

CHECK LIST FOR ALDERMANIC SUBMISSIONS

<input checked="" type="checkbox"/>	Cover Letter
<input checked="" type="checkbox"/>	Resolutions/ Orders/ Ordinances
<input checked="" type="checkbox"/>	Prior Notification Form
<input checked="" type="checkbox"/>	Fiscal Impact Statement - Should include comprehensive budget
<input checked="" type="checkbox"/>	Supporting Documentation (if applicable)
<input checked="" type="checkbox"/>	Disk or E-mailed Cover letter & Order

IN ADDITION IF A GRANT:

<input checked="" type="checkbox"/>	Notice of Intent
<input checked="" type="checkbox"/>	Grant Summary
<input checked="" type="checkbox"/>	Executive Summary (not longer than 5 pages without an explanation)

Date Submitted: July 21, 2022

Meeting Submitted For: August 1, 2022

Regular or Suspension Agenda: Regular - UC

Submitted By: Maritza Bond, Director of Health

Title of Legislation:

RESOLUTION TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEALTH DEPARTMENT TO ACCEPT A CONTINUATION GRANT AWARD OF \$712,360 ANNUALLY FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2026 FOR TUBERCULOSIS PREVENTION AND CONTROL ACTIVITIES.

Comments: This is a continuation of grant funding. Therefore, we are seeking **Unanimous**

Consent

LEGISTAR FILE ID: LM-2022-0350

Coordinator's Signature:

Mehul Patel

Controller's Signature (if grant):

[Signature]

Mayor's Office Signature:

[Signature]

Call 946-7670 with any questions.
jrodriguez@newhavenct.gov

Barbara Montalvo

From: Brooke Logan
Sent: Thursday, July 21, 2022 4:30 PM
To: Mehul Dalal; Barbara Montalvo
Cc: Sean Matteson
Subject: RE: BOA Submission for 8/1 meeting: Health Dept. TB Continuation Grant
Attachments: TB BOA.zip

Attached please find the updated documents. There was an older version of the letter that was removed and the prior authorization was updated. The total should read \$712,360 for all documents.

Sincerely,

Brooke

Brooke Logan
Deputy Director
New Haven Health Department
Ph: 203-946-8351

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From: Mehul Dalal <MDalal@newhavenct.gov>
Sent: Thursday, July 21, 2022 4:20 PM
To: Barbara Montalvo <bmontalvo@newhavenct.gov>
Cc: Brooke Logan <blogan@newhavenct.gov>; Sean Matteson <SMatteson@newhavenct.gov>
Subject: RE: BOA Submission for 8/1 meeting: Health Dept. TB Continuation Grant
Importance: High

Brooke: There are discrepancies in the figures:

TB letter references \$250K
Prior notification references \$890K
Rest of the docs say \$712K

Please reconcile/advise

Mehul Dalal, MD, MSc, MHS

he/him

pronounced: mey-hool duh-laal

Community Services Administrator
City of New Haven
O: (203) 946-7909

CITY OF NEW HAVEN

Health Department



54 Meadow Street, 9th Floor • New Haven, Connecticut 06519 • 203-946-6999

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

August 1, 2022

The Honorable Tyisha Walker-Myers
President, New Haven Board of Alders
City of New Haven
165 Church Street
New Haven, Connecticut 06510

RE: Resolution to the Board of Alders authorizing the New Haven Health Department to accept a continuation grant award of \$712,360 annually from the Connecticut Department of Public Health for the period July 1, 2022 through June 30, 2026 to conduct tuberculosis prevention and control activities and to execute, acknowledge, implement and deliver any and all documents as may be considered necessary or appropriate with respect thereto.

