

ORDINANCE NO. 2559

AN ORDINANCE OF THE CITY OF SALISBURY APPROVING A BUDGET AMENDMENT OF THE GRANT FUND TO APPROPRIATE FUNDS TO OPERATE THE SALISBURY-WICOMICO FIRSTCARE TEAM (SWIFT).

WHEREAS, the Wicomico County Health Department (WiCHD), in conjunction with the City of Salisbury, applied for funds through the Maryland Community Health Resources Commission (CHRC) grant program; and

WHEREAS, the CHRC awarded the WiCHD funds in FY2018 in the amount of \$90,000; and

WHEREAS, the WiCHD has previously sub-granted \$50,000 to the City of Salisbury, those funds being appropriated via Ordinance 2503; and

WHEREAS, of the remaining \$40,000 in FY18 funding that was received by the WiCHD from the CHRC, the WiCHD is now sub-granting \$31,920 of that funding to the City of Salisbury; and

WHEREAS, these funds are to be added to existing SWIFT grant project account #21009; and

WHEREAS, the sub-granted funds shall be used to operate the Salisbury-Wicomico Firstcare Team (SWIFT); and

WHEREAS, the City of Salisbury must enter into a new sub-grant agreement with the WiCHD defining how these funds must be expended; and

WHEREAS, § 7-29 of the Salisbury City Charter prohibits the City from entering into a contract that requires an expenditure not appropriated or authorized by the City Council; 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 City of Salisbury accepts the sub-granted funds of \$31,920 and authorizes the Mayor to enter into a sub-grant agreement with the Wicomico County Health Department for the expenditure of these funds.


BE IT FURTHER ORDAINED BY THE CITY COUNCIL OF SALISBURY, MARYLAND, that the City's Grant Fund Budget be amended as follows:

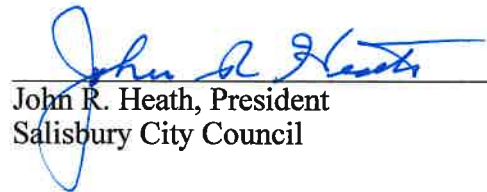
- 1) Increase SWIFT Grant Revenue by \$31,920
- 2) Increase SWIFT Grant Expense by \$31,920

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

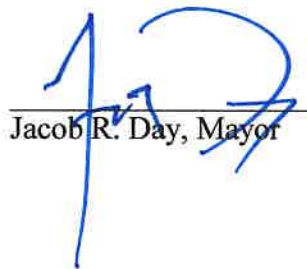
THIS ORDINANCE was introduced and read at a meeting of the Council of the City of Salisbury held on this 9<sup>th</sup> day of September, 2019, and thereafter, a statement of the substance of the Ordinance having been published as required by law, was finally passed by the Council on the 23<sup>rd</sup> day of September, 2019.

**ATTEST:**

  
\_\_\_\_\_  
Kimberly R. Nichols, City Clerk

  
\_\_\_\_\_  
John R. Heath, President  
Salisbury City Council

APPROVED BY ME THIS 24<sup>th</sup> day of SEPTEMBER, 2019.

  
\_\_\_\_\_  
Jacob R. Day, Mayor

# Finance Department / HCDD

## MEMO

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**To: Keith Cordrey**

**From: Deborah Stam**

**Subject: Ordinance – Budget Amendment – Acceptance of Additional  
FY18 Maryland Community Health Resources Commission  
(CHRC) Grant Funds Awarded to the Salisbury Fire Department  
Through the Wicomico County Health Department**

**Date: August 23, 2019**

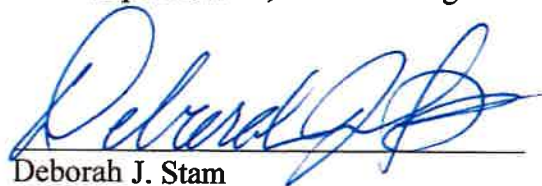
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In 2018 the Wicomico County Health Department (WiCHD), in conjunction with the City of Salisbury, applied for funds through the Maryland Community Health Resources Commission (CHRC) grant program. The CHRC awarded the WiCHD FY18 funds in the amount of \$90,000, and the WiCHD previously sub-granted \$50,000 of that award to the Salisbury Fire Department for the Salisbury-Wicomico Firstcare Team (SWIFT). Those funds were appropriated via Ordinance 2503.

Of the remaining \$40,000 in FY18 funding that was received by the WiCHD from the CHRC, the WiCHD is now sub-granting \$31,920 to the Salisbury Fire Dept. These funds are to be added to the existing SWIFT grant project account #21009, and these sub-granted funds shall also be used to operate the SWIFT program.

Attached is a copy of the MOU / Contract Approval Form for the additional \$31,920 in CHRC funds which will be signed by the Mayor. Also attached is an Ordinance approving a budget amendment of the grant fund to appropriate the additional monies.

