

AN ORDINANCE 2017-11-30-0917

AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO, AND THE ACCEPTANCE OF FUNDS IF AWARDED, FROM THE NATIONAL ASSOCIATION OF COUNTY AND CITY HEALTH OFFICIALS FOR THE 2018 MEDICAL RESERVE CORP CHALLENGE AWARDS GRANT IN AN AMOUNT NOT TO EXCEED \$7,500.00 BEGINNING IN MARCH 2018.

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WHEREAS, the mission of the Alamo Area Medical Reserve Corp (MRC) is to recruit, train and coordinate volunteers whether medical or non-medical professionals, to respond to all-hazard events in South Central Texas; and

WHEREAS, the Alamo Area MRC has been housed locally under the San Antonio Metropolitan Health District (Metro Health) Public Health Emergency Preparedness Division (PHEP) for the past eight years and consists of medical and non-medical volunteers from our community who are trained to assist in times of emergencies; and

WHEREAS, MRC volunteers could be called upon to assist with public health and natural disaster response activities, such as Hurricane Harvey, or could be utilized in the event of a terroristic attack; and

WHEREAS, Metro Health is requesting City Council authorization for the submission of a grant application to the National Association of County and City Health Officials (NACCHO) to apply for funding that would enhance the capability of the Alamo Area MRC to recruit and train volunteers to assist during emergency response activities; **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 (Metro Health) or her designee is authorized to submit a grant application to, and accept funds if awarded, from the National Association of County and City Health Officials for the 2018 Medical Reserve Corp Challenge Awards Grant in an amount not to exceed \$7,500.00 beginning in March 2018. A copy of the grant application which is incorporated herein for all purposes is on file with the San Antonio Metropolitan Health District.


SECTION 2. The City Manager or her designee, or the Director of the San Antonio Metropolitan Health District or her designee, is authorized to initiate, negotiate, and execute any and all necessary documents and grant contracts to effectuate the application and acceptance of the referenced grant, and to execute contract amendments pertaining to this contract, to include: a) carry-over funds, when ascertained and approved by the funding agency through a revised notice of award; b) line item budget revisions authorized by the funding agency; c) modifications to the performance measures authorized by the funding agency and listed in the contract so long as the terms of the amendment stay within the general parameters of the intent of the grant; d) no cost

extensions; e) amendments which will provide supplemental grant funds to the grant by the funding agency in an amount up to 10% of the total amount initially awarded to the grant; f) reimbursement increases of administrative funds for each participant served; g) amendments funding one time equipment purchases or defined program services; and h) changes in state regulations mandated by the funding agency.

SECTION 3. Should funding be awarded, upon acceptance of this award, new funds and internal order numbers will be created, upon which the award amount will be appropriated from NACCHO. The proposed budget attached hereto and incorporated herein for all purposes as **Attachment I** is approved. A formal final budget which will include Internal Order numbers and General Ledger numbers will be submitted by the San Antonio Metropolitan Health District upon award.

SECTION 4. This Ordinance is effective immediately upon the receipt of eight affirmative votes; otherwise, it is effective ten days after passage.

PASSED AND APPROVED this 30th day of November, 2017.

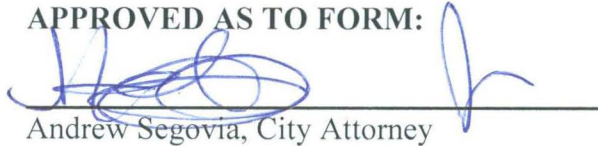

M A Y O R
Ron Nirenberg

ATTEST:



Leticia M. Vadek, City Clerk

APPROVED AS TO FORM:



Andrew Segovia, City Attorney

Agenda Item:	18 (in consent vote: 4, 5, 6, 7, 8, 9A, 9B, 10, 11, 12, 13, 16, 18, 22, 23, 24, 25, 26, 28, 29, 30, 31, 32)						
Date:	11/30/2017						
Time:	09:43:16 AM						
Vote Type:	Motion to Approve						
Description:	An Ordinance authorizing the submission of a grant application to, and the acceptance of funds if awarded, from the National Association of County and City Health Officials for the 2018 Medical Reserve Corp Challenge Awards Grant in an amount not to exceed \$7,500.00 beginning in March 2018. [Erik Walsh, Deputy City Manager; Colleen M. Bridger, MPH, PhD, Director of Health]						
Result:	Passed						
Voter	Group	Not Present	Yea	Nay	Abstain	Motion	Second
Ron Nirenberg	Mayor		x				
Roberto C. Treviño	District 1		x			x	
William Cruz Shaw	District 2		x				x
Rebecca Viagran	District 3	x					
Rey Saldaña	District 4		x				
Shirley Gonzales	District 5		x				
Greg Brockhouse	District 6		x				
Ana E. Sandoval	District 7		x				
Manny Pelaez	District 8		x				
John Courage	District 9		x				
Clayton H. Perry	District 10		x				

MH
11/30/2017
Item No. 18

Attachment I

FORM I: BUDGET SUMMARY (REQUIRED)

Legal Name of Respondent:

Budget Categories	Total Budget (1)	DSHS Funds Requested (2)	Direct Federal Funds (3)	Other State Agency Funds* (4)	Local Funding Sources (5)	Other Funds (6)
A. Personnel	\$0	\$0	\$0	\$0	\$0	\$0
B. Fringe Benefits	\$0	\$0	\$0	\$0	\$0	\$0
C. Travel	\$0	\$0	\$0	\$0	\$0	\$0
D. Equipment	\$0	\$0	\$0	\$0	\$0	\$0
E. Supplies	\$6,000	\$6,000	\$0	\$0	\$0	\$0
F. Contractual	\$0	\$0	\$0	\$0	\$0	\$0
G. Other	\$1,500	\$1,500	\$0	\$0	\$0	\$0
H. Total Direct Costs	\$7,500	\$7,500	\$0	\$0	\$0	\$0
I. Indirect Costs	\$0	\$0	\$0	\$0	\$0	\$0
J. Total (Sum of H and I)	\$7,500	\$7,500	\$0	\$0	\$0	\$0
K. Program Income - Projected Earnings		\$0				

NOTE: The "Total Budget" amount for each Budget Category will have to be allocated (entered) manually among the funding sources. Enter amounts in whole dollars. After amounts have been entered for each funding source, verify that the "Distribution Total" below equals the respective amount under the "Total Budget" from column (1).

	Budget Category	Distribution Total	Budget Total	Budget Category	Distribution Total	Budget Total
Check Totals For:	Personnel	\$0	\$0	Fringe Benefits	\$0	\$0
	Travel	\$0	\$0	Equipment	\$0	\$0
	Supplies	\$6,000	\$6,000	Contractual	\$0	\$0
	Other	\$1,500	\$1,500	Indirect Costs	\$0	\$0

TOTAL FOR:	Distribution Totals	\$7,500	Budget Total	\$7,500
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*Letter(s) of good standing that validate the respondent's programmatic, administrative, and financial capability must be placed after this form if respondent receives any funding from state agencies other than DSHS related to this project. If the respondent is a state agency or institution of higher education, letter(s) of good standing are not required. DO NOT include funding from other state agencies in column 4 or Federal sources in column 3 that is not related to activities being funded by this DSHS project.