Dear President Walker-Myers:

In accordance with the Order of New Haven Board of Alders (Board) authorizing the Mayor to apply for and accept all grants on behalf of the City of New Haven (City), passed on 17 October 1994, I write to respectfully request the Honorable Board of Alders to authorize the Mayor of the City of New Haven to accept a continuation grant award of \$712,360 from the Connecticut Department of Public Health for the period July 1, 2022 through June 30, 2026 and to execute, acknowledge, implement, and deliver any and all documents as may be considered necessary or appropriate with respect thereto. . Through this grant, the Health Department provided directly observed treatment for individuals with active tuberculosis, case management, and tuberculosis testing.

This is a continuation of funding. Therefore, we are requesting **unanimous consent**.

Should you require additional information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Bond", written over a light blue horizontal line.

Maritza Bond, MPH
Director of Health

Attachments

..title

RESOLUTION TO THE BOARD OF ALDERS AUTHORIZING THE NEW HAVEN HEALTH DEPARTMENT TO ACCEPT A CONTINUATION GRANT AWARD OF \$712,360 FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2026 TO CONDUCT PREVENTION AND CONTROL ACTIVITIES FOR TUBERCULOSIS AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECT THERETO.

..BODY

WHEREAS, the New Haven Health Department recognizes the importance addressing active and latent tuberculosis in the community;

WHEREAS, the City of New Haven will receive a continuation of grant funding from the Connecticut Department of Public Health; and upon receipt of such grant, the City will accept said grant in its entirety;

WHEREAS, the Health Department will work to provide testing, treatment and case management activities for residents with latent and active tuberculosis;

NOW, THEREFORE, be it RESOLVED by Board of Alders of the City of New Haven that the Mayor, on behalf of the City, is authorized to apply for and accept the grant mentioned herein from the Connecticut Department of Public Health;

BE IT FUTHER RESOLVED that the Mayor is authorized to execute said application for funding for an amount of about \$712,360 and to execute any revisions, amendments or modifications to said contract.

PRIOR NOTIFICATION FORM

NOTICE OF MATTER TO BE SUBMITTED TO THE BOARD OF ALDERS

TO (list applicable alders of): ALL

WARD #

DATE: **August 1, 2022**

FROM: Department/Office Health Department
Person Maritza Bond Telephone 946-8351

This is to inform you that the following matter affecting your ward(s) will be submitted to the Board of Alders in the near future:

Title of the Legislation: RESOLUTION TO THE BOARD OF ALDERS AUTHORIZING THE ACCEPTANCE OF \$712,360 IN CONTINUATION FUNDING FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2026 TO CONTINUE THE TUBERCULOSIS CONTROL GRANT.

Check one if this an appointment to a commission

☐ Democrat

☐ Republican

☐ Unaffiliated/Independent/Other _____

INSTRUCTIONS TO DEPARTMENTS

1. Departments are responsible for sending this form to the alder(s) affected by the item.
2. This form must be sent (or delivered) directly to the alder(s) **before** it is submitted to the Legislative Services Office for the Board of Alders agenda.
3. The date entry must be completed with the date this form was sent the alder(s).
4. Copies to: alderperson(s); sponsoring department; attached to submission to Board of Alders.

FISCAL IMPACT STATEMENT

DATE: August 1, 2022
FROM (Dept.): Health Department
CONTACT: Maritza Bond, Director of Health **PHONE** 203-946-6978

SUBMISSION ITEM (Title of Legislation):

RESOLUTION TO THE BOARD OF ALDERS AUTHORIZING THE ACCEPTANCE OF \$712,360 IN CONTINUATION FUNDING FROM THE CONNECTICUT DEPARTMENT OF PUBLIC HEALTH FOR THE PERIOD JULY 1, 2022 THROUGH JUNE 30, 2026 TO ASSIST WITH TUBERCULOSIS CONTROL AND PREVENTION ACTIVITIES AND TO EXECUTE, ACKNOWLEDGE, IMPLEMENT AND DELIVER ANY AND ALL DOCUMENTS AS MAY BE CONSIDERED NECESSARY OR APPROPRIATE WITH RESPECTD THERETO.

