

AN ORDINANCE 2007-03-29-0340

AUTHORIZING THE ACCEPTANCE OF A GRANT AWARD UP TO \$1,833,098.00 IN GRANT FUNDS AND \$66,902.00 IN IN-KIND PERSONNEL SUPPORT FROM THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR THE ONGOING IMMUNIZATION PROJECT OF THE SAN ANTONIO METROPOLITAN HEALTH DISTRICT FOR THE PERIOD JANUARY 1, 2007 THROUGH DECEMBER 31, 2007.

* * * * *

WHEREAS, in collaboration with the Centers for Disease Control and Prevention (CDC) the San Antonio Metropolitan Health District (SAMHD) administers an ongoing Immunization Project that works to reduce disease morbidity by maximizing the number of children immunized against vaccine-preventable diseases such as measles, rubella, mumps, diphtheria, pertussis, tetanus, polio, haemophilus influenza b, varicella, pneumonia, hepatitis A & B, rotavirus, human papilloma virus (HPV), influenza, and meningitis; and

WHEREAS, this project has two components, the Vaccines for Children Program (VFC) and the 317 Childhood Immunization Program (Section 317); and

WHEREAS, the VFC Program provides vaccines recommended by the CDC and the Advisory Committee on Immunization Practices (ACIP) to 214 VFC-enrolled providers in San Antonio; and

WHEREAS, the VFC program targets children who are eligible for Medicaid and those who are either uninsured or underinsured (i.e. insurance does not cover immunizations) and provides support for project personnel and infrastructure; and

WHEREAS, the 317 Program provides project staff support and supplemental vaccines targeted to children seen in VFC provider and SAMHD clinic settings who are not eligible for the VFC vaccine (e.g. undocumented children) ; and

WHEREAS, during 2006, the SAMHD clinics administered 323,459 immunizations and VFC providers gave 314,912 immunizations under these programs; **NOW THEREFORE:**

BE IT ORDAINED BY THE CITY COUNCIL OF THE CITY OF SAN ANTONIO:

SECTION 1. The City Manager or her designee, or the Director of the San Antonio Metropolitan Health District or his designee, is authorized to accept a grant award up to \$1,833,098.00 in grant funds and \$66,902.00 in in-kind personnel support from the Department of Health and Human Services for the ongoing Immunization Project of the San Antonio Metropolitan Health District for the period January 1, 2007 through December 31, 2007. A copy of the notice of grant award is attached hereto and incorporated herein for all purposes as Attachment I.

SECTION 2. The City Manager or her designee, or the Director of the San Antonio Metropolitan Health District or his designee, is further authorized to execute any and all documents to effectuate the acceptance of the grant referenced in Section 1 of this ordinance.

SECTION 3. Fund 26022000 entitled Dept of Health & Human Services and Internal Order 136000000346 and 136000000347, are hereby designated for use in the accounting for the fiscal transaction in the acceptance of this grant

SECTION 4. The budget which is attached hereto and incorporated herein for all purposes as Attachment II is approved and adopted for entry in the City books

SECTION 5. The personnel complement which is attached hereto and incorporated herein for all purposes at Attachment II is approved.

SECTION 6. The financial allocations in this Ordinance are subject to approval by the Director of Finance, City of San Antonio. The Director of Finance may, subject to concurrence by the City Manager or the City Manager's designee, correct allocations to specific SAP Fund Numbers, SAP Project Definitions, SAP WBS Elements, SAP Internal Orders, SAP Fund Centers, SAP Cost Centers, SAP Functional Areas, SAP Funds Reservation Document Numbers, and SAP GL Accounts as necessary to carry out the purpose of this Ordinance.

SECTION 7. This ordinance shall be effective on and after April 8, 2007.

PASSED AND APPROVED this 29th day of March, 2007.


M A Y O R

ATTEST: 
City Clerk

PHIL HARDBERGER

APPROVED AS TO FORM: 
City Attorney

Agenda Voting Results

Name: Consent Agenda, except for 8, 14, 18, 41, 53, 57, 58C

Date: 03/29/07

Time: 02:10:52 PM

Vote Type: Multiple selection

Description:

Voter	Group	Status	Yes	No	Abstain
ROGER O. FLORES	DISTRICT 1		x		
SHEILA D. MCNEIL	DISTRICT 2		x		
ROLAND GUTIERREZ	DISTRICT 3		x		
RICHARD PEREZ	DISTRICT 4		x		
PATTI RADLE	DISTRICT 5		x		
DELICIA HERRERA	DISTRICT 6		x		
ELENA K. GUAJARDO	DISTRICT 7		x		
ART A. HALL	DISTRICT 8		x		
KEVIN A. WOLFF	DISTRICT 9		x		
CHIP HAASS	DISTRICT_10		x		
MAYOR PHIL HARDBERGER	MAYOR		x		



CMS or Ordinance Number: OR00000200703290340

TSLGRS File Code: 1000-05

Document Title:

ORD - DHHS 2007 H23/CCH622512-05; Immunization Project: VFC & 317;
1/1/2007 - 12/31/2007

Ordinance Date:
3/29/2007



CMS or Ordinance Number: CN0040001832

TSLGRS File Code:1025-08-A

Document Title:

CONT - DHHS 2007 H23/CCH622512-05; Immunization Project: VFC & 317;
1/1/2007 - 12/31/2007

Commencement Date:

1/1/2007

Expiration Date:

12/31/2007



Fernando A. Guerra, MD
San Antonio Metropolitan Health District
332 W Commerce, Suite 308
San Antonio, TX 78205-2489

FEB 02 2007

Reference: H23/CCH622512-05 Immunization and Vaccines for Children Grants

Dear Dr. Guerra:

Enclosed is your non-competing continuation award of the referenced grant providing the initial round of recommended funding for the Immunization and Vaccines for Children Grants under Program Announcement 03006. See Terms and Conditions beginning on page 2 and refer to the attached spreadsheet for funding details. Acceptance of this award including the Terms and Conditions is acknowledged by the grantee when funds are drawn down or otherwise obtained from the grant payment system.

The Grants Management Specialist, listed on the contact list has been assigned the business management responsibilities for your award. The Project Officer, also listed, will be responsible for the review and programmatic monitoring of your project.

An annual Financial Status Report (FSR) must be submitted within 90 days after the end of the budget period. This report should be submitted by your business office and should include only those funds authorized and expended during the budget period for which the report is being submitted. Any FSR submitted on a cumulative basis will be returned.

An original and two copies of all reports and correspondence should be addressed to the Grants Management Officer, Attention: Peaches O. Brown. All correspondence should include the grant number that appears on the award document.

If you have any questions, you may contact Peaches O. Brown, Grants Management Specialist, at (770)488-2738; fax (770) 488-2670, or email prb0@cdc.gov.

Sincerely,

Sharron P. Orum
Team Leader/Grants Management Officer
Acquisition and Assistance Branch II
Procurement and Grants Office

Enclosures

cc: Grantee Business Office
Deberal Denson, NIP, E-05

02/01/2007

93.268

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF GRANT AWARD

AUTHORIZATION (LEGISLATION/REGULATION)

PHS 317, 42 USC, SEC. 247B

4. SUPERSEDES AWARD NOTICE DATED	
EXCEPT THAT ANY ADDITIONS OR RESTRICTIONS PREVIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.	
6. GRANT NO. H23/CCH622512-05	5. ADMINISTRATIVE CODES CCH23
7. PROJECT PERIOD FROM 01/01/2003	THROUGH 12/31/2007
8. BUDGET PERIOD FROM 01/01/2004	THROUGH 12/31/2007

1. TITLE OF PROJECT (OR PROGRAM)
IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS

2. GRANTEE NAME AND ADDRESS
CITY OF SAN ANTONIO
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
332 W COMMERCE, SUITE 202
SAN ANTONIO, TX 78205

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
FERNANDO GUERRA, MD, HEALTH DIRECTOR
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
332 W COMMERCE, SUITE 307
SAN ANTONIO, TX 78205

11. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)
PHS GRANT FUNDS ONLY
TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION
(PLACE NUMERAL ON LINE) I

