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RESOLUTION AUTHORIZING SUBMISSION OF THE 2011 GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR AND DISABILITY SERVICES- DIVISION OF HEALTH SERVICES ANNUAL REPORT TO THE NEW JERSEY DEPARTMENT OF HEALTH AND SENIOR SERVICES

WHEREAS, N.J.S.A. 26:3-35 requires that the counties within the State of New Jersey prepare an annual report for the preceding year, and to submit same to State of New Jersey's Department of Health and Senior Services; and

WHEREAS, the County of Gloucester ("County") has prepared in accordance with N.J.S.A. 26:3-35 for submission to the New Jersey Department of Health and Senior Services a Public Health Practice Standards, Local Health Evaluation Report (LHER), for reporting year 2011 (hereinafter the "Annual Report"); and

WHEREAS, the County desires to submit the Annual Report to the New Jersey Department of Health and Senior Services, Division of Local Health Public Health Practice and Regional Systems Development in accordance with N.J.S.A. 26:3-35.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Chosen Freeholders of the County of Gloucester, State of New Jersey, that the County is authorized to submit the 2011 Annual Report of the County's Department of Health, Senior and Disability Services- Division of Health Services, to the New Jersey Department of Health and Senior Services, Division of Local Public Health Practice and Regional Systems Development in accordance with N.J.S.A. 26:3-35; and

BE IT FURTHER RESOLVED, that the County's Department of Health, Senior and Disability Services shall forthwith forward to, and submit, the Annual Report for 2011 to the New Jersey Department of Health and Senior Services.

ADOPTED at a regular meeting of the Gloucester County Board of Chosen Freeholders held on Wednesday, April 4, 2012 at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DILELLA, CLERK

C1

New Jersey Department of Health and Senior Services

PUBLIC HEALTH PRACTICE STANDARDS
LOCAL HEALTH EVALUATION REPORT
(LHER)

A

HEALTH OFFICER CERTIFICATION

Reporting Year: 2011

LOCAL HEALTH DEPARTMENT:

Name of Local Health Department: GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR AND DISABILITY SERVICES	County: GLOUCESTER	Calendar Year: 2011
Address: 204 EAST HOLLY AVENUE, SEWELL NJ 08080		

HEALTH OFFICER:

Name of Health Officer: Designee: Tamarisk Jones, Director of Health, Senior and Disability Services		
Health Officer License Number N/A	Expiration Date	
Telephone Number: 856/218-4136	Fax Number: 856/218-4109	E-mail Address: tjones@co.gloucester.nj.us

CERTIFICATION:

The Health Officer hereby certifies the accuracy of the electronically submitted Annual Local Health Evaluation Report (LHER), to the best of his/her knowledge, and that each local board of health within the local health agency's jurisdiction has received a copy of the completed LHER and its attachments and has been provided the opportunity to discuss the information contained within.	
Signature of Health Officer:	Date:

<p>Submit to:</p> <p>New Jersey Department of Health and Senior Services Health Infrastructure Preparedness and Emergency Response Office of Public Health Infrastructure P. O. Box 360 Trenton, NJ 08625-0360</p>
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DHSS Home >> Office of Local Public Health
 For Gloucester County Dept of Health
 Calendar Year 2011

The following information will be sent to the NJ Department of Health and Senior Services.

[Glossary of Terms](#)

Fund Sources		Amount
A	Local Tax Dollars	4005976
B	Public Health Priority Funding	141104
C	State Dollars	983233
D	Federal Dollars	843759
E	Fines and Fees	424662
F	All Other Sources	2755
Total		6401489

Please remember to make a copy of this form for your record prior to submitting.

If there are any mistakes, you can go back to correct them by using the **Back for Corrections** button below. **Once the information has been submitted, it cannot be changed.**

To submit the report, click the **Submit Report** button

Department of Health and Senior Services
 P. O. Box 360, Trenton, NJ 08625-0360
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 statewide: [njhome](#) | [services A to Z](#) | [Departments/Agencies](#) | [FAQs](#)
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DHSS Home >> Office of Local Public Health

For Gloucester County Dept of Health
 for Calendar Year 2011

The following information will be sent to the NJ Department of Health and Senior Services.

Position	Number of Full Time Employees		Number of Part Time Employees		Total
	Total	Contractual	Total	Contractual	
	A	B	C	D	
A Health Officer	1	0	0	0	1
B Other manager/director	5	0	0	0	5
C Public Health Nurse	1	0	1	0	2
D Graduate Nurse	3	0	4	0	7
E Other nurse	1	0	0	0	1
F Physician	0	0	1	0	1
G REHS	11	0	0	0	11
H Other Inspector	1	0	0	0	1
I Epidemiologist	1	0	0	0	1
J Health Educator	2	0	0	0	2
K Health Planner	0	0	0	0	0
L Information Technology	1	0	0	0	1
M Other professional	5	0	1	1	7
N Administrative/clerical	15	0	0	0	15
Total	47	0	7	1	55

Please remember to make a copy of this form for your record prior to submitting.

New Jersey Department of Health and Senior Services
LOCAL HEALTH EVALUATION REPORT
BEST PRACTICES CAPACITY AND PERFORMANCE

B

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH	County GLOUCESTER	Calendar Year 2011
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<p>I. CORE ACTIVITY</p> <p>A. ADMINISTRATION</p> <p>1. Health Promotion</p> <table style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: center;"># of Sessions</th> <th style="text-align: center;"># of Participants</th> <th></th> </tr> </thead> <tbody> <tr> <td style="text-align: center;"><u>39</u></td> <td style="text-align: center;"><u>926</u></td> <td>Alcohol Abuse</td> </tr> <tr> <td style="text-align: center;"><u>2</u></td> <td style="text-align: center;"><u>80</u></td> <td>Smoking Prev.</td> </tr> <tr> <td style="text-align: center;"><u>39</u></td> <td style="text-align: center;"><u>926</u></td> <td>Nutrition</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Injury Control</td> </tr> <tr> <td style="text-align: center;">_____</td> <td style="text-align: center;">_____</td> <td>Phys. 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**LOCAL HEALTH EVALUATION REPORT
BEST PRACTICES CAPACITY AND PERFORMANCE**

B

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH	County GLOUCESTER	Calendar Year 2011
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D. MATERNAL AND CHILD HEALTH

1. Infant & Preschool Children - # of:
 - 214 children served annually (unduplicated)
 - 327 total visits
 - 34 referred
 - 201 children immunized (unduplicated)
 - 1413 total immunizations
 - 93 CHC clients who are under 200% federal poverty level
2. Childhood Lead Poisoning - # of:
 - 102 risk assessments
 - 102 children screened (blood tests)
 - 14 initial positives
 - 8 confirmed pos. (i.e.: venous)
 - 5 residences abated
3. Improved Pregnancy Outcome - # of:
 - 0 women receiving prenatal and postpartum visits
 - 0 women <20 years of age receiving prenatal and postpartum visits
 - 0 total public health visits
 - 0 women referred in to health dept. for public health nursing visits*
 - 45 women referred out by health dept. for prenatal, WIC and family planning services

E. ADULT HEALTH

1. Cancer Services - # of:
 - 0 women 15-34 screened for cervical cancer
 - 0 women 35-64 screened for cervical cancer
 - 250 women 15-64 receiving breast cancer education
 - 250 individuals >40 receiving education for colo-rectal cancer

1. Cancer Services, Continued - # of:

<u>0</u>	individuals referred for and diagnosed	
#	#	
referred	diagnosed	
<u>0</u>	<u>0</u>	Cervical Cancer
<u>0</u>	<u>0</u>	Breast
<u>0</u>	<u>0</u>	Colo-rectal
2. Diabetes - # of:
 - 103 risk assessments completed
 - 43 referred for medical eval.
 - 25 known diabetics receiving education, or referred for education
 - 43 individuals referred who sought further evaluation
 - 0 individuals newly diagnosed
3. CVD - # of:
 - 290 risk factor assessments/ screens for hypertension
 - 98 referred for medical eval.
 - 0 educational programs: 0 participants
 - 0 newly diagnosed hypertensives
4. Older Adult - # of:
 - 197 adults screened (unduplic.)
 - 43 referred
 - 9415 immunizations
 - 9360 doses of influenza vaccine
 - 6 doses of pneumococcal vaccine
 - 0 public health nursing visits provided as follow-up services to screening

II. ELECTIVE ACTIVITY

A. ADMINISTRATION

1. Emergency Medical Services - # of:
 - _____ ambulances certified
 - _____ ambulance personnel certified
 - _____ first responders certified (police & fire)

*Referred to health department for provision of prenatal and postpartum nursing services by private physicians, hospitals, and clinics.

**LOCAL HEALTH EVALUATION REPORT
BEST PRACTICES CAPACITY AND PERFORMANCE**

B

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH	County GLOUCESTER	Calendar Year 2011
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B. ENVIRONMENTAL

1. Institutional Health (excl. food) - # of:
 _____ institutions (total)
 _____ health care facilities
 _____ schools
 _____ jails
 _____ institutions inspected
 _____ requiring re-inspection
 _____ complaints
2. Occupational Health - # of:
 _____ occup. disease reports:
 _____ investigated
 _____ DOHSS referrals investigated

C. MATERNAL-CHILD HEALTH

1. Ambulatory Health Care for Children - # of:
 0 children served (unduplicated)
 0 visits
 0 referred
2. Dental Health (Children) - # of:
 0 participants in school fluoride
 mouth rinse program
 0 educational programs
 0 children served in dental clinic
 (total) receiving following
 services:
 0 examination
 0 x-ray
 0 prophylaxis
 0 periodontal eval.
 0 restorations &
 prosthetics
3. Family Planning - # of:
 0 clients served (unduplicated)
 0 education programs provided
4. Obstetrics - # of:
 0 clients served (unduplicated)
 0 unattended births requiring
 follow-up
 0 high-risk patients requiring
 referral and follow-up
 0 deliveries of clinic patients

5. School Health - # of:
 0 schools receiving school health
 nursing supervision
 0 children screened (unduplic.)
 0 children referred
 0 schools inspected

D. ADULT HEALTH SERVICES

1. Ambulatory Medical Care - # of:
 0 clients served (unduplicated)
 0 visits
 0 referred
2. Dental Health (Adults) - # of:
 0 patients served (undupl.)
 receiving following service:
 0 exams
 0 x-rays
 0 prophylaxis
 0 periodontics
 0 endodontics &
 prosthetics
3. Home Health Care - # of:
 0 patients receiving home health
 care
 0 total home health visits
 0 nursing visits
 0 homemaker/home visits
 0 health aide visits
 0 physical therapy visits
 0 occupational therapy visits
 0 speech therapy visits

E. BEHAVIORAL HEALTH

1. Alcoholism Control - # of:
 0 clients referred for services
2. Drug Abuse Control - # of:
 0 clients referred for services

**LOCAL HEALTH EVALUATION REPORT
BEST PRACTICES CAPACITY AND PERFORMANCE**

B

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH	County GLOUCESTER	Calendar Year 2011
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F. OTHER HEALTH SERVICES	3. Other Activities (please specify)	# Unduplicated Clients Served
1. Nutrition - # of: clients with a chronic illness seen for diet counseling		
2. Vision, Hearing, and Speech**		
0 receiving vision screening (total)	<u>Women's Health Summit</u>	<u>250</u>
0 glaucoma	<u>Medical Reserve Corp</u>	<u>163</u>
0 vision acuity	<u>Emergency Preparedness Presentations</u>	<u>3</u>
0 referred		
Hearing - # of:	<u>MRC Trainings</u>	<u>4</u>
receiving audiometric screening	<u>School Audits</u>	<u>22,924</u>
referred	<u>Blood Borne Pathogens Training</u>	<u>292</u>
receiving diagnostic evaluation	<u>Hand Washing Presentations</u>	<u>419</u>
Speech - # of:	<u>HIV Tests</u>	<u>547</u>
receiving speech screening	<u>WIC clients</u>	<u> </u>
referred		
receiving diagnostic evaluation		

**Individuals screened and reported under other program services should not be counted again in this category.

Comments or Other Services and Activities (attach additional pages, as needed):
The Gloucester County Medical Reserve Corps conducted 6 trainings in 2011.

New Jersey Department of Health and Senior Services
 LOCAL HEALTH EVALUATION REPORT
 PROGRAM MANAGEMENT AND LEADERSHIP

C

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR AND DISABILITY SERVICES	County GLOUCESTER	Calendar Year 2011
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Provide the name of the individual responsible for each of the following program areas:

Program Area Name of Manager, Degree	License/ Certification (for Health Educator Only)	Years of Experience	Full Time/ Part Time	Contractual
Administration VIRGINIA PREESADA	H.O.A-584	2	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Finance/Budgets KAREN CHRISTINA, BS	BS	28	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Legal <i>County Counsel</i>			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Health Planning ROBERT BAMFORD, BSW	SW	10	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Information Technology ED MCCAFFERY, MS ENG		16	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Health Education CARLA KEPHART	<input checked="" type="checkbox"/> CHES <input type="checkbox"/> ANCC	10	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Public Health Nursing SCOTT WOODSIDE, RN, MSN, MBA	26NR09817700	14	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Environmental D.SCHNEIDER, BS IN ENVMENTL SC	B-925	35	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Disease Control HE 9999? <i>D. Hy Mall</i>			<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maternal/Child Health RUTH SKAY, CPNP, MSN	26NR05041100	26	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Older Adult Health			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Medical Services			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Epidemiology PAUL WATKINS, MPH		4	<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: SUPERVISOR OF NURSING			<input checked="" type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: NURSING SEE ATTACHED LIST			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other: REGISTERED HEALTH SPECIALIST SEE ATTACHED LIST			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No
Other:			<input type="checkbox"/> Full Time <input type="checkbox"/> Part Time	<input type="checkbox"/> Yes <input type="checkbox"/> No

* Certification applies to Health Educator Only.

