

ORDINANCE NO. 2532

AN ORDINANCE OF THE CITY OF SALISBURY AUTHORIZING THE MAYOR TO ENTER INTO A CONTRACT WITH THE CAREFIRST FOUNDATION FOR THE PURPOSE OF ACCEPTING GRANT FUNDS IN THE AMOUNT OF \$75,000 AND APPROVING A BUDGET AMENDMENT TO THE FY 2019 GRANT FUND TO APPROPRIATE FUNDS FOR THE SALISBURY-WICOMICO INTEGRATED FIRSTCARE TEAM.

WHEREAS, the City of Salisbury applied for and received funds through the CareFirst Foundation's Grant Program; and

WHEREAS, the purpose of the grant program is to provide leadership in assessing and addressing a range of community health issues including healthcare quality, affordability and accessibility; and

WHEREAS, the City of Salisbury will use these granted funds to operate the Salisbury-Wicomico Firstcare Team (SWIFT); and

WHEREAS, the City of Salisbury must enter into a grant agreement with the CareFirst Foundation defining how these funds must be expended; and

WHEREAS, § 7-29 of the Salisbury City Charter forbids contracts requiring an expenditure in excess of the amount appropriated for that general classification or expenditure, and forbids any office, department, or agency from expending funds not appropriated; and

WHEREAS, appropriations necessary to execute the purpose of this grant must be made upon the recommendation of the Mayor and the approval of four-fifths of the Council of the City of Salisbury.

NOW, THEREFORE, BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SALISBURY, MARYLAND, THAT the Council of the City of Salisbury, Maryland, hereby authorizes Mayor Jacob R. Day to enter into a grant agreement with the CareFirst Foundation for acceptance of these funds.

BE IT FURTHER ORDAINED that the City's Fiscal Year 2019 Grant Fund Budget be and hereby is amended as follows:

- 1) Increase FY19 CareFirst SWIFT grant revenue account (10500-427901-XXXXXX) by \$75,000
- 2) Increase SWIFT Salaries – Non-Clerical expenditure account (10500-501002-XXXXXX) by \$40,500
- 3) Increase SWIFT FICA expenditure account (10500-502010-XXXXXX) by \$3,098
- 4) Increase SWIFT Health Insurance expenditure account (10500-502020-XXXXXX) by \$14,516
- 5) Increase SWIFT Life Insurance expenditure account (10500-502030-XXXXXX) by \$2
- 6) Increase SWIFT Retirement - LEOPS expenditure account (10500-502041-XXXXXX) by \$13,049

- 7) Increase SWIFT Worker's Comp expenditure account (10500-502070-XXXXXX) by \$3,835

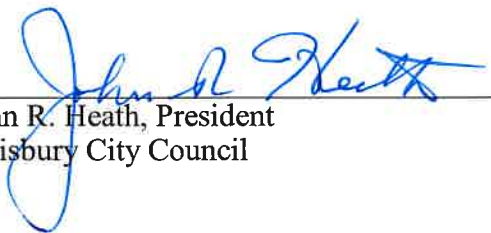
BE IT FURTHER ORDAINED that this Ordinance shall take effect from and after the date of its final passage.

THIS ORDINANCE was introduced and read at a meeting of the Council of the City of Salisbury held on this 11th day of March 2019, and thereafter, a statement of the substance of the Ordinance having been published as required by law, was finally passed by the Council on the 25th day of March 2019.

ATTEST:

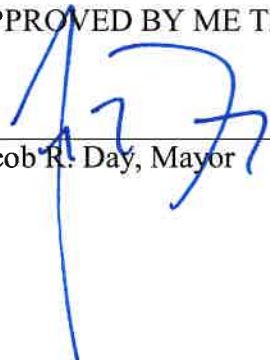


Kimberly R. Nichols, City Clerk



John R. Heath, President
Salisbury City Council

APPROVED BY ME THIS 27 day of MARCH 2019.



Jacob R. Day, Mayor



To: The Mayor & City Council
From: Nancy Talbott, Grants Coordinator
Subject: CareFirst Grant for the SWIFT Program
Date: March 20, 2019

The City of Salisbury has applied for and received funding from the CareFirst Foundation to support the Salisbury Wicomico Firstcare Team (SWIFT) for two years. The award totals \$75,000. These funds will be used to pay for the salary and benefits of the EMS employee assigned to the SWIFT team.