.. SALARIES AND WAGES.....	483,310
.. FRINGE BENEFITS.....	244,227
.. TOTAL PERSONNEL COSTS	727,537
.. CONSULTANT COSTS.....	0
.. EQUIPMENT.....	0
.. SUPPLIES.....	19,149
.. TRAVEL.....	9,462
.. PATIENT CARE-INPATIENT.....	0
.. PATIENT CARE-OUTPATIENT.....	0
.. ALTERATIONS AND RENOVATIONS.....	0
.. OTHER.....	131,777
.. CONSORTIUM/CONTRACTUAL COSTS.....	0
.. TRAINEE RELATED EXPENSES.....	0
.. TRAINEE STIPENDS.....	0
.. TRAINEE TUITION AND FEES.....	0
.. TRAINEE TRAVEL.....	0
.. TOTAL DIRECT COSTS.....	887,925
.. INDIRECT COSTS (8.12 % OF S&W/TADC)	59,075
.. TOTAL APPROVED BUDGET.....	947,000
.. SBIR FEE.....	0
.. FEDERAL SHARE.....	947,000
.. NON-FEDERAL SHARE.....	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE	
A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....	947,000
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..	0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...	0
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION	947,000

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)			
BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 0	0	D. 0	0
B. 0	0	E. 0	0
C. 0	0	F. 0	0

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)	
A. AMOUNT OF PHS DIRECT ASSISTANCE.....	66,902
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD	0
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	66,902

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25, SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES; (SELECT ONE AND PUT LETTER IN BOX.)	
A. DEDUCTION	
B. ADDITIONAL COSTS	
C. MATCHING	B
D. OTHER RESEARCH (ADD/DEDUCT OPTION)	
E. OTHER (SEE REMARKS)	

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS 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 CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANT'S POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. 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.

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED - YES NO)

SPONSOR:
*IDC RATE BASE: SEE ATTACHED

PHS GRANTS MANAGEMENT OFFICER (SIGNATURE) *Sharron P. Orum* (NAME-TYPED/PRINT) SHARRON P. ORUM (TITLE) GRANTS MANAGEMENT OFFICER

7. OBJ. CLASS. 41.51	18. CRS.EIN: 1-746002070-A2	19. LIST NO.: C0-015-U07		
0.A.07-191B9 07-9217539	b. CCH622512	c. CCH23	d. 314,000	e. 0
1.A.07-191B9 07-9217339	b. CCH622512	c. CCH23	d. 0	e. 24,663
2.A.07-191B9 07-9217439	b. CCH622512	c. CCH23	d. 0	e. 2,000

PHS-5152-1 (CONTINUED)

DATE ISSUED.....: 02/01/2007
GRANT NO.....: H23/CCH622512-05
APPROVAL LIST NO: C0-015-U07

FY CAN	DOCUMENT NO.	ADM.CODE	FIN.ASST	DIR.ASST
-----	-----	-----	-----	-----
07-62119 07-921Z7DH	CCH622512	CCH23	58,135	0
07-62119 07-921Z7JR	CCH622512	CCH23	255,640	0
07-62119 07-921Z7CH	CCH622512	CCH23	63,225	0
07-63119 07-921Z7PE	CCH622512	CCH23	256,000	0
07-62119 07-921Z7EW	CCH622512	CCH23	0	40,239

DIRECT ASSISTANCE BUDGET:
=====

PERSONAL SERVICE: 64,902
TRAVEL.....: 2,000
VACCINE.....: 0
OTHER SERVICE...: 0

NOTICE OF GRANT AWARD

(Continuation Sheet)

Page 2 of 5

DATE ISSUED

~~FEB 02 2007~~

GRANT NO.

H23/CCH622512-05

TERMS AND CONDITIONS OF THIS AWARD

Program Announcement Number 03006, entitled "Immunization and Vaccines for Children Grants", the continuation application dated August 10, 2006, the attached spreadsheets, and all applicable statutes and regulations are made part of this award by reference. This award reflects the first round of funding for Calendar Year 2007. The attached spreadsheet provides a detail breakdown of funding by budget category.

1. INDIRECT COSTS

Indirect cost rate 8.12 percent of personnel cost applies to this grant per the Metro Health District's Departmental Indirect Cost Rate.

2. Grant recipient key staff must participate in national and regional conferences and meetings including trainings, to effectively administer CDC funded activities. Conferences should include but not be limited to the annual CDC National Immunization Conference, the annual Immunization Program Manager's meeting, and any required training to maintain proficiency.

3. PRIOR APPROVAL

All requests that require the prior approval of the Grants Management Officer must bear the signature of an authorized official of the grantee business office as well as that of the principal investigator or program director and must be received no later than 120 days prior to the end of the current budget period. Any request received without two signatures will be returned.

Prior approval is required, but not limited to the following request: (1) use unobligated funds from a prior budget period; (2) lift a restriction; (3) re-budget funds among the object class categories; (4) change in contractor/consultant; (5) supplemental funds; or (6) change in key personnel.

4. REPORTING REQUIREMENTS

- a) Semiannual Progress Reports are due July 31, 2007 and January 31, 2008.
- b) Financial Status Report (SF-269), with an attachment that delineates separate VFC and 317 expenditures and obligations, is due no more than 90 days after the end of the budget period, March 31, 2007.

An original and two (2) copies of each report must be identified with the award number shown at the top right of this document and must be submitted to the CDC Grants Office at the following address:

Centers for Disease Control and Prevention
Attn: Sharron P. Orum, Grants Management Officer
Procurement and Grants Office
2920 Brandywine Road, NE, Suite 3000, MS K14
Atlanta, Georgia 30341

- c) Ad hoc reports, i.e. VPD case reports and ongoing purchase and inventory reports for all vaccines purchased with public funds, via forms, templates, and computer-based systems developed by CDC should be submitted as information is collected or as requested by CDC.

NOTICE OF GRANT AWARD

(Continuation Sheet)

FEB 02 2007

Page 3 of 5

DATE ISSUED

GRANT NO.

H23/CCH622512-05

d) The final Financial Status Report and final progress report, which covers the entire project period, is required no later than 90 days after the end of the project period, March 31, 2007.

5. AUDIT REQUIREMENT

You must comply with the audit requirements of OMB Circular A-133, Audits of State, Local Governments and Non-Profit Organizations, revised June 24, 1997, which rescinded OMB Circular A-128 "Audits of State and Local Governments".

It is very helpful to CDC managers if you choose to send a courtesy copy of the audit and management letter on a voluntary basis to the following address.

Centers for Disease Control and Prevention (CDC)
ATTN.: Audit Resolution, Mail Stop E-15
2920 Brandywine Road, Room 3000, MS E-15
Atlanta, Georgia 30341-5539

You are required to ensure that subrecipients receiving CDC funds also meet the requirements of A-133 (total Federal grant or cooperative agreement funds received exceed \$300,000). Additionally, you must also ensure that appropriate corrective action is taken within six months after receipt of the subrecipient audit report in instances of non-compliance with Federal laws and regulations. You are to consider whether subrecipient audits necessitate adjustment of your own records. If a subrecipient is not required to have an OMB A-133 audit, to perform adequate monitoring of subrecipient activities. You should require each subrecipient to permit independent auditors to have access to the subrecipient's records and financial statements. **THESE REQUIREMENTS SHOULD BE INCLUDED IN SUBRECIPIENT CONTRACTS.**

For technical assistance with audits, you or your auditor may call the DHHS Office of Audit Services at (800) 732-0679 ext.108, or (816) 374-6714 ext 108.

6. CORRESPONDENCE

All correspondence and formal reports regarding this award must be identified with the grant number that appears on the award document. An original and two copies must be addressed to the Grants Management Officer, Attn: Grants Management Specialist.

7. PUBLICATIONS

Publications, journal articles, etc. produced under a CDC grant support project must bear an acknowledgment and disclaimer, as appropriate, such as: This publication (journal article, etc.) was supported by Grant Number H23/CCH622512 from The Centers for Disease Control and Prevention (CDC). Its contents are solely the responsibility of the authors and do not necessarily represent the official views of CDC.

8. INVENTIONS

Acceptance of grant funds obligates recipients to comply with the "standard patent rights" clauses in 37 CFR 401.141.

NOTICE OF GRANT AWARD

(Continuation Sheet)

Page 4 of 5

DATE ISSUED

GRANT NO.

H23/CCH622512-05**9. PURCHASING AMERICAN-MADE EQUIPMENT AND PRODUCTS**

To the greatest extent practicable, all equipment and products purchased with CDC funds should be American-made.

