hereinafter "the Department", as described in this Agreement, on page 2 as follows: (Continued on Page 1b)							
COST AND SCHEDULE OF PAYMENTS	(11) PAYMENT TO BE MADE UNDER THE FOLLOWING SCHEDULE UPON RECEIPT OF PROPERLY EXECUTED AND APPROVED INVOICES. Each party is responsible for its own costs. The total amount of this Contract shall not exceed \$0.00.							
(12) Act CD	(13) Doc Typ	(14) Comm Typ	(15) LSE Typ	(16) Org Agcy 48500	(17) Doc No.	(18) Commit Agency 48500	(19) Commit Num	(20) FEIN/SSN 000-00-034
(21) COMMITTED AMOUNT \$			(22) OBLIGATED AMOUNT \$0			(23) CONTRACT PERIOD (from/to) 8/1/2012 6/30/2017		
REQUIRED								
(24) Amount	(25) FUND	(26) Department DPH	(27) SID	(28) Program	(29) Account	(30) Project	(31) Budget Ref	(32) CFDA OPT
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.								
ACCEPTANCES AND APPROVALS				(33) STATUTORY AUTHORITY: 4-8, 19a-2a				
The Contractor herein IS NOT a Business Associate under HIPAA:								
(34) CONTRACTOR (OWNER OR AUTHORIZED SIGNATURE)				TITLE Mayor			DATE	
(35) AGENCY (AUTHORIZED OFFICIAL)				TITLE Deputy Commissioner			DATE	
(36) OFFICE OF POLICY & MGMT./DEPT. OF ADMIN. SERV.				TITLE			DATE	
(37) ATTORNEY GENERAL (APPROVED AS TO FORM AND LEGAL SUFFICIENCY)							DATE	