



Date Adopted

Committee

October 7, 2020

Public Safety

RESOLUTION AUTHORIZING A GRANT APPLICATION FOR A PROJECT LIFESAVER INTERNATIONAL GRANT FROM THE ALZHEIMER'S FOUNDATION OF AMERICA FOR THE SHERIFF'S OFFICE

WHEREAS, the Board of Chosen Freeholders ("Board") recognizes a need to assist the Sheriff's Office in providing a wandering program and safety initiatives; and

WHEREAS, the Alzheimer's Foundation of America is offering the Sheriff's Office participation in a Project Lifesaver grant to provide enhanced support and assistance to residents of Salem County who have a wandering family member; and

WHEREAS, the application will result in a Grant to the Salem County Sheriff's Office funding to be for the fall of 2020, in the amount of \$6,000.00; 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; and

WHEREAS, the Board supports this grant application.

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

1. The program grant outlined in the Program Grant Application filed on-line via email in accordance with the notification received from the Alzheimer's Foundation of America is supported and approved by the Public Safety Committee.
2. The County Sheriff, the Chief Finance Officer, the Project Contact person from the Sheriff's Office, as well as any other necessary parties, are hereby authorized and directed to execute all project grant documents by the Alzheimer's Foundation of America.
3. Five fully executed copies of this resolution shall be provided to the County Sheriff forthwith.

A handwritten signature in cursive script that reads "R. Scott Griscom".

R. Scott Griscom, Deputy Freeholder Director
Chair, Public Safety 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 DB/LH



AFA Project Lifesaver International Grant Criteria and Submission Directions

Grant Request: \$6,000
Deadline: Spring (June 26, 2020)
Deadline: Fall (November 13, 2020)

About the Project Lifesaver International Grant

The Project Lifesaver International Grant program, exclusive to AFA's Project Lifesaver International members in good standing, helps fund wandering prevention programs and other publicly safety initiatives designed to protect individuals living with dementia-related illnesses such as Alzheimer's disease. All public safety agencies that are members of AFA and Project Lifesaver International (PLI) are welcome to apply for grant funding. The amount to be requested is \$6,000. This grant is offered in the spring and the fall of each year.

What is AFA looking for in a PLI Grant proposal?

This grant is open to a variety of programming ideas and supportive services. AFA seeks proposals that exhibit high scores within the following criteria:

- **Clear and effective descriptions.** Proposals must clearly and effectively explain the program to be funded and its objectives. Pay attention to grammar, spelling, etc. Please be as detailed as possible.
- **High community demand.** Proposals need to clearly exhibit a high level of need for this program or service in the community, and show that it will serve a significant number of clients and achieve other outcomes.
- **Best practice.** Proposals should show how this program or service is a best practice that deserves to be expanded for people with Alzheimer's disease and related dementias, and/or their caregivers.

Who reviews the PLI Grant proposals?

Grant proposals are reviewed by AFA's staff.

How is scoring determined?

Each of the criteria above will be scored on a scale of 1-5, 1 being the lowest possible score and 5 being the highest possible score. Since there are 5 criteria, proposals can receive a maximum total score of 25 from each grant reviewer. Final scores are determined by averaging each grant reviewers' total score.

How to submit your completed grant?

| | | |
|---|------------------------------------|---|
| MAIL TO: Alzheimer's Foundation of America Attn: Bi-Annual Grant Proposal External Relations Department 322 Eighth Ave, 16 th Floor New York, NY 10001 | FAX TO: 646-638-1546 | E-MAIL TO: Grants@alzfdn.org With header Spring PLI Grant or Fall PLI Grant |
|---|------------------------------------|---|

Spring PLI Grant applications must be received by Friday, June 26, 2020 at the end of the day.
Fall Bi-Annual PLI Grant applications must be received by Friday, November 13, 2020 at end of day.
All grant applications must be typed. Handwritten grants will not be considered.

How will AFA Notify You?

If awarded, AFA will call your organization directly. If denied, AFA will mail a letter to your organization. Funding from AFA must be allocated within the 6-month period of receiving the grant.