10. ACKNOWLEDGING FEDERAL SUPPORT

When issuing statements, press releases, requests for proposals, bid solicitations and other documents describing projects or programs funded in whole or in part with Federal money, all awardees receiving Federal funds, including and not limited to State and local governments and recipients of Federal research grants, shall clearly state (1) the percentage of the total costs of the program or project which will be financed with Federal money, (2) the dollar amount of Federal funds for the project or program, and (3) percentage and dollar amount of the total costs of the project or program that will be financed by non-governmental sources.

11. FRAUD, WASTE, OR ABUSE HOTLINE NOTICE

The United States Department of Health and Human Services (HHS) Office of the Inspector General (OIG) maintains a toll-free telephone number (1-800-HHS-TIPS [1-800-447-8477] for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Information also may be submitted by e-mail to Htips@os.dhhs.gov or by mail to Office of the Inspector General, Department of Health and Human Services, Attn: HOTLINE, 330 Independence Ave., SW, Washington, DC 20201. Such reports are kept confidential and submitters may decline to give their names if they choose to remain anonymous.

12. PAYMENT INFORMATION

Payment under this award will be made available through the Department of Health and Human Services (HHS) Payment Management System (PMS). PMS is administered by the Division of Payment Management, Program Support Center, HHS. PMS will forward instructions for obtaining payments. Inquiries regarding payment should be directed to:

Payment Management System
Division of Payment Management
FMS/PSC/HHS
P.O. Box 6021
Rockville, MD 20852
Telephone Numbers:
Governments: 301-443-9193
All Others: 301-443-9183

To expedite your first payment from this award, attach a copy of the Notice of Grant to your payment request form.

NOTICE OF GRANT AWARD

(Continuation Sheet)

Page 5 of 5

DATE ISSUED

FEB 02 2007

GRANT NO.

H23/CCH622512-05**CONTACT LIST****GRANTS MANAGEMENT SPECIALIST**

Peaches Brown
Procurement and Grants Office
Centers for Disease Control and Prevention (CDC)
2920 Brandywine Road, Room 3000, MS-E15
Atlanta, GA 30341-4146
Email address: prb@cdc.gov
Telephone: 770-488-2738
Fax: 770-488-2670

GRANTS MANAGEMENT OFFICER

Sharron P. Orum
Procurement and Grants Office
Centers for Disease Control and Prevention (CDC)
2920 Brandywine Road, Room 3000, Ms-E15
Atlanta, GA 30341-4146
Telephone: 770-488-2716

PROGRAM OFFICER/CONSULTANT

Steve Weems
Program Operations Branch, ISD
Immunization Services Division
Centers for Disease Control and Prevention (CDC)
1600 Clifton Road
Atlanta, GA 30333
Telephone: 404-639-8857
Email Address: scw@cdc.gov

Grant Year 2007 Round One

San Antonio - 622512		Total Award	VFC Ops	VFC Ordering	VFC Distribution	VFC AFIX	VFC Total	317 Funds	Comments
PROGRAM OPERATIONS	DIRECT ASSISTANCE (DA)								
	DA Salary(s)	\$64,902	\$40,239	\$0	\$0	\$0	\$40,239	\$24,663	
	DA Travel	\$2,000	\$0	\$0	\$0	\$0	\$0	\$2,000	
	DA Other (GSA Contracts)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	DA TOTAL	\$66,902	\$40,239	\$0	\$0	\$0	\$40,239	\$26,663	
	FINANCIAL ASSISTANCE (FA)								
	Personnel	\$483,310	\$136,759	\$37,926	\$32,221	\$97,032	\$303,938	\$179,372	
	Fringe	\$244,227	\$71,339	\$19,784	\$16,807	\$50,615	\$158,545	\$85,682	
	Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Supplies	\$18,149	\$8,131	\$0	\$2,054	\$2,605	\$12,790	\$6,399	
	Travel	\$9,462	\$1,250	\$0	\$0	\$4,631	\$5,881	\$3,581	
	Other	\$131,777	\$21,284	\$829	\$3,072	\$89,128	\$114,293	\$17,484	
	Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Indirect Costs	\$59,075	\$16,897	\$4,686	\$3,981	\$11,989	\$37,553	\$21,522	
	FA Vaccine	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	FA TOTAL	\$947,000	\$255,640	\$63,225	\$58,135	\$256,000	\$633,000	\$314,000	
	PROGRAM OPERATIONS TOTAL	\$947,000	\$255,640	\$63,225	\$58,135	\$256,000	\$633,000	\$314,000	
GRAND TOTAL	\$1,013,902	\$295,879	\$63,225	\$58,135	\$256,000	\$673,239	\$340,663		

Draft: July 19, 2006

National Immunization Program 2007 Grant Year
Technical Review

Applicant: SAN ANTONIO
Reviewer: Steve Weems

Grantee # 622512
Date of Review: 9-25-06

As you review this application please use these criteria to guide your review:

- Potential effectiveness of proposed activities in directly impacting immunization coverage and disease reduction, especially in under-immunized geographical areas and sub-populations.
- Comprehensiveness of the application in addressing populations of all ages including under-immunized infants, children, adolescents and adults.
- Degree to which the proposed objectives are specific, measurable, achievable, realistic and time limited (SMART).
- Relevance of the proposed objectives in addressing and potentially impacting program need.
- Completeness of the application in proposing effort for all Activity Areas and providing a budget justification explaining how amounts are derived, the purpose(s) for which each line item is requested, and an apportionment of the budget across the eleven Program Components.
- Fiscal feasibility of proposed activities and the degree to which the application reflects the capacity and sense of urgency to expend funds appropriately and within the 12-month budget period.

NIP project officers will assess applications on the criteria listed above. In addition, project officers will consider the following

- The 2007 grant application is in keeping with the 2003 program announcement requirements reflected within the 2003 grant application regarding Program Need, Long Term Objectives, Annual Plan (includes bulleted on-going activities as well as VFC tables, statutory requirements, and accountability activities), Organization Resources and Capacity, and Management Plan.

Yes No Partially

Comments:

The 2007 program priorities are identified below.

Grantees should address each of the eleven program components when developing goals, objectives, activities, and evaluation measures for their programs. The programmatic activities under each program component are a combination of areas identified in both the original Program Announcement and in previous grant guidance documents as areas of emphasis. Each grantee's objectives must support the intent of the original Program Announcement and should be clearly defined (SMART)

Eight activities are identified in this Program Guidance document that are critical. These activities are based on core program elements, Vaccines for Children program requirements, CDC IT requirements, and other statutory requirements. These eight activities are:

1. Vaccine management activities (Vaccine Management)
2. Registries (Immunization Information Systems)
3. Provider quality assurance activities (Provider Quality Assurance)
4. Assurance of service delivery (Service Delivery)
5. Distribution of Vaccine Information Statements (Consumer Information)
6. Surveillance (Surveillance)
7. School assessments (Assessment)
8. Enrolling new adolescent providers in the VFC program (Service Delivery and Adolescent Immunization)

1. Program Management

a. Conduct a critical review of program activities to ensure that efforts are directed to those activities that have the greatest impact or that reduce disparities.

- a) Continue to collaborate with BioTerrorism projects on pandemic influenza preparedness planning with particular emphasis on establishing and practicing vaccination plans. Key activities include clearly delineating state and local roles and responsibilities; providing assistance to local/regional entities responsible for planning; developing a distribution and monitoring plan within the state assuming vaccine will be shipped from national stocks to a limited number of locations in the state (based on population and geography and national distribution capabilities, usually 20 or more); determining how each target group listed in the HHS plan will be vaccinated (delegation to another entity, by public health, other); engaging external partners where necessary for conducting activities; identifying ways to reach populations less likely or able to seek out vaccination; and coordination of vaccination activities and/or information with bordering/neighborhood entities.