The City of Salisbury received a similar funding from the CareFirst Foundation last year. These prior funds were received via a pass-through grant from the Wicomico County Health Department. This award, which we are receiving directly from the CareFirst Foundation, provides additional money for the SWIFT program.

Please feel free to contact me if you have any questions or concerns.

Attachment:

Maria Harris Tildon
Executive Vice President
Marketing, Communications & External Affairs

CareFirst BlueCross BlueShield
1501 S. Clinton Street, Suite 700
Baltimore, MD 21224-5744
Tel. 410-605-2591
Fax 410-505-2855



January 29, 2019

Mr. John Tull
Chief of the Department
City of Salisbury
125 N. Division Street
Salisbury, MD 21874

Dear Mr. Tull:

On behalf of CareFirst BlueCross BlueShield, I am pleased to inform you that City of Salisbury has been approved for a contribution in the amount of \$75,000.00. Enclosed is the check for the full amount. This award is in support of the *Salisbury-Wicomico Integrated Firstcare Team (SWIFT)*.

We look forward to working with you and we want to be sure that throughout the course of our partnership your organization is clear about the expectations and accountability for this contribution. The attached Letter of Agreement describes the terms and conditions under which the contribution is being made and all other pertinent information regarding your award.

As you know, CareFirst is committed to providing leadership in assessing and addressing a range of community health issues including healthcare quality, affordability and accessibility. Our support of City of Salisbury furthers our goal of helping to improve the health of our members and the communities we serve.

Again, congratulations on receiving this contribution from CareFirst BlueCross BlueShield.

Sincerely,

A handwritten signature in black ink, appearing to read "M. Harris Tildon".

Maria Harris Tildon

CareFirst BlueCross BlueShield
10455 Mill Run Circle
Owings Mills, MD 21117-5559
www.carefirst.com



December 27, 2018

CITY OF SALISBURY
125 N DIVISION ST
SALISBURY, MD 21801-4940

VND10018 (7/16)

CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. which is an independent licensee of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association. ® Registered trademark of CareFirst of Maryland, Inc.

VCH0000-9S 1/11

THE FACE OF THIS CHECK HAS A BURGUNDY AND BLUE BACKGROUND ON WHITE PAPER AND REQUIRES TWO (2) SIGNATURES

Check Number
5101225680



10455 Mill Run Circle
Owings Mills, MD 21117-5559

5101290821

CareFirst BlueCross BlueShield is the business name of CareFirst of Maryland, Inc. and is an independent licensee of the Blue Cross and Blue Shield Association.
® Registered trademark of the Blue Cross and Blue Shield Association.
® Registered trademark of CareFirst of Maryland, Inc.

MO	DAY	YR
	12/27	2018

64-79
611

PAY TO THE ORDER OF:
CITY OF SALISBURY

AMOUNT

\$ *****75000.00

ID Number 2822

EXACTLY SEVENTY-FIVE THOUSAND AND 00/100 DOLLARS

SUNTRUST

** Not Valid Over \$75,000 **

Not Valid After 6 Months

M. Mark Chamy
B. D. F...

⑈ 5101290821⑈ ⑆061100790⑆ 8800511654⑈

Invoice Date	Invoice #	Invoice Amount	Discount Taken	Amount Paid	Description
12/19/2018	SWIFT 1/2	75000	0	\$75000.00	



CareFirst BlueCross BlueShield is making a contribution to your charitable organization. As you are probably aware, we must obtain a receipt in order to deduct any such contributions. Please access the portal via the following link to upload all requirements:

https://www.grantrequest.com/SID_843?SA=AM

If your organization has its own receipt that meets current IRS requirements, please feel free to submit that instead. Thank you for your attention to this matter. If you have any questions, please contact: Jennifer Lew, Sr. Grants Program Associate at 410.528.7137 or jennifer.lew@carefirst.com.

RECEIPT FOR CHARITABLE CONTRIBUTION

Organization Name: City of Salisbury

Address: 125 N. Division Street
Salisbury, MD 21874

Re: Salisbury-Wicomico Integrated Firstcare Team (SWIFT)

Date Received: _____

Amount received from CareFirst BlueCross BlueShield: \$75,000.00

Value of goods/services provided to CareFirst BlueCross BlueShield: \$

Net = Charitable Contribution: \$

Signature: _____

Title: _____

Printed name: _____



Letter of Agreement

This letter describes the terms and conditions under which CareFirst BlueCross BlueShield (CareFirst) is willing to provide City of Salisbury a grant.

