ORDINANCE NO. 2860

AN ORDINANCE OF THE CITY OF SALISBURY AUTHORIZING THE MAYOR TO ENTER INTO A CONTRACT WITH THE MARYLAND DEPARTMENT OF HEALTH FOR THE PURPOSE OF ACCEPTING GRANT FUNDS IN THE AMOUNT OF \$22,009, AND TO APPROVE A BUDGET AMENDMENT TO THE GRANT FUND TO APPROPRIATE THESE FUNDS FOR THE SALISBURY FIRE DEPARTMENT.

WHEREAS, the Maryland Department of Health has a Maryland Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Grant Program ("Program"); and

WHEREAS, the purpose of the Program is to provide funding for the cancer screening and testing of Professional and Volunteer Firefighters; and

WHEREAS, the City of Salisbury submitted a grant application to the Maryland Department of Health for funding of cancer screenings of its members as part of the Program; and

WHEREAS, Maryland Department of Health has awarded the City grant funds in the amount of \$22,009; and

WHEREAS, the City of Salisbury must enter into a grant agreement with the Maryland Department of Health to defining how these funds will be released and accepted; and

WHEREAS, all funds shall be used to provide cancer testing and screening to Salisbury Fire Department members; 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 Council of the City of Salisbury; 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 ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

<u>Section 1</u>. Mayor Randolph J. Taylor is hereby authorized to enter into a grant agreement with the Maryland Department of Health, on behalf of the City of Salisbury, for the City's acceptance of grant funds in the amount of \$22,009.

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

Section 2. The City of Salisbury's Grant Fund Budget be and hereby is amended as follows:

- (a) Increase State of Maryland Revenue Account No. 10500–424000–XXXXX by \$22,009.
- (b) Increase Medical Expense Account No. 10500-513040–XXXXX by \$22,009.

BE IT FURTHER ENACTED AND ORDAINED BY THE COUNCIL OF THE CITY OF SALISBURY, MARYLAND, as follows:

<u>Section 3</u>. It is the intention of the Mayor and Council of the City of Salisbury that each provision of this Ordinance shall be deemed independent of all other provisions herein.

Section 4. It is further the intention of the Mayor and Council of the City of Salisbury that if any section, paragraph, subsection, clause or provision of this Ordinance shall be adjudged invalid, unconstitutional or otherwise unenforceable under applicable Maryland or federal law, such adjudication shall apply only to the section, paragraph, subsection, clause or provision so adjudged and all other provisions of this Ordinance shall remain and shall be deemed valid and enforceable.

Section 5. The recitals set forth hereinabove are incorporated into this section of the Ordinance as if such recitals were specifically set forth at length in this Section 5.

Section 6. 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 Mayor and Council of the City of Salisbury held on the 1st day of April, 2024 and thereafter, a statement of the substance of the Ordinance having been published as required by law, in the meantime, was finally passed by the Council of the City of Salisbury on the 8th day of April, 2024.

ATTEST:

Kimberly R. Nichols, City Clerk

Dirado

D'Shawn M. Doughty, City Council President

Approved by me, this <u>9</u> day of <u>April</u>, 2024.

Randolph J. Taylor, Mayor

ORGANIZATIONS RECEIVING APPROPRIATIONS FROM THE STATE STANDARD GRANT AGREEMENT

 This Agreement, which is executed in compliance with Section 7-402 of the State Finance and Procurement Article of the Annotated

 Code of Maryland, is made this
 15th day of April 2024

 Maryland Department of Health
 (the "Department"), located at

 behalf of the Salisbury Fire Department (the "Grantee"), located at
 201 West Preston Street, Baltimore, MD and the City of Salisbury on

 125 N Division St.
 in

 Salisbury, Wicomico
 County,

 21874
 , a

1. Effective on the date of execution of this Agreement, the State is extending to the Grantee a grant in the amount of <u>Twenty-two</u> <u>Thousand Nine</u> Dollars (<u>\$ 22,009</u>) (the "Grant"), which the Grantee shall use only for the following purposes: to procure and administer innovative cancer screening tests for county firefighters in accordance with Health-General Article §§ 13-4001-13-4007 and as part of the Maryland Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program for the period of April 15, 2024 - June 30, 2024.

2. Any expenditure of Grant funds that is not consistent with purposes stated in paragraph 1 may, at the sole discretion of the Department, be disallowed. Should any expenditure be disallowed or should the Grantee violate any of the terms of this Agreement, the State may require repayment to the State Treasury, an offset from any State Grant to the Grantee in the current or succeeding fiscal year, or other appropriate action. The Grantee shall repay to the State any part of the Grant that is not used for the purposes stated in paragraph 1 within 3 months after the date of this Agreement.

3. The Grantee may not sell, lease, exchange, give away, or otherwise transfer or dispose of real or personal property, or any part of or interest in real or personal property, acquired with Grant funds without the prior written consent of the Department. This includes transfer or disposition to a successor on the merger, dissolution, or other termination of the existence of the Grantee. The Grantee shall give the Department written notice at least 30 calendar days before any proposed transfer or disposition. Any proceeds from a permitted transfer or disposition shall be applied to repay to the State a percentage of that portion of the Grant allocable to the particular real or personal property transferred or disposed of, unless the Department and the Grantee agree to other terms and conditions. The percentage shall be equal to the percentage of the unadjusted basis of the property that would remain if the property had been recovery property placed in service after December 31, 1980 and if all allowable deductions had been taken up to the time of disposition under the Accelerated Cost Recovery System (ACRS) specified in the United States Internal Revenue Code, Section 168(b)(1).

4. For any item of real or personal property that is acquired with Grant funds and has an original fair market value of Five Thousand Dollars (\$5,000) or more, the Grantee shall, at its own expense, and for the reasonable useful life of that item or for 5 years, whichever is less, obtain and maintain insurance. The insurance shall provide full protection for the Grantee and the State against loss, damage, or destruction of or to the real or personal property. The Grantee shall, on request, provide the Department with satisfactory evidence of its compliance with this requirement. Proceeds of insurance required by this paragraph shall be applied toward replacement of the real or personal property or toward the partial or total repayment of the State of the Grant, in the sole discretion of the Department.

