



Approved as to Form and Legality

Date Adopted

Committee  
Health/ Human Services/  
Education

June 12, 2019

\_\_\_\_\_  
Salem County Counsel

**RESOLUTION EXECUTING AND ACCEPTING A GRANT FOR THE 2019  
COMPREHENSIVE ALCOHOL AND DRUG PROJECT**

**WHEREAS**, the Salem County Board of Chosen Freeholders applied and obtained a grant from the State of New Jersey to provide alcohol and drug rehabilitation services for Salem County residents; and

**WHEREAS**, the New Jersey Department of Health has made funding available to aid this endeavor for the period of January 1, 2019 through December 31, 2019, in the amount of \$230,347.00;

**WHEREAS**, a county match is required in the amount of \$18,274.00; and

**WHEREAS**, the Salem County Board of Chosen Freeholders recognizes the grant period is for one year, January 1, 2019 through December 31, 2019.

**NOW THEREFORE, BE IT RESOLVED** by the Board of Chosen Freeholders of the County of Salem to execute and accept a grant from the State of New Jersey for the 2019 Comprehensive Alcohol and Drug Project.

\_\_\_\_\_  
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

\_\_\_\_\_  
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.*

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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>	not to exceed \$18,274.00
<b>ACCOUNT NAME:</b>	Matching Funds For Grant
<b>ACCOUNT #:</b>	9-01-41-899-132-218
<b>FOR:</b>	County Match For 2019 Alcohol Comprehensive
<b>DATE:</b>	June 12, 2019
<b>VENDOR:</b>	County of Salem

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