- **Purpose and Date of the Grant**

This contribution is made to support the Salisbury-Wicomico Integrated Firstcare Team (SWIFT).

Grant period: 7/1/2018 - 6/30/2020

- **Payments**

CareFirst will distribute the grant of \$75,000.00 as follows:

\$75,000.00 – January 2019

Payments are released based on goals achieved and rate of program expenditures (See Progress and Reporting of Goals and Expenditures below)

CareFirst is providing the grant disbursements only for the activities and expenses described in your organization's grant proposal. City of Salisbury agrees to use only the disbursements for the purposes described in the proposal. City of Salisbury further agrees not to use any of the grant funds to attempt to influence legislation or participate in any political activity or campaign.

CareFirst reserves the right to withhold any and all grant disbursements and request reimbursement if grant goals are not progressing or have not been achieved.

City of Salisbury agrees to return to CareFirst any unspent grant funds within thirty (30) days of the end of the grant.

City of Salisbury agrees that it will not obtain any funding from any other health insurance carrier for the same activities and expenses described in your organization's grant proposal without first notifying CareFirst about the other grant or funding opportunity.

- **Progress and Reporting Schedule**

City of Salisbury will submit a mid-grant report to CareFirst documenting the program measures as outlined in the grant. A final report will be required at the conclusion of the grant highlighting the challenges and successes, along with a summary of the program outcomes:

- By the end of each fiscal year (FY20, FY21, FY22), continue to reduce the total number of annual, non-emergency SFD transports by enrolled patients by 20% each year. This will equate to a reduction of 330 calls per year with the associated reduction in ED visits.
- By the end of the three-year program, a reduction of at least 1800 unnecessary ED visits.
- By the end of the three-year program to have enrolled at least a minimum of 210 patients.
- By the end of the three-year period, to secure alternative funding sources for long term operations.

Reporting requirements are due on a semi-annual schedule based on the grant period as listed above. First report due: 6/30/2019; Final report and budget due: 7/31/2020 (reporting templates attached).

- **Audits**

Upon reasonable notice, CareFirst may audit City of Salisbury's books and records during the grant period and for a year after the grant ends to confirm that the grant funds have been used only for the purposes described in the grant.

- **Public Relations**

The project you are embarking on is important to both our organizations. Publicizing your program is mutually beneficial for all concerned. We welcome the opportunity to collaborate on promotional opportunities in support of your program. With this in mind, please let us know how you might highlight this contribution:

- Brochures, reports
- Check presentation event
- Newsletters
- Press release (Please contact CareFirst before issuing)
- Social Media, i.e. Facebook, Twitter, blogs
- Website
- Other: _____

- **Brand Use**

City of Salisbury acknowledges that the use of the Cross and Shield and other of CareFirst's names, marks, logos, colors and copyrights ("Brands") is subject to the terms of a license agreement with the Blue Cross and Blue Shield Association and the rules and regulations which govern the use of the Brands.

City of Salisbury agrees that it will not make any unauthorized use of the Brands unless any such use is expressly granted by CareFirst, and agrees to comply with all rules and regulations in any use thereof. Further, City of Salisbury acknowledges that any Brands

used or displayed pursuant to this Agreement shall be and remain the property of CareFirst. Any use of the Brands, once granted, shall be non-exclusive, royalty-free, non-transferable and subject to CareFirst's prior written approval.

The use of the CareFirst brand must be approved before production. CareFirst must be made aware of the addition of other supporters and their brands before their placement is added to any printed item that will feature the CareFirst brand.

- **Termination of Grant**

CareFirst may terminate the grant if it determines that City of Salisbury has made any misrepresentations in its grant proposal, has misappropriated any grant funds, or has done anything inconsistent with the terms of the letter.

