AGENDA ITEM or FINAL CONTRACT REVIEW SUBMITTAL FORM

Agenda Item: Ratification of Approval to Submit Grant App; CDPH

Action Requested: County Manager Signature

Parties to the Agreement:

Term Begins: **Term Ends:** **Grant Contract #:**

Summary:

CDPHE Grant for Radon Testing Kits

Fiscal Impact:

Submitted by: Linda Nienhueser for Eric McPhail **Submitter's Email Address:** Eric.McPhail@ColoState.EDU

Finance Review: ○ Required ◉ Not Required

Comments:

Reviewed by: Discharge Date:

County Attorney Review: ◉ Required ○ Not Required

Comments:
ok db 8/29/19

Reveiwed by: GUNCOUNTY1\dBaumgarten Discharge Date: 8/29/2019 Certificate of Insurance Required

Yes ○ No ◉

County Manager Review:

Comments:

Reveiwed by: GUNCOUNTY1\mbirnie Discharge Date: 8/29/2019

◉ Consent Agenda ○ Regular Agenda ○ Worksession Time Allotted: 0

Agenda Date: 9/3/2019

Revised April 2015

Colorado State University

Gunnison County
Extension
275 South Spruce Street
Gunnison, Colorado 81230
(970) 641-1260
Fax: (970) 641-8553
Gunnison@mail.ext.colostate.edu
www.gunnison.colostate.edu

August 28, 2019

RE: Radon Straight Pay Grant Application
Attn: Chrys Kelley, CDPHE, Radon Program Manager
Applicant: **Gunnison County CSU Extension**

Dear CDPHE,

Please accept this letter as our application to provide radon awareness, education, and ease of testing for schools and homeowners in Gunnison County, Colorado.

Gunnison County would like to apply for $920.00 to have their CSU Extension office deliver services. The Extension office will offer $375.00 from their budget for the required match (40%). For many years CSU Extension has been the leader of radon education and outreach in Gunnison. We would like to continue to offer free radon testing options for the schools and homeowners who receive radon education provided by us. The Extension office will be committed to offering and reporting activities associated with research-based and nationally accepted radon education. We appreciate, for the smaller grants, this opportunity to provide a brief narrative of how funds will be used and a brief scope of work.

We would like to ask for a total of $920. This will go towards 100 free radon kits to hand out to people who become educated about radon. The Extension office, either through one-on-one office education or classroom workshops, will offer educational services teaching about the effects of radon, how it enters the home, and how to properly test one's home. The grant monies will also go towards radon awareness advertisements in our local newspapers. The Extension office director and staff, along with staff of the Gunnison County HHS department, will provide time and salary, supplies, handouts, and additional advertising towards this educational outreach.

As attachments, I'm including our basic scope of work and the budget for the project. Please highly consider this application as we'd love to continue the strategic missions, of Gunnison County's Health and Human Services and the West Central Public Health Regional Partnership, to better the indoor air quality of everyone living in Gunnison County.

Best regards,

Eric McPhail
Gunnison County Director
Colorado State University ***Extension***
email: eric.mcphail@colostate.edu

Colorado State University, U.S. Department of Agriculture and Colorado counties cooperating.
Extension programs are available to all without discrimination.

Attachment: Scope of Work

Goal: To improve the health of Colorado citizens by decreasing lung cancer deaths.

Objective: Gunnison County CSU Extension will increase radon awareness.

A. By educating the public about health risks associated with radon.

1. Conducting a media campaign
2. Holding community educational sessions
3. Preparing radon educational materials
4. Distributing radon educational materials

B. By encouraging radon testing and mitigation of radon in homes, daycare facilities and schools.

1. Providing radon test kits
2. Providing radon mitigation guidance
3. Providing guidance on proper testing
4. Tracking test kit usage rates
5. Directing consumers to radon mitigation assistance information

Scope of Work Narrative:

1. Distribute 100 free test kits from the Gunnison County Extension Office in coordination with radon workshops and/or media campaigns targeting: schools, local real estate agents and local home owners.
2. Provide 1-2 public radon information programs that highlight the risks of elevated indoor radon, as well as the need and methods for testing.
3. Provide 4 informational ads to local media sources (radio, newspaper) throughout the year and during the 2020 National Radon Action month.
4. The CSU Extension office in Gunnison County will serve as a local contact for Gunnison County residents and real estate agents by providing CDPHE, CSU, and EPA radon fact sheets and resources pertaining to radon testing, mitigation, and the transfer of residential property.
5. Satisfy the reporting objectives needed from CDPHE.

Schedule: Time period (start and ending dates) for the project.

10/1/2019 - 9/30/2020.

