



Board of County Commissioners

Health/Human Services/Education Committee

**RESOLUTION ACCEPTING AND EXECUTING THE  
FY22 SPECIAL CHILD HEALTH CASE MANAGEMENT**

**WHEREAS**, the Salem County Department of Health and Human Services has applied and obtained a grant from the New Jersey Department of Health to provide Case Management Services for children and youth with special needs; and

**WHEREAS**, funding during the period from July 1, 2021 thru June 30, 2022 in the amount of \$43,000.00 is available; and

**WHEREAS**, a county match is required for the period from July 1, 2021 thru June 30, 2022 in the amount of \$15,880.00.

**NOW THEREFORE, BE IT RESOLVED** by the Board of County Commissioners of the County of Salem to hereby accept and execute a grant from the New Jersey Department of Health for the 2021-2022 Special Child Health Case Management.

\_\_\_\_\_  
 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 October 6, 2021.

\_\_\_\_\_  
 STACY L. PENNINGTON  
 Clerk of the Board

RECORD OF VOTE

COMMISSIONER	RESOLUTION MOVED	RESOLUTION SECOND	AYE	NAY	ABSTAIN	ABSENT
G. Ostrum, Jr.	✓		✓			
E. Ramsay			✓			
L. Ware						✓
R.S. Griscom		✓	✓			
B. Laury			✓			

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 and are contained in the OFFICIAL BUDGET of the County of Salem.

\_\_\_\_\_  
 Kelly A. Hannigan, Treasurer

<b>AMOUNT:</b> \$15,880.00	<b>DATE:</b> 10/6/2021
<b>ACCOUNT # and NAME:</b> 1-01-41-899-132-218	
Matching Fund For Grants Misc	
<b>FOR:</b> Health & Human Services	
<b>VENDOR:</b> New Jersey Department of Health and Senior Services	

Notice of Grant Award

<b>1. Date Issued</b> 8/2/2021 <b>2. Supersedes Award Notice Dated</b>	<b>State of New Jersey Department of Health Grant Agreement</b>	<b>3a. Grant Award No.</b> DFHS22CSE020 <b>3b. Amendment No.</b> 0
<b>4. Title of Grant Award</b> Special Child Health Case Management 2022		
<b>5a. Project Period (Mo./Day/Yr.)</b> From: 7/1/2021 Through: 6/30/2022	<b>5b. Budget Period (Mo./Day/Yr.)</b> From: 7/1/2021 Through: 6/30/2022	
<b>6a. Grantee Name and Address</b> Salem County Health Dept 98 Market Street Salem, New Jersey 08079	<b>7. Award Computation for Budget Period</b> a. Amount of Financial Assistance \$43,000 b. Less Unobligated Balance from Prior Budget Periods c. Less Cumulative Prior Award(s) this Budget Period d. AMOUNT of this ACTION \$43,000	
<b>6b. Grantee Vendor ID No.</b> 216001147-01	<b>8a. Total Grant Funds Awarded to Date for Project Period</b> \$43,000	
<b>6c. Grantee DUNS No.</b> 07-706-1018	<b>8b. Source of Grant Funds</b> <a href="#">Click Here to View</a>	
<b>6d. Grantee Project Director</b> June Sieber <a href="#">Director of Health &amp; Human Services</a>		
<b>9. Department Officers</b> <a href="#">Click Here to View</a>		
<b>10a. Nature or purpose of program to be funded.</b> 22CSE - Case Management: To provide funding for case management for children and youth with special health needs.		
<b>10b. This Grant is subject to the terms and conditions incorporated either directly or by reference in the following:</b> Attachment A - Additional Grant Provisions Attachment B - Approved Budget Attachment C - Program Specifications Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are obtained from the grant payment system.		
<b>11. Remarks</b>		

**12. Department Signatures**

Division or Commission:

Department Grant Approval Officer:

By: Gilbert Ongwenyi

By: Robert Apgar

Title: Chief of Operations, Division of Family Health Services

Title: Contract Administrator 3, Grants Unit

Date: 7/29/2021

Date: 8/2/2021

Contact: (609) 984-3808

Contact: (609) 633-3916