5. The Grantee may not discriminate against any employee or applicant for employment because of race, color, religion, sex, national origin, or any other characteristic forbidden as a basis for discrimination by applicable laws, and certifies that its Constitution or by-laws contains a non-discrimination clause consistent with the Governor's Code of Fair practices.

6. The person executing this Agreement on behalf of the Grantee certifies, to the best of that person's knowledge and belief, that:

A.) Neither the Grantee, nor any of its officers or directors, nor any employee of the Grantee involved in obtaining contracts with or grants from the State or any subdivision of the State, has engaged in collusion with respect to the Grantee's application for the Grant or this Agreement or has been convicted of bribery, attempted bribery, or conspiracy to bribe under the laws of any state or of the United States;

B.) The Grantee has not employed or retained any person, partnership, corporation, or other entity, other than a bona fide employee or agent working for the Grantee, to solicit or secure the Grant or this Agreement, and the Grantee has not paid or agreed to pay any such entity any fee or other consideration contingent on the making of the Grant or this Agreement; the grantee understands and complies with the Conflicts of Interest provision of the Public Ethics Law, Maryland Code Annotated, General Provisions, Title 5, Subtitle 5.

C.) The Grantee, if incorporated, is registered or qualified in accordance with the Corporations and Associations Article of the Annotated Code of Maryland, **is in good standing**, has filed all required annual reports and filing fees with the Department of Assessments and Taxation and all required tax returns and reports with the Comptroller of the Treasury, the Department of Assessments and Taxation, and the Department of Labor, Licensing and Regulation, and has paid or arranged for the payment of all taxes due to the State; and

D.) No money has been paid to or promised to be paid to any legislative agent, attorney, or lobbyist for any services rendered in securing the passage of legislation establishing or appropriating funds for the Grant.

E.) Neither the Grantee, nor any of its officers or directors, nor any person substantially involved in the contracting or fund raising activities of the Grantee, is currently suspended or debarred from contracting with the State or any other public entity or subject to debarment under the Code of Maryland Regulations, COMAR 21.08.04.04.

7. Within 60 calendar days after the close of any grant period in which the Grantee receives funds under this Agreement, the Grantee shall provide to the Department an itemized statement of expenditures, showing how the funds were expended for that grant period. In addition, a copy of the statement shall be mailed to the Director, General Accounting Division, Office of the Comptroller of the Treasury, Room 200, Louis L. Goldstein Treasury Building, Annapolis, Maryland 21401. The Grantee shall retain bills of sale or other satisfactory evidence of the acquisition of any real or personal property for at least 3 years after the date of this Agreement. The Department, the Department of Budget and Management, the State Comptroller, and the Legislative Auditor, or any of them, may examine and audit this evidence, on request, at any reasonable time within the retention period.

8. The Grantee shall comply with Section 7-221, 7-402, and 7-403 of the State Finance and Procurement Article of the Annotated Code of Maryland, as applicable.

9. The laws of Maryland shall govern the interpretation and enforcement of this Agreement.

10. This Agreement shall bind the respective successors and assigns of the parties.

11. The Grantee may not sell, transfer, or otherwise assign any of its obligations under this Agreement, or its rights, title, or interest in this Agreement, without the prior written consent of the Department.

12. No amendment to this Agreement is binding unless it is in writing and signed by both parties.

13. The following items are incorporated by referenced and made a part of this Agreement_Appendix A,B, & D, Attachment A, B, C, D, E, F & G.

IN TESTIMONY WHEREOF, WITNESS the hands and seals of the parties.

GRANTEE

Randolph J. Taylor

Mayor

4/09/2024

By:

Name:

Title:

Date:

City of Salisbury (Name of Corporation or Association) By:

DEPARTMENT

	Maryland Department of Health.
	(Name of Corporation or Association)
By:	
-	SEAL
Name:	Courtney McFadden
Title:	Deputy Director, PHPA

Date:

APPENDIX A

The Department's Grant Monitor is:The Grantee's GrantSadie PetersChristopher L. TruittMedical Director, Center for Cancer Prevention and ControlEMS Assistant ChiefMaryland Department of HealthSalisbury Fire Depar201 W. Preston StreetCity of SalisburyBaltimore, Maryland 21201325 Cypress St.410-371-3901Salisbury, MD 21801sadie.peters@maryland.gov410-548-3120, ext 107

<u>The Grantee's Grant Monitor is</u>: Christopher L. Truitt, B.S. NRP, CPSL EMS Assistant Chief Salisbury Fire Department City of Salisbury 325 Cypress St. Salisbury, MD 21801 410-548-3120, ext 107(office); 410-251-2000 (Cell) ctruitt@salisbury.md

I. BACKGROUND INFORMATION OF AGREEMENT

Occupational exposure as a firefighter is carcinogenic. According to the National Institute for Occupational Safety and Health (NIOSH), firefighters have a <u>9% higher risk</u> of developing cancer and a 14% higher risk of dying from cancer compared to the general United States population. Screening tests that detect early signs of cancers, when the cancer may be easier to treat and cure, can decrease an individual's chance of dying from cancer. However, even with such known occupational exposures, firefighters may have difficulty receiving early cancer screenings because standard cancer screening guidance provides no specific indications for early screening based on this occupation.

As required by Health-General Article §§ 13-4001-13-4007, through the Maryland Professional and Volunteer Firefighter Innovative Cancer Screening Program, the Center for Cancer Prevention and Control is funding local fire departments and volunteer fire departments to obtain innovative cancer screening tests that may be unavailable during routine physical examinations or that may not be covered by insurance.

II. DUTIES OF THE GRANTEE

The goal of the Program is to reduce cancer mortality among professional and volunteer firefighters while advancing the adoption of novel technologies that may also benefit the health of Marylanders and the economy of the State. The funds are to be used to cover procurement and administrative costs associated with innovative testing not offered during routine physical or not covered by insurance. Definitive cancer diagnostic testing and treatment are outside the scope of this project.

