Salem County New Jersey
Board of Chosen Freeholders

Resolution No. 2020 – 028

Date Adopted	Committee
January 6, 2020	Administrative

RESOLUTION AWARDING A CONTRACT FOR MEDICAL DIRECTOR FOR THE SALEM COUNTY DEPARTMENT OF HEALTH AND HUMAN SERVICES

WHEREAS, the Salem County Purchasing Agent as authorized Contracting Agent for the Board of Chosen Freeholders of the County of Salem requested, received, and opened sealed proposals on Wednesday, December 11, 2019 at 11:00 A.M., prevailing time for **Medical Director Salem County Department of Health and Human Services**, the receipt of which proposal was duly advertised in accordance with the law and in such case made and provided; and

WHEREAS, Pursuant to New Jersey State Law N.J.S.A. 19:44A-20.4 et. seq. a "Fair and Open" practice, as adopted by the Board of Chosen Freeholders, was utilized by the County of Salem in the determination of this award; and

WHEREAS, all proposal results and recommendations for contract award are on file in the office of the Purchasing Agent, 110 Fifth Street, Suite 400, in the County of Salem, New Jersey as required by law; and

WHEREAS, the Qualified Purchasing Agent has determined that the value of this contract may exceed Seventeen Thousand, Five Hundred Dollars and Zero Cents ($17,500.00); and

WHEREAS, it has been determined that **Dr. Robert Smick, DO, MBA** has substantially met the necessary qualifications for the fulfillment of this contract, and further has provided the documentation necessary to successfully fulfill the requirements of the County of Salem; and

WHEREAS, the Salem County Treasurer has certified that funding for this contract shall be encumbered in accordance with N.J.A.C. 5:30-5.4 and this agreement shall further be contingent upon the availability and appropriation of sufficient funds contained in the temporary and final 2020 Budget of the County of Salem under the item Public Health Nursing-Other (0-01-27-350-602-218) and Other Insurance Premium- Misc. (0-01-23-210-136-218).

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Salem as follows:

1. The Board of Chosen Freeholders of the County of Salem awards a contract for the provision of Physician for the Salem County Health and Human Services, subject to the approval of the County Solicitor, to **Dr. Robert Smick, DO, MBA** in the amount not to exceed **$6,000.00 (Six Thousand Dollars and Zero Cents) plus the cost of insurance not to exceed $2,000.00 (Two Thousand Dollars and Zero Cents).**

2. The contract commencing, retroactively, January 1, 2020 and terminating December 31, 2020, or until a successor is appointed, whichever is later, shall be completed in full accordance with the terms and conditions of the contract.

3. The Freeholder Director and the Clerk of the Board shall be authorized to execute said contracts.

Benjamin H. Laury, Freeholder Director
Board of Chosen Freeholders

I hereby certify the foregoing to be a true resolution adopted by the Board of Chosen Freeholders of the County of Salem at its annual stated reorganization meeting held on January 6, 2020.

STACY L. PENNINGTON
Clerk of the Board

RECORD OF VOTE

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

✓ Indicates Vote

Department Initials Purchasing

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.

AMOUNT:	$1,500.00
ACCOUNT NAME:	PUBLIC HEALTH-OTHER
ACCOUNT #:	0-01-27-350-602-218
FOR:	MEDICAL DIRECTOR-DEPT OF HEALTH
DATE:	January 6, 2020
*contingent upon adoption of the temporary budget	
VENDOR:	DR. ROBERT SMICK DO, MBA

Kelly A. Hannigan, Treasurer/Temporary CFO

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.

AMOUNT:	$500.00
ACCOUNT NAME:	OTHER INSURANCE PREMIUM
ACCOUNT #:	0-01-23-210-136-218
FOR:	MEDICAL DIRECTOR-DEPT OF HEALTH-INSURANCE
DATE:	JANUARY 6, 2020
*contingent upon adoption of the temporary budget	
VENDOR:	DR. ROBERT SMICK DO, MBA

Kelly A. Hannigan, Treasurer/Temporary CFO