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Comptroller's Office | Phone: 860.584.6130 | Fax: 860.584.3827

September 23, 2020

Mayor Ellen Zoppo-Sassu
Chairman
City Hall
111 North Main Street
Bristol, Connecticut 06010

RECEIVED
2020 SEP 28 AM 8:43
TOWN AND CITY CLERK
BRISTOL, CT

Dear Mayor Zoppo-Sassu:

At the Regular Board of Finance Meeting held on **September 22, 2020** it was voted as part of the consent agenda and referred to a Joint Meeting of the City Council and Board of Finance, "to make an additional appropriation of \$125,000 within the Special Grants and Donations Fund funded by grant revenue for the Drug Free Communities Grant."

Sincerely,

A handwritten signature in cursive script that reads 'Diane M. Waldron'.

Diane M. Waldron
Board of Finance Clerk

cc: Therese Pac

City of Bristol
111 North Main Street
Bristol, CT 06010
www.bristolct.gov



**CITY OF BRISTOL
BOARD OF FINANCE AGENDA REQUEST FORM**

To: Board of Finance Commissioners

From: Parks, Rec. Youth & Comm. Services
(Requesting Department)

Date: September 14, 2020
(Submission Date)

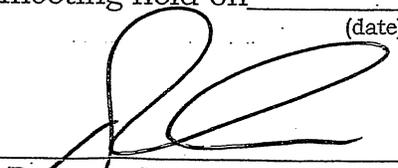
For the September 22, 2020 Board of Finance Meeting Agenda
(Date of Meeting)

This request is for:
(Please check the type of request and list in whole dollar amounts)

- Additional Appropriation \$ 125,000.00
- Transfer from Contingency \$ _____
- Transfer(s) \$ _____
- Grant \$ _____
- Carry-over(s) \$ _____
- Other

Approval:

This request was approved by the Board of _____
(governing Board of your department)
at its meeting held on _____
(date)



(Department Head's signature)

All requests to appear on the Board of Finance meeting agenda for consideration must be submitted to Jodi McGrane in the Comptroller's Office by 10:00 a.m. Monday of the preceding week of the meeting. Board of Finance Meetings are held on the fourth Tuesday of each month at 5:30 p.m. in the Council Chambers.

Board of Finance Agenda Request Form

Reason for request: **Appropriation of grant funds for the Drug Free Communities Grant Year V 2020-2021.**

Additional Appropriation(s) and/or Appropriation(s) complete the following:

Account	Account Name	Amount
1061031-431007-21G05	DFC Grant - Revenue	\$125,000
1061031-514000-21G05	DFC Regular Salaries & Wages - Expenditure	\$58,170
1061031-515200-21G05	DFC Part time Wages & Salaries - Expenditure	\$15,600
1061031-520700-21G05	DFC F.I.C.A. - Expenditure	\$4,574
1061031-520750-21G05	DFC Medicare Insurance - Expenditure	\$1,070
1061031-531000-21G05	DFC Professional Fees & Services - Expenditure	\$19,760
1061031-554000-21G05	DFC Travel - Expenditure	\$10,000
1061031-561800-21G05	DFC Supplies - Expenditure	\$3,390
1061031-586800-21G05	DFC Other - Expenditure	\$2,882
1061031-591500-21G05	DFC Grant Employee Benefits - Expenditure	\$9,554

Transfer(s) complete the following:

From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____
From: _____	To: _____	Amount: _____

Grants:

Total Amount: Grant \$ _____

City Share \$ _____ %

Federal/State Share \$ _____ %

1. DATE ISSUED MM/DD/YYYY 08/27/2020

1a. SUPERSEDES AWARD NOTICE dated except that any additions or restrictions previously imposed remain in effect unless specifically rescinded

2. CFDA NO. 93.276 - Drug-Free Communities Support Program Grants

3. ASSISTANCE TYPE Cooperative Agreement

4. GRANT NO. 1 NH28CE002662-01-00 Formerly

5. TYPE OF AWARD Other

4a. FAIN H79SP021436

5a. ACTION TYPE New

6. PROJECT PERIOD MM/DD/YYYY From 09/30/2016 Through 09/29/2021

7. BUDGET PERIOD MM/DD/YYYY From 09/30/2020 Through 09/29/2021

8. TITLE OF PROJECT (OR PROGRAM) B.E.S.T.-4-BRISTOL

DEPARTMENT OF HEALTH AND HUMAN SERVICES
Centers for Disease Control and Prevention
CDC Office of Financial Resources

2939 Brandywine Road
Atlanta, GA 30341

NOTICE OF AWARD
AUTHORIZATION (Legislation/Regulations)
[AWARD AUTHORITY NOT DEFINED FOR CE08-801.NU50]

9a. GRANTEE NAME AND ADDRESS
Bristol, City Of
111 N Main St Ste 17
Bristol, CT 06010-8184