SCOPE OF WORK:

Fire departments awarded a grant through this program are expected to:

- A. Firefighter Recruitment and Procurement of the Screening Tests
 - 1. Recruit firefighters to be screened with the innovative cancer screening tests.
 - a. Select firefighters at the highest cancer risk based on scientific and medical research reports

B. Test Procurement

- 1. Procure the innovative cancer screening tests solely for use by the firefighters identified
- C. Cancer Screening Operations and Records Retention Requirements
 - 1. Administer the innovative cancer screening tests with oversight by qualified health care providers.
 - a. Maintain an inventory of the innovative cancer screening tests purchased by the Applicant, verify administration of each test, and maintain a record of the innovative cancer screening tests administered by health care providers.
 - b. Retain all records pertaining to the grant for 3 years from the date the final report is submitted to MDH or longer in case of an audit or litigation until the completion of the audit or litigation.

Standard Grant Agreement_9-19

c. Participate in audits as required by MDH.

D. Follow up diagnostic testing and treatment

- 1. Implement a robust standardized process for follow up testing and diagnosis if screening tests are positive
 - a. Funds independent of those provided by this grant are to be used for follow testing and pursuit of diagnoses.

E. Reporting Requirements

- 1. Submit an interim report describing the progress of the grant along with any invoice submitted.
- 2. Submit a comprehensive final report describing the activities conducted under the grant for the entire grant period no later than 45 days after the date the grant period ends. The comprehensive final report shall also include:
 - a. The number of individuals screened through the grant
 - b. The type of screening test(s) used
 - c. The cost of the screening test(s)
 - d. The number of cancers detected by the screening test(s)
 - e. The types of cancers detected by the screening test(s)

The City of Salisbury for Salisbury Fire Department will screen 150 firefighters for cancer using the screening tests obtained with the grant funding provided for this project.

The Remainder of This Page is Left Blank

APPENDIX B (revised budget) Cost Estimate for:

Maryland Professional and Volunteer Innovative Cancer Screening Technologies Program–City of Salisbury on behalf of the Salisbury Fire Department

PERIOD OF PERFORMANCE - April 15 - June 30, 2024

			OTHE	R DIRECT FU	JNDING	
LINE ITEMS MAY NOT BE CHANGED	DHMH FUNDING REQUEST	SUPPLEMENTAL FUNDING REDUCTION	FED./STATE LOCAL & GOV'T	ALL OTHER AGENCY	TOTAL OTHER FUNDING	PROGRAM BUDGET
SALARIES/SPECIAL PAYMENTS						
FRINGE						
CONSULTANTS						
EQUIPMENT						
PURCHASE OF SERVICE						
RENOVATION						
CONSTRUCTION						
REAL PROPERTY PURCHASE						
UTILITIES						
RENT						
FOOD						
MEDICINES & DRUGS						
MEDICAL SUPPLIES	21,940					21,940
OFFICE SUPPLIES						
TRANSPORTATION/TRAVEL						
HOUSEKEEPING/						
MAINTENANCE/REPAIRS						
POSTAGE	69					69
PRINTING/DUPLICATION						
STAFF DEVELOPMENT/						
TRAINING						
CLIENT ACTIVITIES						
ADVERTISING						
INSURANCE						
LEGAL/ACCOUNTING/AUDIT						
PROFESSIONAL DUES						
OTHER						
(ATTACH ITEMIZATION)						
TOTAL DIRECT COSTS						
INDIRECT COST						
TOTAL COSTS						
LESS: CLIENT FEES						
DHMH FUNDING	22,009					22,009

One Test Commercial: \$21750

Justification: This will cover the cost for 150 tests, enough to test each member of the SFD that voluntarily participates.

Shipping and Handling: \$69

Justification: This covers the costs associated with shipping the test kits to the SFD.

Butterfly Needles: \$165

Justification: Needles are required for the blood draw for each kit

BD Vacutainers: \$25

Justification: Vacutainers are required to transfer the blood from the butterfly needle into the sample tubes provided by the One Test kits

III. DUTIES OF THE DEPARTMENT

Other than awarding the funds to the City of Salisbury on behalf of Salisbury Fire Department for this project, MDH's Center for Cancer Prevention and Control will:

• Provide necessary technical support and monitoring to City of Salisbury on behalf of Salisbury Fire Department to ensure state and federal grant compliance.

This includes but is not limited to:

- Completion of the MDH Office of the Inspector General Risk Assessment
- Completion of the Standard Grant Agreement Checklist
- Determination of Good Standing With The State of Maryland
- Review for Debarment, Suspension, or any Exclusion from doing business with Maryland
- Determination regarding No Conflicts of Interest
- Review of Single Audits
- Review for Debarment, Suspension, or any Exclusion from doing business with the Federal Government

SECTION IV. INCORPORATION BY REFERENCE

Both parties hereby agree that the documents described below, if any, are hereby incorporated into and made an integral part of this Agreement: (Type "None", if none)

Exact Title of Document(s)	Number of Pages
Conditions of Award- Attachment A	2
Debarment Affirmation- Attachment B	2
Certification Regarding Tobacco Smoke- Attachment C	1
Certification Regarding Lobby- Attachment D	<u>4</u>
Additional Information required for Prevention and Health Promotion Administration Grants – Attachment E	2
Programmatic Terms and Conditions for Grantees - Appendix D	1
Project Narrative –Attachment F	4
Project Budget– Attachment G	10

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

ATTACHMENT A

CONDITIONS OF AWARD

Maryland Department of Health (MDH)

Period of Performance: April 15, 2024 - June 30, 2024

Important Dates:

- May 15, 2024: First Progress Report; First Month Invoice due
- June 15, 2024: Second Progress Report; Second Month Invoice due
- June 15, 2024: All funds obligated
- June 30, 2024: All funds must be spent
- July 15, 2024: Final Progress Report; Third Month Invoice due
- August 14, 2024: Final fiscal report due to MDH

The grantee, City of Salisbury on behalf of Salisbury Fire Department, shall comply with these conditions. Consequences for failure to comply with these conditions may include: a point reduction in score for future competitive and non-competitive applications, a reduction of overall award, audit exceptions and/or reduction in future awards.