2. Vaccine Management

- a. Working with CDC, begin preparations for transitioning to the federal centralized vaccine distribution contract. Transition to federal vaccine distributor according to the schedule established by CDC.
- b. Estimate 317 and VFC vaccine needs, based on ACIP recommendations, populations to be served, anticipated vaccine uptake and wastage rates, state/local vaccine supply policies and existing vaccine inventories.
- c. Follow a CDC-approved purchasing plan for VFC vaccines to ensure that total annual VFC vaccine purchases do not exceed the amount needed for VFC-eligible children and are consistent with the number of VFC-eligible children reported to and certified by CDC.
- d. Provide vaccines to VFC-enrolled providers in sufficient quantities to immunize VFC-eligible children in accordance with ACIP resolutions.
- e. Update (annually) and maintain VFC program records on all participating providers.
- f. Establish and implement a system to document wasted and unaccounted for vaccine doses purchased with 317 and VFC funds.
- g. Submit timely claims for rebate of excise tax for vaccines that cannot be administered because of shelf-life expiration or improper storage and handling.
- h. Maintain a system for detecting, responding to, and reporting suspected cases of fraud and abuse involving Federally-purchased vaccine.

3. Registries

- a. To achieve the Healthy People 2010 registry objective, all grantees must develop an NCIRD- approved two-year business plan for their immunization information systems. If an interim proposal was approved previously, an approved business plan must be submitted for CY 2007.

The plan should include the following: a vision statement; interim goals; objectives; a needs assessment; a management and staffing plan; an implementation plan; timelines with action steps and key milestones as well as assigned responsibilities; a project monitoring and evaluation plan; and a two-year budget.

The plan must also specifically address:

- 1) Achievement and maintenance of the twelve National Vaccine Advisory Committee (NVAC)-approved Functional Standards for immunization registries,
- 2) A continued increase in the proportion of children from birth through five years of age enrolled in the registry AND with two or more immunizations recorded in the registry, and
- 3) A continued increase in the proportion of active immunization provider sites using registries (i.e. public and private provider sites both enrolled and submitting immunization data).

A previously submitted and approved business plan must be referenced and updated. The updated business plan must reference the need for the project or activity; a description of the project or intervention; a management and evaluation plan; a timeline with action steps and assigned responsibilities; the benefit to the immunization information system; a budget and budget justification; and a description of how the project or intervention will benefit or support the immunization program in addressing program priorities and policies, pandemic influenza preparedness, adult immunization, vaccine ordering and management, and adverse events reporting.

- b. Design, construct and maintain an immunization registry in accordance with the 12 functional standards of operation.
- c. Demonstrate a continuous increase the number of children enrolled in the registry and the number of providers entering immunization records into registry.

Also see the Vaccines for Children Program: Operations Funding Guide for specific guidance on the use of VFC funds for registries.

4. Provider Quality Assurance

- a. Conduct site visits to at least 25% of VFC provider offices to evaluate vaccine management, ensure compliance with VFC program requirements, assess immunization practices, and make recommendations for improvement.
- b. Develop, update, and/or implement a plan to conduct AFIX provider visits in at least 25% of all enrolled VFC provider sites (both public and private) to assess immunization practices and coverage status and assist providers in developing quality improvement plans to increase immunization coverage levels.
- c. Use the AFIX Standards Self Assessment Worksheet to identify components of the Level 1 Standards that have been achieved to date; identify and document next steps for the Level 1 Standards that will be achieved in 2007 and provide a timeframe for full achievement of all Level 1 Standards within the context of their immunization programs and included the Self Assessment Worksheet with the grant application.

5. Service Delivery

- a. Coordinate with local public health agencies and clinics to make immunization services and ACIP-recommended vaccines available for underserved populations of all age groups in every county and major city.
- b. Enroll health care providers who serve children in the VFC program in accordance with Section §1902 (a)(62) of the Social Security Act and Section §1928 (42 U.S.C. 1396s) (a) of the Social Security Act.
- c. Work with child care facilities, schools, state, and local agencies (the Supplemental Nutrition Program for Women, Infants and Children for example), to identify and provide appropriate vaccinations to under-immunized infants and children entering day care and school.

6. Consumer Information

- a. Undertake appropriate efforts to inform and motivate the public about the importance and safety of immunizations.
- b. Distribute Vaccine Information Statements (VIS) and CDC's instructions for their use to ensure proper use of VIS in accordance with the National Childhood Vaccine Injury

7. Surveillance

- a. Investigate and document suspected cases of vaccine-preventable diseases (VPDs) in accordance with CDC's "Manual for Surveillance of Vaccine Preventable Diseases."

- b. Submit timely case reports to CDC on cases of VPD designated as reportable by the Council of State and Territorial Epidemiologists.

- c. Coordinate and monitor the Vaccine Adverse Events Surveillance System mandated by the National Childhood Vaccine Injury Act of 1986. Follow up on all reports of serious adverse events (e.g., death, life-threatening illness, hospitalization and permanent disability) following immunization.

8. Actively encourage identification and reporting of vaccine adverse events. Coordinate and monitor paper-based and electronic submissions to the Vaccine Adverse Events Reporting System (VAERS). The National Childhood Vaccine Injury Act of 1986 requires reporting of specified vaccine adverse events (<http://www.vaers.hhs.gov/reportable.htm>). Grantees should also promote and facilitate voluntary submission of vaccine adverse event reports. Follow up on all reports of serious adverse events (e.g., death, life-threatening illness, hospitalization and permanent disability) following immunization and provide copies of any relevant information obtained to VAERS.

9. Population Assessment

- a. Identify and monitor pockets of under-immunized children and adults by using immunization coverage estimates (e.g., cluster surveys, immunization registries, Medicare billing data, retrospective analysis of school immunization surveys, provider coverage assessments and Behavioral Risk Factor Surveillance System data).
- b. Use CDC approved sample survey methodology to estimate immunization coverage and exemption rates among children in day care and kindergarten and middle school.
- c. Use existing coverage data to monitor and analyze uptake of new and recently introduced vaccines and take steps necessary to increase uptake within the context of the total immunization program .

9. Perinatal Hepatitis B Prevention

- a. Develop and implement a written protocol for perinatal hepatitis B prevention that includes information about the program and the procedures for reporting HBsAg-positive women and their infants to the health department. This protocol should clearly outline the responsibilities of laboratories, prenatal care providers, delivery hospitals, and pediatric providers in ensuring timely identification of HBsAg-positive pregnant women, appropriate vaccination of their infants and susceptible household and sexual contacts, and post-vaccination serological testing for their infants.
- b. Assess completeness of prenatal hepatitis B surface antigen (HBsAg) screening and appropriate prophylaxis and of infants at high risk of perinatally-acquired hepatitis B infection. Conduct and coordinate case management of infants at high risk of perinatally-acquired hepatitis B infection to ensure administration of HBIG and the three-dose hepatitis B vaccination series and post-vaccination serologic testing.
- c. Assure timely laboratory reporting of HBsAg-positive test results in pregnant women by collaborating with prenatal care providers, birthing hospitals, local health departments and laboratories.

10. Adolescent Immunization

Activities should be focused on achieving the Healthy People 2010 objectives (i.e. 90% coverage for recommended vaccines for adolescents 13-15 years of age) as well as implementing new vaccine recommendations. Because adolescents have very episodic and uncoordinated healthcare, delivery of vaccines to this population may be slow and difficult. Few strategies for improving vaccination coverage (except for school entry requirements) have been evaluated in the adolescent population so grantees are encouraged to include an evaluation component for any interventions undertaken.

- a. Incorporate adolescent vaccination into existing program activities when possible. For example:
 - educate providers on the newly recommended vaccines for adolescents during VFC and AFIX site visits or other educational opportunities
 - conduct assessment of adolescent vaccination coverage levels during AFIX visits
- b. Evaluate uptake of new vaccines recommended for adolescents through existing resources such as immunization information systems, AFIX assessments, and population-based surveys.
- c. Collaborate with professional organizations (e.g. AAP, AAFP, SAM, AMA) to promote adolescent vaccination in the primary care setting.
- d. To increase coverage of existing and new vaccines in adolescents who have fewer opportunities for receiving health care, develop a plan for working with alternative health care settings (e.g., school based health centers, juvenile detention centers, and STD clinics).

Draft: July 19, 2006

- ensuring all facilities are enrolled in the VFC program
- develop, implement, and evaluate strategies for increasing coverage

Activities should be focused on working with partners to promote the implementation of interventions that have been shown to increase immunization rates in adults. Such interventions include reminder/recall, standing orders, provider reminder systems, and assessment and feedback. Such activities should be undertaken in conjunction with client education (i.e., provision of materials to clinic settings such as brochures and posters).

