



Approved as to Form and Legality

Kan M Wood

Date Adopted

April 4, 2019

Committee  
Health/ Human Services/  
Education

**RESOLUTION AUTHORIZING A SHARED SERVICES AGREEMENT  
BETWEEN THE CITY OF VINELAND AND COUNTY OF SALEM  
FOR A HEALTH OFFICER**

**WHEREAS,** the County of Salem (Salem) is a body politico and corporate of the State of New Jersey with main offices located at 94 Market Street, Salem, NJ 08079; and

**WHEREAS,** the City of Vineland (Vineland) is a body politico and corporate of the State of New Jersey with main offices located at 640 East Wood Street, P.O. Box 1508, Vineland, NJ 08362-1508; and

**WHEREAS,** Salem County previously entered into a Shared Services Agreement with Gloucester County to provide a Health Officer to Salem County on a part time basis; and

**WHEREAS,** on November 30, 2018 Salem County received notice from Gloucester County of their intention not to renew the Shared Services Agreement for the Health Officer beyond March 31, 2019; and

**WHEREAS,** Salem County Health and Human Services Director and County Purchasing Agent have negotiated a Shared Services Agreement with the City of Vineland to provide a Health Officer under a Shared Services Agreement for the period commencing April 1, 2019; and

**WHEREAS,** N.J.S.A. 40:65A-1 et seq. specifically authorized local government units, including counties and municipalities, to enter into shares services agreements.

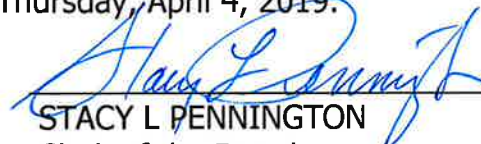
**NOW THEREFORE BE IT RESOLVED BY THE BOARD OF CHOSEN FREEHOLDERS OF THE COUNTY OF SALEM, STATE OF NEW JERSEY as follows:**

1. The Freeholder Director and Clerk of the Board are hereby authorized and directed to execute a Shared Services Agreement, subject to the approval of the County Solicitor, with the City of Vineland for this purpose.
2. Salem County shall pay to the City of Vineland a fee of \$5,323.16 per month to the City of Vineland for the services of a Health Officer for an annual average of fourteen (14) hours per week.

3. In accordance with N. J. S. A. 40A:65-4 a certified copy of this resolution and the fully executed Shared Services Agreement shall be submitted to the New Jersey Division of Local Government Services in the Department of Community Affairs.

  
 \_\_\_\_\_  
 GORDON J. OSTRUM, JR., 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 Thursday, April 4, 2019.

  
 \_\_\_\_\_  
 STACY L PENNINGTON  
 Clerk of the Board

RECORD OF VOTE

| FREEHOLDER     | AYE | NAY | ABSTAIN | ABSENT | RESOLUTION MOVED | RESOLUTION SECONDED |
|----------------|-----|-----|---------|--------|------------------|---------------------|
| G. Ostrum, Jr. | ✓   |     |         |        | ✓                |                     |
| C. Hassler     | ✓   |     |         |        |                  |                     |
| L. Ware        | ✓   |     |         |        |                  | ✓                   |
| R.S. Griscom   | ✓   |     |         |        |                  |                     |
| B. Laury       | ✓   |     |         |        |                  |                     |

Indicates Vote

Department Initials



**CERTIFICATION OF AVAILABILITY OF FUNDS**

**NOTE TO COUNTY DEPARTMENTS:** This form is to be prepared by each department entering into a contract with a vendor when a resolution is required to be adopted by the Board of Chosen Freeholders of the County of Salem.

This form must accompany the resolution, and must be submitted with the resolution to the Finance Officer for approval by the Finance Officer at least one week prior to the Freeholder meeting at which it will be presented for adoption.

The contract/agreement between the County and the vendor shall be further contingent upon availability and appropriation of sufficient funds for this purpose in the County's Temporary and Permanent Budget. *If grant funds are utilized, this contract/agreement is further contingent upon the grants funds availability during the appropriate grant period.*

---

I, **Kelly A. Hannigan, Treasurer** of the County of Salem, hereby certify in accordance with **Section 5:34-5 of the Local Public Contracts Guidelines and Local Public Contracts Regulations** that adequate funds for the contract listed below are available.

I further certify that the funds are contained in the **OFFICIAL BUDGET** of the County of Salem under the item listed below.

|  |
|--|
| <b>AMOUNT:</b> \$5,323.16                              |
| <b>ACCOUNT NAME:</b> 2019 Public Health Administration |
| <b>ACCOUNT #:</b> 9-01-27-350-603-202                  |
|  |
| <b>FOR:</b> Health Officer Shared Service Agreement    |
| April 2019   |
| <b>DATE:</b> 4/04/2019                                 |
|  |
| <b>VENDOR:</b> City of Vineland                        |

  
\_\_\_\_\_  
**Kelly A. Hannigan, Treasurer**