



## AGENDA MEMORANDUM

First Reading for the City Council Meeting of May 16, 2023  
Second Reading for the City Council Meeting of May 23, 2023

**DATE:** May 16, 2023  
**TO:** Peter Zaroni, City Manager  
**FROM:** Dr. Fauzia Khan, Director of Public Health  
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Amendment of the Health Disparities Grant in the amount of an additional \$75,000.00, making the total contract value \$356,785.00, and appropriation of the funds for the contract period June 1, 2023, through May 31, 2024

### **CAPTION:**

Ordinance appropriating \$75,000.00 in the Health Grant Fund for an increase in the Health Disparities Grant from the Department of State Health Services (DSHS) to provide community engagement in communities disproportionately impacted by COVID-19 for the period June 1, 2023, through May 31, 2024.

### **SUMMARY:**

To provide for personnel costs, supplies, and other expenses while offering services and associated activities to assist communities impacted by COVID-19 within the jurisdiction of the Corpus Christi-Nueces County Public Health District (the "CCNCPHD").

### **BACKGROUND AND FINDINGS:**

The Texas Department of State Health Services ("DSHS") has awarded a grant contract an extended termination date through May 31, 2024, and an additional \$75,000.00, to continue to provide for personnel costs, supplies, and other expenses to ensure community engagement in communities disproportionately impacted by COVID-19 and build sustainable relationships with those communities within the jurisdiction of the CCNCPHD.

### **ALTERNATIVES:**

Refuse the grant and discontinue offering services to assist communities disproportionately affected by COVID-19.

### **FISCAL IMPACT:**

This Ordinance appropriates \$75,000.00 in the Health Grant Fund for an increase in the Health Disparities Grant. The grant requires no match. All positions are 100% grant funded.

**FUNDING DETAIL:**

Fund: 1066 Health Grants paid by Department of State Health Services  
Organization/Activity: 831841F  
Mission Element: 103 COVID19 Response  
Project # (CIP Only):  
Account:

**RECOMMENDATION:**

Staff recommends approval of the Ordinance.

**LIST OF SUPPORTING DOCUMENTS:**

Contract No. HHS001208500001  
Ordinance