



Approved as to Form and Legality

Date Adopted

Committee  
Health/ Human Services/  
Education

Salem County Counsel

October 17, 2019


**RESOLUTION ACCEPTING AND EXECUTING A GRANT FROM THE STATE OF NEW JERSEY FOR THE 2019-2020 CHILD HEALTH CASE MANAGEMENT GRANT**

**WHEREAS**, the Salem County Board of Chosen Freeholders applied for and obtained a grant from the State of New Jersey to provide Case Management services for special (handicap) children living within Salem County; and

**WHEREAS**, the New Jersey Department of Health and Senior Services has made funding available to aid in this endeavor for the period of July 1, 2019 through June 30, 2020 in the amount of \$43,000. A county match is required in the amount of \$15,880. The total budgeted amount of the Child Health Case Management Grant is \$58,880.00; and

**WHEREAS**, the Salem County Board of Chosen Freeholders recognizes the grant period is for one year, July 1, 2019 through June 30, 2020.

**NOW THEREFORE, BE IT RESOLVED** by the Board of Chosen Freeholders of the County of Salem to hereby execute and accept a grant from the State of New Jersey for the 2019-2020 Child Health Case Management.



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 October 17, 2020.



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

KM

DFHS20CSE014  
Salem County Health Dept  
Notice of Grant Award

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

<p>1. Date Issued 11/2019</p> <p>Supersedes Award Notice Dated</p>		<p>3a. Grant Award No. DFHS20CSE014</p> <p>3b. Amendment No. 0</p>
<p>4. Title of Grant Award Special Child Health Case Management 2020</p>		
<p>5a. Project Period (Mo./Day/Yr.) From: 7/1/2019 Through: 6/30/2020</p>	<p>5b. Budget Period (Mo./Day/Yr.) From: 7/1/2019 Through: 6/30/2020</p>	
<p>6a. Grantee Name and Address Salem County Health Dept 98 Market Street Salem, New Jersey 08079</p>	<p>7. Award Computation for Budget Period</p> <p>a. Amount of Financial Assistance \$43,000</p> <p>b. Less Unobligated Balance from Prior Budget Periods</p> <p>c. Less Cumulative Prior Award(s) this Budget Period</p> <p>d. AMOUNT of this ACTION \$43,000</p>	
<p>6b. Grantee Vendor ID No. 216001147-01</p>	<p>8a. Total Grant Funds Awarded to Date for Project Period \$43,000</p>	
<p>6c. Grantee DUNS No. 07-706-1018</p>	<p>8b. Source of Grant Funds <a href="#">Click Here to View</a></p>	
<p>6d. Grantee Project Director Rita Shade Director of Health and Human Services</p>		
<p>9. Department Officers <a href="#">Click Here to View</a></p>		
<p>10a. Nature or purpose of program to be funded. 20CSE - Case Management: Case management for children and youth with special health needs.</p>		
<p>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.</p>		
<p>11. Remarks</p>		

**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: Contract Administrator 3, Grants Unit

Date: 9/27/2019

Date: 10/11/2019

Contact: (609) 292-4043

Contact: (609) 633-3916



## 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>	\$15,880.00
<b>ACCOUNT NAME:</b>	Matching Funds For Grants
<b>ACCOUNT #:</b>	9-01-41-899-132-218
<b>FOR:</b>	MATCHING FUNDS
<b>DATE:</b>	October 17, 2019
<b>VENDOR:</b>	SPECIAL CHILD HEALTH CASE MANAGEMENT

  
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**Kelly A. Hannigan, Treasurer**