PROGRAM MANAGEMENT AND LEADERSHIP

C

	License/ Certification	Years of Experience	Full Time/ Part Time	Contractual
Other: REGISTERED ENVIRONMENTAL HEALTH SPECIALIST				
WILLIAM ATKINSON,BS	B-888	36	FULL TIME	
JESSICA SWIFT	B-2134	8	FULL TIME	
JEFFREY HOLTAWAY,BS	B-1388	28	FULL TIME	
MARGARET EDWARDS	B-2108	2	FULL TIME	
KATHLEEN ROMERO	B-2148	8	FULL TIME	
KARL OTT	B-2125	9	FULL TIME	
JERRY PHILIPP,BS	B-1716	21	FULL TIME	
WENDY CAREY	B-1490	24	FULL-TIME	
DOUGLAS COLUCCIO	B-2082	2	FULL-TIME	
KATHLEEN MAHMOUD, MS, RD	RD721040	24	FULL-TIME	NO
REGINA BECKER, RD,CDE	RD807051	2	FULL-TIME	NO
ALETHEA WENTZ, RD	RD882477	2	FULL-TIME	NO

New Jersey Department of Health and Senior Services
LOCAL HEALTH EVALUATION REPORT
RECORD OF EMPLOYEE CONTINUING EDUCATION
AND TRAINING CONTACT HOURS

D

Local Health Department GLOUCESTER COUNTY DEPARTMENT OF HEALTH, SENIOR AND DISABILITY SERVICES	County GLOUCESTER	Calendar Year 2011
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Title Name, Degree	License	Number of NJ Accredited Contact Hours		Other Continuing Education Credit Hours
		Leadership	Continuing Education	

Health Officer

VIRGINIA PREESADA,	A-584		10.50	
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Registered Environmental Health Specialist

DONALD SCHNEIDER, BS IN ENVMENTL	B-925		23.30	
SEE THE ATTACHED FOR OTHERS				

Director of Nursing

SCOTT WOODSIDE, MSN, MBA, RN	26NR09817700		29	5
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Supervisor of Nursing

N/A				
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Public Health Nurse

ALL OTHER SEE ATTACHED				
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Director, Health Education

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Health Educator

CARLA KEPHART, CHES	CHES 9259		21.25/3	14.0/5
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Field Representative, Health Education

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SECTION D PAGE 2- 2011

NAME	LICENSE	Leadership	CEU	Other
WILLIAM ATKINSON,BS	B-888		26.6	
JESSICA SWIFT , BS	B-2134		21.0	
JEFFREY HOLTAWAY, BS	B-1388		24.80	
PEDER NESSE , BS	B-2064		23.00	
KATHLEEN ROMERO, BS	B-2148		43.00	
WENDY CAREY	B-1490		30.0	
KARL OTT,BS	B-2125		16.8	
JERRY PHILIPP, BS	B-1716		28.00	
DOUGLAS COLUCCIO	B-2082		20.50	3.0
MARGARET EDWARDS	B-2108		21.00	
OTHER:REGISTERED DIETITIANS KATHLEEN MAHMOUD,MS,RD	RD721040		31.00	
OTHER:REGISTERED DIETITIANS REGINA BECKER,RD,CDE	RD807051		31.50	
OTHER:REGISTERED DIETITIANS LINDA SPIEGEL	RD437520			
OTHER:REGISTERED DIETITIANS ALETHEA WENTZ,RD	RD882477		39.00	
OTHER: NURSING SEE ATTACHED				
OTHER:				
OTHER:				
OTHER:				

LOCAL HEALTH RECORD OF EMPLOYEE CONTINUING EDUCATION

D

2011 CREDIT HOURS	CEU	NURSING
CHELL, JILL	24.5	38.1
CIANCI, SARA	11.5	9.58
CONCORDIA, LINDA	14.5	1
DILOLLE, MAGGIE	20.5	1
GRANT, ELIZABETH	20.5	15.8
HAYNES, LIANE	17.3	25.8
JANKAUSKAS, DITTYMAE	21.5	47.8
JONES, ELLEN	13.5	58.4
MAGENTA, TAMMY	21.5	21.3
PULIO, BETH	7.5	
ROBERTS, WANDA	13.5	
SKAY, RUTH	13.5	48.6
WALL-DAWSON, DENISE	15.5	39.3
WOODSIDE, SCOTT	29.0	10.8
ZELINSKY, DELLE	2.0	21.5
AVIS, LOIS	2.0	
MC NICHOL, MICHELE	2.0	
CROMLEY, JAMES	40.3	
WATKINS, PAUL	31.5	
BAYLOR, GIA	2.0	
JONI BENJAMIN	2.0	
PATRICIA LENKOWSKI	0.0	
BETH LOCANTORE	2.0	
LISA PETRUTZ	2.0	
JUDY SUTER	2.0	

New Jersey Department of Health and Senior Services
LOCAL HEALTH EVALUATION REPORT
COMMUNITY ORGANIZATIONS AND AGENCIES WORKING IN
PARTNERSHIP WITH THE LOCAL HEALTH DEPARTMENT

E

Local Health Department DEPARTMENT OF HEALTH, SENIOR AND DISABILITY SERVICES	County GLOUCESTER	Calendar Year 2011
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NAME OF ORGANIZATION	ACTIVITY AREA (e.g., Maternal/Child Health)
AIDS COALITION OF SOUTHERN NJ	HEALTH EDUCATION
UNIVERSITY OF DELAWARE	NURSING EXPERIENCE;CONTRACT
GLOU.CO. DIVISION OF SOCIAL SERVICES	ALL PROGRAMS
GLOUCESTER CO. DEPT. OF EDUCATION	ALL PROGRAMS
CATHOLIC SOCIAL SERVICES	ALL PROGRAMS
UMDNJ	DIETETIC INTERNSHIP EXPERIENCE,NURSING, HEALTH ED
FAM CARE	MAPP,WIC, HEALTH EDUCATION
HUDD	ALL PROGRAMS
GC FAMILY SERVICES	ALL PROGRAMS
NJ FAMILY CARE	ALL PROGRAMS
GLOU. CO. MENTAL HEALTH ASSN	ALL PROGRAMS
EIRC	HEALTH EDUCATION
HEADSTART	WIC
DYFS	WIC
MOM'S QUIT CONNECTION	WIC;HEALTH EDUCATION
GPHP	ALL PROGRAMS
ARTHRITIS FOUNDATION	HEALTH EDUCATION
AMERICAN HEART ASSOC	ALL PROGRAMS
AMERICAN LUNG ASSOC	ALL PROGRAMS
AMERICAN CANCER ASSOC	ALL PROGRAMS

COMMUNITY ORGANIZATIONS AND AGENCIES WORKING IN
 PARTNERSHIP WITH THE LOCAL HEALTH DEPARTMENT
 (Continued)

E

NAME OF ORGANIZATION	ACTIVITY AREA (e.g., Maternal/Child Health)
HOSPITALS: CHOP	ALL PROGRAMS
COOPER	ALL PROGRAMS
DU PONT	ALL PROGRAMS
UNDERWOOD-MEMORIAL	ALL PROGRAMS
KENNEDY HEALTH SYSTEM	ALL PROGRAMS
SHRINERS	ALL PROGRAMS
HUP	ALL PROGRAMS
VIRTUA	ALL PROGRAMS
SOUTH JERSEY HEALTHCARE	ALL PROGRAMS
OUR LADY OF LOURDES	ALL PROGRAMS
CAPE MAY COUNTY DEPT OF HEALTH	ALL PROGRAMS
MCC-MEDICAL COORDINATION CENTER-COOPER	PREPAREDNESS
ROBIN'S NEST	WIC
CAMDEN COUNTY DEPT. OF HEALTH	ALL PROGRAMS
CUMBERLAND/SALEM DEPT. OF HEALTH	ALL PROGRAMS
ATLANTIC COUNTY DEPT. OF HEALTH	ALL PROGRAMS
LIONS CLUB	ALL PROGRAMS
BURLINGTON COUNTY DEPT OF HEALTH	ALL PROGRAMS
BOOTH RADIOLOGY	TB
GLO. CO. OFFICE ON DISABILITIES	ALL PROGRAMS
AREA CHURCHES	ALL PROGRAMS

COMMUNITY ORGANIZATIONS AND AGENCIES WORKING IN
PARTNERSHIP WITH THE LOCAL HEALTH DEPARTMENT
(Continued)

E

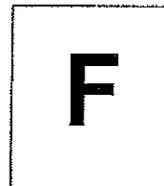
NAME OF ORGANIZATION	ACTIVITY AREA (e.g., Maternal/Child Health)
GLOUCESTER COUNTY OEM	HAZARDOUS MATERIAL RESPONSE
GCIA	RECYCLING INSPECTIONS
SOUTHWEST COUNCIL	HEALTH EDUCATION/ Programming
SOUTH JERSEY HEALTHCARE	HEALTH EDUCATION
COMPLETE CARE, INC.	HEALTH EDUCATION/Referrals;WIC
COMMUNITY PLANNING AND ADVOCACY COUNCIL	HEALTH EDUCATION
GLOUCESTER COUNTY CANCER COALITION	COMMUNITY OUTREACH/HEALTH ED
GLOUCESTER COUNTY SCHOOL NURSES ASSOCIATION	ALL PROGRAMS
CAMCARE INC	ADULT HEALTH/ Referrals;WIC
NJ CEED	MAPP, HEALTH EDUCATION
RED CROSS	MAPP,PREPAREDNESS, HEALTH EDUCATION
ROWAN UNIVERSITY/UMDNJ	ALL PROGRAMS
RUTGERS UNIVERSITY/RUTGERS COOPERATION	HEALTH EDUCATION;WIC
DREXEL UNIVERSITY	CHC, ADULT HEALTH
GLOUCESTER COUNTY COLLEGE	CHC,ADULT HEALTH
UNITED WAY OF GLOUCESTER COUNTY	ADULT HEALTH,HEALTH EDUCATION
SOUTHERN NJ PERINATAL COOPERATIVE	ALL PROGRAMS
ARC	HEALTH EDUCATION
NJ EMERGENCY NURSES ASSOCIATION	PREPAREDNESS, HEALTH EDUCATION
GC DEPARTMENT OF HUMAN SERVICES	HEALTH EDUCATION
GC HUMAN SERVICES ADVISORY COUNCIL	HEALTH EDUCATION

COMMUNITY ORGANIZATIONS AND AGENCIES WORKING IN
 PARTNERSHIP WITH THE LOCAL HEALTH DEPARTMENT
 (Continued)

E

NAME OF ORGANIZATION	ACTIVITY AREA (e.g., Maternal/Child Health)
21 st Century Oncology	HEALTH EDUCATION
Alzheimer's Association	HEALTH EDUCATION
ARC GLOUCESTER	HEALTH EDUCATION
CENTER FOR FAMILY SERVICES	HEALTH EDUCATION
YMCA OF GLOUCESTER COUNTY	HEALTH EDUCATION
CATA OF GLOUCESTER, CUMBERLAND, SALEM	HEALTH EDUCATION
EMERGENCY NURSES ASSOCIATION	HEALTH ED, PREPAREDNESS
ROBIN'S NEST	HEALTH EDUCATION
DANELLIE COUNSELING CENTER	HEALTH EDUCATION
VOAD	HEALTH ED, PREPAREDNESS
GCC RSVP	HEALTH ED, PREPAREDNESS
MRC	HEALTH ED, PREPAREDNESS

**ANNUAL REPORT
OF THE
HEALTH DEPARTMENT
FOR
CALENDAR YEAR: 2011**



This Annual Report of the Health Department of

HEALTH , SENIOR AND DISABILITY SERVICES

County of GLOUCESTER

has been approved at an official meeting of the Board held on

APRIL 4, 2012

(Date)

Print Name of Board Chairperson/President/Official Liaison ROBERT M. DAMMINGER FREEHOLDER DIRECTOR	
Address of Health Department (Street, City, Zip Code) 204 EAST HOLLY AVENUE SEWELL NJ 08080	
Mailing Address, if different from above (Street, City, Zip Code) N/A	
Signature of Board Chairperson/President/Official Liaison	Date

Please submit the signed original copy to:

**New Jersey Department of Health and Senior Services
Division of Health Infrastructure Preparedness and Emergency Response
Office of Public Health Infrastructure
PO Box 360
Trenton, NJ 08625-0360**

RESOLUTION AUTHORIZING EXECUTION OF A CONTRACT WITH THE GLOUCESTER COUNTY IMPROVEMENT AUTHORITY, AS THE OWNER/OPERATOR OF THE SHADY LANE NURSING HOME, WHEREIN THE COUNTY OF GLOUCESTER WILL ADMINISTER CERTAIN CARE MANAGEMENT AND SUPPORT SERVICES FROM JANUARY 1, 2012 TO DECEMBER 31, 2012, FOR A TOTAL CONTRACT AMOUNT OF \$105,784.00

WHEREAS, the Gloucester County Improvement Authority (hereinafter the "GCIA") has obtained grant funds from the New Jersey Department of Health and Senior Services in connection with the PEER Grouping Program for the year 2012; and

WHEREAS, a statutory condition of the GCIA's funding is that it commit \$105,784.00 in 2012 to programs designed to care and support elderly residents of Gloucester County suffering from dementia related illnesses, and thereby help avoid placement in nursing home type facilities; and

WHEREAS, the County of Gloucester, through its Department of Health and Senior Services provides services to this population through subcontractors in the context of PEER Grouping Contracts consisting of care management and support services such as homemaker assistance, adult day care and respite care; and

WHEREAS, the GCIA desires to enter into a contract with the County of Gloucester to secure such services that satisfy the statutory condition; and

WHEREAS, for services rendered, the GCIA will pay the County the sum of \$105,784.00 for the period beginning January 1, 2012, and concluding December 31, 2012.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Chosen Freeholders of the County of Gloucester, that the Director of the Board, and the Clerk of the Board, are hereby authorized to execute a contract between the Gloucester County Improvement Authority and the County of Gloucester where the Gloucester County Department of Health and Senior Services will provide case management services and additional support services as described above for the period beginning January 1, 2012 and concluding December 31, 2012 for a total contract amount of \$105,784.00.