Program Requirements:

- 1. The grantee, City of Salisbury on behalf of Salisbury Fire Department, agrees to comply with MDH guidelines and initiatives with regards to their expenditures/purchases.
- 2. When procuring equipment, the recipient must comply with the procurement standards at 45 CFR Part 92.36 and 45 CFR 74.40 through 74.48, including 74.45, which requires the performance and documentation of some form of cost or price analysis with every procurement action.
- 3. The grantee will perform activities that coordinate, integrate, prioritize and sustain improvements in public health emergency preparedness.
- 4. The grantee will participate in conference calls and/or meetings as requested by the Department.
- 5. The grantee should inform the MDH as a courtesy when a presentation or publication is made public that involves programs or data partially or fully funded by MDH, and any federal grants. All reports, data, software, or presentations generated from federal funded projects must be made available to MDH for review and comment prior to release or distribution.
- 6. The grantee, City of Salisbury on behalf of Salisbury Fire Department, will provide acknowledgement to the Maryland Department of Health when issuing or distributing statements, promotional materials or publications, press releases, requests for proposals/information/applications/etc., bid solicitations, or for meetings and/or conferences that are funded fully or in part with funds awarded through the Department. Please use the following phrase when referencing the Department's support: "This article/conference/ publication/etc. was supported in part/fully by the Maryland Department of Health."

Fiscal Requirements:

- 1. The grantee, shall <u>not</u> use <u>Maryland Professional and Volunteer Firefighters Innovative Cancer Screening</u> <u>Technologies Program funds</u> to:
 - a. Support the costs of operating clinical trials of investigational agents, equipment or treatments;
 - b. Make payments directly to recipients of services, except for reimbursement of reasonable and allowable out-of-pocket expenses associated with consumer participation in State or consortia activities;
 - c. Support legal services;

- d. Provide direct maintenance expenses of privately owned vehicles or any other costs associated with a vehicle, such as lease or loan payments, vehicle insurance, or license registration fees;
- e. Purchase or improve land, or to purchase, construct, or make permanent improvements to any building, except for minor remodeling;
- f. Pay property taxes;
- g. Fund capital improvement projects;
- h. Supplant personnel costs and/or other activities.
- i. Prepare, distribute, or use of any material (publicity/propaganda) or to pay the salary or expenses of grants, contract recipients, or agents that aim to support or defeat the enactment of legislation, regulation, administrative action, or executive order proposed or pending before a legislative body.
- 2. The grantee will comply with all MDH and federal fiscal requirements for timely submission of detailed budgets and budget modifications, including monthly invoice requirements.
- 3. Invoices must show actual expenditures and not planned expenditures.
- 4. The grantee will return any unspent and unobligated funds to MDH and provide the necessary supporting documentation.

Audits:

The grantee shall submit audits in accordance with Federal OMB 2 CFR 200, Subpart F - Audit Requirements. An electronic copy of all audits (2 CFR 200 Subpart F, as well as independent auditors) performed against federal funding should be forwarded to the Department for review.

Site Visits and Surveys:

- 1. As requested, the grantee shall participate fully in the MDH Quality Improvement and Technical Assistance activities, which may include, but are not limited to:
 - a. Comprehensive site visits at the Department's request within the project period;
 - b. Interviews of staff, review of fiscal and program records, monitoring, risk assessment, review of inventory purchased against federal funding, interviews with administrators, and observation of program activities/facility.

Equipment Inventory Requirements:

Equipment purchased with federal funds may be recalled or requested to support local, regional and/or statewide emergency response efforts and must be cataloged for future reference and review. Cataloging of equipment should be updated and maintained throughout the project period.

Risk Assessment:

The grantee shall be required to participate in an MDH Risk Assessment in accordance with Federal OMB 2 CFR §200.205 (b) thru (d), §200.207, and §200.331 (b) thru (h). As part of this requirement, sub- recipients will be monitored based on a risk level of High, Medium or Low. Each risk level imposes certain monitoring requirements set by the MDH Office of the Inspector General in accordance with the above federal guidelines.

THE REMAINDER OF THIS PAGE IS INTENTIONALLY LEFT BLANK.

DEBARMENT AFFIRMATIONS

In accordance with the requirements of United States Office of Management and Budget's Grants and Cooperative Agreements with State and Local Governments OMB 2 CFR 200.213, Suspension and debarment:

A. <u>AUTHORIZED REPRESENTATIVE</u>

I HEREBY AFFIRM THAT:

I am the <u>Mayor</u> (Title)

and the duly authorized representative of

City of Salisbury

(City of Salisbury on behalf of Salisbury Fire Department)

and that I possess the legal authority to make this Affidavit on behalf of myself and the entity for which I am acting.

B. AFFIRMATION REGARDING DEBARMENT

I HEREBY AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above entities, or any of its officers, directors, partners, or any of its employees directly involved in obtaining or performing contracts with public bodies, has ever been suspended or debarred (including being issued a limited denial of participation) by any public entity, except as follows [list each debarment or suspension providing the dates of the suspension or debarment, the name of the public entity and the status of the proceedings, the name(s) of the person(s) involved and their current positions and responsibilities with the entity, the grounds for the debarment or suspension, and the details of each person's involvement in any activity that formed the grounds for the debarment or suspension]:

C. AFFIRMATION REGARDING DEBARMENT OF RELATED ENTITIES

I FURTHER AFFIRM THAT:

- 1. The entity was not established and it does not operate in a manner designed to evade the application of or defeat the purpose of debarment pursuant to Sections 16-101, et seq., of the State Finance and Procurement Article of the Annotated Code of Maryland; and
- 2. The entity is not a successor, assignee, subsidiary, or affiliate of a suspended or debarred entity, except as follows [indicate the reason(s) why the affirmations cannot be given without qualification]:

D. SUB-CONTRACT AFFIRMATION

I FURTHER AFFIRM THAT:

Neither I, nor to the best of my knowledge, information, and belief, the above entity, has knowingly entered into a contract with a public body under which a person debarred or suspended under Title 16 of the State Finance and Procurement Article of the Annotated Code of Maryland will provide, directly or indirectly, supplies, services, architectural services, construction related services, leases of real property, or construction.

