

TOWN COUNCIL
Town of Trumbull
CONNECTICUT
www.trumbull-ct.gov

TOWN HALL
Trumbull

TELEPHONE
(203) 452-5000



AGENDA No. 760
Revised

- I CALL TO ORDER
- II MOMENT OF SILENCE
- III PLEDGE OF ALLEGIANCE
- IV ROLL CALL
- V PUBLIC COMMENT
- VI APPROVAL OF MINUTES
- VII NEW BUSINESS

DATE: September 8, 2016
TIME: 8:00 p.m.
PLACE: Town Hall

NOTICE is hereby given that the Town Council of the Town of Trumbull, Connecticut will hold a regular meeting on September 8, 2016 at 8:00 p.m. at the Town Hall, for the following purpose:

DISCUSSION ITEM: Senior/Community Center Building Committee Update and Conversation with the Architect

1. RESOLUTION TC26-79: To consider and act upon a resolution which would approve a contract with the State of Connecticut Department of Public Health in the amount of \$3,318 pursuant to the Lead Poisoning Prevention Financial Assistance to Local Health Departments for Lead Poisoning Prevention for the period of July 1, 2016 through June 30, 2017 and authorizes the First Selectman, Timothy M. Herbst for this purpose to make, execute and approve on behalf of the Town of Trumbull, any and all contracts or amendments thereof with the State of Connecticut Department of Public Health.

ADJOURNMENT
COPY OF THE RESOLUTION ATTACHED HERETO
Carl A. Massaro, Jr., Chairman Trumbull Town Council

RESOLUTION

1. RESOLUTION TC26-79: BE IT RESOLVED, That a contract with the State of Connecticut Department of Public Health is hereby approved in the amount of \$3,318 pursuant to the Lead Poisoning Prevention Financial Assistance to Local Health Departments for Lead Poisoning Prevention for the period of July 1, 2016 through June 30, 2017 and;
BE IT FURTHER RESOLVED, That First Selectman, Timothy M. Herbst is hereby authorized for this purpose to make, execute and approve on behalf of the Town of Trumbull, any and all contracts or amendments thereof with the State of Connecticut Department of Public Health.

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH



Raul Pino, M.D., M.P.H.
Commissioner

Dannel P. Malloy
Governor
Nancy Wyman
Lt. Governor

Environmental Health Section

July 15, 2016

Rhonda Capuano, MPH, CHES
Director of Health
Town of Trumbull
935 White Plains Road
Trumbull, CT 06611

Re: Application for SFY 2017 Lead Poisoning Prevention Financial Assistance

Dear Ms. Capuano:

Enclosed please find the SFY 2016 Lead Poisoning Prevention Financial (LPP) Assistance Application for the period July 1, 2016 through June 30, 2017. Please complete the application and return all required submittals as soon as possible but no later than September 30, 2016 to:

Susan Murray, MS #13ADM
Operational and Support Services
State Department of Public Health
P.O. Box 340308
Hartford, CT 06134-0308

If you have any questions regarding LPP funding, please contact your regional case manager:

- Lisa Bushnell - 860-509-7397 or lisa.bushnell@ct.gov,
- Sherine Drummond - 860-509-7628 or sherine.drummond@ct.gov,
- Tina McCarthy - 860-509-8150 or tina.mccarthy@ct.gov,
- Kimberly Ploszaj - 860-509-7959 or kimberly.ploszaj@ct.gov

Sincerely,

Krista Veneziano

Krista M. Veneziano, MPH, CHES, RS
Epidemiologist 3
Lead and Healthy Homes Program
cc: S. Murray



Phone: (860) 509-7293 • Fax: (860) 509-7295
410 Capitol Avenue, MS #51LED, P.O. Box 340308
Hartford, Connecticut 06134-0308
www.ct.gov/dph

Affirmative Action/Equal Opportunity Employer

**APPLICATION CHECKLIST for
SFY2017 LEAD POISONING PREVENTION (LPP) FINANCIAL ASSISTANCE**

Please return:

