



14

**CITY OF DANBURY**  
**155 DEER HILL AVENUE**  
**DANBURY, CONNECTICUT 06810**

**DAVID W. ST. HILAIRE**  
**DIRECTOR 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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**DATE:** 7/28/14  
**TO:** HON. MARK D. BOUGHTON VIA THE CITY COUNCIL  
**FROM:** DAN GARRICK, ASSISTANT DIRECTOR OF FINANCE *DG*  
**RE:** RESOLUTION-DPH GRANT- FY 14/15 LEAD PREVENTION

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Attached for your review is a resolution that will allow the City of Danbury Health and Human Services Department to apply for and accept funding for a Lead Poisoning prevention program through the State of Connecticut Department of Public Health.

This funding will not exceed \$13,504 and will be used for programs providing case management, education and to implement State regulations surrounding lead poisoning prevention methods. The funding period is 7/1/14-6/30/15 and there is no local match required.

The City Council is respectfully requested to consider this resolution at its next scheduled meeting. Please contact me should you require any additional information.

DG/sk



# RESOLUTION

14-1

CITY OF DANBURY, STATE OF CONNECTICUT

\_\_\_\_\_ A.D. 2014

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

**WHEREAS**, the State of Connecticut Department of Public Health through the Connecticut Association of Directors of Health has offered the City of Danbury Health and Human Services Department the opportunity to apply for grant funding for a "Lead Poisoning Prevention" program; and

**WHEREAS**, this funding award, not to exceed \$13,504.00, will be used to provide case management, education and implementation of State regulations regarding lead poisoning; and

**WHEREAS**, the term of this grant is July 1, 2014 through June 30, 2015 and there is no local match required.

**NOW, THEREFORE, BE IT RESOLVED THAT** Mark D. Boughton, as Mayor of the City of Danbury, or Scott T. Leroy, Director of Health, as his designee, is authorized to apply for and accept this funding and execute all contracts, agreements or amendments and to take all actions necessary to effectuate the purposes thereof.

14-2

# STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Jewel Mullen, M.D., M.P.H., M.P.A.  
Commissioner



Dannel P. Malloy  
Governor  
Nancy Wyman  
Lt. Governor

## APPLICATION FOR: SFY 2015 LEAD POISONING PREVENTION FINANCIAL ASSISTANCE

City of Danbury  
Health and Housing Department  
155 Deer Hill Avenue  
Danbury, CT 06810

### Lead Poisoning Prevention Allocation: \$13,504

This application certifies that the City of Danbury is in compliance with CGS Section 19a-111j regarding Financial Assistance to Local Health Departments for Lead Poisoning Prevention as well as the applicable provisions of sections 19a-110, 19a-111a, 19a-206, 47a-52 and 47a-54f, and agrees to carry out the following activities:

1. Provide case management and environmental health services that shall include medical, behavioral, epidemiological and environmental intervention strategies for each child having:
  - one venous blood lead level that is equal to, or greater than, twenty micrograms of lead per deciliter of blood or
  - two venous blood lead levels, collected from samples taken not less than three months apart, that are equal to, or greater than, fifteen micrograms of lead per deciliter of blood but less than twenty micrograms of lead per deciliter of blood.

A local health department shall initiate case management services for such child not later than five business days after the local health department receives the test results that the child has a blood lead level as described in this paragraph.

2. Provide lead poisoning educational services that shall include the distribution of educational materials concerning lead poisoning prevention, proper nutrition for good health, the potential eligibility for services for children from birth to three years of age, and laws and regulations concerning lead abatement to the parent and legal guardian for each child with a:
  - venous blood lead level equal to, or greater than, five micrograms of lead per deciliter ( $\mu\text{g}/\text{dL}$ ) of blood, and
  - capillary blood lead screening test results of  $10\mu\text{g}/\text{dL}$  or more.

Phone: (860) 509-8000 • Fax: (860) 509-7184 • VP: (860) 899-1611  
410 Capitol Avenue, P.O. Box 340308  
Hartford, Connecticut 06134-0308  
[www.ct.gov/dph](http://www.ct.gov/dph)

*Affirmative Action/Equal Opportunity Employer*



14-3  
RECEIVED  
FINANCE DEPT.

JUL 09 2014

## CITY OF DANBURY

HEALTH & HUMAN SERVICES DEPARTMENT  
155 DEER HILL AVENUE, DANBURY, CONNECTICUT 06810

Central Health Office  
203 - 797-4625  
Fax 796-1596

Social Services Office  
203 - 797-4569  
Fax 797-4566

To: Mayor Mark D. Boughton & City Council

From: Scott LeRoy, Health Director

### Lead Poisoning Prevention & Control – LHD Assistance

#### Fiscal Impact Statement

**TERM OF CONTRACT: 7/1/14 through 6/30/15**

The State of Connecticut Department of Public Health (DPH) has offered a subcontract for \$13,504.00 with the City of Danbury Health & Human Services Department to offer Fiscal Assistance towards our Lead Poisoning Prevention Program from 7/1/14 through 6/30/15.

The State of Connecticut Lead Poisoning Prevention Regulations was updated on January 1, 2013, to protect children from the dangers of Lead Poisoning. These changes also have increased the work load of the Department. This increase might be due to either increased blood lead screening efforts or monitoring of local doctors in children or the identification of new lead poisoned children due to the level being decreased in which a lead poisoning is identified.

These funds are to be used to increase the Department's capability to respond to lead poisoned children, prevent further lead exposure in lead poisoned children, provide lead education to family's with lead exposed children and implement all the requirements of the CTDPH regulation.

There are no matching requirements for these funds.

All City Services 311  
Eviction Prevention 797-4565  
Information-Referral 797-4569

Dial 2-1-1 for all  
Connecticut Services!

Emergency Shelter 796-1661  
Em. Shelter Fax 796-1660  
WIC Program 797-4638

**BUDGET FOR:  
 LEAD POISONING PREVENTION  
 July 1, 2014 – June 30, 2015**

14-4

Category	Amount
1) Salary/Wages*	9,750
2) Fringe Benefits* 9% est. of salary	877.50
3) Travel per mile X miles	
4) Training	
5) Educational Materials	
6) Office Supplies, business cards / paper	66.26
7) Medical Materials	
8) Contractual (Subcontracts)**	2,000
9) Telephone	
10) Advertising	
11) Other Expenses (List Below)	
a)	
b)	
c)	
12) Administrative and General Costs*** 6%	810.24
Total DPH Grant	13,504

\*Complete Salary/Fringe Position Schedule. In addition, Fringe Benefits must be itemized on the Budget Justification Schedule.

\*\*Complete Subcontractor Budget Detail Sheet.

\*\*\*Submit the municipality/health district's Cost Allocation Plan (CAP) with this application if you are requesting A&G Costs. A&G Costs will not be allowed without a copy of the CAP.