I DO SOLEMNLY DECLARE AND AFFIRM UNDER THE PENALTIES OF PERJURY THAT THE CONTENTS OF THIS AFFIDAVIT ARE TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE, INFORMATION, AND BELIEF.

Date:	X	4/09/2024	
By:	_ <mark>X</mark> _	Authorized Representative and Affiant)	

The Remainder of This Page is Left Blank

ATTACHMENT C

DEPARTMENT OF HEALTH & HUMAN SERVICES

Public Health Services Health Resources and Service Administration Rockville, MD 20857

CERTIFICATION REGARDING ENVIRONMENT TOBACCO SMOKE

Public Law 103-227, also known as the Pro-Children Act of 1994 (Act), requires that smoking not be permitted in any portion of any indoor facility owned, or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or local governments, by Federal grant, contract, loan guarantee. The law also applies to children's services that are provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences, portions of facilities used for impatiens drug or alcohol treatment, service providers whose sole sources of applicable Federal funds are Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply will result with the monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsible entity.

By signing this certification, the offer or/contractor (for acquisitions) or applicant/grantee (for grants) certifies that the submitting organization will comply with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act.

The submitting organization agrees that it will require that the language of this certification be included in any sub-awards which contain provisions for children's services and that all sub-recipients shall certify accordingly.

Х

Signature of Authorized Certifying Official

4/2004

Certification Regarding Lobbying

The undersigned certifies to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with the awarding of any Federal contract the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement and the extension continuation, renewal amendment or modification of any Federal contract, grant loan or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress or an employee of a Member of Congress in connection with this Federal contract grant loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbing" in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all sub-awards at all tiers (including sub-contract, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered unto. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352 title U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 for each such failure.

Award No.	Organizational Entry
Name and Time of Official signing for Organizational Entry	Telephone No. of Signing Official
🗙 Randolph J. Taylor	× 410-548-3100
Signature of Above Official	Date Signed
× NLe	× 4/09/2024
1 Kint	

INSTRUCTIONS FOR COMPLETION OF SF-LLL DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether sub-awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A continuation sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a follow up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- 4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or sub-award recipient. Identify the tier of the sub-awardee, e.g. the first sub-awardee of the prime is the 1st tier. Sub-awards Include but are not limited to subcontracts, sub-grants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Sub-awardee", then enter the full name, address, city, state, and zip code of the prime Federal recipient. Include Congressional District if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational Level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- 7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
- Enter the most appropriate Federal Identifying number available for the Federal action identified in item 1 (e.g. Request for Proposal (RFP) number, Invitation for BID (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001".
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name First Name, and Middle initial (MI).
- 11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
- 12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
- 13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
- 14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal Official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
- 15. Check whether or not a SF-FFF-A Continuation Sheet(s) is attached.

16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instruction searching existing data sources, gathering and maintaining the data needed and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

The Remainder of This Page is Left Blank

		SURE OF LOBBYING					
Complete this form to disclose 1. Type of Federal Action:	 Status of Feder 		C 1352 (See reverse for public burden disclosure.) 3. Report Type				
a. Contract	a. Bid/offer/a		a. Initial filing				
b. Grant	b. Initial awa		b. Material change				
c. Cooperative agreement	c. Post-awa	rd	For Material Change Only:				
d. Loan			Year quarter Date of last report				
e. Loan guarantee f. Loan insurance							
4. Name and Address of Reporting Entit	V:	5. If Reporting Ent	ity in No. 4 is Sub-awardee, enter				
Prime Sub-awa	rdee	Name and add					
Tier	if known:						
		Congressional District, if known					
		Congressional					
Congressional District, if known							
6. Federal Department/Agency:		7. Federal Program	m Name/Description:				
8. Federal Action Number, if known;		9. Award Amount,	if known:				
10. a. Name and Address of Lobbying E	ptity:	11. Individuals Per	forming Sonvices				
(If individual, last name, first name, I		(Including add	ress if different from No. 10a)				
	,	(last name, firs					
11. Amount of Payment (check all that a	pply):	13. Type of Payme	ent (Check all that apply):				
\$ actual pla	anned	a. Retaine					
		b. One-time fee c. Commission d. Contingent fee e. Deferred f. Other, specify:					
12. Form of Payment (check all that app	(v)·						
a. Cash							
b. In-kind: specify: nature							
value 14 Brief Description of Services Perforn	and or to be Dorform	and and Data(a) of Sc	prvice including officer(a) employee(a)				
or Member(s) contacted, for Payme	nt Indicated in Item	11:	ervice, including oncer(s), employee(s),				
/-			if an analysis of the second				
(a	ttached Continuation	n Sheet(s) SF-LLL-A	ir necessary)				
15. Continuation Sheet(s) SF-LLL-A atta	iched:	yes	no				
16. Information required through this for	m is authorized by	Signatura					
title 31 U.S.C. sections 1352. This disclo			• • • • • • • • • • • • • • • • • • • •				
activities is a maternal representation of	fact upon which						
reliance was placed by the per above wh	en this	Print Name:					
transaction was made or entered into. T							
required pursuant to 31 U.S.C. 1352. Th be reported to the Congress semi-annua		Title					
available for public inspection. Any perso	on who fails to file						
the required disclosure shall be subject to	o a civil penalty of						
not less than \$10,000 and not more than	\$100,00 for each	Telephone No:	Date:				
such failure.							
Federal Use Only:		Authorized for Loca	al Reproduction Standard form-LLL				