- Original Signed and Completed Financial Assistance Application including LPP Budget and Budget Justification
- Job titles and description of work responsibilities for any positions to be funded under this grant
- Outline of proposed Lead Poisoning Prevention activities
- Cost Allocation Plan (CAP) if budget includes Administrative & General Costs
- Signed Invoice(s): 1

Please return your complete contract package to:

Susan Murray, MS # 13ADM
Operational and Support Services
State Department of Public Health
P.O. Box 340308
Hartford, CT 06134-0308

STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

Raul Pino, M.D., M.P.H.
Commissioner



Dannel P. Malloy
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Nancy Wyman
Lt. Governor

APPLICATION FOR: SFY 2017 LEAD POISONING PREVENTION FINANCIAL ASSISTANCE

Town of Trumbull
Health Department
935 White Plains Road
Trumbull, CT06611

Lead Poisoning Prevention Allocation: \$3,318.00

This application certifies that the Town of Trumbull 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 primary prevention activities:

- Provide case management services, lead poisoning educational services, environmental health services, health education services, including, but not limited to, education concerning proper nutrition for good health and the prevention of lead poisoning, and participation in the Department of Public Health's system (a.k.a, MAVEN/Lead Surveillance System [LSS]) for the collection, tabulation, analysis and reporting of lead poisoning prevention and control statistics.
 - Case management and environmental health services 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.
 - Lead poisoning educational services 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.



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- LSS activities shall include electronically acknowledging cases, generating retest reminder letters, entering epidemiological investigation findings, entering environmental data, generating the Lead Inspection and Testing Summary Form, and generating orders for lead abatement.
- A local health department may directly provide lead poisoning prevention and control services within its geographic coverage area or may contract for the provision of such services.
- Submit, not later than September 30, annually, to the Department of Public Health a report concerning the local health department's lead poisoning and prevention control program. Such report shall contain: (1) A proposed budget for the expenditure of program funds for the new fiscal year; (2) a summary of planned program activities for the new fiscal year; (3) a signed and completed expenditure report for the previous fiscal year, and (4) a narrative summary of your program's activities completed during the previous fiscal year.

Please provide a narrative of your work plan to describe the primary prevention activities your department/district will perform, ensuring that each activity is measurable, results oriented, and relates to preventing childhood lead poisoning:

Examples of work activities may include:

- 1) Pro-actively testing homes in high risk areas for lead hazards and issuing orders for lead abatement, where applicable (# homes or units tested for lead paint/dust/soil, and outcome of work)
- 2) Implementing local policies to conduct lead inspections of all rental housing units, or all subsidized housing units, at turnover (track # of inspections completed and # of orders issued)
- 3) Provide dust wipe sampling for child care centers and group child care homes during their routine inspection and assist with compliance should the dust wipe sample reveal an elevated level of lead (# of inspections conducted, # of dust wipe samples taken, # of dust wipe sample results elevated for lead, description of corrective action taken).
- 4) Implementing local policies in collaboration with building officials, fire officials and housing code officials to address blight and other housing complaints, which incorporate healthy homes and lead inspections for all pre-1978 properties (# of inspections completed, #orders issued)
- 5) Other activities that are results oriented

***Please refer to the *Primary Prevention Activities Booklet* for suggested primary prevention activities which can be found at:**

http://www.ct.gov/dph/lib/dph/environmental_health/lead/pdf/primary_prevention_book.pdf

Program Narrative:

The newly established Town of Trumbull Health Department will continue to provide case management services, lead poisoning educational services, environmental health and health education services including education concerning proper nutrition for good health and the prevention of lead poisoning and will participate in the Department of Public Health’s MAVEN/Lead Surveillance System. The Public Health Nurse will provide case management services and is funded through Town of Trumbull general funds. The Health Educator/Project Facilitator, funded in part with Lead Poisoning Prevention funding will provide outreach, coordination and health education for activities outlined in the work plan.