ADOPTED at a regular meeting of the Gloucester County Board of Chosen Freeholders held on Wednesday, April 4, 2012 at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DILELLA, CLERK

02

AGREEMENT

THIS AGREEMENT entered into this **1st day of January, 2012**, by and between the **County of Gloucester**, a body politic and corporate, with offices in Woodbury, New Jersey, hereinafter referred to as "County", and the **Gloucester County Improvement Authority**, hereinafter referred to as the "Improvement Authority"; and

WHEREAS, the Improvement Authority has a statutory obligation to provide Care Management services along with the additional support services of Homemaker Assistance, Adult Day Care and Respite Care to elderly clients suffering from Dementia-related illnesses to ensure placement in an institutional setting is avoided; and

WHEREAS, the Improvement Authority desires to enter into an agreement with the County pursuant to which the County will administer the provision of such services; and

WHEREAS, consistent with the statutory obligation, the GCI has committed the sum of \$105,784.00 to said services, which amount shall be the amount of this Agreement;

NOW THEREFORE, the parties for good and valuable mutual consideration hereby agree to the following terms and conditions:

1. **TERM OF CONTRACT:** This AGREEMENT shall be for a fixed term of one (1) year beginning January 1, 2012 and shall terminate on December 31, 2012.
2. **FUNDS:** The Improvement Authority agrees to provide funds in the amount of \$105,784.00 to the County for its use as hereinafter described.
3. **PAYMENT OF SERVICES:** The County shall be paid a total contract amount of \$105,784.00. Payment will be released pursuant to receipt of monthly cash activity reports for payments of allowable costs incurred in the performance of this AGREEMENT. The County will also submit a monthly report on actual services provided, as well as a final report.

4. **SERVICE DESCRIPTION AND UNITS OF SERVICE:** The Improvement Authority restricts the use of these allocated funds to the County to be used as follows:
- a. To provide Care Management services and coordinate Homemaker Assistance, Adult Day Care and Respite services to the Elderly and/or Disabled population in Gloucester County, who are eligible by virtue of their dementia-related illness.
 - b. To determine the eligibility of each applicant and work in coordination with the service provider(s) to develop a multi-service approach to meeting the special needs of clientele.
 - c. To provide information and referrals to other relevant programs.
 - d. To provide follow-up services to ensure clients are receiving quality care.
 - e. To maintain accurate records of hours of service rendered so that they will not exceed the approved amount, and issue reimbursements or payments to providers for services rendered.
 - f. To follow the 2012 Service Allocation and Spending Plan funded through Peer Grouping Systems Revenues. (Attachment B).
5. **COUNTY OBLIGATIONS:** In consideration of funds allocated, the County agrees to use the funds in accordance with restrictions contained in paragraph (4) of this AGREEMENT. The County shall make available to the Improvement Authority all reports to grantors, state, or federal agencies covering levels of service and program expenditures under service contracts for which these funds serve as matching funds. The County shall not release confidential material or information concerning persons served by the County without written "Release of Information" by said person.
6. **IMPROVEMENT AUTHORITY OBLIGATIONS:**
- a. The Improvement Authority shall provide funds in the amount(s) and as scheduled in paragraph (3) of the AGREEMENT. The Improvement Authority understands that failure to meet the payment schedule in paragraph (3) may result in the County being unable to provide and claim sufficient reimbursement to fund the County program.
 - b. The Improvement Authority will provide quality assurance/contract monitoring and review to ensure that contractual obligations are fulfilled and to assist the County in achieving effective end results.

7. **INSURANCE COVERAGE:** The County represents that it has in force sufficient general liability and other insurances to provide defense and indemnification against claims which may arise out of the administration of services under this AGREEMENT. An original Certificate of Insurance issued by the County's Insurance Carriers will be provided to the Improvement Authority upon request.
8. **AFFIRMATIVE ACTION:** The County agrees to comply with the mandatory Affirmative Action Law as pursuant to Subchapter 10 of the Administrative Code (NJAC 17:27). (Attachment A).
9. **ACCESSIBILITY:** The County agrees to make their services available to the handicapped.
10. **TERMINATION OF CONTRACT FOR CAUSE:** If, through any cause, the County is in default of the AGREEMENT or has failed to fulfill in a timely and proper manner their obligation under this Agreement, or if the County shall violate any of the covenants, agreements or stipulations of this Agreement, the Improvement Authority shall thereupon have the right to terminate this Agreement by giving written notice to the County of such terminations specifying the effective date thereof, at least thirty (30) days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and reports prepared by the County under this Agreement shall, at the option of the Improvement Authority, become it's property and the County shall be entitled to receive just and equitable compensation for satisfactory work completed on such documents. Notwithstanding the above, the County shall not be relieved of liability to the Improvement Authority for damages sustained by the Improvement Authority virtue of any breach of contract by the County, and the Improvement Authority may withhold any payments to the County for the purpose of set-offs until such time as the exact amount of damages due to the Improvement Authority for the County is determined.
11. **NOTICE OF DEFAULT:** In the event that the Improvement Authority claims that the County is in default of the AGREEMENT or has failed to fulfill in a timely and proper manner its obligations under this AGREEMENT, then the Improvement Authority agrees that it will not exercise any right or remedy for default unless it shall have first given written notice thereof to the County, and the County shall have failed, within fifteen (15) days thereafter, to actively and diligently, in good faith, proceed with the contract and the correction of the default.
12. **COMPLIANCE WITH LOCAL LAWS:** The County shall comply with all applicable laws, ordinances and codes of the Federal, State, and Local Governments and shall commit no trespass on any public or private property in performing any of the services embraced by this contract.

13. **RELEASE:** It is agreed and understood that acceptance and final payment to the County shall be considered a release in full of all claims against the Improvement Authority for the services delivered.
14. **EQUAL OPPORTUNITY EMPLOYMENT:** During the performance of this AGREEMENT, the County agrees as follows:
 - a. The County or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, marital status, sex, or handicap. The County will take affirmative action to ensure that such applicants are recruited and employed. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or other forms of compensation; and selection for training, including apprenticeship. The County agrees to post in conspicuous places, available to employees and applicants for employment, notices setting forth provisions of this non-discrimination clause.
 - b. The County or subcontractor, where applicable, will in all solicitations or advertisements for employees place by or on behalf of the County, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex, or handicap.
15. **AUDIT:** The Improvement Authority agrees to cooperate in any audit of the source of the funds, which may be conducted by or on behalf of the State or Federal Government.
16. **REVERSION OF ASSETS:** Upon the expiration of this AGREEMENT, the County shall transfer to the Improvement Authority any funds on hand at the time of expiration.
17. **NOTICES:** Notices pursuant to this AGREEMENT shall be given in writing by ordinary mail to the parties at the following addresses:
 - a. If to the Improvement Authority, c/o
Charles Fentress, Chairman
Gloucester County Improvement Authority
Route 45 and Budd Blvd.
Woodbury, NJ 08096
 - b. If to the COUNTY, c/o
Anna Docimo, Executive Director
Gloucester County Division of Senior Services
115 Budd Blvd.
West Deptford, NJ 08096

c. Or to such other address as the parties may hereafter designate by notice given in accordance with the terms and conditions of this Section.

18. **ENTIRE AGREEMENT**: This document attached hereto and made a part hereof contains all the terms and conditions agreed upon by the Gloucester County and the Improvement Authority.

19. **BINDING AGREEMENT**: This AGREEMENT supersedes all prior agreements between any other parties and shall be binding upon the parties hereto.

IN WITNESS WHEREOF, the respective parties hereto have set their hands the day and year first written above.

GLOUCESTER COUNTY

**GLOUCESTER COUNTY
IMPROVEMENT AUTHORITY**

BY: _____

BY: _____

NAME: Robert M. Damminger

NAME: Charles Fentress

TITLE: Freeholder Director

TITLE: Chairman

ADDRESS: 109 Budd Blvd.

Woodbury, NJ 08096

ATTEST:

ATTEST:

BY: _____

BY: _____

NAME: Robert N. DiLella

TELEPHONE #: 856-848-4002

TITLE: Clerk of the Board

ATTACHMENT A

**P.L 1975, C. 127 (N.J.A.C. 17:27)
MANDATORY AFFIRMATIVE ACTION LANGUAGE**

PROCUREMENT, PROFESSIONAL AND SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment marital status, sex or handicap. The contractor will take affirmative action to ensure that such applicants are recruited and employed and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, sex, handicap, affectional or sexual orientation. Such actions shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this non-discrimination clause.

The Contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex, handicap, affectional or sexual orientation.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract for understanding, a notice, to be provided by the County contracting officer advising the labor union or workers representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, C.127, as amended and supplemented from time to time.

The contractor or subcontractor agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, C. 127, as amended and supplemented from time to time or in accordance with binding determination of the applicable county employment goals determined by Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, C. 127, as amended and supplemented from time to time.

ATTACHMENT A CONTINUED

The contractor or subcontractor agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, sex, handicap, affectional or sexual orientation, and that it will discontinue the use of any recruitment County which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statues and court decision of the State of New Jersey and as established by applicable Federal Law and applicable Federal Court decisions.

The contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, sex, handicap, affectional or sexual orientation, and conform with the applicable employment goals, consistent with the statues and court decisions of the State of New Jersey, and applicable Federal Law and applicable Federal Court decisions.

The contractor and its subcontractor shall furnish such report or other document to the Affirmative Action Office as may be requested by the office from time to time in order to carry our the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (NJAC 17:27).

RESOLUTION AUTHORIZING A CONTRACT WITH ALL ABOUT CARE, LLC FOR THE PROVISION OF THE PEER GROUPING HOMEMAKER/PERSONAL CARE PROGRAM FOR A MINIMUM CONTRACT AMOUNT OF ZERO AND A MAXIMUM CONTRACT AMOUNT OF \$40,000.00 FROM JANUARY 1, 2012, TO DECEMBER 31, 2012

WHEREAS, the County of Gloucester is desirous to contract for the provision of the Peer Grouping, Homemaker Care Program to elderly clients, residing in Gloucester County with dementia related illness on behalf of the Gloucester County Division of Senior Services; and

WHEREAS, the contractor represents that they are qualified to perform the services and desires to so perform pursuant to the terms and provision of the contract attached hereto; and

WHEREAS, the contract shall be for estimated units of service and with a minimum contract amount of Zero and a maximum contract amount of \$40,000.00. The contract is therefore open ended, which does not obligate the County of Gloucester to make any purchase; and, therefore, no Certificate of Availability of Funds is required at this time. The first three months of this contract are subject to the certification of the availability of funds for one-quarter of said contract amount upon the adoption of the 2012 Gloucester County temporary budget. The continuation of the contract beyond the first three (3) months of 2012 is conditioned upon the approval of the 2012 Gloucester County budget; and

WHEREAS, this contract shall commence January 1, 2012 and terminate December 31, 2012; and

WHEREAS, this contract is contingent upon receiving grant funding under the PEER Grouping Grant awarded by the New Jersey Department of Health and Senior Services.

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Gloucester as follows:

SECTION 1. That the County of Gloucester enter into a written Professional Services Agreement with All About Care LLC, 870 Mantoloking Road, Brick New Jersey 08723, as more fully set forth in the written agreement for a minimum contract amount of Zero and a Maximum contract amount of \$40,000.00;

SECTION 2. That the contract entered into with the above named is awarded without competitive bids as a professional services contract pursuant to the provisions of the Local Public Contracts Law and a notice of this Resolution shall be published in the Gloucester County Times, as required by law, within ten days of passage;

SECTION 3. The Agreement shall be executed and delivered on behalf of the Gloucester County Board of Chosen Freeholders by Freeholder Director Robert M. Damming and Robert N. DiLella, Clerk of the Board of Chosen Freeholders

ADOPTED at a regular meeting of the Board of Chosen Freeholders of the County of Gloucester, held Wednesday, April 4, 2012 at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMING, DIRECTOR

ATTEST:

ROBERT N. DI LELLA, CLERK

**CONTRACT BETWEEN
ALL ABOUT CARE, LLC
AND
THE COUNTY OF GLOUCESTER**

THIS CONTRACT is made effective the 1st day of January 2012, by and between **THE COUNTY OF GLOUCESTER**, a body politic and corporate, with offices in Woodbury, New Jersey, hereinafter referred to as "County", and **All About Care, LLC** of 870 Mantoloking Road, Brick, New Jersey 08723, hereinafter referred to as "Contractor".

RECITALS

WHEREAS, there exists a need for the County of Gloucester to contract for PEER Grouping Home-Maker Services for the Gloucester County Department of Health and Senior Services; and

WHEREAS, this contract is awarded pursuant to and consistent with Gloucester County's fair and open procurement process and the terms and provisions of N.J.S. 19:44A-20.4; and

WHEREAS, The Contractor represents that it is qualified to perform said services and desires to so perform pursuant to the terms and provisions of this contract.

NOW THEREFORE, in consideration of the mutual promises, agreements and other considerations made by and between the parties, the County and the Contractor do hereby agree as follows:

TERMS OF AGREEMENT

1. **TERM.** This Contract shall be effective for the period commencing January 1, 2012 and concluding December 31, 2012.
2. **COMPENSATION.** Contract shall be for estimated units of service for a minimum contract amount of zero and a maximum contract amount of \$40,000.00.

It is agreed and understood that this is an open-ended contract, thereby requiring the County to use Contractor's services only on an as-needed basis. There is no obligation on the part of the County to make any purchase whatsoever.

Contractor shall be paid in accordance with this Contract document upon receipt of an invoice and a properly executed voucher. After approval by County, the payment voucher shall be placed in line for prompt payment.

Each invoice shall contain an itemized, detailed description of all work performed during the billing period. Failure to provide sufficient specificity shall be cause for rejection of the invoice until the necessary details are provided.

It is also agreed and understood that the acceptance of the final payment by Contractor shall be considered a release in full of all claims against the County arising out of, or by reason of, the work done and materials furnished under this Contract.

3. **DUTIES OF CONTRACTOR.** The specific duties of the Contractor shall be as set forth in the attached "Exhibit A – Description of Services" and in the specifications set forth in the Bid Specifications and/or in the Request for Proposals, if any, as the case may be, which are incorporated into and made a part of this Contract.

4. **FURTHER OBLIGATIONS OF THE PARTIES.** During the performance of this Contract, the parties agree as follows, where applicable:

A. Contractor will not discriminate against any employee or applicant for employment because of gender, age, race, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, disability, affectional or sexual orientation, genetic information, sex or atypical hereditary cellular or blood trait. Contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment without regard to their gender, age, race, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, disability, affectional or sexual orientation, genetic information, sex or atypical hereditary cellular or blood trait. Such actions shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this non-discrimination clause.

B. The Contractor or subcontractor, where applicable, will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to gender, age, race, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, disability, affectional or sexual orientation, genetic information, sex or atypical hereditary cellular or blood trait.

C. The Contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the Agency Contracting Officer advising the labor union or workers' representative of the Contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

D. The Contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to P.L. 1975, c.127, as amended and supplemented from time to time.

E. The Contractor or subcontractor, where applicable, agrees to attempt in good faith to employ minority and female workers consistent with the applicable County employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, C. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable County employment goals determined by Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, C. 127, as amended and supplemented from time to time.