Continuation Sheet							
Reporting Entity:	_Page	_ of					

Authorized for Local Reproduction Standard Form-LLL-A

ATTACHMENT E

ADDITIONAL INFORMATION REQUIRED FOR PREVENTION AND HEALTH PROMOTION ADMINISTRATION GRANTS

1. The grant period or term is:

_____April 15, 2024 - June 30, 2024____

- 2. There (__X___ are / ____ are not) programmatic conditions that apply to this grant, regardless of the type of funding. These conditions are contained in Appendix D.
- 3. Within 30 calendar days after the close of any grant period, the Grantee shall provide to the MDH Department of Program Cost and Accounting and the PHPA grantor an itemized statement of expenditures showing how the funds were expended for the grant period.
- 4. Interim fiscal reporting requirements for this grant are listed below. Please use invoice Forms DHMH 437 (<u>http://dhmh.maryland.gov/Pages/sf_gacct.aspx</u>) and DHMH 438 (<u>http://dhmh.maryland.gov/Pages/sf_gacct.aspx</u>). All interim fiscal reports must be sent to the grant monitor within 30 days of the listed dates. Failure to submit the interim reports as described may delay further disbursement of grant funds.

May 15, 2024	First Month Invoice due
_June 15, 2024	Second Month Invoice due
_July 15, 2024:	Third Month Invoice due
_August 14, 2024	Final fiscal report due to MDH See Form 440 http://dhmh.maryland.gov/Pages/sf_gacct.aspx

- 5. All expenditure reports must be signed by the Chief Executive Officer or the Chief Financial Officer of the grantee's organization.
- 6. Before any grant funds are distributed, the Grantee shall provide a budget detailing how the grant funds are to be expended.
- 7. PHPA may call for annual independent financial audits of past and future grants to verify the propriety of reported expenditures.
- 8. Whenever funds must be distributed prior to the beginning of the grant period, subsequent payments to the Grantee will be made only after the Grantor verifies, through detailed expenditure reports, that the initial funds have been spent.
- 9. Federal Funding Acknowledgement (if applicable)
 - a. This grant (_____ does/___X_) does not contain federal funds.
- 10. This grant (_____ does/___X___) does not contract with subproviders on a cost reimbursement basis.

PROGRAMMATIC TERMS AND CONDITIONS FOR GRANTEES

The following conditions are specific to the Maryland Professional and Volunteer Firefighter Innovative Cancer Screening Technologies Program grants.

A. Ownership of Cancer Screening Tests.

A grantee:

- a. Shall ensure that a cancer screening test purchased under a Program grant is used for the sole purpose of the grant;
- b. Shall keep an inventory of cancer screening tests purchased; and
- c. May not transfer a cancer screening test to another entity without written permission from the Department.

B. Termination.

i.

ii.

- a. The Department may terminate a grant:
 - If a grantee fails to comply with:
 - 1. The requirements of this chapter; or
 - 2. State, federal, and municipal laws applicable to the grant;
 - If a grantee fails to carry out the purposes for which the grant was awarded;
 - iii. In compliance with a court order; or
 - iv. At the request of the grantee.
- b. The Department may not be held responsible for any expenses incurred by a grantee after cancellation of a grant.
- c. The grantee shall return all unexpended funds to the Department within 30 days of termination of a grant.

C. Liability.

- a. A grantee shall be solely responsible for its actions related to the:
 - i. Program application process; and
 - ii. Activities conducted under a grant.
- b. The Department may not be held liable for any claims, losses, liabilities, expenses, or damages arising from activities related to the:
 - i. Program application process; or
 - ii. Activities conducted under a grant.

In addition, grantees are subject to terms and conditions listed in the Department's Human Services Agreement Manual (see: https://health.maryland.gov/Pages/sf_gacct.aspx).

Salisbury Fire Department

RFA- PHPA 2610 MARYLAND PROFESSIONAL AND VOLUNTEER FIREFIGHTER INNOVATIVE

CANCER SCREENING TECHNOLOGIES

Christopher L. Truitt

Assistant Chief of EMS

FEIN: 526000806

eMMA: SUP1035714

Background

The Salisbury Fire Department will be the sole recipient of this grant.

The Salisbury Fire Department (SFD) is a combination department consisting of career and volunteer personnel who respond to a variety of calls in the greater Salisbury/Wicomico/Eastern Shore area. The SFD responds to over fourteen thousand (14,000) emergency medical services (EMS), fire suppression, hazardous materials, technical rescue, vehicle rescue, dive, and other calls for service annually. The SFD currently has a workforce of one-hundred and eight (108) career personnel and thirty (30) volunteer members. The membership varies in age from eighteen (18) years of age up to seventy (70) years of age. The membership is also comprised of men and women from various ethnic backgrounds.

Technical Approach

The Salisbury Fire Department will utilize the grant money to provide blood test cancer screening in addition to the current medical/physical provided to all members. This test will be provided at no charge to the member and the department will offer this test annually in the fall of each year.

This test will be offered to personnel in the following order of preference:

Operational personnel assigned to a shift, part time employees, and active volunteers; fire investigators in fire marshal's office; administrative personnel who regularly participate in operational activities; retirees and life members of the volunteers. This tiered approach should ensure that personnel with the highest risk of exposure are tested regularly to develop a baseline status and then a regular measurement to compare changes in results on a regular

basis.