The outline below highlights prevention activities the Trumbull Health Department will undertake this year:

Prevention Activity:	Measurable Outcome (s):
<p>(Awareness/Education) Identify areas in town with pre-1978 housing stock. Design a distribution plan for the recently developed RRP techniques door-hangers. Distribution of the door-hangers for identified pre-1978 housing stock. Print additional door-hangers for distribution.</p>	<p>Number and location of pre-1978 housing stock. Copy of educational door hanger. Copy of media release(s) promoting the project and recruiting volunteers for community service project. Number of door hangers physically “hung” at pre-1978 residences in town. Number of door-hangers printed.</p>
<p>(Awareness/Education) Develop an educational program that reviews proper hand washing techniques to prevent lead poisoning in pre-school age children. Outreach and coordinate lead poisoning prevention lessons on proper handwashing targeting pre-schools and daycare facilities. Demonstrate two behaviors which will help prevent lead poisoning.</p>	<p>Copy of educational presentation. Number and name of local preschools/daycares contacted for presentation. Number & dates of preschool/daycare presentations scheduled. Number of children receiving presentation and information. Number of parent letters/educational packets sent home reviewing proper handwashing techniques.</p>
<p>(Awareness/Education) Raise awareness and promote prevention during National Lead Poisoning Prevention Week in October and year round utilizing the EPA website. Utilizing the town website, social media, displays and other vehicles to help communicate the message to the public.</p>	<p>Number and dates of press releases and lead poisoning awareness displays. Copies of materials.</p>
<p>(Primary Prevention – Home Visits)</p>	<p>Number of targeted outreach visits that were conducted</p>

<p>Conduct a home visit with family of a child who has one venous blood lead level of between 10µg/dL - 19µg/dL</p> <p>Conduct a visual inspection to determine if potential lead hazards are present.</p> <p>Implement interim controls to limit further exposure to lead hazards.</p> <p>Testing lead dust if chipping/peeling paint is present.</p> <p>Order the property owner to remediate the defective surfaces using an EPA Renovation, Repair, and Painting (RRP) firm.</p> <p>Provide information on available funding sources, such as HUD grantees, utility companies, CDBG/DECD funding, low interest rate loans.</p>	<p>Number of notices of violations issued for identified potential lead hazards</p>

**BUDGET FOR:
 LEAD POISONING PREVENTION
 July 1, 2016 – June 30, 2017**

Category	Amount
1) Salary/Wages*	2025
1) Fringe Benefits*	202
2) Travel .54 per mile X 350 miles	189
3) Training	
4) Educational Materials	700
5) Office Supplies	202
6) Medical Materials	
7) Contractual (Subcontracts)**	
8) Telephone	
9) Advertising	
10) Other Expenses (List Below)	
a)	
b)	
c)	
11) Administrative and General Costs***	
Total DPH Grant	3318

*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.

Salary/Fringe Position Schedule

Position Detail		Hours wk/ wks per Year	Hourly Rate	Total Salary Charged	Fringe Benefit Rate %	Total Fringe Benefits
1.Position: Health Educator/Program Facilitator Name: Megan DiMeglio		60 hrs*	\$33.75	\$2025	10%	\$202
2.Position: Name:		/			%	
3.Position: Name:		/			%	
4.Position: Name:		/			%	
5.Position: Name:		/			%	
6.Position: Name:		/			%	
7.Position: Name:		/			%	
8.Position: Name:		/			%	
9.Position: Name:		/			%	
10.Position: Name:		/			%	
Totals				\$2025		\$202

*See Budget Justification

BUDGET JUSTIFICATION

Provide a justification for each line in your budget, describing how your department/district intends to use LPP funds.

NOTE: Fringe Benefits must be itemized on the Budget Justification Schedule. That justification shall include a breakdown of the overall composition of the Fringe Benefit Cost Pool and indicate either percentage or actual amount that each component comprises of the total Fringe Benefit amount being requested.

