



Board of Chosen Freeholders

Approved as to Form and Legality

*Kaumswell*

Salem County Counsel

Date Adopted

June 12, 2019

Committee

Health/ Human Services/  
Education

**RESOLUTION SUPPORTING THE SALEM COUNTY OFFICE ON AGING AND DISABILITIES TO ACCEPT A GRANT FOR THE FARM MARKET VOUCHER PROGRAM**

**WHEREAS**, an application was made to the Department of Health and Senior Services on behalf of the Salem County Board of Chosen Freeholders for a grant under the Farm Market Voucher Program; and

**WHEREAS**, under this program, Office on Aging and Disabilities, distributes vouchers to eligible seniors in the county; and

**WHEREAS**, the County of Salem was approved by the Department of Health and Human Services to obtain funding in the amount of \$500.00 for period covering June 1, 2019 to September 30, 2019.

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

1. The Salem County Board of Chosen Freeholders accepts the grant
2. The Salem County Office on Aging and Disabilities are hereby authorized to accept the grant on behalf of the County of Salem.

*Gordon J. Ostrum, Jr.*

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 June 12, 2019.

*Stacy L. Pennington*

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

OOA/dc

DFHS19WMN004  
Salem County  
Notice of Grant Award

1. Date Issued  
5. 2019  
2. Supersedes Award Notice  
Dated

**State of New Jersey  
Department of Health  
Grant Agreement**

3a. Grant Award No.  
DFHS19WMN004  
3b. Amendment No.  
0

4. Title of Grant Award  
WIC/Seniors Farmers Market Nutrition Program Mini 2019

|   |  |
|---|--|
| 5a. Project Period (Mo./Day/Yr.)<br>From: 6/1/2019 Through: 9/30/2019 | 5b. Budget Period (Mo./Day/Yr.)<br>From: 6/1/2019 Through: 9/30/2019 |
|---|--|

|  |  |
|--|--|
| 6a. Grantee Name and Address<br>Salem County<br>Court House 110 5th street suite 400<br>Salem, New Jersey 08079-1914 | 7. Award Computation for Budget Period<br>a. Amount of Financial Assistance \$500<br>b. Less Unobligated Balance from Prior Budget Periods<br>c. Less Cumulative Prior Award(s) this Budget Period<br>d. AMOUNT of this ACTION \$500 |
|--|--|

|   |   |
|---|---|
| 6b. Grantee Vendor ID No.<br>216001147-00 | 8a. Total Grant Funds Awarded to Date for Project Period<br>\$500 |
|---|---|

|                                   |   |
|-----------------------------------|---|
| 6c. Grantee DUNS No.<br>077061018 | 8b. Source of Grant Funds<br><a href="#">Click Here to View</a> |
|-----------------------------------|---|

|  |  |
|--|--|
| 6d. Grantee Project Director<br>Rebecca Ferguson<br>Executive Director |  |
|--|--|

**9. Department Officers**

1 Nature or purpose of program to be funded.  
19WMN - 19WMN Program: To safeguard the health of low-income seniors who are 60 years of age and older by providing vouchers for fresh fruits and vegetables and nutrition education.

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  | By: Robert Apgar                         |
| Title: Assistant Commissioner, Division of Family Health Services | Title: Department Grant Approval Officer |
| Date: 5/16/2019   | Date: 5/17/2019                          |
| Contact: (609) 292-4043   | Contact: (609) 633-3916                  |