The SFD will utilize the <u>OneTest</u> that utilizes biomarkers and machine learning algorithms to detect multiple cancers prior to the onset of symptoms to enable earlier, and therefore more effective, treatment can be carried out. This blood test tracks a variety of biomarkers and has a documented sensitivity for each in the table below:

Type of Malignancy	PSA	AFP	CEA	CA19-9	CYFRA 21-1	CA 125	SCC	CA15-3	Pane
Prostate Cancer	100	0	0	4.8	5.9	823	5.6	123	100
Hepatocellular carcinoma	13.3	63.3	5.6	31.6	10	0	0	0	92.3
Pancreatic cancer	0	0	55.6	62.5	33.3	66.7	0	0	88.9
Colorectal cancer	7.1	5.9	53.8	25	38.9	22.2	5.9	12.5	76.9
Lung cancer	9.1	5.7	72.2	12.9	40.9	20.0	8.7	20.0	75.0
Bladder cancer	25	0	33.3	69.2	57.1	50.0	60.0	0	64.3
Cervical cancer	5.735	7.1	20.8	5	11.1	30.4	20.8	0	44.4
Gastric cancer	0	6.3	25	6.7	41.7	0	9.1	0	38.9
Breast cancer	-	5.4	8.1	9.7	11.1	20.5	3.1	5.4	37.5
Ovarian cancer		0	0	50	0	0	0	0	33.3
Oral cancer ^a	0	0	0	0	0	0	0	0	0

Table 1*. Sensitivities of the individual tumor markers for each malignancy.

Data are given as percentages unless otherwise indicated.

Abbreviations: PSA, prostate specific antigen; AFP, alpha-fetoprotein; CEA, carcinoembryonic antigen; CA, cancer antigen; CYFRA, cytokeratin fragment; SCC, squamous cell-specific antigen

^a Oral cancer included malignancies arising in the tongue, oral cavity and oropharynx

The cost of the test, per individual, is listed in the accompanying budget narrative.

The test does work in conjunction with 20/20 GeneSystems, Inc located in Rockville, Md

Academic supporting papers:

Machine Learning Algorithms Significantly Improve the Accuracy of Multi Tumor Biomarker Panel for the Early Detection of Multiple Cancers; *Victoria Doseeva, PhD , Hsin-Yao Wang, MD, Chun-Hsien Chen, Richard Scherer, David Schodin, PhD, and Jiming Zhou, PhD 20/20 GeneSystems, Inc., Rockville, MD, and Chang Gung Memorial Hospital at Linkou, Taoyuan City, Taiwan*

Improving Multi-Tumor Biomarker Health Check-up Tests with Machine Learning Algorithms; Hsin-Yao Wang, Chun-Hsien Chen, Steve Shi, Chia-Ru Chung, Ying-Hao Wen, Min-Hsien Wu, Michael S. Lebowitz, Jiming Zhou, and Jang-Jih Lu Katherine Dennis, NP NPI#1053918847 is the signing clinician for the testing and her practice carries out the SFD member physicals annually. She has agreed to assist members in deciphering their test results. Additionally, Dr. Tammy Walbert, Dr. Aaron Sebach, and NP Jessica Stoner are all available for initial consultation through our mobile integrated healthcare team within the SFD.

Members can also utilize the online portal at OneTest or call Mr. Ben Herron at OneTest

For further testing and follow ups, personnel can utilize their Blue Cross/ Blue Shield insurance and possibly apply for a workers compensation claim through Chesapeake.

The Salisbury Fire Department has read and will meet all requirements set forth in the AMA statement.

Our goal is to test, at a minimum, 75% of active personnel annually utilizing the OneTest blood test for cancer screening in the fall of 2024. This test will be voluntary and information on the test will be sent to each member as well as included in the Departmental Cancer Reduction Plan. Members will have their blood drawn on site at Fire Headquarters by staff and shipped to the lab via Fed Ex on a daily basis. There will be at least six (6) dates set forth for testing, including one night and one weekend to ensure volunteers are able to attend. The percentage of personnel tested shall be evaluated in December by the Cancer Advisory Committee, specifically the chair Christopher Truitt. Personnel will be given information on follow up procedures as well as peer support contacts when they are given the test.

A signed W-9 is also uploaded with this letter.

STATE OF MARYLAND DEPARTMENT OF HEALTH AND MENTAL HYGIENE HUMAN SERVICES CONTRACT PROPOSAL

A. Vendor Information:	City of Salisbur	у						
Organization:	Salisbury Fire D	Department						
Address:	125 N Division	St						
City:	Salisbury		State:	Maryland	Zip Code:	21801		
Contact Person:	William R. Fram	npton		Telephone:	410-548-3120			
Mailing Address (if other th	nan shown above)	:						
Federal Employer I.D.: 52-6000806								
Fiscal Year or Period for wl	hich Funds are Ro	equested:	April 15, 202	24 -June 30, 20)24			
Type of Service To Be Fund	ed:	Cancer Testing for F	ire Departmen	t Personnel				
Performance Measures Det	ail Attached		X Yes		No			
Area/Jurisdiction To Be Ser		Salisbury Fire/Wicor	nico					
Does the Organization Do H	Fundraising:		Yes		XNo			
Are any of the State suppor	ted costs being us	sed to generate fundrai	sing dollars No	,				
Type of Proposal:	X New	One-Time Only	Renewal		Supplement			
 B. Affirmations and Signature of Certifying Official: (Mark Appropriate Box(es)) 5 If the local health officer has not signed below, a copy of this application was sent to that official simultaneously with this submission C 5 A program narrative is attached for each service. 								

On behalf of the governing board or other executive authority of the above named organization, I affirm that the information and estimates conveyed in this application are true and accurate to the best of my knowledge.

	N1.00					
Signature:			Date:	4/09/2024		
Name Printed or Typed:	Randolph Taylor		Title:	Mayor		
C. Third Party Review:						
Reviewing Official	Signature	Date	Reviewed	Approved	Disapproved	Attached
Local Health Officer						
Advisory Council		_				
Local Govt. Auth.						
Regional Director						
Other (Specify)						

D. For DHMH Use Only

DHMH 432A (Rev. Feb. 1997)