BUDGET LINE ITEM	JUSTIFICATION
Salary/Wages	60 hours @ \$33.75 hourly for Health Educator/facilitator (additional time will be paid for via health department budget contribution to salary)
Fringe Benefits	Fringe is 10% of salary charged to grant (\$2025) 7.65% for FICA (social Security and Medicare) 2.35% Workers Comp/Unemployment
Travel	Mileage for education, outreach and related activities @ .54 per mile
Educational Materials	Purchase and/or duplicate copies for fact sheets, brochures, nutritional information, medical provider guidelines, lesson plans and activity sheets, signs and door-hangers
Office Supplies	Paper, envelopes, toner, stamps, folders, labels, etc...

Use additional sheets as necessary.

Subcontractor Budget Detail: Provide the detail for each subcontractor listed in the Budget (just as for the primary contract budget). If it is not known who the subcontractor will be, an estimated amount and whatever budget detail is anticipated should be provided.

Subcontractor Name:

Address:

Telephone:

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

Indicate One: MBE WBE Neither

Line Item	Amount
Total Subcontract Amount:	

Subcontractor Name:

Address:

Telephone: () (-)

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

Indicate One: MBE WBE x Neither

Line Item	Amount
Total Subcontract Amount:	

The information provided on behalf of the health department in this application and attachments is true and correct.

**Name of Individual
Completing the Application:**

Rhonda Capuano

(Please print or type name and title)

Signature: _____

Date: _____

Director of Health:

Rhonda Capuano

(Please print or type name)

Signature: _____

Date: _____

**Chief Elected Official (for
Full Time Health Dept.) or
Board Chairman (for Health
District):**

(Please print or type)

Signature: _____

Date: _____

SFY 2017 DPH Budget Guidance (REVISED):

1. **Funding may not be allocated for the following:** abatement or remediation activities, equipment (e.g., computers, printer, scanner, copiers), blood lead screening supplies, out of state travel, membership fees, or overtime unless the planned activities include a justification for the activity, date of activity.
2. **Administrative and General (A&G) Costs:** A&G costs are those that have been incurred for common or joint objectives and cannot be readily identified with a particular final cost objective. Because of the diverse characteristics and accounting practices of organizations, it is not possible to specify the types of cost that may be classified as A&G costs in all situations. In addition, there is no universal definition of A&G costs in federal OMB circulars, GAAP, or other cost accounting standards. Therefore, for the purposes of these cost standards, A&G is defined as those costs that have been incurred for the overall executive and administrative offices of the organization or other expenses of a general nature that do not relate solely to any major cost objective of the organization. They are costs that by their nature are administrative in support of the overall organization. This category must also include its allocable share of fringe benefit costs, operation and maintenance expenses, depreciation, and interest costs.

Examples of A&G costs include salaries of executive directors, administrative and financial personnel, accounting, auditing, management information systems, and proportional office costs such as building occupancy, telephone, equipment and office supplies. Please review the OPM website on Cost Standards for more information at:

http://www.ct.gov/opm/cwp/view.asp?a=2981&Q=382994&opmNav_GID=1806

NOTE: You must 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.

Cost Allocation Plans (CAP): The purpose of the cost allocation plan (CAP) is to summarize, in writing, the methods and procedures the organization uses to allocate costs to benefiting programs and activities. Only costs that are allowable, in accordance with the State of Connecticut Cost Standards shall be allocated to the State award. The CAP must include provisions for allocating A&G costs. The plan must be initially approved by the Board of Directors for inclusion in the organization's official policies and procedures.

All costs and other data used to distribute costs in the CAP must be supported by accounting and other records that ensure the propriety of costs assigned to the State award. Once an organization establishes an allocation methodology, it must be used consistently over time. The CAP must be retained on file for audit and made available to State agencies, upon request.