Potential settings and activities for implementing adult immunizations (with focus on influenza and pneumococcal vaccination):

Hospital and long-term care facility inpatients:

In collaboration with state long term care facility organizations, state Quality Improvement Organizations (QIOs), and other interested organizations develop, introduce, implement and evaluate in hospitals and long-term care facilities one or more of the following interventions known to be effective:

- Written policies allowing for the use of standing orders;
- Requiring that influenza and pneumococcal vaccines be offered to all long-term care patients; and
- The use of provider reminders to ensure that providers in such facilities recommend these vaccinations to such inpatients.

Health care workers in hospitals, long-term care (LTC) facilities, community health centers and private physicians' offices:

In collaboration with hospital, LTC facility, provider and other professional health associations, develop, introduce, implement and evaluate the availability, implementation, accessibility and acceptance of annual influenza vaccinations of health care workers within their organizations or in facilities employing such health care workers.

Physician office settings:

Work with provider and community organizations or QIOs to begin to assess vaccination coverage in adults and through feedback and discussion encourage physicians and their staff to consider measures that will improve coverage such as client and provider reminder systems or standing orders.

Focus on hepatitis A and hepatitis B immunization for adults

To reduce the incidence of acute hepatitis B and hepatitis A in the United States, efforts to vaccinate high-risk adults should be evaluated and established where feasible within existing state and local prevention programs (e.g., STD, HIV/AIDS, drug abuse prevention, corrections health programs). Specifically, these would ideally include:

Draft: July 19, 2006

- Training, technical assistance and coordination required to achieve integration of adult hepatitis B and hepatitis A immunization services into existing public health and correctional health programs;
- Filling resource gaps to purchase hepatitis B vaccine, hepatitis A vaccine and other aspects of hepatitis B and hepatitis A immunization including building the capacity to deliver vaccination in existing prevention settings; and
- Establishing surveillance to evaluate the effectiveness of the program.

Help assure that all health care workers are aware that they should be immune to hepatitis B, varicella, measles, mumps, rubella and pertussis. Information about available vaccines and the recommendations for those vaccines should be provided to all health care workers.

Current Budget Period Activities Related to Objectives (January 1 through June 30):
The application should provide a progress report on the 2006 objectives.

Program Management

- For each 2006 objective, does the application provide: a) a brief progress report; b) status as “met”, “partially met”, or “unmet”; and c) a discussion of barriers encountered and resolved or assistance needed for resolving if the objective is unmet?

Activity Area:

1. Program Planning
2. Vaccine Financing
3. Staffing & Training
4. Funding Allocation & Utilization Management Planning
5. Partnerships and Collaborations

Yes No Partially

Comments: Nicely addressed

Vaccine Management

- For each 2006 objective, does the application provide: a) a brief progress report; b) status as “met”, “partially met”, or “unmet”; and c) a discussion of barriers encountered and resolved or assistance needed for resolving if the objective is unmet?

Activity Area:

1. Ordering, Distribution & Storage
2. Vaccine Accountability

Yes No Partially

Comments:

Immunization Registries

- For each 2006 objective, does the application provide: a) a brief progress report; b) status as “met”, “partially met”, or “unmet”; and c) a discussion of barriers encountered and resolved or assistance needed for resolving if the objective is unmet?

Activity Area:

1. Provider Participation

Yes No Partially

Comments:

2. Registry Functions

Yes No Partially

Comments:

3. Registry Population

Yes No Partially

Comments: All activity areas were nicely addressed

Provider Quality Assurance

- For each 2006 objective, does the application provide: a) a brief progress report; b) status as “met”, “partially met”, or “unmet”; and c) a discussion of barriers encountered and resolved or assistance needed for resolving if the objective is unmet?

Activity Area:

1. Provider Education

2. Provider Site Visits

3. Perinatal Hepatitis B Prevention

Yes No Partially

Comments: So far in 2006, 44% of all enrolled providers have had VFC/AFIX visits.

Consumer Information

- For each 2006 objective, does the application provide: a) a brief progress report; b) status as “met”, “partially met”, or “unmet”; and c) a discussion of barriers encountered and resolved or assistance needed for resolving if the objective is unmet?

Activity Area:

1. Information Development & Dissemination
2. Vaccine Benefit & Risk Communication

Yes No Partially

Comments:

Service Delivery

- For each 2006 objective, does the application provide: a) a brief progress report; b) status as “met”, “partially met”, or “unmet”; and c) a discussion of barriers encountered and resolved or assistance needed for resolving if the objective is unmet?

Activity Area:

1. Under-served populations
2. Medical Home Promotion

Yes No Partially

Comments: Nicely addressed

Surveillance

- For each 2006 objective, does the application provide: a) a brief progress report; b) status as “met”, “partially met”, or “unmet”; and c) a discussion of barriers encountered and resolved or assistance needed for resolving if the objective is unmet?

Activity Area:

1. Disease Surveillance and Response
2. VPD Reporting
3. Perinatal Hepatitis B Screening
4. Vaccine Safety

Yes No Partially

Comments: well covered

Population Assessment

- For each 2006 objective, does the application provide: a) a brief progress report; b) status as “met”, “partially met”, or “unmet”; and c) a discussion of barriers encountered and resolved or assistance needed for resolving if the objective is unmet?

Activity Area:

1. General Population Assessments
2. Special Population Assessments

Yes No Partially

Comments:

Proposed Objectives and Activities for the New Budget Period

The application should include at least one objective for each program component.

Program Management

- Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased and that are in keeping with the intent of the original program announcement?

Activity Area:

1. Program Planning
2. Vaccine Financing
3. Staffing & Training
4. Funding Allocation & Utilization Management Planning
5. Partnerships and Collaborations

Yes No Partially

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

Draft: July 19, 2006

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Comments:

Vaccine Management

- Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased and that are in keeping with the intent of the original program announcement?

Activity Area:

1. Ordering, Distribution & Storage
2. Vaccine Accountability

Yes No Partially

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Draft: July 19, 2006

Comments: well done

The Following are statutorily required VFC activities that should be included in this program component.

1. Plans to provide vaccines to VFC enrolled providers in sufficient quantities to immunize VFC eligible children as recommended by ACIP;
2. Plans to apportion vaccine purchases between VFC, 317, and State/Project funds each time vaccine orders are placed;
3. Plans to ensure that vaccines purchased with VFC funds are administered only to VFC-eligible children.

Yes No Partially Addressed in 2003 Application

Comments: all required VFC activities are addressed

Does the grantee provide a completed Vaccine Ordering and Forecasting Application (VOFA) that describes the grantee's need for VFC, 317 and State vaccine and the populations to be served?

Yes No Partially

Comments: Submitted in August, 2006

Immunization Registries

- Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased and that are in keeping with the intent of the original program announcement?

Activity Area:

1. Provider Participation
2. Registry Functions
3. Registry Population

Yes No Partially

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Comments:

Draft: July 19, 2006

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Comments: Well thought out goals with good outcome measures

Provider Quality Assurance

- Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased and that are in keeping with the intent of the original program announcement?

Activity Area:

1. Provider Education
2. Provider Site Visits

Yes No Partially

Comments:

- Required Short-term Objective that describes the number of VFC providers, by type of provider, that will be visited for VFC accountability and AFIX purposes during the budget period (VFC Tables 1-3);

Yes No Partially

Comments:

- Does the applicant include the AFIX Self-Assessment Tool?

Yes No

Comments:

Draft: July 19, 2006

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Comments: TB plans on completing VFC/AFIX visits in at least 95% of enrolled providers in 2007.

The Following are statutorily required VFC activities that should be included in this program component.

1. Plans to enroll health care providers who serve VFC eligible children ;
2. Plans to obtain a signed provider enrollment agreement with each provider participating in the VFC program;
3. Plans to obtain the name, medical license number and Medicaid provider number (if applicable) of each provider practicing at an enrolled site;
4. Plans to maintain provider enrollment records and Provider Profiles for at least 3 years;
5. Plans to update Provider Profiles annually;

Yes No Partially Addressed in 2003 Application

Comments:

Consumer Information

- Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased and that are in keeping with the intent of the original program announcement?

Activity Area:

1. Information Development & Dissemination
2. Vaccine Benefit & Risk Communication

Yes No Partially

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Comments:

The Following is a statutorily required VFC activity that should be included in this program component.

1. Plans to distribute and ensure proper use of Vaccine Information Statements (VIS).

Yes No Partially Addressed in 2003 Application

Comments:

Service Delivery

- Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased and that are in keeping with the intent of the original program announcement?