F. The Contractor or subcontractor, where applicable, agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of gender, age, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, affectional or sexual orientation, or disability and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

G. The Contractor or subcontractor, where applicable, agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decision of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

H. The Contractor or subcontractor, where applicable, agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to gender, age, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, affectional or sexual orientation, or disability and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey and applicable Federal law and applicable Federal court decisions.

I. The Contractor or subcontractor, where applicable, shall furnish such report or other document to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (N.J.A.C. 17:27).

J. Only manufactured products of the United States of America, wherever available, shall be used in the execution of the work specified herein.

K. In accordance with the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), it is expressly understood that if the net amount paid to Contractor pursuant to this Contract exceeds Ten Thousand Dollars (\$10,000.00) in a twelve-month period, Contractor will grant to the Department of Health and Human Services and/or the general Accounting Office access to such of Contractor's books, documents, and records as are necessary to verify the nature and extent of costs of services furnished under this Contract. Contractor agrees to grant such access until the expiration of four (4) years

after the services are furnished under the contract. In the event that Contractor carries out any duties of the contract through a subcontract with a related organization which will result in payment to the related organization of Ten Thousand Dollars (\$10,000.00) or more over a twelve-month period, Contractor agrees that any such subcontract shall require that the related organization shall make available such books, documents, and records which are necessary to verify the nature and extent of the costs.

5. **LICENSING AND PERMITTING.** If the Contractor or any of its agents is required to maintain a license, or to maintain in force and effect any permits issued by any governmental or quasi-governmental entity in order to perform the services which are the subject of this Contract, then prior to the effective date of this Contract, and as a condition precedent to its taking effect, Contractor shall provide to County a copy of its current license and permits required to operate in the State of New Jersey, which license and permits shall be in good standing and shall not be subject to any current action to revoke or suspend, and shall remain so throughout the term of this Contract.

Contractor shall notify County immediately in the event of suspension, revocation or any change in status (or in the event of the initiation of any action to accomplish such suspension, revocation and/or change in status) of license or certification held by Contractor or its agents.

6. **TERMINATION.** This Contract may be terminated as follows:

A. Pursuant to the termination provisions set forth in the Bid Specifications or in the Request for Proposals, if any, as the case may be, which are specifically referred to and incorporated herein by reference.

B. If Contractor is required to be licensed in order to perform the services which are the subject of this Contract, then this Contract may be terminated by County in the event that the appropriate governmental entity with jurisdiction has instituted an action to have the Contractor's license suspended, or in the event that such entity has revoked or suspended said license. Notice of termination pursuant to this subparagraph shall be effective immediately upon the giving of said notice.

C. If, through any cause, the Contractor or subcontractor, where applicable, shall fail to fulfill in timely and proper manner his obligations under this Contract, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, the County shall thereupon have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Contractor under this Contract, shall be forthwith delivered to the County.

D. The County may terminate this Contract for public convenience at any time by a notice in writing from the County to the Contractor. If the Contract is terminated by the County as provided herein, the Contractor will be paid for the services rendered to the time of termination.

E. Notwithstanding the above, the Contractor or subcontractor, where applicable, shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the Contract by the Contractor, and the County may withhold any payments to the Contractor for the purpose of set off until such time as the exact amount of damages due the County from the Contractor is determined.

F. Termination shall not operate to affect the validity of the indemnification provisions of this Contract, nor to prevent the County from pursuing any other relief or damages to which it may be entitled, either at law or in equity.

7. **PROPERTY OF THE COUNTY.** All materials developed, prepared, completed, or acquired by Contractor during the performance of the services specified by this Contract, including, but not limited to, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs, and reports, shall become the property of the County, except as may otherwise be stipulated in a written statement by the County.

8. **NO ASSIGNMENT OR SUBCONTRACT.** This Contract may not be assigned nor subcontracted by the Contractor, except as otherwise agreed in writing by both parties. Any attempted assignment or subcontract without such written consent shall be void with respect to the County and no obligation on the County's part to the assignee shall arise, unless the County shall elect to accept and to consent to such assignment or subcontract.

9. **INDEMNIFICATION.** The Contractor or subcontractor, where applicable, shall be responsible for, shall keep, save and hold the County of Gloucester harmless from, shall indemnify and shall defend the County of Gloucester against any claim, loss, liability, expense (specifically including but not limited to costs, counsel fees and/or experts' fees), or damage resulting from all mental or physical injuries or disabilities, including death, to employees or recipients of the Contractor's services or to any other persons, or from any damage to any property sustained in connection with this contract which results from any acts or omissions, including negligence or malpractice, of any of its officers, directors, employees, agents, servants or independent contractors, or from the Contractor's failure to provide for the safety and protection of its employees, or from Contractor's performance or failure to perform pursuant to the terms and provisions of this Contract. The Contractor's liability under this agreement shall continue after the termination of this agreement with respect to any liability, loss, expense or damage resulting from acts occurring prior to termination.

10. **INSURANCE.** Contractor shall, if applicable to the services to be provided, maintain general liability, automobile liability, business operations, builder's insurance, and Workers' Compensation insurance in amounts, for the coverages, and with companies deemed satisfactory by County, and which shall be in compliance with any applicable requirements of the State of New Jersey. Contractor shall, simultaneously with the execution of this Contract, deliver certifications of said insurance to County, naming County as an additional insured.

If Contractor is a member of a profession that is subject to suit for professional malpractice, then Contractor shall maintain and continue in full force and effect an insurance policy for professional liability/malpractice with limits of liability acceptable to the County. Contractor shall, simultaneously with the execution of this Contract, and as a condition precedent to its taking effect, provide to County a copy of a certificate of insurance, verifying that said

insurance is and will be in effect during the term of this Contract. The County shall review the certificate for sufficiency and compliance with this paragraph, and approval of said certificate and policy shall be necessary prior to this Contract taking effect. Contractor also hereby agrees to continue said policy in force and effect for the period of the applicable statute of limitations following the termination of this Contract and shall provide the County with copies of certificates of insurance as the certificates may be renewed during that period of time.

11. **SET-OFF.** Should Contractor either refuse or neglect to perform the service that Contractor is required to perform in accordance with the terms of this Contract, and if expense is incurred by County by reason of Contractor's failure to perform, then and in that event, such expense shall be deducted from any payment due to Contractor. Exercise of such set-off shall not operate to prevent County from pursuing any other remedy to which it may be entitled.

12. **PREVENTION OF PERFORMANCE BY COUNTY.** In the event that the County is prevented from performing this Contract by circumstances beyond its control, then any obligations owing by the County to the Contractor shall be suspended without liability for the period during which the County is so prevented.

13. **METHODS OF WORK.** Contractor agrees that in performing its work, it shall employ such methods or means as will not cause any interruption or interference with the operations of County or infringe on the rights of the public.

14. **NONWAIVER.** The failure by the County to enforce any particular provision of this Contract, or to act upon a breach of this Contract by Contractor, shall not operate as or be construed as a waiver of any subsequent breach, nor a bar to any subsequent enforcement.

15. **PARTIAL INVALIDITY.** In the event that any provision of this Contract shall be or become invalid under any law or applicable regulation, such invalidity shall not affect the validity or enforceability of any other provision of this Contract.

16. **CHANGES.** This Contract may be modified by approved change orders, consistent with applicable laws, rules and regulations. The County, without invalidating this Contract, may order changes consisting of additions, deletions, and/or modifications, and the contract sum shall be adjusted accordingly. This Contract and the contract terms may be changed only by change order. The cost or credit to the County from change in this Contract shall be determined by mutual agreement before executing the change involved.

17. **NOTICES.** Notices required by this Contract shall be effective upon mailing of notice by regular and certified mail to the addresses set forth above, or by personal service, or if such notice cannot be delivered or personally served, then by any procedure for notice pursuant to the Rules of Court of the State of New Jersey.

18. **APPLICABLE LAW.** The terms and provisions of this Contract shall be construed pursuant to the laws of the State of New Jersey and, where applicable, the laws of the United States of America.

19. **INDEPENDENT CONTRACTOR STATUS.** The parties acknowledge that Contractor is an independent contractor and is not an agent of the County.

20. **CONFLICT OF INTEREST.** Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services pursuant to this Contract. The Company further covenants that in the performance of this Contract, no person having any such interest shall be employed.

21. **CONFIDENTIALITY.** Contractor agrees not to divulge or release any information, reports, or recommendations developed or obtained in connection with the performance of this Contract, during the term of this Contract, except to authorized County personnel or upon prior approval of the County.

22. **BINDING EFFECT.** This Contract shall be binding on the undersigned and their successors and assigns.

23. **CONTRACT PARTS.** This contract consists of this contract document, and the attached "Exhibit A-Description of Services. Should there occur a conflict between this Contract and Exhibit A, this Contract shall control. Also incorporated herein are any Bid Specifications or Request for Proposals issued by the County in connection with this Contract. If there is a conflict between Exhibit A and the Bid Specifications or Request for Proposals, the Bid Specifications or Request for Proposals will control. If there is a conflict between Exhibit A or the Bid Specifications, or the Request for Proposals and the Contract, then this Contract will control.

THIS CONTRACT is made effective the 1st day of January, 2012.

IN WITNESS WHEREOF, the County has caused this instrument to be signed by its Director, attested by its Clerk, and its corporate seal affixed hereunto, pursuant to a Resolution of the said party of the first part passed for that purpose, and Contractor has caused this instrument to be signed by its properly authorized representative and its corporate seal affixed the day and year first above written.

ATTEST:

THE COUNTY OF GLOUCESTER

**ROBERT N. DILELLA,
CLERK**

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ALL ABOUT CARE, LLC

(Please Print Name and Title)

C3

REQUEST FOR PROPOSALS (R.F.P.)		2012	Area Plan Contract	Requested	Award	RFP
RFP Grading/Awards List			Service Programs	Funding	Anticipated	Grade
Adult Day Care					Award	
Guardian Programs				\$26,000.00	\$26,000.00	97
Personal Care & Housekeeping Services						
All About Care- Personal Care Services				\$47,500.00	\$47,500.00	94
All About Care-Housekeeping Services				\$9,500.00	\$9,500.00	92
All About Care- Auxiliary Personal Care				\$28,000.00	\$28,000.00	92
Home to Stay- Personal Care Services				\$47,000.00		54
Home to Stay- Housekeeping Services				\$9,500.00		56
Home to Stay- Auxiliary Personal Care				\$28,000.00		60
Attentive Care-Personal Care Services				\$47,500.00		78
Attentive Care-Housekeeping Services				\$9,500.00		78
Visiting Nurse & Hospice- Certified Home Health Aide				\$56,000.00	\$56,000.00	94
Attentive Care Inc.- Certified Home Health Aide				\$56,000.00		78
South Jersey Legal Services Inc.- Legal Services Program				\$9,500.00	\$9,500.00	96
Glassboro Senior Citizen's Center	Aid to Municipal Centers			\$14,400.00	\$14,400.00	96
Glassboro Housing Authority	Housekeeping for GHA Residents			\$57,100.00	\$57,100.00	94
Glouc. Co. Division of Education/Disability Serv.	B/V/I Counseling/Care Mgmt			\$36,600.00	\$36,600.00	92
Glouc County Division of Social Services - Adult Protective Services				\$97,576.00	\$97,576.00	91
Gloucester County	Dept. of Health- Senior Health Connection			\$12,800.00	\$11,900.00	97
Glouc. Co. Dept. of Health- Tai-Chi/Walking Exercise Program				\$4,224.00	\$4,224.00	94
Glouc. County College RSVP Friendly Visitor focusing on Reading&Writing				\$2,500.00	\$2,500.00	94
Glouc. County College- RSVP Wellness Program				\$4,300.00	\$4,300.00	94
Glouc. County Division of Transportation Services-Escorted Transportation				\$25,642.00	\$25,642.00	97
Glouc. County Division of Transportation Services-Blind/Visually Impaired				\$11,500.00	\$11,500.00	96
Glouc. County Division of Transportation-Medical Transport				\$39,000.00	\$39,000.00	99
Peer Grouping						
All About Care LLC	Personal Home Care			\$40,000.00	\$40,000.00	92
Home to Stay	Personal Home Care			\$40,000.00		56
Peer Grouping						
Evergreen Court	Adult Day Care			\$8,800.00	\$8,000.00	94
Guardian Programs	Adult Day Care			\$15,000.00	\$17,000.00	99



Total Amount of all PEER Grouping Funds Allocated to Gloucester County for Reporting Year 2012 = \$1,057,835. Minimum 10% of this figure = \$105,784.00

Service Description (See standard definitions-taxonomy)	New, Expanded or Renewed Service	Provider Agency		Nursing Home Prevention		Number Unduplicated Individuals to be Served - Estimate			Units of Service			PEER Grouping Funds Allocation		
		Provider Agency, Address & Zip Code	Contact Person Telephone & Email	Yes	No	Established as Priority by County	# Elderly = persons age 60+	Other Population Group - Specify	Standard Unit (ex: meal, hours, etc.)	Number of Projected Units to be Purchased	Number of Projected Units to be Purchased for Other Population	Cost Per Unit (Estimate)	Budgeted Allocation (Includes ONLY amount drawn from PEER funds-ONLY)	% of Total County PEER Funds Allocated
Case/Care Management	Renewed	Gloucester County Senior Services 115 Budd Blvd, West Deptford, N.J. 08096	Cindi Furman 856-8331 cfurman@co.gloucester.nj.us	X			40	none	each contact	255	none	\$187.39	\$47,784.00	45%
Adult Day Services Medical	Renewed	Guardian Programs 531 Ellis Street Glassboro, N.J. 08028	Maria Albert 856-881-6495 adultmedical@care.com	X			8	none	each hour 6 hour day	1026 hours 171 days	none	\$11.70 per Hour \$70.20 per day	\$12,000.00	11%
Adult Day Services Medical	Renewed	Evergreen Court 551 North Evergreen Ave. Woodbury, N.J. 08096	Nadine Sibila 856-845-1976 evergreencourt@netzer.o.net	X			4	none	each hour 5 hour day	399 hours 80 days	none	\$15.04 per hour	\$6,000.00	6%
Personal Care/Homemaker	Renewed	All About Care 870 Mantoloking Road Brick, N.J. 08723	Debbie Weber 732-477-3005 dweber@verizon.net	X			28	none	each hour	1900	none	\$21.05 per hour	\$40,000.00	38%