3. **Fringe Benefits:** Any request for contractual reimbursement of Fringe Benefit shall include a justification. That justification shall **include a breakdown of the overall composition of the Fringe Benefit Cost Pool and indicate either percentage or actual amount that each component comprises of the total Fringe Benefit amount being requested.** Please review the State of Connecticut Cost Standards on the OPM website for information regarding allowable and unallowable Fringe Benefit costs at:

http://www.ct.gov/opm/cwp/view.asp?a=2981&Q=382994&opmNav_GID=1806

4. **Audit Costs:** The cost of State Single Audits (CGS 4-23 to 4-236) are allowable charges to State awards. Audit costs are allowable to the extent that they represent a pro-rata share of the cost of such audit. Audit costs

charged to Department of Public Health contracts **must be budgeted, reported and justified as an audit cost line item within the Administrative and General Cost category.**

5. Budge Justification Form: Using the Budget Justification form included in this package, provide a brief explanation for each line item listed on the Budget. This must include a detailed breakdown of the components that make up the line item and any calculation used to compute the amount.

Line Item (Description)	Amount	Justification & Breakdown of Costs
Travel	\$730	1,659 miles @ .44 = \$730.00 outreach workers going to meetings and site visits.

- **Salary:** provide brief description of project activities assigned to each individual paid
- **Fringe Benefits:** include a breakdown of the overall composition of the Fringe Benefit Cost Pool and indicate either percentage or actual amount that each component comprises of the total Fringe Benefit amount being requested
- **Subcontracts:** provide brief description of the purpose of each subcontract.
- **Laboratory Services** (if line item on the primary or subcontract budget), provide justification as to why a private laboratory is being used as opposed to the Connecticut State Laboratory.
- **Administrative and General Costs:** You must 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.

VENDOR INVOICE FOR GOODS OR SERVICES RENDERED TO THE STATE OF CONNECTICUT CO-17 Rev 7/03					STATE OF CONNECTICUT OFFICE OF THE STATE COMPTROLLER CENTRAL ACCOUNTS PAYABLE DIVISION					
VENDOR: Please complete this form and send it to the DEPARTMENT BILLING ADDRESS SHOWN ON PURCHASE ORDER										
(1) Business Unit Name	(1) Business Unit Number	(2) Invoice Number			(3) Invoice Amount \$3,318.00					
(4) Document Date	(5) Invoice Date 07/01/2016	(6) Accounting Date	(7) Rpt. Type T	(8) VENDOR FEIN/SSN - SUFFIX 000 000 144						
VENDOR/PAYEE: FIELDS 9, 10 14 and 18 ARE MANDATORY FOR PAYMENT										
(9) PAYEE: Town of Trumbull ADDRESS: 935 White Plains Road Trumbull, CT 06611							(10) Voucher Number			
							(11) Voucher Date: _____ Prepared by: _____			
(12) VENDOR BILLING COMMENTS 2017 Lead Poisoning Prevention Financial Assistance										
(13) Give a full description of goods or services completed				(14) Quantity	(15) Units	(16) Unit Price	(17) Amount			
State Aid pursuant to CGS Section 19a-111j for services in connection with: Lead Poisoning Prevention, 07/01/2016-06/30/2017 I certify that the above is a valid claim and has not been paid.							\$3,318.00			
(Contractor) Signature of Authorized Person										
(Name & Title)										
BUSINESS UNIT USE ONLY										
Amount	(23) FUND	(23) Department	(24) SID	(25) Program	(26) Account	(27) Project	(28) Budget Ref	(29) CFDA #		
\$3,318.00	11000	DPH48766	12126	29101	55070	DPH12126LeadPrv				
(32) DEPARTMENT NAME AND ADDRESS: STATE OF CONNECTICUT DEPARTMENT OF PUBLIC HEALTH 410 CAPITOL AVENUE, MS# 11RSV PO BOX 340308 HARTFORD, CT. 06134-0308			(32) PO NO.	(33) COMMODITIES RECEIVED or SERVICES RENDERED- Signature (DPH AUTHORIZED SIGNATURE)						
			(34) PO BUS UNIT	(35) Receiving Report No.	(36) Date of Receipt					
SHIPPING INFORMATION										
(37) Date shipped		(38) From City/State			(39) Via Carrier			(40) F.O.B.		