Activity Area:

1. Under-served populations
2. Medical Home Promotion

Yes No Partially

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Comments:

Surveillance

- Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased and that are in keeping with the intent of the original program announcement?

Activity Area:

1. Disease Surveillance and Response
2. VPD Reporting

Draft: July 19, 2006

3. Vaccine Safety

Yes No Partially

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Comments: nicely addressed

Population Assessment

- Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased and that are in keeping with the intent of the original program announcement?

Activity Area:

1. General Population Assessments
2. Special Population Assessments

Yes No Partially

Comments:

Draft: July 19, 2006

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Comments:

Perinatal Hepatitis Prevention

Does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased

Activity Area:

1. Perinatal Hepatitis B Prevention Protocols
2. Perinatal Hepatitis B Screening
3. Perinatal Hepatitis B Laboratory Reporting

Yes No Partially

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No Partially

Draft: July 19, 2006

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No Partially

Comments:

- For each objective, does the application describe performance or outcome measures that assess the effectiveness of the project and methods of implementation?

NOTE: Performance/outcome measures should reflect a quantified level of achievement or improvement, or completion of a key task, that will enable the grantee and CDC to define and monitor program success.

Yes No Partially

Comments: Perinatal Hep B Section was thoroughly written and nicely documented

Adult Immunization

If the applicant addressed the following component, does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased

Activity Area:

1. Partner-focused adult immunization implementation
2. Setting-focused adult immunization activities
3. Program focused adult immunization hepatitis A and B activities

Yes No No follow-up required

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No No follow-up required

)

Comments:

Draft: July 19, 2006

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No No follow-up required

Comments:

Adolescent Immunization

If the applicant addressed the following component, does the application provide one or more objectives for 2007 that are specific, measurable, realistic and time-phased

Activity Area:

1. Partner-focused adolescent immunization implementation
2. Setting-focused adolescent immunization implementation
3. Evaluation activities for adolescent immunization implementation

Yes No No follow-up required

Comments:

- For each objective, does the application describe key activities to be undertaken toward the objective?

Yes No No follow-up required

Comments:

- For each objective, does the application contain a time-line for when key activities are to be accomplished?

Yes No No follow-up required

Comments:

4. Detailed Line-Item Budget and Justification

- Does the application provide a clear picture of resources needed to address the ongoing activities and proposed objectives?

Yes No Partially

Draft: July 19, 2006

Comments:

- Are the ongoing activities and proposed objectives outlined consistent with funding resources requested?

Yes No Partially

Comments:

- Are requests for new positions or contracts clearly justified and directly related to key unmet needs?

Yes No Partially

Comments:

- Does the application request funding for any items or activities which are non-allowable charges to the grant?

Yes No Partially

Comments:

- If indirect costs are requested, does the application include a copy of the organization's current negotiated Federal indirect cost rate agreement?

Yes No Partially

Comments:

Grant Review Summary

Overall Application Strengths:

1. Very thorough detailed Progress Report
2. 2007 Goals and Objectives, including timelines, were appropriate and achievable
- 3.
- 4.

Overall Application Weakness:

- 1.
- 2.
- 3.
- 4.

Draft: July 19, 2006

Summary of Items Requiring Follow-up

Follow-up Actions (indicate date, type and subject of follow-up)

No follow up actions are necessary

ATTACHMENT II
Immunization Project 2007
Fund 26022000
Budget Period: 01/01/07 through 12/31/07

<u>ESTIMATED REVENUES</u>	<u>SAP GL No.</u>	<u>CURRENT</u> <u>AMOUNT</u>
CDC Grant Cash Assistance	4501100	\$ 947,000
CDC Public Health Advisor	6501010	66,902
Imm Project Misc. Revenue	4502230	0
TOTAL ESTIMATED REVENUES		<u>1,013,902</u>

APPROPRIATIONS

317 Childhood Immunization Program
Funds Center 3607070000
Cost Center 3607070002
Internal Order 136000000346

Regular Salaries & Wages	5101010	195,894
Overtime Salaries & Wages	5101020	0
Language Skill Pay	5101050	1,600
Social Security	5103005	12,955
Life Insurance	5103010	552
Personal Leave Buy Back Pay	5103035	0
Extended Sick Leave	5103040	0
Car Expense Allowance	5103055	0
Transportation Allowance	5103056	1,540
Group Health Insurance	5104030	46,620
TMRS	5105010	20,015
Education	5201025	1,200
Fees to Professional Contractors	5201040	0
Temporary Services	5202010	0
Other Contractual Services	5202025	0
Advertising & Publication	5203040	2,000
Membership Dues & Licenses	5203050	0
Binding, Printing & Repro.	5203060	2,285
Transportation Fees	5203090	1,580
Maint & Rep- Commercial	5204020	0
Maint & Rep Mach & Eqpt	5204080	1,000
Maint & Rep- Automotive	5204090	0
Mail and Parcel Post Service	5205010	3,500
Rental of Equipment	5205020	1,000
Freight & Storage	5205050	0
Travel-Official	5207010	3,000
Alarm and Security Services	5208530	500
Maint & Rep Materials-automotive	5301020	0
Maint & Rep Materials- mach & equip.	5301030	500
Office Supplies	5302010	6,359
Janitor Supplies	5303010	0
Ice	5304010	0
Food	5304020	0
Chemicals, Medical & Drugs	5304040	0
Tools, Appar. & Access.	5304050	0
Computer Software	5304075	0
Other Commodities	5304080	0
Communications: Telephones	5403010	2,200
Pagers/Mobilephones	5403030	500
ADP Services	5403520	2,000
Motor Fuel and Lubricants	5403545	1,200
Vehicle Management Fee	5404510	0
Gas & Electricity	5404530	0
Workers' Disability Compensation	5405020	0
Indirect Cost	5406530	5,000
Rental of City Rolling Equipment	5407510	0
Computer Equipment	5501000	1,000
Machinery and Equipment-automotive	5501050	0
Furniture & Fixtures	5501065	0
Machinery & Equipment - Other	5709060	0
In-Kind - Personnel	6501010	26,663
APPROPRIATIONS 36-07-07:		<u>340,663</u>

(Continued on Next Page)

APPROPRIATIONS**VFC Immunization Program+B37**

Funds Center 3607100000

Cost Center 3607100002

Internal Order 136000000347

Regular Salaries & Wages	5101010	318,521
Overtime Salaries & Wages	5101020	0
Language Skill Pay	5101050	2,400
Social Security	5103005	24,520
Life Insurance	5103010	480
Personal Leave Buy Back Pay	5103035	0
Extended Sick Leave	5103040	0
Car Expense Allowance	5103055	0
Transportation Allowance	5103056	2,005
Group Health Insurance	5104030	91,390
TMRS	5105010	39,150
Education	5201025	8,000
Fees to Professional Contractors	5201040	0
Temporary Services	5202010	18,000
Other Contractual Services	5202025	0
Advertising & Publication	5203040	25,000
Membership Dues & Licenses	5203050	0
Binding, Printing & Repro.	5203060	10,000
Transportation Fees	5203090	5,000
Maint & Rep- Commercial	5204020	0
Maint & Rep Mach & Eqpt	5204080	1,500
Maint & Rep- Automotive	5204090	1,000
Mail and Parcel Post Service	5205010	10,000
Rental of Equipment	5205020	500
Freight & Storage	5205050	0
Travel-Official	5207010	12,000
Alarm and Security Services	5208530	2,500
Maint & Rep Materials- automotive	5301020	500
Maint & Rep Materials- mach & equip.	5301030	500
Office Supplies	5302010	16,245
Janitor Supplies	5303010	1,000
Clothing and Linen Supply	5304005	3,000
Ice	5304010	0
Food	5304020	3,000
Chemicals, Medical & Drugs	5304040	0
Tools, Appar. & Access.	5304050	0
Computer Software	5304075	2,000
Other Commodities	5304080	0
Communications: Telephones	5403010	5,400
Pagers/Mobilephones	5403030	600
ADP Services	5403520	6,200
Motor Fuel and Lubricants	5403545	2,000
Vehicle Management Fee	5404510	100
Gas & Electricity	5404530	0
Workers' Disability Compensation	5405020	0
Indirect Cost	5406530	11,989
Rental of Rolling City Equipment	5407510	500
Computer Equipment	5501000	6,000
Machinery & Equipment -automotive	5501050	0
Furniture & Fixtures	5501065	2,000
Machinery & Equipment - Other	5709060	0
In Kind - Personnel	6501010	40,239