List Cost: Describe in as much detail as possible both personnel and non-personnel costs; general, capital or special funds; and source of funds currently budgeted for this purpose.

	GENERAL	SPECIAL	BOND	CAPITAL/LINE ITEM/DEPT/ACT/OBJ CODE
A. Personnel				HEALTH
1. Initial start up				
2. One-time				
3. Annual		156,774		
B. Non-personnel				
1. Initial start up				
2. One-time				
3. Annual		21,316		

List Revenues: Will this item result in any revenues for the City? If Yes, please list amount and type.

NO	<input checked="" type="checkbox"/>
YES	<input type="checkbox"/>

1. One-time
2. Annual

Other Comments:

CITY OF NEW HAVEN

Health Department



54 Meadow Street, 9th Floor • New Haven, Connecticut 06519 • 203-946-6999

Justin Elicker, Mayor • Maritza Bond, MPH, Director of Health

June 6, 2022

The Honorable Tyisha Walker-Myers
President, New Haven Board of Alders
City of New Haven
165 Church Street
New Haven, Connecticut 06510

RE: Resolution authorizing the Mayor of the City of New Haven to accept funding from the Connecticut Department of Public Health in the amount of **\$250,383** for the period of **July 1, 2022 to June 30, 2022** to assist with tuberculosis control and prevention activities and to execute, acknowledge, implement and deliver any and all documents as may be considered necessary or appropriate with respect thereto.

Dear President Walker-Myers:

In accordance with the Order of New Haven Board of Alders (Board) authorizing the Mayor to apply for and accept all grants on behalf of the City of New Haven (City), passed on 17 October 1994, I write to respectfully request the Honorable Board of Alders to authorize the Mayor of the City of New Haven to accept funding from the Connecticut Department of Public Health in the amount of **\$250,383** for the period of **July 1, 2022 to June 30, 2022** to assist with tuberculosis control and prevention activities and to execute, acknowledge, implement and deliver any and all documents as may be considered necessary or appropriate with respect thereto

Due to the non-competitive nature of this continuation of funding, we are asking that you approve this item under **UNANIMOUS CONSENT**.

Should you require additional information, please do not hesitate to contact me directly.

Sincerely,

A handwritten signature in blue ink, appearing to read "M. Bond", is written over a light blue circular stamp.

Maritza Bond, MPH
Director of Health

Attachments

GRANT SUMMARY	
Grant Title:	Tuberculosis Prevention and Control Program
MUNIS ##:	20401543
City Department:	Health Department
City Contact Person & Phone:	Maritza Bond, 203-946-6978
Funding Level:	\$712,360
Funding Period:	July 1, 2022-June 30, 2026
Funding Source:	State of Connecticut, Department of Health
Funding Source Contact Person & Phone	Desiree May, Fiscal Administrative Officer, Contracts and Grants Management Section; 860-509-7714
Purpose of Program:	To continue the program to prevent and control tuberculosis in New Haven.
Personnel (salary):	\$35,000 per annum
Personnel (Worker's Comp):	\$1,750 per annum
Personnel (Med. Benefit):	N/A
Non-Personnel (total):	\$36,000 per annum
Non-Personnel (M & U):	\$2,250
New or Renewal?	Renewal
Limits on spending (e.g., Admin. Cap)?	3.5%
Reporting requirements: Fiscal	Triennial reporting. Reports due by November 30; May 31, and September 30.
Reporting requirements: Programmatic	N/A
Due date of first report:	November 30, 2022
Audit Requirements:	OMB 133

EXECUTIVE SUMMARY

Through this continuation of funding, the New Haven Health Department help control the spread of tuberculosis in the community. This grant provides funding for one part-time staff person to provide directly observed therapy for residents with active tuberculosis, linking immigrants, refugees, and contacts of individuals with tuberculosis testing and follow-up, treatment as needed.