



Board of County Commissioners

Health/Human Services/Education Committee

RESOLUTION SUPPORTING THE SALEM COUNTY OFFICE ON AGING & DISABILITIES TO ACCEPT THE 2020 – 2021 MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS ACT (MIPPA) GRANT

WHEREAS, an application was made to the Department of Health and Human Services on behalf of the Salem County Board of County Commissioners for a grant under the Medicare Patients and Providers Act; and

WHEREAS, under this program, Office on Aging & Disabilities provides information and counseling to Medicare beneficiaries in the County; and

WHEREAS, the County of Salem was approved by the Department of Health & Human Services for funding in the amount of \$40,000.00 for period covering November 1, 2020 to August 31, 2021.

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

- 1. The Salem County Board of County Commissioners accepts the grant and authorizes Salem County Office on Aging & Disabilities to accept the grant on behalf of the County of Salem.

GORDON J. OSTRUM, JR., County Commissioner
Chair, Health/Human Services/Education Committee

I hereby certify the foregoing to be a true resolution adopted by the Salem County Board of County Commissioners on January 20, 2021.

STACY L. PENNINGTON
Clerk of the Board

RECORD OF VOTE

Table with 7 columns: COMMISSIONER, RESOLUTION MOVED, RESOLUTION SECOND, AYE, NAY, ABSTAIN, ABSENT. Rows include G. Ostrum, Jr., E. Ramsay, L. Ware, R.S. Griscom, B. Laury.

✓ Indicates Vote

Department Initials ooa/DC

DOAS20MPA006

Salem County

NJDHS Notice of Grant Award

1. Date Issued

12/16/2020

2. Supersedes Award Notice Dated

3. Grant Award No.

a. DOAS20MPA006

b. Amendment No. 0

c. Payee Reference

DOAS20MPA006

4. Title of Grant Award

MIPPA Outreach and Enrollment 2020

5. Grantee

Salem County

Court House 110 5th street suite
400

Salem, NJ 08079-1914

Phone: (856) 935-7510

Fax: (856) 935-9102

7. Budget Period (Month/Day/Year)

From: 11/1/2020

Through: 8/31/2021

8. Project Period (Month/Day/Year)

From: 11/1/2020

Through: 8/31/2021

6. Vendor ID No.

216001147-00

10. Funding Authorization Number(s)

93.071

9. Approved Budget

a. Grant Funds Only

b. Total Project Costs

including grant funds and all other
financial participation

NJDHS Notice of Grant Award**11 Source of Funds**

Grant Award	\$40,000
b. Non-State Share*	\$0
Total Award	\$40,000

* Must meet all matching or cost participation requirements. Subject to adjustment in accordance with DHSS policy.

12. Award Computation for Grant

a. Amount of Financial Assistance	\$40,000
b. Less Unobligated Balance from Prior Budget Periods	
c. Less Cumulative Prior Award(s) This Budget Period	
d. AMOUNT OF THIS ACTION	\$40,000

13. This grant is subject to the terms and conditions incorporated either directly or by reference in the following:

- a. Attachment A - Additional Grant Provisions
- b. Attachment B - Approved Budget
- c. Attachment C - Program Specifications

The Grantee's standard language document is referenced in this grant. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are obtained from the grant payment system.

14. Remarks (Other Terms and Conditions Attached): (✓) Yes () No

All funding for this grant is based upon the availability of FY21 appropriated funds and is subject to change at any time without notice.

Program Management Officer

Name: Dennis McGowan
Phone: 609-438-4495
Email: dennis.mcgowan@dhs.nj.gov

Grants Management Officer

Name: Annette Prophete
Phone: 609-438-4748
Email: annette.prophete@dhs.nj.gov

15. Approved by the New Jersey Department of Human Services, Division of Aging Services Official, Walt ValoraDHS, Division Director on 12/16/2020