Need assistance with the grant process?
Call AFA at 866-232-8484 or email: Grants@alzfdn.org



AFA Project Lifesaver International Grant Application Cover Sheet

Spring: Fall: Year: 2020

For Office Use Only: AFA Membership Number: _____

Name of organization to which grant would be paid. Please list exact legal name:

Salem County Sheriff's Office Project Lifesaver

Have you applied for the Project Lifesaver Grant in the past? Yes No

Have you been awarded for the Project Lifesaver Grant in the past? Yes No

If Yes, what cycle and year? Spring Fall Year: _____

Name of project to be funded: Salem County Sheriff's Office Project Lifesaver Program

Brief description of program to be funded. (250 words or less):

The Project Lifesaver Program is a free program that the Salem County Sheriff's Office provides to county residents. The program is designed to provide enhanced support and assistance to residents of Salem County who have a wandering family member. The program requires participants to wear an electronic wristlet that emits a tracking signal. This one-ounce battery operated radio wristband-like transmitter emits an automatic tracking signal every second, 24 hours a day. Each wristband has a unique radio frequency. Each participant is assigned a unique frequency that can be tracked and located by Sheriff's Officers that are trained to utilize receivers that are tuned to the appropriate frequency. The tracking devices can receive each radio frequency up to about one mile. In the event event that a client becomes

Address of organization: 94 Market Street, Salem, NJ 08079

Telephone number: 856-935-7510 ext 8595 **E-mail:** mario.fucci@salemcountynj.gov

Website: www.salemcountysheriff.com

Contact person and title: Mario Fucci, Seargent

Is your organization an IRS 501(c) (3) not-for-profit?: Yes No

If no, please explain: _____

Project International Lifesaver Grant Application

ORGANIZATIONAL HISTORY AND BACKGROUND

Year organization was founded: 1682

Number of (organization wide) Employees: 34 Number of (organization wide) Volunteers: 0

Annual (organization wide) Budget: \$ _____

Organization's Mission: *Please attach Additional documents if needed.*

The Salem County Sheriff's Office will preserve the peace, uphold the constitutionality of the Sheriff's Office, and dedicate itself to the protection of the lives and property of its citizens.

The Salem County Sheriff's Office takes its place as a professional, respectable, responsible, and effective law enforcement agency. That in conjunction with state, federal and local law enforcement agencies we preserve the public safety, enhance the quality of life enjoyed and deserved by our residents, that we through leadership, strength of character, integrity maintain the highest ethical standard in our efforts to reduce crime in our communities. That we not only respond, but take the fore front in eliminating "fear of

Briefly describe your organization's services: *Please attach Additional documents if needed.*

The Salem County Sheriff's Office is a county wide agency. We serve and protect the people of Salem County. Our Office has two specialized units, Special Services Unit and Courthouse Services Unit, that are responsible for specific jobs. The Special Services Unit has three squads and they are as follows: Civil Squad, Community Services Squad, and Warrant/Home Detention Squad. The Civil Squad is responsible for serving legal paperwork to civilians and local businesses or establishments. See Attachment "B"

New Program Continuing Program—Year Established 2006

1. Brief Overview of the program: *Please attach Additional documents if needed.*

The Project Lifesaver Program is a free program that the Salem County Sheriff's Office provides to county residents. The program is designed to provide enhanced support and assistance to residents of Salem County who have a mentally impaired family member. The program requires participants to wear an electronic wristlet assigned a unique frequency that can be tracked and located by trained personnel utilizing receivers tuned to the appropriate frequency. See Attachment "C"

2. Objectives/Goals of Program: *Please attach Additional documents if needed.*

Salem County has fifteen different Municipalities, 11 Townships, 3 Boroughs and 1 City, and we currently have clients in ten of them. Our ultimate goal for this program is to have as many clients placed on our program that are in need of the services that are provided and that currently reside in Salem County. As a Sheriff's Office it is our job to serve our community by preventing crime, enforcing laws, maintaining order, aggressively pursuing offenders and providing See Attachment "D"

3. Statement of need for this program: *Please attach Additional documents if needed.*

As a Sheriff's Office we serve the residents of the County of Salem, encompassing a wide range of potential clients for our program. In our county alone we have a total of eleven school districts which all have potential clients attending them. Enrolled in these school districts are children who have been diagnosed with Autism, Down Syndrome, or who may be prone to wandering. See "E"

4. Brief description of how funds will be used: *Please attach Additional documents if needed.*

See attachment "F"

5. Criteria used to determine client eligibility: *Please attach Additional documents if needed.*

The potential client must reside in Salem County in a private home residence with a 24-hour live-in caregiver. They must be diagnosed with Alzheimer's disease, Down Syndrome, Autism, Dementia and/or prone to wandering. They must be assisted by a caregiver that is 18 years of age or older. They must also reside in the community and not in a licensed facility. See "FF" 

6. Number of clients currently served by this program: 16

7. Number of additional clients served by this program if grant is awarded: See Attachment "G"

8. Locations currently served by this program and new locations served if grant is awarded.

| CITY | COUNTY | STATE | CURRENT | FUTURE |
|--------------------|--------|-------|---------|--------|
| See attachment "H" | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

