



Board of Chosen Freeholders

Approved as to Form and Legality

Kan M Wood
Salem County Counsel

Date Adopted

September 4, 2019

Committee

Health/ Human Services/
Education

RESOLUTION ACCEPTING AND EXECUTING A GRANT FROM THE STATE OF NEW JERSEY FOR THE 2019-2020 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 Department of Health 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, 2019 through June 30, 2020 in the amount of \$200,000.00,

NOW THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Salem to approve the acceptance and execution of the CLEP grant awarded to the Salem County Department of Health and Human Services,

BE IT FUTHER RESOLVED by the Board of Chosen Freeholders of the County of Salem that the Freeholder Director and Clerk of the Board, are hereby authorized to sign and execute the attached agreements

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 September 4, 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

OLPH20CLP018
Salem County
Notice of Grant Award

1. Date Issued 8/16/2019 2. Supersedes Award Notice Dated	State of New Jersey Department of Health Grant Agreement	3a. Grant Award No. OLPH20CLP018 3b. Amendment No. 0
4. Title of Grant Award Childhood Lead 2020		
5a. Project Period (Mo./Day/Yr.) From: 7/1/2019 Through: 6/30/2020	5b. Budget Period (Mo./Day/Yr.) From: 7/1/2019 Through: 6/30/2020	
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 \$200,000 b. Less Unobligated Balance from Prior Budget Periods c. Less Cumulative Prior Award(s) this Budget Period d. AMOUNT of this ACTION \$200,000	
6b. Grantee Vendor ID No. 216001147-00	8a. Total Grant Funds Awarded to Date for Project Period \$200,000	
6c. Grantee DUNS No. 077061018	8b. Source of Grant Funds Click Here to View	
6d. Grantee Project Director Rita Shade Director of Health and Human Services		
. Department Officers Click Here to View		
10a. Nature or purpose of program to be funded. 20CLP CLEP - Childhood Lead Exposure Prevention: To provide CM and EI per NJAC 8:51 and CLEPP RFA.		
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:

By: Shereen Semple
Title: Director, Office of Local Public Health
Date: 8/12/2019
Contact: (609) 292-6972

Department Grant Approval Officer:

By: Robert Apgar
Title: Contract Administrator 3, Grants Unit
Date: 8/16/2019
Contact: (609) 633-3916

ATTENTION! This e-mail is from an External Source!

From: Pappas, Siobhan

Sent: Thursday, June 20, 2019 7:21 PM

To: Rita.Shade@salemcountynj.gov

Cc: Henry, Devon <Devon.Henry@doh.nj.gov>; Semple, Shereen <Shereen.Semple@doh.nj.gov>; Michaels, Carl P <Carl.Michaels@doh.nj.gov>

Subject: Childhood Lead Program Letter of Intent

Attached please find the Letter of intent for the Childhood Lead Program grant. Please make all necessary revisions to your grant including revised grant award as well as use of activity code CLP.

Siobhan Pappas, Ph.D.

Coordinator, Childhood Lead Program

New Jersey Department of Health

609-633-2937 (direct)

609-777-3572 (fax)

Siobhan.Pappas@doh.nj.gov

Confidentiality Notice: This e-mail, including any attachments, may include advisory, consultative and/or deliberative material and, as such, would be privileged and/or confidential and not a public document. Any information in this e-mail identifying a client of the Department of Health or including protected health information is confidential. If you received this e-mail in error, you are not authorized to review, transmit, convert to hard copy, copy, or in any way further use or disseminate this e-mail or any attachments to it. You must immediately notify the sender and delete this message. If the email you received in error contained client or protected health information, you must also notify the Data Privacy Officer immediately at privacy.officer@doh.nj.gov and confirm in writing that you deleted the email(s)/attachment(s) and that you did not/will not further use or disclose the information contained in the email.



**SAGE FY20 Application Guidance
Childhood Lead Exposure Prevention (CLEP) Project**

Important Dates

Applications were made available in the SAGE System March 26. All applications must be submitted by April 19. Incomplete applications will be returned and given a new due date. Note: It is best to submit an incomplete application by the due date and given a new due date.

Application Summary Type

of Request is "New".

Childhood Lead 2020

Budget and Project Period Dates are July 1, 2019-June 30, 2020.

Project Location

Indicate the Counties and Municipalities in which services will be provided directly from the Grantee, a Sub-Grantee and by the Grantee through cross-jurisdictional agreements.

Needs and Objectives

Please provide a limited needs assessment. Include all primary and sub-awardee case numbers for the SFY2019.

Include challenges for the department expressing need.

Objectives will remain the same throughout the RFA project period and therefore no changes are required.

Methods and Evaluation

Methods must be clear and concise. At least one method and evaluation measure is required for each objective. Methods should show growth of the program and include related evaluations.

Budget

Schedule A (Personnel) sections must be completed correctly (i.e. full-time employees in the full-time schedule). If the position is vacant indicate "VACANT" for first and last names.

Personnel Justification is the position's minimum qualifications of education and experience, not that of the staff member currently holding that job title.

Schedule C (Other Cost Categories) must include a cost breakdown in the description area. At no time should any expenses be listed as "Other" or "Reserve".

Funds and Income from other sources does not need to be included as the RFA does not require a funding match. However, your agency may upload into Miscellaneous Attachments documentation that indicates project costs not covered by CLEP Project funding.



Required Attachments

Applications will not be processed without an Audit Engagement Letter and valid Tax Clearance Certificate.

Required Attachments that must be uploaded under "Miscellaneous Attachments" include updated contact list of all CLEP Project staff regardless if funded through the grant, including grants management and fiscal contacts.

FY18 Reminders

Quarterly Reports and Expenditure Reports are due within 30 days of the end of the respective quarter.

The Grants Management Officer is Devon Henry (Devon.henry@doh.nj.gov), 609-943-3558.

The Program Management Officer is Siobhan Pappas (Siobhan.pappas@doh.nj.gov), 609-633-8789.

Should your agency not be able to spend the funding allocated during this budget period, contact Siobhan Pappas (Siobhan.pappas@doh.nj.gov), 609-633-8789.

Communication to the Child Health program should be sent to clpp.fhs@doh.nj.gov. This mailbox is monitored daily by a Child Health staff member.