



Approved as to Form and Legality

Date Adopted

Committee
Health/ Human Services/
Education

May 16, 2018

RESOLUTION AUTHORIZING FREEHOLDER DIRECTOR AND CLERK OF THE BOARD OF CHOSEN FREEHOLDERS FOR THE COUNTY OF SALEM TO SIGN THE 2018 - 2019 COUNTY ENVIRONMENTAL HEALTH ACT GRANT APPLICATION

WHEREAS, the Salem County Board of Chosen Freeholders desires to further the public interest through a grant with the Department of Environmental Protection and Energy, State of New Jersey, for the provision of environmental health services pursuant to the County Environmental Health Act, and ; and

WHEREAS, funding for the project will consist of \$196,566 in state funds and a required match by the County of \$196,566 using cash and/or in-kind services to bring the total project amount to \$393,132 with the county agreeing to match 50% of the total project amount for the portion of matching funds only. The project period will be July 1, 2018 through June 30, 2019. ; and

WHEREAS, this agreement shall further be contingent upon availability and appropriation of sufficient funds for this purpose in the County's temporary and/or permanent budget.

NOW THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Salem authorizes and hereby agrees to provide matching funds and to comply with all applicable Federal, State and municipal laws, rules and regulations in the performance of this contract.

BE IT FURTHER RESOLVED, that the Salem County Board of Chosen Freeholders authorizes and hereby agrees to provide matching funds and to comply with all applicable Federal, State and municipal laws, rules and regulations in the performance of this contract.

 BENJAMIN H. LAURY, Freeholder
 Chair, Health/ Human Services/ Education Committee

I hereby certify the foregoing to be a true resolution adopted by the Board of Chosen Freeholders of the County of Salem on May 16, 2018.

 STACY PENNINGTON
 Deputy Clerk of the Board

RECORD OF VOTE

FREEHOLDER	AYE	NAY	ABSTAIN	ABSENT	RESOLUTION MOVED	RESOLUTION SECONDED
L. Ware	✓					✓
C. Hassler	✓					
B. Laury	✓				✓	
S. Griscom	✓					
M. DeCastro	✓					

✓ Indicates Vote

Department Initials
 CP/Health

DEP-039

New Jersey Department of Environmental Protection
COUNTY ENVIRONMENTAL HEALTH ACT
2019 GRANT APPLICATION (July 1st 2018-June 30th 2019)

(Type or Print All Data)

County: Salem _____

1. Name of Applicant/Organization: Salem County Health Department _____
Address: 110 Fifth Street, Salem, NJ 08079 _____
Phone: 856-935-7510 X8485 _____

2. Name & Title of Principal County Contact: AnnMarie Ruiz- Health Officer
Rita Shade – Department Director _____
Address (if different) _____
Phone: 856-935-7510 X8623 _____

3. Name & Title of Fiscal Contact: Kelly Hannigan _____
Address (if different) _____
Phone: 856-935-7510 X8499 _____

4. Name & Title of Certifying Representative: Melissa DeCastro, Freeholder Director _____
Address: 110 Fifth Street, Salem, NJ 08079 _____
Phone: _____

5. Name of CEHA Certified Subcontractor*: Salem County Office of Emergency Services _____
Name and Title of Contact: Scott Haines _____
Address: 135 Cemetary Road, Woodstown, NJ 08098 _____
Phone: 856-769-2900 _____

(*Use additional pages if needed.)

6. Vendor I.D. Number _____ 7. DUNS Number _____

8. Certification:

The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct, the document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions, and other policies, regulations and rules issued by the New Jersey Department of Environmental Protection for the administration of grants.

*Name of Applicant Melissa DeCastro Title Freeholder Director
(Certifying Representative)

Signature of Applicant Melissa DeCastro Date of Application 5.21-18

(continued on next page)

SECTION A -- COUNTY ENVIRONMENTAL PROGRAM BUDGET
(Estimated Total Budget for Fiscal Year 2019)

1. Total CEHA Grant Requested \$ 393,132
- Amount deferred to DEP's Environmental Equipment Warehouse \$ 1,000
2. (A) Lead Agency's Costs for CEHA. \$ _____
- (B) Subcontracting agencies' costs to implement CEHA programs
- Agency \$ _____
- Agency \$ _____
- Agency \$ _____
- (C) Total County Cost (Lead & Subcontractor) \$ 393,132
3. (A) Water Fees \$ _____
- Air Fees \$ _____
- Solid Waste Fees \$ _____
- Other Fees \$ _____ Specify _____
- Total Fees \$ -0-**
4. (A) EPA 105 Air Grant (If applicable) \$ _____
- (B) Other Funding \$ _____ Specify _____
- Total Grants \$ -0-**
5. Balance of EQEF as of December 31, 2017..... \$368,859.18
(Includes all fees, fines, and SW fees account)

Note: County must include a copy of their annual improvement/Environmental Health Assessment plan with CEHA Grant Application (which can be submitted electronically to BLEM).

2019 GRANT APPLICATION
Section B- CEHA BUDGET DETAIL
 (use additional pages if needed)

Budget Category	Priority Order for Funding numerical order*	CEHA Grant Money Requested
Salaries/Fringe/Overtime/Administrative Costs REHS REHS REHS Sr. EHS Supv. Clerk Typist Clerk Typist	\$30,401 \$22,489 \$24,515 \$34,953 \$29,160 \$44,048	\$185,566
Equipment/Supplies/Calibration		\$8,000
GIS		-0-
Laboratory Costs		-0-
Training		\$2,000
MSP		-0-
Other: Warehouse In Direct cost (10%) of Co. Match		\$1,000
Total Funding Requested: \$393,132		

* Order of priority with 1 being the most important

**2019 GRANT APPLICATION
Elective Selection Sheet**

ACTIVITY	AGENCY WILL PARTICIPATE	AGENCY WILL <u>NOT</u> PARTICIPATE
Ambient Surface Water Monitoring (If Offered in your region)		X
CCMP (Coastal Counties)		X
Pesticide Inspections	X	
Right to Know	X	
Motor Vehicle Idling		X
Underground Storage Tanks (If available and restricted to previous participants)		X

Note - All projects will be contingent on availability of funding and NJDEP program approval.

PLEASE RETURN THE COMPLETED APPLICATION BY April 30, 2018 TO:

Mail to:

NJDEP, Bureau of Local Environmental Management and Right to Know

401 East State Street

Mail Code 401-04 N

P.O. Box 420

Trenton, NJ 08625-0420

Fax to (609) 633-0632

Or scan and e-mail to your CEHA Coordinator

CEHA/Contact information and forms