2012 Planning Year Totals

Total amount of Peer Grouping Funds expended for Nursing Home Prevention Programs for Eligible Population \$105,784.00

Total % Peer Grouping Funds expended on Nursing Home Prevention Programs for Eligible Population 100%

Prepared By:

Dennis J. Dittmar

1/10/2012

Print Name

Senior Program Development Specialist/Planner

Date:

Dennis J. Dittmar
Signature

Area Agency on Aging Review:

Executive Director, Area Agency on Aging, participated in development of 2012 Spending and Allocation Plan reviewed and commented on these Expenditures

Ann L. Lamm 1-18-12
Signature: Date

County Approval:

The County Governing Body hereby approves submission of this 2011 Spending and Allocation Plan

Robert M. Damminger
Print Name: County Governing Body

Robert M. Damminger
County Governing Body Signature
2-3-2012
Date

Telephone 856-686-8342

ddittmar@co.gloucester.nj.us

Email

Date

Signature:

CS



PEER GROUPING 2011 EXPENDITURE REPORT - January 2011-December 2011

GLOUCESTER COUNTY

Total Amount of all PEER Grouping Funds Allocated to Gloucester County for Reporting Year 2011 = \$1,174,228. Minimum 10% of this figure = \$117,422.00

Service Description (See standard definitions taxonomy)	New, Expanded or Renewed Service	Provider Agency		Nursing Home Prevention		Number Unduplicated Individuals Served		Units of Service		Cost Per Unit	PEER Grouping Funds Allocation		PEER Grouping Funds Expenditures		
		Provider Agency, Address & Zip Code	Contact Person Telephone & Email	Yes	No	Established as Priority by County	Elderly= Persons age 60+	Other Population Group-Specify	Standard Unit (i.e., meals, hours, etc.)		Number of Units Purchased for Elderly	Number of Units Purchased for Other Population Group-Specify	Budgeted Allocation (Includes Amount drawn from PEER funds ONLY)	% of Total County Funds Allocated	Actual Expenditures each service in 2011.
Case/Care Management	Renewed	GC-Senior Services 115 Budd Blvd. West Deptford N.J. 08096	Cindi Furman 856-686-8331 cfurman@co.gloucesternj.us	X			40	none	each contact	280	none	\$52,422.00	45%	\$52,422.00	45%
Adult Day Ser. Medical	Renewed	Guardian Programs 531 Ellis Ave. Glassboro, N.J. 08028	Judi Milio 856-881-6495 adultmedicaldaycare@hotmail.com	X			8	none	each hour 6hour day	1452 hours 242 days	none	\$17,000.00	14%	\$17,000.00	14%
Adult Day Ser. Medical	Renewed	Evergreen Court 551 N. Evergreen Ave. Woodbury N.J. 08096	Nadine Sibila 856-445-1976 evergreencourt@netrero.net	X			4	none	each hour 5hour day	530 hours 106 days	none	\$8,000.00	7%	\$8,000.00	7%
PersonalCare/Homemaker	Renewed	All About Care 870 Mantoloking Road Brick, N.J. 08723	Debbie Weber 732-477-3005 dweber@verizon.net	X			28	none	each hour	1900	none	\$40,000.00	34%	\$40,000.00	34%

2011 Reporting Year Totals

Total amount of Peer Grouping Funds expended for Nursing Home Prevention Programs for Eligible Population \$1,174,222.00

Total % Peer Grouping Funds expended on Nursing Home Prevention Programs for Eligible Population 100%

Does the county manage PEER Grouping funds on an accrual basis? No Yes Balance: 0 as of 12/31/11

Prepared By:

Dennis J. Dittmar

1/10/2012

Print Name

Date:

Senior Program Development Specialist/Planner

Dennis J. Dittmar
Signature

Print Title

Signature

Telephone

856-686-8342

Fax

856-686-8346

Email ddittmar@co.gloucester.nj.us

County Approval:

The County Governing Body hereby approves submission of these 2011 Expenditures

Robert M. Damminger

Printed Name: County Governing Body

Robert M. Damminger
County Governing Body Signature
2-3-2012
Date

C3

ATTACHMENT B

GLOUCESTER COUNTY DIVISION OF SENIOR SERVICES
REQUEST FOR PROPOSAL INFORMATION SHEET

NEW RENEWAL DATE August 4, 2011

NAME OF PROPOSED PROGRAM: Peer Grouping

TYPE OF SERVICE TO BE PROVIDED: Personal Care/Homemaking

PROGRAM WILL START: January 1, 2012 TERMINATE: December 31, 2012

AGENCY IS NOT FOR PROFIT; FOR PROFIT; GOVERNMENT; OTHER
EXPLAIN: _____

AMOUNT OF FUNDING REQUESTED: \$40,000 / Awarded \$40,000.

NAME AND ADDRESS OF AGENCY: All About Care, LLC

870 Mantoloking Road

Brick, New Jersey 08723

DIRECTOR OF AGENCY: Debbie Weber

PROGRAM DIRECTOR/COORDINATOR: Lori Felicinao

PHONE NUMBER: (732) 477-3005 FAX NUMBER: (732) 477-3006

E-MAIL: dweber2@verizon.net

For additional information, call: Dennis Dittmar, Program Development Specialist
(856) 686-8342.

Return completed RFP to: Gloucester County Purchasing Department
2 South Broad Street
Second Floor
Woodbury, NJ 08096

DEADLINE DATE: August 4, 2011, 2:00 p.m.

Please include all requested attachments with your proposal. If necessary, attach explanations for any changes or deletions.

ATTACHMENT B

GLOUCESTER COUNTY DIVISION OF SENIOR SERVICES
REQUEST FOR PROPOSAL INFORMATION SHEET

NEW _____ RENEWAL X DATE July 22, 2011

NAME OF PROPOSED PROGRAM: Peer Grouping

TYPE OF SERVICE TO BE PROVIDED: adult day health services

PROGRAM WILL START: January 1, 2012 TERMINATE: December 31, 2012

AGENCY IS: NOT FOR PROFIT; X FOR PROFIT; GOVERNMENT; OTHER
EXPLAIN: _____

AMOUNT OF FUNDING REQUESTED: \$8800 / Awarded \$6,000.00

NAME AND ADDRESS OF AGENCY:
Evergreen Court Adult Day Services
551 North Evergreen Avenue
Woodbury, NJ 08096

DIRECTOR OF AGENCY: Nadine Sibilla

PROGRAM DIRECTOR/COORDINATOR: Nadine Sibilla

PHONE NUMBER: (856) 845-1976 FAX NUMBER: (856) 845-3743

EMAIL: EvergreenCourt@netzero.net

For additional information, call: Deanis Dittmar, Program Development Specialist
(856) 686-8342

Return completed RFP to: Gloucester County Purchasing Department
2 South Broad Street
Second Floor
Woodbury, NJ 08096

DEADLINE DATE: August 4, 2011, 2:00 p.m. Please include all requested
attachments with your proposal. If necessary, attach explanations for any changes or deletions.

03

ATTACHMENT B

GLOUCESTER COUNTY DIVISION OF SENIOR SERVICES
REQUEST FOR PROPOSAL INFORMATION SHEET

NEW _____ RENEWAL X DATE 7/27/2011

NAME OF PROPOSED PROGRAM: Peer Grouping

TYPE OF SERVICE TO BE PROVIDED: Medical Day-Care

PROGRAM WILL START: Jan 1, 2012 TERMINATE: Dec 31, 2012

AGENCY IS X NOT-FOR PROFIT; _____ FOR PROFIT; _____ GOVERNMENT; _____ OTHER
EXPLAIN: _____

AMOUNT OF FUNDING REQUESTED: \$15,000 / Awarded \$12,000

NAME AND ADDRESS OF AGENCY:

Guardian Programs Adult Medical Day Care
PO BOX 152, 531 Ellis St.
Glassboro, NJ 08028

DIRECTOR OF AGENCY: Steven de Celis

PROGRAM DIRECTOR/COORDINATOR: Judith Milio

PHONE NUMBER: 856-881-6495 FAX NUMBER: 856-881-9360

E-MAIL: adultmedicaldaycare@hotmail.com

For additional information, call: Dennis Dittmar, Program Development Specialist
(856) 686-8342

Return completed RFP to: Gloucester County Purchasing Department
2 South Broad Street
Second Floor
Woodbury, NJ 08096

DEADLINE DATE: August 4, 2011, 2:00 p.m.

Please include all requested attachments with your proposal. If necessary, attach explanations for any changes or deletions.

C4

**RESOLUTION AUTHORIZING THE EXECUTION OF AN AMENDMENT
TO CONTRACT BETWEEN THE COUNTY OF GLOUCESTER
AND KENNEDY MEMORIAL UNIVERSITY MEDICAL CENTER, INC.
TO INCREASE THE TOTAL CONTRACT AMOUNT BY \$4,208.79**

WHEREAS, the Gloucester County Board of Chosen Freeholders adopted a Resolution on February 16, 2011, per RFP # 11-009, authorizing the execution of a contract between the County of Gloucester and Kennedy Memorial University Medical Center, Inc., for services regarding Adult Residential Detoxification Services to Gloucester County Residents; and

WHEREAS, the amount of the original contract was for a minimum contract amount of Zero and a maximum contract amount of \$40,000.00; and

WHEREAS, an amendment has become necessary due to unanticipated additional Adult Residential Detoxification services, resulting in added service costs in the amount of \$4,208.79, resulting in a new maximum contract amount of \$44,208.79; and

WHEREAS, a Certificate of Availability of Funds has not been issued at this time and prior to any purchase being made or service rendered pursuant to the within award, a Certificate of Availability shall be obtained from the Treasurer of the County of Gloucester certifying that sufficient monies are available at that time for that particular purpose and identifying the line item of the County budget from which said funds will be paid; and

WHEREAS, all other terms and provisions of the original contract that are not amended shall remain in full force and effect.

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Gloucester that the Director of the Board and Clerk of the Board are hereby authorized to execute an amendment to the contract by and between the County of Gloucester and Kennedy Memorial University Medical Center, Inc., for the provision of additional Adult Residential Detoxification for Gloucester County Residents, increasing the contract in the amount of \$4,208.79, resulting in a new maximum contract amount of \$44,208.79; and

BE IT FURTHER RESOLVED that prior to any purchase being made pursuant to the within contract, a Certificate of Availability must be obtained from the Treasurer of the County of Gloucester certifying that sufficient monies are available at that time for that particular purchase, identifying the line item from the County Budget out of which said funds will be paid.

ADOPTED at a regular meeting of the Gloucester County Board of Chosen Freeholders, County of Gloucester and State of New Jersey held on Wednesday, April 4, 2012 at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DILELLA, CLERK

C4

**AMENDMENT TO CONTRACT
BETWEEN
KENNEDY MEMORIAL UNIVERSITY MEDICAL CENTER, INC.
AND
COUNTY OF GLOUCESTER**

THIS is the first amendment to a contract entered into on the 16th day of February, 2011, by and between **Kennedy Memorial University Medical Center, Inc.**, with offices at 2201 Chapel Avenue West, Cherry Hill, New Jersey 08002, hereinafter referred to as "**Contractor**", and the **County of Gloucester**, hereinafter referred to as "**County**".

In further consideration for the mutual promises made by and between Contractor and County in the above-described contract, Contractor and County hereby agree to amend the contract as follows:

The Contract is amended to provide services for Adult Inpatient Detoxification rendered within the contracted period, which exceeded the original contracted dollars. This amendment will increase the maximum contract amount by \$4,208.79, resulting in a maximum contract amount of \$44,208.79.

All other terms and provisions of the contract and conditions set forth therein that are consistent with this Addendum and State requirements, shall remain in full force and effect.

THIS ADDENDUM is effective as of the 4th day of April, 2012.

ATTEST:

COUNTY OF GLOUCESTER

ROBERT DI LILLA, CLERK

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

**KENNEDY MEMORIAL UNIVERSITY
MEDICAL CENTER, INC.**

DI

RESOLUTION AUTHORIZING THE PURCHASE OF 9-1-1 TELEPHONE EQUIPMENT FROM JOHNSTON COMMUNICATIONS FOR THE 9-1-1 EMERGENCY BACK UP SITE THROUGH STATE CONTRACT NUMBER A69907, FOR A MINIMUM CONTRACT AMOUNT OF ZERO AND A MAXIMUM CONTRACT AMOUNT OF \$200,000.00, FROM APRIL 4, 2012 TO APRIL 3, 2013

WHEREAS, the County of Gloucester has a need to purchase 9-1-1 telephone equipment for the 9-1-1 Emergency Back Up Site; and

WHEREAS, N.J.S.A. 40A:11-12 permits the purchase of materials, supplies and equipment, through the State Contract, without the need for public bidding; and

WHEREAS, it has been determined that the County of Gloucester can purchase the said equipment from Johnston Communications, for a minimum contract amount of Zero and a maximum amount of \$200,000.00, from April 4, 2012 to April 3, 2013, through State Contract Number A69907; and

WHEREAS, the contract shall be for an estimated units of service, with a minimum contract amount of Zero and a maximum contract amount of \$200,000.00. The contract is therefore open-ended, which does not obligate the County of Gloucester to make any purchase; and, therefore, no Certificate of Availability of Funds is required at this time; and

WHEREAS, a Certificate of Availability of Funds has not been issued at this time and prior to any purchase being made or service rendered pursuant to the within award, a Certificate of Availability shall be obtained from the Treasurer of the County of Gloucester certifying that sufficient monies are available at that time for that particular purpose and identifying the line item of the County budget from which said funds will be paid.

NOW, THEREFORE, BE IT RESOLVED, by the Board of Chosen Freeholders of the County of Gloucester that the County Purchasing Agent be authorized to purchase 9-1-1 telephone equipment for the County of Gloucester from Johnston Communications for a minimum contract amount of Zero and a maximum contract amount of \$200,000.00, from April 4, 2012 to April 3, 2013, through State Contract Number A69907; and

BE IT FURTHER RESOLVED, before any purchase can be made pursuant to the within award, a certification must be obtained from the Purchasing Agent of the County of Gloucester certifying that sufficient funds are available at that time for that particular purchase and identifying the line item of the County budget out of which said funds will be paid.