APPROPRIATIONS 36-07-10: 673,239**TOTAL APPROPRIATIONS** \$ 1,013,902

(Continued on Next Page)

PERSONNEL COMPLEMENT

Class #	Title	<u>Previous Positions</u>	<u>Add (Deduct)</u>	<u>Revised Positions</u>
	Cost Center 3607070002			
	Internal Order 136000000346			
	Activity 36-07-07			
0010	Office Assistant	1	0	1
0040	Administrative Assistant I	1	0	1
0067	Administrative Aide	13	0	13
0067	Administrative Aide (.50 FTE)	2	0	2
0206	Health Program Manager	1	0	1
0244	Senior Public Health Nurse	1	0	1
0244	Senior Public Health Nurse (.50 FTE)	1	0	1
0246	Public Health Nurse	2	0	2
0247	Public Health Nursing Supervisor	2	0	2
0267	Licensed Vocational Nurse	2	0	2
0267	Licensed Vocational Nurse (.50 FTE)	1	0	1
0282	Health Program Specialist	3	0	3
0284	Health Program Supervisor	5	0	5
0865	Special Project Officer	1	0	1
0870	Special Project Coordinator	2	0	2
0886	Programmer/Analyst I	1	0	1
0896	Dept Systems Specialist	1	0	1
0910	Senior Customer Service Representative	1	0	1
0915	Program Coordinator	1	0	1
0985	Case Aide	1	0	1
	PERSONNEL 36-07-07	43	0	43
Class #	Title	<u>Previous Positions</u>	<u>Add (Deduct)</u>	<u>Revised Positions</u>
	Cost Center 3607100002			
	Internal Order 136000000347			
	Activity 36-07-10			
0040	Administrative Assistant I	2	0	2
0067	Administrative Aide	6	0	6
0282	Health Program Specialist	2	0	2
0284	Health Program Supervisor	3	0	3
0870	Special Project Coordinator	1	0	1
0915	Program Coordinator	0	0	0
	PERSONNEL 36-07-10	14	0	14
	TOTAL PERSONNEL:	57	0	57



CMS or Ordinance Number: CN0040001832

TSLGRS File Code:1025-08-A

Document Title:

CONT - DHHS 2007 H23/CCH622512-05; Immunization Project: VFC & 317;
1/1/2007 - 12/31/2007

Commencement Date:

1/1/2007

Expiration Date:

12/31/2007



APR 04 2007

Fernando A. Guerra, MD
San Antonio Metropolitan Health District
332 W Commerce, Suite 308
San Antonio, TX 78205-2489

Reference: H23/CCH622512-05-1 Immunization and Vaccines for Children Grants

Dear Dr. Guerra:

The enclosed amendment to the referenced award provides supplemental 317 and Vaccine for Children Financial Assistance and/or Direct Assistance funding. These funds are reflective of the recommended amounts for Round 2 of the Immunization and Vaccines for Children Grants. This amendment also reflects supplemental funds to support adolescent immunization activities requested February 28, 2007. Refer to the attached spreadsheet for details.

If you have any questions, you may contact Peaches O. Brown, Grants Management Specialist, at (770)488-2738; fax (770) 488-2670, or email prb0@cdc.gov.

Sincerely,

Mattie B. Jackson
Grants Management Officer
Acquisition and Assistance Branch II
Procurement and Grants Office

Enclosures

cc: Grantee Business Office
Cynthia Whitehead, NCIRD

04/04/2007		93.268	
4. SUPERSEDES AWARD NOTICE DATED		02/01/2007	
EXCEPT THAT ANY ADDITIONS OR RESTRICTIONS PREVIOUSLY IMPOSED REMAIN IN EFFECT UNLESS SPECIFICALLY RESCINDED.			
6. GRANT NO.		5. ADMINISTRATIVE CODES	
H23/CCH622512-05-1		CCH23	
8. PROJECT PERIOD		THROUGH	
FROM 01/01/2003		12/31/2007	
7. BUDGET PERIOD		THROUGH	
FROM 01/01/2004		12/31/2007	

DEPARTMENT OF HEALTH AND HUMAN SERVICES
PUBLIC HEALTH SERVICE
CENTERS FOR DISEASE CONTROL AND PREVENTION

NOTICE OF GRANT AWARD

AUTHORIZATION (LEGISLATION/REGULATION)
PHS 317, 42 USC, SEC. 247B

3. TITLE OF PROJECT (OR PROGRAM)
IMMUNIZATION AND VACCINES FOR CHILDREN GRANTS

9. GRANTEE NAME AND ADDRESS
CITY OF SAN ANTONIO
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
332 W COMMERCE, SUITE 202
SAN ANTONIO, TX 78205

10. DIRECTOR OF PROJECT (PROGRAM DIRECTOR/PRINCIPAL INVESTIGATOR)
FERNANDO GUERRA, MD, HEALTH DIRECTOR
SAN ANTONIO METROPOLITAN HEALTH DISTRICT
332 W COMMERCE, SUITE 307
SAN ANTONIO, TX 78205

1. APPROVED BUDGET (EXCLUDES PHS DIRECT ASSISTANCE)	
PHS GRANT FUNDS ONLY	
1. TOTAL PROJECT COSTS INCLUDING GRANT FUNDS AND ALL OTHER FINANCIAL PARTICIPATION	
(PLACE NUMERAL ON LINE)	I
2. SALARIES AND WAGES.....	\$ 929,455
3. FRINGE BENEFITS.....	\$ 457,341
4. TOTAL PERSONNEL COSTS.....	\$ 1,386,796
5. CONSULTANT COSTS.....	0
6. EQUIPMENT.....	0
7. SUPPLIES.....	36,051
8. TRAVEL.....	20,987
9. PATIENT CARE-IMPATIENT.....	0
10. PATIENT CARE-OUTPATIENT.....	0
11. ALTERATIONS AND RENOVATIONS.....	0
12. OTHER.....	261,559
13. CONSORTIUM/CONTRACTUAL COSTS.....	0
14. TRAINEE RELATED EXPENSES.....	0
15. TRAINEE STIPENDS.....	0
16. TRAINEE TUITION AND FEES.....	0
17. TRAINEE TRAVEL.....	0
18. TOTAL DIRECT COSTS.....	\$ 1,705,393
19. INDIRECT COSTS (8.12 % OF S&W/TADC)	\$ 112,607
20. TOTAL APPROVED BUDGET.....	\$ 1,818,000
21. SBIR FEE.....	0
22. FEDERAL SHARE.....	\$ 1,818,000
23. NON-FEDERAL SHARE.....	0

12. AWARD COMPUTATION FOR FINANCIAL ASSISTANCE	
A. AMOUNT OF PHS FINANCIAL ASSISTANCE (FROM 11.U).....	\$ 1,818,000
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..	0
C. LESS CUMULATIVE PRIOR AWARD(S) THIS BUDGET PERIOD...	\$ 947,000
D. AMOUNT OF FINANCIAL ASSIST. THIS ACTION	\$ 871,000

13. RECOMMENDED FUTURE SUPPORT (SUBJECT TO THE AVAILABILITY OF FUNDS AND SATISFACTORY PROGRESS OF THE PROJECT)			
BUDGET YEAR	TOTAL DIRECT COSTS	BUDGET YEAR	TOTAL DIRECT COSTS
A. 0	0	D. 0	0
B. 0	0	E. 0	0
C. 0	0	F. 0	0

14. APPROVED DIRECT ASSISTANCE BUDGET (IN LIEU OF CASH)	
A. AMOUNT OF PHS DIRECT ASSISTANCE.....	\$ 96,885
B. LESS UNOBLIGATED BALANCE FROM PRIOR BUDGET PERIODS..	0
C. LESS CUMULATIVE PRIOR AWARDS FROM THIS BUDGET PERIOD	\$ 66,902
D. AMOUNT OF DIRECT ASSISTANCE THIS ACTION	\$ 29,983

15. PROGRAM INCOME SUBJECT TO 45 CFR PART 74, SUBPART F, OR 45 CFR 92.25. SHALL BE USED IN ACCORDANCE WITH ONE OF THE FOLLOWING ALTERNATIVES: (SELECT ONE AND PUT LETTER IN BOX.)	
A. DEDUCTION	
B. ADDITIONAL COSTS	
C. MATCHING	B
D. OTHER RESEARCH (ADD/DEDUCT OPTION)	
E. OTHER (SEE REMARKS)	

THIS AWARD IS BASED ON AN APPLICATION SUBMITTED TO, AND AS APPROVED BY, THE PHS 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 CITED ABOVE. B. THE GRANT PROGRAM REGULATION CITED ABOVE. C. THIS AWARD NOTICE INCLUDING TERMS AND CONDITIONS, IF ANY, NOTED BELOW UNDER REMARKS. D. PHS GRANTS POLICY STATEMENT INCLUDING ADDENDA IN EFFECT AS OF THE BEGINNING DATE OF THE BUDGET PERIOD. E. 45 CFR PART 74 OR 45 CFR PART 92 AS APPLICABLE. 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.

