



Date Adopted

Committee

March 4, 2020

Health/ Human Services/
Education

RESOLUTION ACCEPTING AND EXECUTING A GRANT FOR THE 2020 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 Human Services has made funding available to aide this endeavor for the period of January 1, 2020 through December 31, 2020, in the amount of \$237,599.00; and

WHEREAS, a county match is required in the amount of \$20,140.00; and

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 2020 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 March 4, 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 km



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.

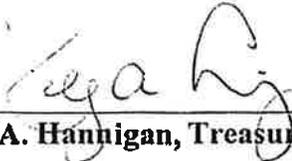
The contract/agreement between the County and the vendor shall be further contingent upon availability and appropriation of sufficient funds for this purpose in the County's Temporary and Permanent Budget. *If grant funds are utilized, this contract/agreement is further contingent upon the grants funds 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:	\$20,140.00
ACCOUNT NAME:	Matching Funds For Grants
ACCOUNT #:	9-01-41-899-132-218
FOR:	MATCHING FUNDS
DATE:	November 20, 2019
VENDOR:	ALCOHOL/DRUG COMPREHENSIVE GRANT



Kelly A. Hannigan, Treasurer