ADOPTED at a regular meeting of the Board of Chosen Freeholders of the County of Gloucester held on Wednesday, April 4, 2012 at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DILELLA, CLERK

E1

RESOLUTION AUTHORIZING THE SUBMISSION OF APPLICATION BY THE COUNTY OF GLOUCESTER AND NJ TRANSIT FOR THE LEASING OF TWO VEHICLES, ONE MINIBUS W/ FRONT LIFT AND ONE EXTENDED MINIBUS W/ FRONT LIFT UNDER FEDERAL TRANSIT ADMINISTRATION (FTA) SECTION 5310 GRANT YEAR OF 2012

WHEREAS, the County of Gloucester seeks to improve transportation services for County residents; and

WHEREAS, NJ Transit has informed Gloucester County that capital assistance is available to provide needed transportation services to elderly individuals and people with disabilities; and

WHEREAS, the Division of Transportation Services, under the Department of Human Services, is herein making application to the Federal Transit Administration (FTA) to receive two Minibuses for grant year FY'2012 under the FTA Section 5310 program; and

WHEREAS, NJ Transit is the responsible state agency for administering the Section 5310 Grant and performing all requirements associated with vehicle procurement; and

WHEREAS, Gloucester County is submitting this application for approval from NJ Transit for delivery to the Gloucester County Division of Transportation Services; and

WHEREAS, the County of Gloucester will lease these Minibuses for the purpose of allowing the Division of Transportation Services to transport senior citizens and residents with disabilities; and

WHEREAS, the County of Gloucester agrees to maintain insurance levels as required by NJ Transit.

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Gloucester and State of New Jersey as follows:

- 1) The Gloucester County Board of Chosen Freeholders hereby authorizes the execution of application with NJ Transit for the lease of two Minibuses w/front lift, from grant year 2012.
- 2) The Freeholder Director and Clerk of the Board or their designees are hereby authorized to execute any and all documents necessary in order to effectuate the purposes of the within Resolution.

ADOPTED at a regular meeting of the Board of Chosen Freeholders of the County of Gloucester and State of New Jersey held on April 4, 2012, in Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DILELLA, CLERK



E1

BOARD OF
CHOSEN FREEHOLDERS

COUNTY OF GLOUCESTER
STATE OF NEW JERSEY

FREEHOLDER DIRECTOR
Robert M. Damminger

FREEHOLDER LIAISON
Vincent H. Nestore Jr.

TO: Rick DeCosta

DEPARTMENT: Human Services

GRANT TITLE: FY 2012 Section 5310

DATE: March 22, 2012



DEPARTMENT OF HUMAN
SERVICES

DIRECTOR
Lisa A. Cerny

P.O. Box 337
Woodbury, NJ 08096

Phone: 856.384.6870

Fax: 856.384.0207

lcerny@co.gloucester.nj.us

www.gloucestercountynj.gov

CERTIFICATION LETTER

The DEPARTMENT OF HUMAN SERVICES certifies that the enclosed Grant has been reviewed and meets the standard requirements

REVIEWED BY: [Signature]

REVIEWED BY: [Signature]
Grants Coordinator

FREEHOLDER MEETING: April 4, 2012

New Jersey Relay Service -- 711
Gloucester County Relay Service
(TTY/TTD) -- (856)848-6616

GRANT REQUEST FORM

INCLUDE THE GRANT APPLICATION AND COMPLETED PROPOSAL. IF THE GRANT PROVIDES FOR OUTSIDE CONTRACTING, INCLUDE AN EXPLANATION OF YOUR SELECTION PROCEDURES FOR SUB-GRANTEES. ALSO INCLUDE BUDGET WITH COUNTY ACCOUNT NUMBERS.

DATE: 03/14/12

1. TYPE OF GRANT
X NEW GRANT
RENEWAL/CONTINUATION-PREVIOUS YR. BUDGET NUMBER _____

2. GRANT TITLE: FY'2012 Section 5310 - Grant Program

3. GRANT TERM: FROM: N/A TO: _____

4. COUNTY DEPARTMENT: Human Services - DTS

5. DEPT. CONTACT PERSON & PHONE NO. Rick DeCosta, 686-8362

6. NAME OF FUNDING AGENCY: NJ Transit

7. BRIEF DESCRIPTION OF GRANT PROGRAM (TO BE USED FOR CLERK OF BOARD): Requesting receipt of capital equipment (2 buses) to be used by the Division of Transportation Services (DTS) under the Department of Human Services to transport senior citizens and persons with disabilities.

8. PERSONNEL-EMPLOYEE NAME & AMOUNT OF SALARY FUNDED THROUGH PROPOSED GRANT PROGRAM (INDICATE A NEW HIRE WITH AN ASTERISK "*"):

NAME	AMOUNT	NAME	AMOUNT
<u>N/A - Capital Grant Program</u>			

9. TOTAL SALARY CHARGED TO GRANT \$ N/A

10. INDIRECT COST (IC) RATE N/A Admin. _____ Operations _____

11. IC CHARGED TO GRANT \$ N/A

12. FRINGE BENEFIT RATE CHARGED TO GRANT N/A

13. DATE APPLICATION DUE TO GRANTOR N/A

2012 GLOUCESTER COUNTY BUDGET
FTA SECTION 5310 GRANT APPLICATION
OTHER EXPENSE REQUEST EXPLANATIONS

NOT APPLICABLE

CAPITAL GRANT

- IF APPROVED, BUSES WILL BE LEASED
FROM NJ TRANSIT BY GLOUCESTER COUNTY

TOTAL

\$0

Form C-2

Department Code 3302

Submission Date 03/14/12

Department - Human Services (DTS)

Revision Date

Explanation Agenda Item – Application for FTA 5310 vehicles

The Gloucester County Division of Transportation Services (DTS) is requesting Freeholder execution of application by and between the County of Gloucester and NJ Transit to apply for 2 vehicles; one Minibus w/front lift and one Extended minibus w/front lift under the Federal Transit Administration (FTA) Section 5310 grant program. The buses will be received at no cost to Gloucester County under the FTA Section 5310 grant program. Gloucester County agrees to pay for all operating expenses associated with the new buses that will be used by the Division of Transportation Services (DTS) to transport senior citizens and persons with disabilities.

These new buses will replace older buses within the DTS fleet previously received under the FTA Section 5310 grant program.

**RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION BY
THE COUNTY OF GLOUCESTER TO NJ TRANSIT FOR
THE PURPOSE OF APPLYING FOR TWO VEHICLES,
ONE MINIBUS W/ FRONT LIFT AND
ONE EXTENDED MINIBUS W/ FRONT LIFT
UNDER FEDERAL TRANSIT ADMINISTRATION (FTA)
SECTION 5310 GRANT YEAR OF 2012**

BOARD OF CHOSEN FREEHOLDERS
COUNTY OF GLOUCESTER

2012 AGENDA REQUEST FORM

TO: (1) ROBERT N. DILELLA Clerk of the Board
(2) LISA CERNY (Name of Counsel)
FROM: VINCENT H. NESTORE, JR. (Freeholder/Deputy Dept. Head)

REQUEST FOR: RESOLUTION
 CONTRACT OR AGREEMENT
 PROCLAMATION
 DISCUSSION
 PRESENTATION

FOR THE MEETING OF: _____ (Date)

TO BE HELD AT: WOODBURY (Location)

THE SUBJECT OF THE ABOVE IS: Authorizing Freeholder Director to execute application by and between the County of Gloucester and NJ Transit to apply for one Minibus/front lift and one Extended Minibus/front lift from NJ Transit under the 2012 Federal Transit Administration (FTA) Section 5310 program. The Gloucester County Division of Transportation Services will transport senior citizens and residents with disabilities using these vehicles. Leasing of these buses is at no cost to Gloucester County.

THE ABOVE SHOULD APPEAR UNDER ONE OF THE FOLLOWING DEPARTMENTS ON THE MEETING AGENDA:

<input type="checkbox"/> DEPT. OF ADMINISTRATION DIRECTOR DAMMINGER	<input type="checkbox"/> DEPT. OF ECONOMIC DEV. & PUBLIC WORKS FREEHOLDER SIMMONS
<input type="checkbox"/> DEPT. OF HEALTH & EDUCATION FREEHOLDER BARNES	<input type="checkbox"/> DEPT. OF PUBLIC SAFETY, VETERANS AFFAIRS & ELECTIONS FREEHOLDER CHILA
<input checked="" type="checkbox"/> DEPT. OF SOCIAL & HUMAN. SERV. FREEHOLDER NESTORE	<input type="checkbox"/> DEPT. OF GOVERNMENT SERVICES FREEHOLDER LARRY WALLACE
<input type="checkbox"/> DEPT. OF PARKS & LAND PRESERVATION FREEHOLDER TALIAFERRO	

DATE CERTIFICATE OF AVAILABILITY APPLIED FOR: N/A
DATE OF GRANT CERTIFICATION LETTER: N/A

****ALL AGENDA REQUESTS MUST BE RECEIVED BY COUNSEL NO LATER THAN THE FRIDAY, TWO WEEKS PRECEDING SAID MEETING. There will be no exceptions.****

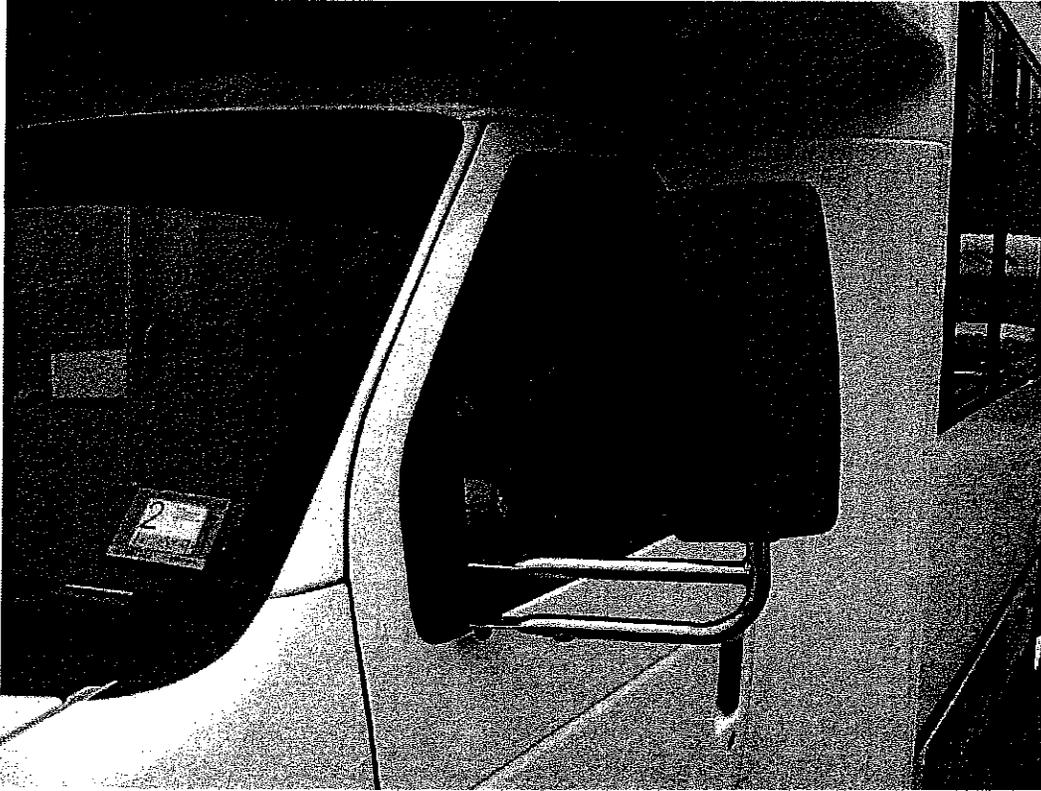
****ALL AGENDA REQUEST FORMS AND ACCOMPANYING DESCRIPTIONS, WHICH WILL BE EMAILED, MUST BE FILED WITH THE CLERK OF THE BOARD AT THE SAME TIME THE REQUEST IS FORWARDED TO COUNSEL. There will be no exceptions.****

****ALL RESOLUTIONS ARE DUE FROM COUNSEL BY 10:00 A.M. ON FRIDAY OF THE WEEK PRECEDING SAID MEETING** There will be no exceptions, items not received will be pulled from the agenda with notification to department head and freeholder liaison.**

SIGNED: _____ (Freeholder/Department Head)
DATE: _____

**ELDERLY AND PERSONS WITH DISABILITIES
CAPITAL ASSISTANCE PROGRAM
(Section 5310)**

Federal Fiscal Year 2012



**Applications Must Be Postmarked By
April 6, 2012**

(Send Application in electronic format or one hard copy original)

Mailing Address:

NJ TRANSIT

Local Programs Support and Minibus Support

One Penn Plaza East – 4th Floor

Newark, NJ 07105-2246

ATTN: Anna Magri, Manager, Local Programs

GRANT5310@NJTRANSIT.COM

TABLE OF CONTENTS

OVERVIEW and PROGRAM GOALS

- I. APPLICANT INFORMATION
- II. VEHICLE AND MOBILITY MANAGEMENT REQUESTS
- III. TITLE VI and EEO INFORMATION REQUIRED
- IV. DESCRIPTION OF TRANSPORTATION SERVICES
- V. TRANSPORTATION DETAILS
- VI. DOCUMENTATION OF FINANCIAL AND MANAGEMENT CAPABILITIES
- VII. EXHIBITS – *Incomplete applications will not be reviewed.*

EXHIBIT A – FREQUENTLY ASKED COORINDATION QUESTIONS AND LIST OF DESIGNATED COUNTY LEADS FOR HUMAN SERVICES TRANSPORTATION COORDINATION PLANS

EXHIBIT B – VEHICLE USEFUL LIFE AND REPLACEMENT STANDARDS

EXHIBIT C – SAMPLE PUBLIC NOTICE – **notarized newspaper legal ads required.**

EXHIBIT D – QUARTERLY REPORTS – If awarded Section 5310 vehicle must complete quarterly reports until vehicle reaches useful life or project is complete. All quarterly ridership and maintenance reports are submitted electronically.

EXHIBIT E – QUARTERLY REPORTS – if awarded Section 5310 mobility management award, must complete quarterly reports until procurement or mobility management completed.