Please indicate your organization's acceptance to the above terms and conditions by having the enclosed copy of this letter signed by the Executive Director of your organization. Additionally, a receipt form which is included with this agreement needs to be completed and returned to our office. Please access the portal via the following link to upload all requirements:

https://www.grantrequest.com/SID_843?SA=AM

If you have any questions regarding the agreement terms, please contact Hosanna Asfaw-Means, Grants Program Manager at (410) 528-7086, hosanna.asfaw-means@carefirst.com. Any questions pertaining to the portal, please contact Jennifer Lew, Sr. Grants Program Associate at (410) 528-7137, jennifer.lew@carefirst.com.

I accept the conditions of this grant as outlined in the above letter:

City of Salisbury

Signature of Executive Director

Printed Name

Date



**CareFirst Commitment
Grantee Progress Report
Narrative Report**

_____ **FINAL REPORT**

_____ **INTERIM REPORT**

Organization name

Program name

Grant period

Period covered by this report (start/finish)

Person responsible for this report/phone and email

Date submitted

GRANT PURPOSE

State the grant purpose from your application.

EXECUTIVE SUMMARY

In a paragraph, provide an overview of the program's progress. Summarize and explain the significance of the key accomplishments detailed in this report. Address whether the program is proceeding to your satisfaction and is on track to achieve its goals for the community and/or your organization.

STRATEGIES AND ACTIVITIES

List the strategies that were stated in your application's program design and, in one or two sentences for each strategy, concisely describe the major activities associated with each strategy that have been accomplished during this grant. Clearly identify activities that occurred during this reporting period as well as activities that were reported previously (if applicable).

OUTCOMES AND PROGRAM PERFORMANCE MEASURES

Report the progress to date toward the performance targets and program impact you included in your application. Please identify the key reporting metrics you identified as part of your MOU. Use the format you prefer, providing it includes actual-to-target data in a concise form. (An example is provided.) Feel free to attach supplemental information.

Measure	Target	Baseline	This reporting period	Cumulative (grant to-date)
<i>Examples:</i>				
<i>Women enrolled in Center program each year</i>	<i>230</i>	<i>0</i>	<i>25</i>	<i>100</i>
<i>Percentage of women at Center receiving prenatal care in first trimester</i>	<i>85%</i>	<i>50%</i>	<i>75%</i>	<i>65%</i>
<i>Percentage of babies born ≥2500 grams</i>	<i>90%</i>	<i>70%</i>	<i>85%</i>	<i>80%</i>

CHALLENGES AND SIGNIFICANT CHANGES

If the program has encountered any significant challenges, describe them and how they have affected progress. Describe any variances from the program as proposed and explain how they affect the success of this program. Do you expect the planned results will be achieved during the grant period? If no, explain.

FINANCIAL SUSTAINABILITY PLANS *(For Final Reports)*

If this program is intended to continue after the conclusion of this grant, describe how it will be sustained.

LESSONS LEARNED *(For Final Reports)*

Describe any valuable lessons learned that would have affected your program design or will influence how you address this issue or conduct this program in the future.

EVIDENCE OF IMPACT

Share your stories or client testimonies which demonstrate evidence of impact for this program.

If you have any questions regarding the agreement terms, please contact Hosanna Asfaw-Means, Grants Program Manager at (410) 528-7086, hosanna.asfaw-means@carefirst.com.

Any questions pertaining to the portal, please contact Jennifer Lew, Sr. Grants Program Associate at (410) 528-7137, jennifer.lew@carefirst.com.

Please access the portal via the following link to upload all reporting requirements:

https://www.grantrequest.com/SID_843?SA=AM

**CareFirst Commitment
Budget Report**

FINAL REPORT

INTERIM REPORT

Use this form or an Excel spreadsheet generated from your system to address each item.

Organization name

Program name

Person responsible for this report/phone and email

Date submitted

Period covered by this report (start/finish)

1. Budget and cumulative expenses

Budget Line Item	Original Approved Budget	Revised Budget (if applicable)	Actual Cumulative Expenditure	Balance (Overruns)
TOTAL				

→If this is a final budget report, any Total Balance remaining must be discussed with your CareFirst program officer.

2. Funding sources

Funding Source	Amount Reported or Projected in Approved Budget	Actual Amount	Comment

3. Budget overrun: COMPLETE FOR FINAL REPORTS ONLY

Explain all budget-to-actual variances that exceed 10%.

Budget Line Item <i>(State item exactly as it appears in your response to Question 1.)</i>	Amount of overrun	Explanation

Name and title of authorized signer

Signature and date