9. Qualifications of the person(s) administering this program: *Please attach Additional documents if needed.*

The Officers who are administering this program are PTC certified Sheriff's Officers who have been through the appropriate Police Academy training . We currently have six Project Lifesaver trained Sheriff's Officers. Each of these officers have been through the appropriate training by a certified Project Lifesaver Electronic Search See "I"

10. How will you evaluate the effectiveness of this program?: *Please attach Additional documents if needed.*

The program will be evaluated for effectiveness by the amount of clients that we add to our program and the response from the community as to the growth of the program. The program would also be evaluated by looking at the expansion of our clients towns throughout our county.

11. What is your plan for the program's financial sustainability and continuity once the AFA grant has been fully expended? Please provide a separate attachment if additional space is needed.

We will continue to look for alternative grants and/or funds available to continue our program, lessening the expense from our OE budget. We would use our resources in our community to look for other options to continue our program whether it is the Salem County Office on Aging, the local schools and/or community organizations that would be willing to help fund this program. We want to continue to provide the Project Lifesaver program to our clients and their families free of charge. See "J"

12. List current funding sources for this program:

| Source | Amount |
|---------------------|--------|
| See attachment "JJ" | \$ |
| | \$ |
| | \$ |
| | \$ |
| | \$ |

13. If you receive this grant, will there be a fee for the program? Yes No

If yes, what is the amount? \$ n/a Daily Weekly Monthly Annually

ANNUAL PROGRAM BUDGET:

Note: Please provide the program budget only (not organization budget) and specify the exact use of AFA grant funds in the center column labeled "Funded by AFA Grant- If Awarded"

| | Total Budget | Funded by AFA Grant if Awarded | Other Sources |
|-----------------------------|--------------|-----------------------------------|---------------|
| Personnel - Salary | | | |
| Personnel - Fringe Benefits | | | |
| Rent | | | |
| Telephone | | | |
| Supplies | | | |
| Equipment | | \$4,500.00 | |
| Advertising | | \$1,000.00 | |
| Printing | | \$500.00 | |
| Insurance | | | |
| Transportation | | | |
| Other | | | |

Grant Conditions:

AFA funding is based on the premise that partnership and collaboration are the cornerstones of our efforts to achieve AFA's mission to provide support, education, and research towards Alzheimer's and other dementia related brain diseases in our communities. AFA recognizes the rights and authority of Grantees, through their governing bodies, to determine their own policies and manage their own programs. As a result, AFA delineates the following grant conditions to be acknowledged by Grantee as part of their obligation upon acceptance of grant funding.

- Recognize AFA as a funder and partner on the agency website with a link, listing and/or logo
- As appropriate
 - b. Acknowledgement in annual report
 - c. AFA logo placement on funded program brochures, flyers and mailings
- Grantee will "Like" AFA on Facebook and "Follow" on Twitter, if grantee has said social media accounts. As appropriate, Grantee will "Share" and/or "Like" AFA Facebook posts of relevant interest to their followers and "Favorite" and/or "Re-tweet" Twitter posts.
- Grantee will provide AFA with a full color EPS or high resolution (1-2MB) JPEG of the agency logo to be emailed to grants@alzfdn.org.
- Grantee will agree to advocate for and positive represent AFA to the general public.
- Use the AFA Grant funding for the sole purpose of the specified program outlined in this application.
 - a. Allowable Expenses include, but are not limited to:
 1. Administrative expenses
 2. Staff training
 3. Travel and transportation expenses
 4. Staff salary (inclusive of payroll taxes and benefits) for staff involved in program implementation
 5. Occupancy
 6. Supplies and equipment
 - b. Unallowable Expenses include:
 1. Costs that do not support or benefit the program, or are not necessary in carrying out the program
 2. Salary increases as the single reason for increased request
 3. Membership fees
 4. Costs or expenses incurred outside the grant period
 5. Expend grant funds not in accordance with the budget submitted, approved, and included as part of the submitted application
 - c. Communicate in writing to AFA, as early as possible, whenever changes which may affect the outcome of the program have occurred, including key staff changes.

PUBLICITY WAIVER

I understand that should my organization's grant proposal be approved, information about our program and/or service may be used during various Alzheimer's Foundation of America's publicity and fundraising opportunities, including printed articles and press releases.

Contact Person: _____ Title: _____

By checking this box, I acknowledge the above Grant Conditions and Publicity Waiver.

Date: _____