EXHIBIT F - SECTION 5310 CAPITAL ASSISTANCE PROGRAM NEW JERSEY STANDARD ASSURANCES
(SIGNATURE REQUIRED)

Overview

Under the Federal Transit Administration (FTA) Section 5310 Program, private non-profit corporations and certain public bodies (hereinafter, applicants) may apply for Federal capital assistance to pay 80% of the purchase cost of vehicles used to provide needed transportation services to elderly individuals and people with disabilities which cannot be reasonably provided by existing transportation services. In addition, limited funds are set aside for Mobility Management planning activities. In New Jersey, the Section 5310 Program is administered on behalf of the Federal Transit Administration (FTA), U.S. Department of Transportation by the New Jersey Transit Corporation (NJ TRANSIT). For vehicle and other capital requests NJ TRANSIT provides the required 20% match. Currently NJ TRANSIT is also providing the 20% for Mobility Management projects - please note this is subject to the availability of funds, all subrecipients should be prepared to provide the match if required or needed.

This application will cover the 2012 FTA funding cycles. Please read the application closely as you can apply for vehicles and mobility management under this grant cycle. All approved applicants must participate in the local human services transportation coordination plan process. (see EXHIBIT A) Applications must be completed and returned **POSTMARKED NO LATER THAN April 6, 2012.** Incomplete applications and/or postmarked after this date will not be reviewed.

There are three choices for submitting the application:

- Mail one ORIGINAL application including signatures and required attachments;
- Mail a CD or flash drive that contains the application including scanned signatures and required attachments; or
- E-mail the application including scanned signatures and required attachments.

Applications should be sent to:

NJ TRANSIT
Local Programs Support and Minibus Support
One Penn Plaza East – 4th Floor
Newark, NJ 07105-2246
ATTN: Anna Magri, Manager, Local Programs
GRANT5310@NJTRANSIT.COM

NJ TRANSIT staff as well as a designated state advisory committee which will include Metropolitan Planning Organization (MPO) representation, will review and comment on each application to determine the most critical needs and recommend final applicants for inclusion in a grant submission to the FTA. NJ TRANSIT will make the final determination on which agencies are included in the statewide grant submission to the FTA.

Upon FTA approval and the completion of final notifications and certifications, the successful applicant agency will be eligible for a vehicle purchased by NJ TRANSIT for the purposes originally outlined in the application. The applicant will be responsible for all operational costs including, but not limited to, annual motor vehicle registration, fuel, maintenance, insurance, salary and benefits of drivers (if applicable). From the time of inclusion in a grant submission to actual vehicle delivery can range anywhere from **18 to 24 months from time of award letter.**

NOTE: NO SCHOOL VEHICLES WILL BE PROVIDED THROUGH THIS PROGRAM. THE VEHICLES PROVIDED ARE NOT TO BE USED FOR THE TRANSPORTATION OF CHILDREN TO/FROM SCHOOL OR SCHOOL RELATED ACTIVITIES.

To learn more about this grant program read our current FTA Section 5310 State Management Plan by visiting New Jersey Community Transportation Training Program's website at www.NJCTTP.org for this plan as well to find out about training opportunities available to your agency.

Program Goals

The goal of the Section 5310 Program is to improve mobility for elderly individuals and people with disabilities throughout the state. Toward this goal, NJ TRANSIT, by applying to the FTA, provides capital equipment and financial assistance for transportation services planned, designed, and carried out to meet the transportation needs of the elderly and people with disabilities in all areas of the State—urbanized, small urban, and rural. The program requires coordination with other federally assisted program and services in order to make the most efficient use of Federal sources. Although often grant subrecipients serve specific “client” groups, transportation services funded by this program may be open to all elderly individuals and people with disabilities and then the general public once the immediate transportation needs as explained in the subrecipients grant application are satisfied. In addition, all subrecipients must be named in a locally developed “coordination plan”. (See Exhibit A)

The objectives of NJ TRANSIT in administering the Section 5310 Program are as follows:

- 1) Provide the highest level of service possible to elderly individuals and people with disabilities in the State of New Jersey.
- 2) Distribute available funds fairly and equitably among all areas in the State of New Jersey.
- 3) Facilitate coordination and cooperation between subrecipient non-profit agencies, subrecipient local governments and NJ TRANSIT.
- 4) Encourage equipment usage to the fullest extent possible by offering a variety of vehicle types.
- 5) Demonstrate to transportation providers, through the development of standardized vehicle specifications, the maximum safety, comfort and design available in the marketplace.
- 6) Provide opportunity for private for-profit transportation providers to be notified and participate in planning.
- 7) Administer the program in accordance with all FTA regulations.

1. Eligible Subrecipients

Eligible subrecipients of Section 5310 funding include:

- **Private Non-Profit Organizations:** A non-profit organization is a corporation or association determined by the Secretary of the Treasury to be an organization described by 26 U.S.C. §501(c) which is exempt from taxation under 26 U.S.C. Section 501(a), one which has been determined under state Law to be non-profit and for which the designated state agency has received documentation certifying the status of the non-profit organization.
- **Public Bodies:**
 - **Designated Lead Public Bodies** eligible to apply for Section 5310 funds are agencies who are the coordinators of services for elderly individuals and people with disabilities and who are also the designated lead for coordinated human services transportation activities in particular areas. Public bodies other than the lead coordinating public body are eligible if they are identified in the locally developed coordinated public transit-human services plan to be eligible. (See Exhibit A)
 - **All Other Public Bodies** that certify to the Governor through NJ TRANSIT that no non-profit corporations or associations are readily available in an area to provide the service. This can be accomplished with the inclusion of a letter in the completed application package submitted to NJ TRANSIT. Please note that since in the State of New Jersey counties are the designated leads for planning and coordination of services the letter requesting certification must describe how the intended service is not or cannot be provided by either the county coordinated system or any private non-profit organization in your service area.

2. Eligible Capital Requests

For this application cycle NJ TRANSIT is limiting the eligible requests to vehicles and/or mobility management projects. It has been five years since Counties and other agencies in New Jersey developed Human Services Transportation Coordination Plans as well as undertook a variety of projects under the United We Ride effort in accordance with the requirements under the federal SAFETEA-LU legislation and incorporated into the Federal Transit Administrations' circular for the Section 5310 Program. NJ TRANSIT encourages designated leads for coordination as well as applicants involved in regional and/or statewide coordination efforts to apply for mobility management funding in order to update existing plans, to further study coordination efforts previously identified and/or update/develop databases which increase the availability of transportation information to both providers and users of services. NJ TRANSIT will set aside each year a portion of the funds allocated under this Program for mobility management proposals and they shall be reviewed separately from vehicle requests. **Mobility management projects cannot use funds for the actual provision of service but only for the planning and implementation of broker or one-stop operations or other related activities.** Such projects should not expect the Section 5310 program to fund the entire cost of planning and implementation nor should funding be expected to subsidize ongoing operations once planning and implementation has been completed.

The Section 5310 Program is predominantly a vehicle equipment program. Activities eligible during this grant cycle are indicated below in **BOLD** print.

- a. **New vehicles including buses, minibuses, vans and other paratransit vehicles;**
- b. radios and communication equipment;
- c. **wheelchair lifts and securements; (all vehicles purchased under Section 5310 are lift equipped.)**
- d. **extended warranties which do not exceed the industry standard as part of new vehicle purchase;**
- e. transit related intelligent transportation systems (ITS's) including computer hardware and software;
- f. initial component installation costs;
- g. in extraordinary circumstances NJ TRANSIT will consider the lease of equipment when lease is more cost effective than purchase (The State must establish criteria for determining cost effectiveness in accordance with FTA regulations, at 49 CFR Part 639 and OMB Circular A-94, "Capital Leases,") which provides the necessary discount factors and formulas for applying the same;
- h. **supporting new mobility management and coordination programs among public transportation providers and other human service agencies providing transportation. Mobility management is an eligible capital expense. Mobility management techniques may enhance transportation access for populations beyond those served by one agency or organization within a community. Mobility management is intended to build coordination among existing public transportation providers and other transportation service providers with the result of expanding the availability of service. In New Jersey mobility management activities may include:**
 1. **Support for short term management activities to plan and implement coordinated services;**
 2. **The support of State and local coordination policy bodies and councils both statewide and local stakeholder groups;**
 3. **The operation of transportation brokerages to coordinate providers, funding agencies and customers;**
 4. **The support of local travel training identified in locally developed "coordination plans";**
 5. **The development and operation of one-stop transportation traveler call centers to coordinate transportation information on all travel modes and to manage eligibility requirements and arrangements for customers among supporting programs;**
 6. **Operational planning for the acquisition of intelligent transportation technologies to help plan and operate coordinated systems inclusive of Geographic Information Systems (GIS) mapping, Global Positioning System technology, coordinated vehicle scheduling, dispatching and monitoring technologies as well as technologies to track costs and billing in a coordinated system and single smart customer payment systems. Please note this is only for the planning of these operational activities. The actual acquisition of technology not eligible under mobility management category.**

3. Definitions

- a. **Application** is a written request submitted by a qualified public agency or non-profit organization to NJ TRANSIT, the administrator of the statewide program, asking for specific equipment or funding for a specific activity to meet their particular service need. The information contained in the application is the basis for which a review is conducted to determine eligibility and inclusion in the final grant to the federal government. This includes required public notification requirements such as public notice newspaper ads.
- b. **Capital Equipment or Facilities** includes vehicles and facilities that have a multi-year usable life.
- c. **D-U-N-S number** – As per the Transparency Act of 2006 requires disclosure of entities receiving Federal funding through Federal awards. Starting October 1, 2010 all subrecipients of Federal funding must have a D-U-N-S number. The D-U-N-S number is unique to the non-profit or government entity receiving federal awards.
- d. **Elderly Individuals/Senior Citizens** is defined, for the purposes of the program, any person 60 years of age or older. At a minimum, the federal circular requires all persons 65 years or older. In New Jersey, in order to standardize the age requirement with other state-funded programs New Jersey defines elderly individual as anyone 60 years of age or older.
- e. **Eligible Services** which may be provided with the equipment awarded under this program are transportation services primarily intended to improve the mobility for elderly/ senior citizens and people with disabilities. Other services may be allowable; however, these services will be considered to be incidental uses of the equipment and not considered as additional justification for the funding of the project. In addition, Section 5310 funds will not be used to purchase special vehicles to be used solely for meal delivery or to purchase specialized equipment such as racks or heating or refrigeration units although subrecipients may coordinate and assist in providing meal delivery if such does not conflict with the provision of transit services or result in a reduction of service.
- f. **Human Service Transportation** means transportation services provided by or on behalf of a human service agency to provide access to agency services and/or to meet the basic, day-to-day mobility needs of transportation-disadvantaged populations, especially individuals with disabilities, elderly individuals and people with low incomes.
- g. **Locally Developed Coordinated Public Transit-Human Services Transportation Plan “coordination plan” (commonly referred to as the United We Ride planning process)** means a plan that identifies the transportation needs of people with disabilities, elderly individuals, and people with low incomes, provides strategies for meeting those local needs, and prioritizes transportation services for funding and implementation. In New Jersey, each county is required to develop a plan and each county has named a designated lead to facilitate and oversee the planning process.
- h. **Local Government** includes a county, municipality, city, town, township, special district, council of governments (whether or not incorporated as a private nonprofit organization under State law), regional or interstate government entity, or any agency or instrumentality thereof.
- i. **Mobility Management** consists of short-range planning and management activities and projects for improving coordination among public transportation and other transportation-service providers carried out by a recipient or subrecipient through an agreement entered into with a person, including a government entity, under 49 U.S.C. Chapter 53. Mobility management does not include operating public transportation services.
- j. **Non-profit Organization** means a corporation or association determined by the Secretary of the Treasury to be an organization described by 26 U.S.C. 501c which is exempt from taxation under 26 U.S.C. 501 (a) or one which has been determined under State law to be non-profit and for which the designated State agency has received documentation certifying the status of the non-profit organization.
- k. **People with Disabilities** is defined as any individual who has a physical or mental impairment that substantially limits one or more major life activities, has a record of such an impairment or is regarded as having such an impairment.
- l. **Recipient** means a State agency designated by the chief executive officer of a State to receive funds apportioned by formula to the States under Section 5310 (b)(1), or a local government authority when Federal Highway Administration (FHWA) funds are flexed to Section 5310 to support services for individuals with disabilities. In New Jersey the designated recipient is NJ TRANSIT.
- m. **Service Area** is defined as the geographic area, which is to be served by the transportation service. If the service were to be concentrated in certain zones, these would be the primary service areas.
- n. **Subrecipient** is an approved applicant.
- o. **Vehicle Type** defined as any vehicle such as Minivan, Van, Minibus and Transit Bus.

4. Minimum Eligibility Requirement

- a. All Section 5310 applicants must be named in a local coordination plan and participate in the local planning process.
- b. The application must be filed on behalf of a private, non-profit corporation or a designated local public body chartered under the laws of New Jersey.
- c. The applicant must show that the services provided or offered by existing public or private transit or paratransit operators are unavailable, insufficient or inappropriate to meet the special needs of elderly and/or people with disabilities within the service area.
- d. Insurance Requirements: at the time of delivery of a vehicle, the agency must provide proof (certificate of insurance) of adequate insurance. The minimum requirements are currently as follows:

Liability: Minimum combined single limit liability of \$1,000,000 as well as comprehensive and collision insurance for physical damage. (This limit is subject to change.)

In addition, NJ TRANSIT (and any other party of interest designated by NJ TRANSIT) will be listed as loss payee and additional insured on all insurance policies covering these vehicles. Payment of all insurance coverage costs will be the responsibility of the applicants.

- e. The application must demonstrate that the applicant has adequate financial, managerial and operational resources to effectively utilize capital equipment purchased under this program.
- f. The application must show that the applicant is willing to enter into an agreement with NJ TRANSIT to insure that the equipment purchased under this program will be utilized for the intended program purposes.
- g. The applicant must publish a legal notice to provide an opportunity for interested parties to comment on proposed Section 5310 project.
- h. The application must include a signed statement assuring that the applicant agrees to fully comply with the annual list of certifications and assurances for Federal Transit Administration grants.

5. Use of Vehicles

Agencies which have only a very few riders and/or limited service hours typically are not successful candidates. Reviewers will typically look for at least twenty-five (25) hours per week of *actual* passenger service (total road hours minus "deadhead," the latter typically described as waiting periods exceeding thirty (30) minutes when actual passengers are not on board).