Please forward this information to the City Council to be placed on the work session agenda for the September 3, 2019 meeting, then on the legislative agenda for first reading at the September 9, 2019 meeting, and second reading / final passage at the September 23, 2019 meeting. Thank you for your assistance.



Deborah J. Stam  
Grants Manager  
Finance Department / HCDD

**Attachments**

CC: Olga Butar  
Julia Glanz  
Andy Kitzrow  
Kim Nichols  
Diane Carter  
John Tull  
Mark Tilghman  
Kristine Devine  
Robert McClure



# Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Lori Brewster, MS, APRN/BC, LCADC • Health Officer



## MOU/CONTRACT APPROVAL FORM

All Memoranda of Understanding/Agreement and contracts ("MOU") between this agency and another agency must go through the following approval process. Please place this form on top of the MOU/BAA and retain in the file.

**Staff submitting MOU:** Complete this section before submitting to Program Supervisor.

Date: 5/14/19 PCA: F15TN 133 FY: 20 Amount: \$50,000 40,000

Start Date: 7/1/19 End Date: 6/30/20

Staff Initiating MOU/Contract: Lori Brewster

Provider/Contractor/Vendor Name: Salisbury Fire Department

Brief description of services: Administration of SWIFT program

Business Associate Agreement attached?  Yes N/A (Not sure if you need one? [CLICK HERE.](#))

In budget or approved in writing by funder?  Yes (attach documentation as needed)  No

Submitted for a 2<sup>nd</sup> time?  Yes (reason: \_\_\_\_\_)  No

PO # or Credit Card Purchase ID # (See updated purchasing guidelines): \_\_\_\_\_

**Managers approving MOU:** sign (in order) and send to next approver.

Must be signed by all\* for final approval; Final approver will return to submitting staff.

Program Supervisor: \_\_\_\_\_ Date: \_\_\_\_\_

Program Director: \_\_\_\_\_ Date: \_\_\_\_\_

Fiscal Administrator: Bandy Welch Date: 5/14/19

Health Officer: Lori Brewster Date: 5/15/19

**Manager denying MOU:** sign, state reason(s)/needed changes, and return to Program Supervisor.

Denied by: \_\_\_\_\_

Reason(s) denied (changes to be made before resubmitted/approval): \_\_\_\_\_

Date returned: \_\_\_\_\_

\* Unless Health Officer indicates otherwise

Updated April 12, 2018



# Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Lori Brewster, MS, APRN/BC, LCADC • Health Officer



**MEMORANDUM OF UNDERSTANDING  
FISCAL YEAR 2020  
WICOMICO COUNTY HEALTH DEPARTMENT and  
CITY OF SALISBURY FIRE DEPARTMENT  
325 Cypress St. Salisbury MD, 21801  
410-548-3122  
[jday@salisbury.md](mailto:jday@salisbury.md)**

### Background

The Wicomico County Health Department (WiCHD) received funding from Mid Shore Behavioral Health, Inc. for the Safe Station Program (F592) which will provide 24 hour services to those seeking treatment and recovery resources through utilization of the Wicomico County Safe Station, which will be located at the Recovery Resource Center.

### Agreement

The following agreement entered into on this sixteenth day of September, 2019, by and between the Wicomico County Health Department (WiCHD) and the City of Salisbury Fire Department (Contractor) regarding the provision of non-emergent medical response and evaluation sets forth the following deliverables:

- I. **Contractor will complete the following:**
  1. Provide non-emergent medical well checks to all patients/clients who enter the Safe Station.
  2. Provide monthly report on the number of individuals served at the Safe Station.
  3. Invoice WiCHD for \$2,500.00 quarterly, addressing invoice to "Wicomico County Health Department Accounts Payable, 108 E. Main St., Salisbury, MD". Final invoice must be received no later than 06/30/2020.
  
- II. **WiCHD will complete the following:** (same note as in section I)
  1. Will call the non-emergent Emergency Services line at 410-548-4920 when non-emergent medical response is needed unless an acute emergency has been identified in which case 911 will be called.
  2. Pay Contractor \$2,500.00 quarterly once deliverables are completed and invoice is received.



# Wicomico County Health Department

108 East Main Street • Salisbury, Maryland 21801

Lori Brewster, MS, APRN/BC, LCADC • Health Officer



*Memorandum of Understanding*

*FY 2020*

*Wicomico County Health Department*

*City of Salisbury Fire Department*

*Safe Station/ F592N*

*Page #2 of #2*

This memorandum is subject to the policies of the Maryland Department of Health as incorporated in the Human Services Agreement Manual.

This agreement will terminate on June 30, 2020, or by providing sixty (60) days written notification by either party.

**III. Signatures**

The parties acknowledge their agreement by their signatures below:

Jacob Day  
Mayor, City of Salisbury

19 SEP 2019

Date

Lori Brewster, M.S., APRN/BC, LCADC  
Health Officer, Wicomico County Health Department

7/31/19

Date