Reporting:

1. Provide the following in three quarterly reports to CDPHE of a summary of activities completed, such as, but not limited to, the following:
   a. Date of Activities
   b. Location of Activities
   c. Description of Activity
   d. Audience & Number of Attendees
   e. Number of test kits distributed
   f. Additional documentation as requested by the Radon Program Manager

2. Provide one (1) final report to CDPHE which will include:
   a. Dates and locations for events

b. Number of meetings
c. Number of attendees
d. Number of presentations
e. Number of test kits distributed
f. Target audience (homeowners, general public, daycare centers, schools, etc.)
g. Problems encountered
h. Additional documentation as requested by the Radon Program Manager
i. Summary of project outcomes
j. Summary report of data collected
k. Copies of any media articles
l. Copies of other items produced

Expected Results of Activity(s)

1. Targeted audiences will be better informed about the long-term health impacts associated with radon.
2. Citizens and schools will test and mitigate for radon.
3. Decreased lung cancer rates.

Measurement of Expected Results

1. Data in the three quarterly reports
2. Data in the one final report

Deliverables

1. Three quarterly reports. Within 30 days of the close of each quarter
2. One final report
3. Data acquired and any maps created
4. Documents produced for local outreach

Budget Narrative:

We are seeking funds for the reimbursement of purchasing 100 radon test kits and half of the advertising costs. The Gunnison County CSU Extension office will provide half of advertising costs, printing fees of informational materials, and employee labor to carry out the scope of work. For the estimated associated costs please see the attached budget worksheet

Staffing:

- **Gunnison County CSU Extension Director**—will coordinate and deliver radon outreach activities and the distribution of radon test kits and educational resources throughout Gunnison County
- **County CSU Extension Staff** in Gunnison County will assist with the distribution of test kits and radon resources and educational workshops (EPA, CDPHE, CSU, etc.) from the Gunnison County Extension Office.
- **County HHS Staff** in Gunnison County will assist with information outreach to schools and promote the services and testing offered by the CSU Extension office.

Attachment: Budget

COLORADO DEPARTMENT OF PUBLIC HEALTH & ENVIRONMENT-HAZARDOUS MATERIALS & WASTE MANAGEMENT DIVISIO

2019-2020 RADON GRANT APPLICATION BUDGET

PROJECT PERIOD: October 1, 2019-September 30, 2020

CONTRACTOR: Gunnison County CSU Extension Office

				SOURCE OF FUNDS		
	Annual Salary/Hourly Rate	# Months/ # Hours	FTE/ Benefit Pct	Requested from CDPHE	MATCH*	Total Amount Required
PERSONAL SERVICES:	List all job titles to perform work for the project. Include proposed salaries, time and effort percentage, and fringe benefits.					
Salaries and Wages						
Enter the Position Title						
Enter the Position Title						
Enter the Position Title						
Enter the Position Title						
Enter the Position Title						
Total Salaries and Wages						
Fringe Benefits						
Enter the Benefit Name						
Enter the Benefit Name						
Enter the Benefit Name						
Enter the Benefit Name						
Enter the Benefit Name						
Total Fringe Benefits						
TOTAL PERSONAL SERVICES						

		# Units	Cost per Unit	Requested from CDPHE	MATCH*	Total Amount Required
DIRECT OPERATING EXPENSES		Supplies & Operating Expenses				
Free Radon Testing Kits- Alpha Energy Labs		100	$7.20	$720.00		$720.00
1/4 Page Radon Newspaper Ad- local paper		2	$100.00	$200.00		$200.00
1/4 Page Radon Newspaper Ad- local paper		2	$100.00		$200.00	
Color printing factsheets and handouts		700	$0.25		$175.00	
Enter the Cost Category						
Enter the Cost Category						
Enter the Cost Category						
Enter the Cost Category						
Enter the Cost Category						
Enter the Cost Category						
Enter the Cost Category						
Enter the Cost Category						
TOTAL DIRECT OPERATING				$920.00	$375.00	$920.00
TRAVEL		Include all travel and indicate whether in-state or out-of-state. Include costs for registration fees. Include appropriate per diem, mileage or airfare rates.				
Mileage						
Lodging						
Per Diem						
Airfare						
Other Travel Costs						
TOTAL TRAVEL						
TOTAL DIRECT COSTS (Personal Services+Operating+Travel)				$920.00	$375.00	$920.00

ADMINISTRATIVE INDIRECT COSTS (Include Indirect Cost Agreement)		Pct			
Indirect Percentage (applied to all direct costs)					
Indirect Percentage (applied to salary and fringe costs only)					
Indirect Percentage (applied to salary costs only)					
Total Indirect Costs (maximum 25%)					
TOTAL GRANT COST			$920.00	$375.00	$920.00

*40% Matching Funds of the total grant are required

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ Go to *www.irs.gov/FormW9* for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Gunnison County, Colorado

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☑ Other (see instructions) ▶ Governmental Entity

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) 3

Exemption from FATCA reporting code (if any)

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
200 East Virginia Avenue

Requester's name and address (optional)

6 City, state, and ZIP code
Gunnison, CO 81230

7 List account number(s) here (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
☐☐☐ - ☐☐ - ☐☐☐☐

or

Employer identification number
8 4 - 6 0 0 0 7 7 0

Part II Certification

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here **Signature of U.S. person ▶** Linda Dienhueser **Date ▶** 1/14/19

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9*.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*