REMARKS (OTHER TERMS AND CONDITIONS ATTACHED - YES NO)

SPONSOR:
*IDC RATE BASE: SEE ATTACHED

PHS GRANTS MANAGEMENT OFFICER (SIGNATURE)		(NAME-TYPED/PRINT)		(TITLE)	
<i>Mattie B. Jackson</i>		MATTIE B. JACKSON		GRANTS MANAGEMENT OFFICER	
7. OBJ. CLASS. 41.51		18. CRS.EIN: I-746002070-A2		19. LIST NO.: C0-030-U07	
FY-CAN	DOCUMENT NO.	ADMINISTRATIVE CODE	AMT. ACTION FIN. ASST	AMT. ACTION DIR. ASST	
0. A07-191B9 07-9217539	b. CCH622512	c. CCH23	d. 781,000	e. 0	
1. A07-191B9 07-9217339	b. CCH622512	c. CCH23	d. 0	e. 11,394	
2. A07-62119 07-92177JR	b. CCH622512	c. CCH23	d. 90,000	e. 0	

PHS-5152-1 (CONTINUED)

DATE ISSUED.....: 04/04/2007
GRANT NO.....: H23/CCH622512-05-1
APPROVAL LIST NO: C0-030-U07

FY CAN -----	DOCUMENT NO. -----	ADM.CODE -----	FIN.ASST -----	DIR.ASST -----
07-62119 07-921Z7EW	CCH622512	CCH23	0	18,589

DIRECT ASSISTANCE BUDGET:
=====

PERSONAL SERVICE:	94,885
TRAVEL.....:	2,000
VACCINE.....:	0
OTHER SERVICE...:	0

NOTICE OF GRANT AWARD

(Continuation Sheet)

Page 2 of 2	DATE ISSUED
GRANT NO.	123/CCH622512-05-1

TERMS AND CONDITIONS OF THIS AWARD

Note 1. Amendment One provides supplemental 317 and Vaccine for Children (VFC) Financial Assistance and/or Direct Assistance funding. These funds are reflective of the recommended amounts for Round 2 of the Immunization and Vaccines for Children Grants. **See attached spreadsheet for details.**

Note 2. VFC Operations funds in the amount of \$90,000 are awarded for Adolescent Immunization Activities. These funds cannot be used to support other VFC activity and cannot be redirected without written approval from the Grants Management Officer.

Note 3. All other terms and conditions of the award remain unchanged and in full effect, unless changed in writing by the Grants Management Officer.

Grant Year 2007 Round Two

San Antonio - 622512		Total Award	VFC Ops	VFC Ordering	VFC Distribution	VFC AFIX	VFC Total	317 Funds	Comments
PROGRAM OPERATIONS	DIRECT ASSISTANCE (DA)								
	DA Salary(s)	\$29,983	\$18,589	\$0	\$0	\$0	\$18,589	\$11,394	
	DA Travel	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	DA Other (GSA Contracts)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	DA TOTAL	\$29,983	\$18,589	\$0	\$0	\$0	\$18,589	\$11,394	
	FINANCIAL ASSISTANCE (FA)								
	Personnel	\$446,145	\$0	\$0	\$0	\$0	\$0	\$446,145	
	Fringe	\$213,114	\$0	\$0	\$0	\$0	\$0	\$213,114	
	Equipment	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Supplies	\$16,902	\$1,086	\$0	\$0	\$0	\$1,086	\$15,816	
	Travel	\$11,525	\$2,619	\$0	\$0	\$0	\$2,619	\$8,906	
	Other	\$129,782	\$86,295	\$0	\$0	\$0	\$86,295	\$43,487	
	Contracts	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
	Indirect Costs	\$53,532	\$0	\$0	\$0	\$0	\$0	\$53,532	
	FA Vaccine	\$0	\$0	\$0	\$0	\$0	\$0	\$0	Round 2 VFC FA Operations funds conditioned for adolescent immunization activities
	FA TOTAL	\$871,000	\$90,000	\$0	\$0	\$0	\$90,000	\$781,000	
	PROGRAM OPERATIONS TOTAL	\$871,000	\$90,000	\$0	\$0	\$0	\$90,000	\$781,000	
GRAND TOTAL	\$900,983	\$108,589	\$0	\$0	\$0	\$108,589	\$792,394		

Key Personnel and Contracts 2007 Immunization Grant

San Antonio

Key Personnel	Brenda Lemke	Program Manager	
Contracts	Total Contract Request For San Antonio Is		\$0

MEETING OF THE CITY COUNCIL

ALAMODOME
ARTS & CULTURAL AFFAIRS
ASSET MANAGEMENT
AVIATION
BUDGET & PERFORMANCE ASSESSMENT
BUILDING INSPECTIONS
HOUSE NUMBERING
CITY ATTORNEY
MUNICIPAL COURT
REAL ESTATE (FASSNIDGE)
REAL ESTATE (WOOD)
RISK MANAGEMENT
CITY MANAGER
SPECIAL PROJECTS
CITY PUBLIC SERVICE - GENERAL MANAGER
CITY PUBLIC SERVICE - MAPS AND RECORDS
CODE COMPLIANCE
COMMERCIAL RECORDER
COMMUNITY INITIATIVES
COMMUNITY RELATIONS
PUBLIC INFORMATION
CONVENTION AND VISITORS BUREAU
CONVENTION CENTER EXPANSION OFFICE
CONVENTION FACILITIES
ECONOMIC DEVELOPMENT
FINANCE - DIRECTOR
FINANCE - ASSESSOR
FINANCE - CONTROLLER
FINANCE - GRANTS
FINANCE - TREASURY
FIRE DEPARTMENT
HOUSING AND COMMUNITY DEVELOPMENT
HUMAN RESOURCES (PERSONNEL)
INFORMATION SERVICES
INTERGOVERNMENTAL RELATIONS
INTERNAL REVIEW
INTERNATIONAL AFFAIRS
LIBRARY
METROPOLITAN HEALTH DISTRICT
MUNICIPAL CODE CORPORATION
MUNICIPAL COURT
PARKS AND RECREATION
MARKET SQUARE
YOUTH INITIATIVES
PLANNING DEPARTMENT
DISABILITY ACCESS OFFICE
LAND DEVELOPMENT SERVICES
POLICE DEPARTMENT
GROUND TRANSPORTATION
PUBLIC WORKS DIRECTOR
CAPITAL PROJECTS
CENTRAL MAPPING
ENGINEERING
ENVIRONMENTAL SERVICES
PARKING DIVISION
REAL ESTATE DIVISION
SOLID WASTE
TRAFFIC ENGINEERING
PURCHASING AND GENERAL SERVICES
SAN ANTONIO WATER SYSTEMS (SAWS)

AGENDA ITEM NUMBER: 39

DATE: MAR 29 2007

MOTION: _____

ORDINANCE NUMBER: _____

RESOLUTION NUMBER: 2007-03-29-0340

ZONING CASE NUMBER: _____

TRAVEL AUTHORIZATION: _____

	APR	MAY
ROGER O. THOMAS District 1		
SHEILA B. MCNEIL District 2		
ROLAND GUTIERREZ District 3		
RICHARD PEREZ District 4		
PATTI RADEB District 5		
DELICIA HERRERA District 6		
ELENA GUJARDO District 7		
ART A. HALL District 8		
KEVIN A. WOLFF District 9		
CHRISTOPHER "CHIP" HAASS District 10		
PHIL HARDBERGER Mayor		

VIA

CONSENT AGENDA