



Approved as to Form and Legality

Date Adopted

Committee
Health/ Human Services/
Education

August 15, 2018

RESOLUTION EXECUTING AND ACCEPTING A GRANT FROM THE STATE OF NEW JERSEY FOR THE 2018-2019 CHILDHOOD LEAD EXPOSURE PREVENTION (CLEP) PROJECT GRANT

WHEREAS, the Salem County Board of Chosen Freeholders applied and obtained a grant from the State of New Jersey to provide blood lead screenings in accordance with N.J.A.C. 8:51 and case management interventions through a new grant; and

WHEREAS, the New Jersey State Department of Health has made funding available to aid this endeavor for the period of July 1, 2018 through June 30, 2019, in the amount of \$207,000.00.

NOW THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Salem:

1. The Freeholder Director and Clerk of the Board are hereby authorized to sign the agreement and any other documents necessary in connection therewith.


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 August 15, 2018.


BRENDA P. BANKS
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

DFHS19CHD019
 Salem County
Notice of Grant Award

State of New Jersey
 Department of Health
 Grant Agreement

3a. Grant Award No.
 DFHS19CHD019
 3b. Amendment No.
 0

1. Date Issued
 7/14/2018
 Supersedes Award Notice
 Dated

4. Title of Grant Award
 Child Health 2019

5a. Project Period (Mo./Day/Yr.)
 From: 7/1/2018 Through: 6/30/2019

5b. Budget Period (Mo./Day/Yr.)
 From: 7/1/2018 Through: 6/30/2019

6a. Grantee Name and Address
 Salem County
 Court House 110 5th street suite 400
 Salem, New Jersey 08079-1914

7. Award Computation for Budget Period
 a. Amount of Financial Assistance
 \$207,000
 b. Less Unobligated Balance from
 Prior Budget Periods
 c. Less Cumulative Prior Award(s)
 this Budget Period
 d. AMOUNT of this ACTION \$207,000

6b. Grantee Vendor ID No.
 216001147-00

8a. Total Grant Funds Awarded to Date for
 Project Period
 \$207,000

6c. Grantee DUNS No.
 077061018

8b. Source of Grant Funds
[Click Here to View](#)

6d. Grantee Project Director
 Rita Shade
 Director

Department Officers

a. Nature or purpose of program to be funded.
 19CHD - 19CHD Program : To provide nursing case management/environmental
 investigation services for lead poisoned children. Promote to the public, health
 care providers, and other professionals age-appropriate screenings, medical homes,
 and healthy/safe housing.

10b. This Grant is subject to the terms and conditions incorporated either directly
 or by reference in the following:
 Attachment A - Additional Grant Provisions
 Attachment B - Approved Budget
 Attachment C - Program Specifications
 Acceptance of the grant terms and conditions is acknowledged by the grantee when
 funds are obtained from the grant payment system.

11. Remarks

12. Department Signatures
 Division or Commission:

Department Grant Approval Officer:

By: Lisa Asare
 Title: Assistant Commissioner, Division of
 Family Health Services
 Date: 7/13/2018
 Contact: (609) 292-4043

By: Eric Anderson
 Title: Department Grant Approval Officer
 Date: 8/14/2018
 Contact: (609) 292-6915