



Date Adopted

Committee

October 7, 2020

Health/ Human Services/
Education

RESOLUTION AUTHORIZING FREEHOLDER DIRECTOR AND CLERK OF THE BOARD OF CHOSEN FREEHOLDERS FOR THE COUNTY OF SALEM TO SIGN THE 2020-2021 COUNTY ENVIRONMENTAL HEALTH ACT GRANT APPLICATION

WHEREAS, the Salem County Board of Chosen Freeholders desires to further the public interest through a grant with the Department of Environmental Protection and Energy, State of New Jersey, for the provision of environmental health services pursuant to the County Environmental Health Act; and

WHEREAS, the funding for the project will consist of \$190,128.00 in state funds and a required match by the County of \$190,128.00 using cash and/or in-kind services to bring the total project amount to \$380,256.00 with the county agreeing to match 50% of the total project amount for the portion of matching funds only. The project period will be July 1, 2020 through June 30, 2021; and

WHEREAS, this agreement shall further be contingent upon availability and appropriation of sufficient funds for this purpose in the County's temporary and/or permanent budget.

NOW THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Salem authorizes and hereby agrees to provide matching funds and to comply with all applicable Federal, State, municipal laws, rules and regulations in the performance of this contract.

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 7, 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



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APPLICANT INFORMATION

Instructions:

Please complete this page, then click the **Save** button

Required fields are marked with an *.

Individuals Identified as Contacts must be registered within NJDEP SAGE

County: Salem County

Applicant/Organization Info

Name: Salem County Health & Human Services
 Address: 110 Fifth Street
 City: Salem
 State: New Jersey
 Zip: 08079
 Phone Number: (856) 935-7510
 Vendor ID: 21-6001147
 DUNS Number:

***Environmental Health Assessment and Improvement Plan**

Choose File No file chosen DELETE
 1271_1108623-
[CEHAFY2020environmentalhealthassessmentandaprovementplan2.doc](#)

***County Contact**

Name: Regina Traini
 Title: CEHA Coordinator
 Address: 110 Fifth Street
 City: Salem
 State: New Jersey
 Zip: 08079
 Phone Number: (856) 935-7510
 Email: regina.traini@salemcountynj.gov

***Fiscal Contact**

Name: Regina Traini
 Title: CEHA Coordinator
 Address: 110 Fifth Street
 City: Salem
 State: New Jersey
 Zip: 08079
 Phone Number: (856) 935-7510
 Email: regina.traini@salemcountynj.gov

***Certifying Representative Contact**

Name: Regina Traini
 Title: CEHA Coordinator
 Address: 110 Fifth Street
 Phone Number: (856) 935-7510
 City: Salem
 State: New Jersey
 Zip: 08079
 Email: regina.traini@salemcountynj.gov

CEHA Certified Subcontractor (Only applies to subcontractors who will be receiving CEHA funding)

Name of Contractor:

Address:
Contact Name:
Contact Title:
Phone Number:
Email:

Add Another Subcontractor

Salem County Office of Emergency Management
135 Cemetary Road, Woodstown, NJ
Scott Haines
Hazmat/OEM Operations
856-769-2900
scott.haines@salemcountynj.gov

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CEHA BUDGET

All required fields marked with *.
Use the **Save** button to save text and calculate data on each page.
Click **Save** before you proceed to another page.

*Total CEHA Grant Requested:	\$380,256 *
Amount Deferred to DEP's Environmental Equipment Warehouse:	\$1,000
Lead Agency's Costs for CEHA:	\$50,000
Subcontracting Agencies Costs to Implement CEHA Programs:	
Salem County Office of Emergency Management	\$0
Total County Cost (Lead & Subcontractor):	\$50,000
Balance of EQEF as of:	\$215,196
<i>(Current date will pull in automatically upon page save. Amount should include all fees, fines and solid waste fees account)</i>	
Water Fees:	\$0
Air Fees:	\$0
Solid Waste Fees:	\$0
Other Fees:	\$0
Specify:	
Total Fees:	\$0

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BUDGET DETAIL

Instructions:

Use the **Save** button to save text and calculate data.
Click **Save** before you proceed to another page.
Only prioritize the categories where you are requesting funding.
Required fields are marked with a *.

BUDGET CATEGORY	PRIORITY ORDER	CEHA GRANT FUNDS REQUESTED
*Salaries/Administrative Costs	1	\$319,256
Equipment/Supplies/Calibration	2	\$8,000
Geographical Information System (GIS)		
Laboratory Costs		
Training	3	\$2,000.00
Medical Surveillance Program (MSP)		
Other (describe) Warehouse	4	\$1,000
Other (describe) HazMat Subcontractor	5	\$50,000
Other (describe)		
TOTAL GRANT FUNDING REQUESTED:		\$380,256

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ELECTIVE SELECTIONS

Instructions:

Please indicate if your agency will participate in the below activities by selecting the appropriate radio button.

All required fields are marked with an *.

Use the **Save** button to save text and calculate data on each page.

Hit **Save** before you proceed to another page.

<u>Activity</u>	<u>Yes</u>	<u>No</u>
*Ambient Surface Water Monitoring <i>(if offered in your region)</i>	<input checked="" type="radio"/>	<input type="radio"/>
*Pesticides	<input checked="" type="radio"/>	<input type="radio"/>
*Right to Know	<input checked="" type="radio"/>	<input type="radio"/>
*Motor Vehicle Idling Special Project	<input type="radio"/>	<input checked="" type="radio"/>
*Special Project(s) (Describe)	<input type="radio"/>	<input checked="" type="radio"/>

NOTE: All projects will be contingent on the availability of funding and NJDEP program approval.

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