PROGRAM BUDGET

PROGRAM ADMINISTRATION:	Cancer and C	Chronic Disease Bur	eau-Prevention a	and Health Pro	motion Adminis	tration					
GRANT NUMBER:					SUBMITTED:						
CONTRACT PERIOD:	April 15, 202	April 15, 2024 - June 30, 2024 SFY 24									
ORGANIZATION:	City of Salis	bury on behalf of Sa	lisbury Fire Dep	artment	PHONE #:	410-548-3120					
STREET ADDRESS:	125 N Divisi	125 N Division St.									
CITY, STATE, COUNTY:	Salisbury, M	alisbury, MD ZIP:									
PROGRAM TITLE:	Professional	rofessional and Volunteer Firefighter Innovative Cancer Screening Technologies									
CHARGEABLE SERVICES (Y/N)			DHMH PROV	VIDES 50% C	R MORE OF	FUNDING (Y/N	Y				
FOR DHMH USE ONLY											
	DHMH	OTHER DIRECT FUNDING									
LINE ITEMS MAY	FUNDING	SUPPLEMENTAL FUNDING	FED./STATE LOCAL &	ALL OTHER	TOTAL OTHER	PROGRAM					
NOT BE CHANGED	REQUEST	REDUCTION	GOV'T	AGENCY	FUNDING	BUDGET					
SALARIES/SPECIAL PAYMENTS											
FRINGE											
CONSULTANTS											
EQUIPMENT											
PURCHASE OF SERVICE											
RENOVATION											
CONSTRUCTION											
REAL PROPERTY PURCHASE											
UTILITIES											
RENT											
FOOD											
MEDICINES & DRUGS											
MEDICAL SUPPLIES	21,940					21,940					
OFFICE SUPPLIES											
TRANSPORTATION/TRAVEL											
HOUSEKEEPING/											
MAINTENANCE/REPAIRS											
POSTAGE	69					69					
PRINTING/DUPLICATION											
STAFF DEVELOPMENT/											
TRAINING											
CLIENT ACTIVITIES											
ADVERTISING											

INSURANCE				
LEGAL/ACCOUNTING/AUDIT				
PROFESSIONAL DUES				
OTHER				
(ATTACH ITEMIZATION)				
TOTAL DIRECT COSTS				
INDIRECT COST				
TOTAL COSTS				
LESS: CLIENT FEES				
DHMH FUNDING	22,009			22,009

DHMH 432B (Rev. Feb. 1997)

PROGRAM BUDGET ESTIMATED PERFORMANCE MEASURES

PROGRAM ADMINIS	TRATION:	Cancer and Chronic Disease Bureau-Prevention	AWARD NUMBER:			
FISCAL YEAR:	SFY24	CONTRACT PERIOD: 4/5/2024 - 6/30/2024	SUBMITTED:			
ORGANIZATION	City of Salisb	ary for Salisbury Fire Department	PHONE NUMBER:	410-548-3120		
ADDRESS:	125 N Division	n St, Salisbury, MD	ZIP:	21801		
PROGRAM TITLE:	Professional a	Professional and Volunteer Firefighter Innovative Screening Technologies				

PERFORMANCE MEASURE	BUDGET YEAR FY 24 ESTIMATE
# of firefighters recruited for screening	150
# of firefighters screened through the grant	150
Total cost of screening for the project	\$22,009
# of firefighters with positive screening tests referred for follow up testing and diagnosis	3
Types of cancers detected among firefighters through the screening	Lung, Pacreas, Colon, Prostate, Ovarian, Kidney, and other (20+ types checked of canceres by 6 Biomarkers in the test)

DHMH 432C (Feb. 1997)

ORGANIZATION: AWARD NUMBER: FOR DHMH USE ONLY: City of Salisbury for Salisbury Fire Department

FISCAL YEAR

SCHEDULE OF SALARY COSTS MERIT SYSTEM _____

JOB TITLE OR	NAME OF PERSON	GRADE AND	HOURS PER	TYPE OF SERVICE	SALARY DHMH	SALARY TOTAL
CLASSIFICATION	FILLING POSITION	STEP	WEEK		FUNDING	PROGRAM BUDGET
TOTAL/MUST EQUAL 432B						

DHMH 432D (Rev. Feb. 1997)

SCHEDULE OF CONSULTANT COSTS

	PROFESSIONAL	HIGHEST DEGREE	HOURLY	TOTAL	TOTAL DHMH	TOTAL PROGRAM
NAME OF CONSULTANT	AREA	HELD	RATE	HOURS	COSTS	BUDGET
TOTAL (MUST EQUAL 432B)						

DHMH 432E (Rev. Feb. 1997)

SCHEDULE OF EQUIPMENT COSTS

			DHMH FUNDING	TOTAL PROGRAM BUDGET
LIST OF MISCELLANEOUS EQUIPM	ENT COSTING UNDER	\$500 EACH		
LIST BELOW EACH EQUIPMENT IT	EM COSTING OVER \$50	00		
DESCRIPTION	CLIENT or OFFICE	NEW or REPLACEMENT		
TOTAL (MUST EQUAL 432B)				

DHMH432F (Rev. Feb. 1997)

PURCHASE OF SERVICE

		PERFORMANCE MEASURES NUMBER UNITS PURCHASED		DOLLARS		
SERVICE	VENDOR	(e.g., HRS, VISITS, ETC.)	DHMH	TOTAL		
TOTAL	xxxxxxxxxxxxx	XXXXXXXXXXXXXXXXXX				

**Total must equal 432B

DHMH432G (Feb. 1997)

ANTICIPATED SOURCES OF FUNDING

SOURCES	AMOUNT
DHMH AWARD	22009
DHMH SUPPLEMENT	
LOCAL GOV'T	
OTHER AWARD - FED, STATE OR PRIVATE AGENCY (SPECIFY)	
FEES	
DHMH CLIENT FEE COLLECTIONS	
OTHER CLIENT FEE COLLECTIONS	
MEDICAID PAYMENTS	
MEDICARE PAYMENTS	
INSURANCE/PRIVATE	
SSI	
OTHER - IDENTIFY	
FUNDRAISING/DONATIONS	
UNITED CHARITIES	
INTEREST	
Total Funding (Must Equal Total Costs in Total Program Budget on	
Budget Face Sheet	

IN-KIND CONTRIBUTIONS (IDENTIFY)	VALUE

TOTAL CASH PLUS IN-KIND	22009

DHMH432H (Rev. Feb.1997)