9b. GRANTEE PROJECT DIRECTOR
Dr. JOSHUA MEDEIROS
111 NORTH MAIN STREET
YOUTH SERVICES
BRISTOL, CT 06010-5820
Phone: 860-584-6160

10a. GRANTEE AUTHORIZING OFFICIAL
Mrs. Ellen Zoppo-Sassu
111 N Main St Ste 17
Bristol, CT 06010-8184
Phone: 860-584-6250

10b. FEDERAL PROJECT OFFICER
Mr. Brenton Guy
4770 Buford Highway NE
MS 76
CDC/NCCDHP/DCPC
Atlanta, GA 30341

ALL AMOUNTS ARE SHOWN IN USD

11. APPROVED BUDGET (Excludes Direct Assistance)		12. AWARD COMPUTATION	
I Financial Assistance from the Federal Awarding Agency Only		a. Amount of Federal Financial Assistance (from item 11m)	125,000.00
II Total project costs including grant funds and all other financial participation		b. Less Unobligated Balance From Prior Budget Periods	0.00
a. Salaries and WageS	73,770.00	c. Less Cumulative Prior Award(s) This Budget Period	0.00
b. Fringe Benefits	15,198.00	d. AMOUNT OF FINANCIAL ASSISTANCE THIS ACTION	125,000.00
c. Total Personnel Costs	88,968.00	13. Total Federal Funds Awarded to Date for Project Period	125,000.00
d. Equipment	0.00	14. RECOMMENDED FUTURE SUPPORT (Subject to the availability of funds and satisfactory progress of the project):	
e. Supplies	3,390.00	YEAR	TOTAL DIRECT COSTS
f. Travel	10,000.00	a. 2	d. 5
g. Construction	0.00	b. 3	e. 6
h. Other	2,882.00	c. 4	f. 7
i. Contractual	19,760.00	15. PROGRAM INCOME SHALL BE USED IN ACCORD WITH ONE OF THE FOLLOWING ALTERNATIVES:	
j. TOTAL DIRECT COSTS	125,000.00	a. DEDUCTION	b
k. INDIRECT COSTS	0.00	b. ADDITIONAL COSTS	
l. TOTAL APPROVED BUDGET	125,000.00	c. MATCHING	
m. Federal Share	125,000.00	d. OTHER RESEARCH (Add / Deduct Option)	
n. Non-Federal Share	198,842.00	e. OTHER (See REMARKS)	
REMARKS (Other Terms and Conditions Attached - <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No)		16. THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE FEDERAL AWARING AGENCY ON THE ABOVE TITLED PROJECT AND IS SUBJECT TO THE TERMS AND CONDITIONS INCORPORATED EITHER DIRECTLY OR BY REFERENCE IN THE FOLLOWING:	
		a. The grant program legislation	
		b. The grant program regulations.	
		c. This award notice including terms and conditions, if any, noted below under REMARKS.	
		d. Federal administrative requirements, cost principles and audit requirements applicable to this grant.	
		In the event there are conflicting or otherwise inconsistent policies applicable to the grant, the above order of precedence shall prevail. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are drawn or otherwise obtained from the grant payment system.	

GRANTS MANAGEMENT OFFICIAL:
Stephanie Latham, Team Lead, Grants Management Officer
2939 Flowers Rd. South
TV-2
Atlanta, GA 30333
Phone: 770.488.2917

17.OBJ CLASS	41.51	18a. VENDOR CODE	1066001866A1	18b. EIN	066001866	19. DUNS	060665783	20. CONG. DIST.	01
FY-ACCOUNT NO.		DOCUMENT NO.		ADMINISTRATIVE CODE		AMT ACTION FIN ASST		APPROPRIATION	
21. a.	0-9390FBS	b.	16SP21436A	c.	CE	d.	\$125,000.00	e.	75-20-0943
22. a.		b.		c.		d.		e.	
23. a.		b.		c.		d.		e.	

NOTICE OF AWARD (Continuation Sheet)

PAGE 2 of 2	DATE ISSUED 08/27/2020
GRANT NO. 1 NH28CE002662-01-00	

Direct Assistance

BUDGET CATEGORIES	PREVIOUS AMOUNT (A)	AMOUNT THIS ACTION (B)	TOTAL (A + B)
Personnel	\$0.00	\$0.00	\$0.00
Fringe Benefits	\$0.00	\$0.00	\$0.00
Travel	\$0.00	\$0.00	\$0.00
Equipment	\$0.00	\$0.00	\$0.00
Supplies	\$0.00	\$0.00	\$0.00
Contractual	\$0.00	\$0.00	\$0.00
Construction	\$0.00	\$0.00	\$0.00
Other	\$0.00	\$0.00	\$0.00
Total	\$0.00	\$0.00	\$0.00