NJ TRANSIT encourages maximum use of vehicles funded under the Section 5310 program. Vehicles may be used only in the following ways:

- a. By the applicant for services to elderly individuals and people with disabilities served directly by the agency as described in the Application, this service should be identified as a need in the county's locally developed public transit-human services transportation plan;
- b. By more than one private non-profit organization in coordinated services for a variety of elderly and/or people with disabilities and other targeted populations. The service should be named in the county's locally developed coordinated public transit-human services transportation plan. It is understood that, at a minimum, the service which was proposed by the private non-profit organization in its grant application to the State will be provided and that the originally designated passengers will be served;
- c. By local public bodies designated by NJ TRANSIT under the Senior Citizen and Disabled Resident Transportation Assistance Program as the lead provider for elderly and people with disabilities;
- d. By local public bodies other than the lead coordinating public body if identified in the locally developed coordinated public transit-human services transportation plan and with a written agreement between the two parties approved by a resolution or signed by their authorized representatives;
- e. By a private for profit operator, by lease or other contractual agreement only for the services identified in the grant application. Vehicles acquired by non-profit agencies may be leased to private for profit companies where such applicants could not otherwise provide required services and where such arrangements result in more efficient and effective service for elderly and persons with disabilities;

- f. Section 5310 vehicles cannot be used for any school transportation, this includes before or after care programs and/or summer school.
- g. Section 5310 subrecipients are permitted to provide charter service as long as they comply with 49 CFR Part 604; new rules for charter service were issued by the FTA in 2008. Charter service is defined as transportation provided at the request of a third party for exclusive use of vehicle for a negotiated price or transportation provided to the public for events or functions that occur on an irregular basis or of a limited duration and a fare is charged (above regular fare) or a third party pays for part of or the whole service. If providing charter service subrecipients must provide quarterly reports of service to NJ TRANSIT. For additional charter requirements and restrictions go to FTA website - <http://www.fta.dot.gov> and search for Charter Service.

6. Coordinated Public Transit Human Services Transportation Plan (United We Ride)

Effective October 1, 2006, Federal Transit Law required that projects selected for funding under Section 5310 be "derived from a locally developed public transit human service coordinated transportation plan" and that the plan be "developed through a process that includes representatives of public, private, and non-profit transportation and human services providers and participation by members of the public."

Section 5310 subrecipients will need to be included within the identified local planning process in their area. **Any agency or public body applying for a Section 5310 award must be part of their county's local coordinated public transit – human services transportation plan.** If you are unsure of your agency's involvement contact the "coordinated plan" designated lead for your county, see **EXHIBIT A** for Frequently Asked Questions and a list of lead contacts by county. In addition, to review and/or download your county's current plan go to New Jersey Community Transportation Training Program's website at www.NJCTTP.org. This site has all of New Jersey's twenty one counties locally developed coordinated transit –human services transportation plans

In New Jersey, all areas are within a Metropolitan Planning Organization (MPO). NJ TRANSIT will work with each of the three MPO's to insure that they are included in the review process and that the selected applicants are included in the appropriate locally developed human services coordination plan and MPO transportation improvement plan. All interested parties for Section 5310 funding should be contacting the Designated Lead for the local coordination planning process in their county so that they can address your needs in their plan. Involving your organization and its needs in the development of this plan is strongly encouraged in order to ensure that the project you may apply for under 5310 grant (i.e. vehicle purchase proposed) will be eligible for these federal funds. This can be accomplished through correspondence on your organizations letter-head that expresses interest in the development of the local plan, and the inclusion of your organization's proposed 5310 project within the plan.

Each area must actively work together to make the best transportation decisions at the local level (either through the MPO or County level planning process). As for the statewide solicitation for Section 5310 funding, this will continue through an application process for each Federal Fiscal Year. The Statewide Review Committee, including NJ TRANSIT staff and MPO representation will continue to review each application submitted for 5310 funding.

7. Subleasing

When vehicles are operated by any agency other than the subrecipient named in the grant application, control and responsibility for the operation of the vehicles must remain with the subrecipient that was the original recipient unless transfer of the control and responsibility is to another eligible applicant or designated coordinating local public body that has been authorized by NJ TRANSIT.

- a. Subrecipient may sublease a vehicle only with prior written approval of NJ TRANSIT.
- b. A copy of the sublease must be submitted to NJ TRANSIT and include all required federal certifications and clauses.
- c. The sublease must be for services as described in the Application.
- d. Sublease may be made with the following organizations:
 - 1. Private non-profit
 - 2. Private for-profit
 - 3. Designated Local Public Body
- e. Third Party contracting: full and open disclosure is required with fair competition between all entities.

8. Private For-Profit Participation/Notarized Public Ads

Qualified organizations are required to provide the private sector with an early opportunity to participate in the development of new transportation services. Private providers should be given the opportunity to present their views concerning the development of a subrecipient's transportation plans and program and to offer their own contractual service proposals for consideration. For additional information on Private Enterprise Participation in Planning and Service Delivery go to FTA's website - <http://www.fta.dot.gov>.

As per the FTA there must be an opportunity for public review and comment for all FTA funded capital projects. Examples of opportunities would be published public notices, letters of interest and public meetings or ad hoc committees. To comply with this requirement all Section 5310 subrecipients awarded a capital project (vehicle and/or mobility management project) must do a public notice in a newspaper soliciting public comment. A public hearing is only required if the capital project affects significant economic, social or environmental interests. Public notices are a requirement of applying for a Section 5310 award; all applications must include required notarized public ads published two separate days in major newspapers (See EXHIBIT C). To document that this requirement was met the application must include a notarized copy of the published notice, and a hearing record if one was held.

9. Lease

Each approved agency will be required to enter into a no fee agreement with NJ TRANSIT, which governs the use of the capital items during their useful life. The agreement will specify requirements for reporting, coordination and other items regarding the use of the equipment. Disposal of the equipment during the project period will require NJ TRANSIT's approval. The useful life criteria for the equipment are described in EXHIBIT B. Upon completion of the useful life of the equipment, NJ TRANSIT will release the lien and the subrecipients' responsibilities under the grant will have been completed.

10. Vehicle and Project Reporting Requirements

All subrecipients are required to submit quarterly reports for Section 5310 projects. For those receiving vehicles these reports will include the number of people benefiting from transportation services, trip purposes for which service is used, cost of providing service and maintenance information for each active Section 5310 funded vehicle. Subrecipients must submit vehicle quarterly reports to NJ TRANSIT through the S-RIDES website (internet access required). See EXHIBIT D for sample Quarterly Reports (ridership and maintenance) required once vehicle is delivered.

If awarded a mobility management project, quarterly reports are required until the procurement and/or planning project is completed. Quarterly Reports are required once Section 5310 agreement for equipment or mobility management project is fully executed. The subrecipient is required to complete all project related work within defined timeline noted on quarterly report, this is usually the contract term of the agreement. See EXHIBIT E for sample Quarterly Reports for mobility management projects.

11. Project Selection Criteria

The application review will be based upon:

- a. Geographic distribution of past Section 5310 funding.
- b. Compliance and non-compliance issues for a previous grant subrecipient.
- c. General mobility limitations and urgency of the transportation needs of the organization's passengers.
- d. Current and projected number of passenger trips for elderly and/or people with disabilities.
- e. Amount of utilization of the equipment for elderly and people with disabilities transportation, proposed in the application, in terms of days and hours per week.
- f. Coordination and inclusion in the Public Transit-Human Service Coordination Plan process as required under SAFETEA-LU.

- g. Demonstrated evidence of the organization's administrative financial ability to carry out the proposed project and evidence of their understanding of the financial commitment required for the project. Include accreditations from national organizations in your field.
- h. Documentation on proposed vehicle operating plan, maintenance plans, and driver training.
- i. Comments of local and statewide reviewers.
- j. All applicants must have the technical capacity as described in Section 17.

12. D-U-N-S Number (New Requirement October 2010)

The Federal Funding Accountability and Transparency Act (FFATA) of 2006 and subsequent 2008 amendments requires information disclosure of entities (including public bodies) receiving Federal funding through Federal awards. The intent of FFATA is to empower every American with the ability to hold the government accountable for each spending decision. The FFATA legislation requires information on federal awards (federal financial assistance and expenditures) to be made available to the public via a single, searchable website, which is www.USASpending.gov. Agencies/public bodies' receiving Federal grant awards of \$25K or more made on or after October 1, 2010 are required to be reported on this website by the Federal governmental entity approving the grant.

All subrecipients of FTA grant funding must acquire a D-U-N-S number, this number is a unique, non-indicative 9-digit identifier issued and maintained by Dun and Bradstreet (D&B), this number is provided free for all subrecipients required to register under this Federal requirement. D&B assigns D-U-N-S numbers for each physical location of a business, non-profit or government entity. To obtain your free required D-U-N-S number go to <http://www.dnb.com/> follow instructions for obtaining number.

You must indicate your D-U-N-S number on the Applicant Information page.

13. NEW JERSEY STANDARD ASSURANCES

The attached EXHIBIT F SECTION 5310 CAPITAL ASSISTANCE PROGRAM NEW JERSEY STANDARD ASSURANCES must be signed by all applicants for this application.

14. Annual Signature Requirements

An applicant awarded a Section 5310 project must sign the Certifications and Assurances required by Federal laws and regulations annually agreeing they comply with the required clauses. The current certifications can be found in the Federal Register /Vol. 76, No. 211 published Tuesday, November 2, 2011. To find out more information on these FTA requirements go to http://www.fta.dot.gov/12825_14035.html. Please review these annual Certifications as it requires signature of official from agency/public body and legal signatures and must be signed yearly while utilizing active FTA equipment. If you are selected for inclusion in this federal grant and do not currently receive a grant award from FTA, you will have to sign the certifications and assurances before NJ TRANSIT submits the grant to the FTA.

Annual ADA Affidavit must be signed by subrecipient and if your agency contracts out the service it is to also be signed by your vendor (third party contractor) assuring that you and/or your vendor are complying with all ADA regulations and maintaining your ADA equipment as required.

Annual Title VI Certification must be signed by the subrecipient. It certifies that you comply with Title VI requirements such as notice to beneficiaries and Title VI complaint procedure requirements.

16. Truthfulness of Statements

The applicant declares under penalties of perjury that the statements contained in the application on behalf of the applicant are true and correct. Moreover, the applicant in submitting the application assures NJ TRANSIT that it is an eligible entity as defined in Section 1 of these instructions.

17. Technical Capacity

All Section 5310 applicants must demonstrate the technical capacity to carry out the services proposed. At a minimum the applicant must be able to:

- Demonstrate the financial ability to perform and deliver the service applying for and awarded.
- Demonstrate the adequate level of staffing and grant experience and knowledge to comply with all FTA grant requirements.
- Demonstrate the adequate level of staffing and operational experience needed in delivering the service as per grant award.
- Demonstrate the adequate level of staffing and maintenance experience for performing required maintenance on vehicles used or purchased for this service.
- Demonstrate the adequate level of vehicles including back-up vehicles to perform the service under this program.
- Demonstrate a driver training program to ensure safe and reliable service to all passengers.
- Demonstrate that the service provided is not duplicating other services funded under FTA or other funding sources. All FTA subrecipients must be part of the local Human Service Coordination Transportation plan.
- Demonstrate there are written procedures and policies for operations, grant administration and FTA reporting requirements.

When filling in this application ensure that you are clearly documenting the technical capacity required to deliver this FTA funded project.

ELDERLY AND PERSONS WITH DISABILITIES TRANSPORTATION PROGRAMS (49 U.S.C. §5310)

I. APPLICANT INFORMATION

DATE APPLICATION SUBMITTED TO NJ TRANSIT: March 15, 2012		Office Use Only: DATE RECEIVED BY NJ TRANSIT:
Legal Name: County of Gloucester		
Organizational Unit: Department of Human Services, Division of Transportation Services		
Address (Street, City, State and Zip Code): 115 Budd Blvd. West Deptford, NJ 08096		
County: Gloucester		Congressional District: 1st and 2nd
E-Mail Address: gloucestercountynj.gov		Fax Number: 856-686-8355
Website Address (if applicable): rdecosta@co.gloucester.nj.us		
Name and telephone number of person to be contacted on matters involving this application (include area code): Rick DeCosta, Coordinator of Special Transportation @ (856) 686-8362		
Name and telephone number of person to be contacted on Operations/Vehicle matters (include area code): Rick DeCosta, Coordinator of Special Transportation @ (856) 686-8362		
Applicant's State Tax Exempt No.: 21-6000660/000		Catalog of Federal Domestic Assistance: CFDA 20.513 Capital Assistance Program for Elderly Persons and Persons with Disabilities (Section 5310)
Applicant's Federal Employer Identification No (FEIN): 21-6000660		
Applicant's Corp Code (for DMV Use): 399234000080960		
Applicant's D-U-N-S number: 967221321		
TYPE OF APPLICANT (enter appropriate letter in blank <u> B </u> .) A. Private Non-Profit A1. Private Non-Profit (DDD agency) B. County C. Township/Municipality D. Indian Tribe E. Other (Specify) _____		
As per SAFETEA-LU all FTA Section 5310 subrecipients must have participated in their county coordination plan process. Has your agency been named in a local plan? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
If YES , please check which describes your participation in your county's coordination plan: <input checked="" type="checkbox"/> Designated Lead agency <input checked="" type="checkbox"/> Our Agency completed survey for plan <input checked="" type="checkbox"/> Member of the stakeholder group		
Do you currently have an active Section 5310 vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
Has your agency ever been awarded a Section 5310 vehicle? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
IS THE APPLICANT DELINQUENT ON ANY FEDERAL DEBT? If "Yes", attach an explanation Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
TO THE BEST OF MY KNOWLEDGE, ALL DATA IN THIS APPLICATION IS TRUE AND CORRECT. IF SELECTED, THE APPLICANT AGREES TO THE ATTACHED ASSURANCES.		
Type Name of Authorized Representative: Robert M. Damminger		Title: Freeholder Director
Signature of Authorized Representative:		Date:

All vehicles provided through the Section 5310 program are ADA Compliant (have lift/ramp and securements).
Please note you cannot use the same vehicle for replacements for all requests. (Refer to EXHIBIT B for vehicle descriptions)

Ila. 2012 VEHICLE REQUEST (Maximum of 3 Vehicles)

REQUEST # 1

Type 1: A) Van
 B) Extended Van
 C) Minivan

Start a New Program Program Expansion
 Replace Non 5310 vehicle Replace 5310 vehicle
If replacing existing vehicle (whether S5310 funded or another funding source) provide the following information:

Type 2: A) Minibus /front lift
 B) Minibus/rear lift
 C1) Extended Minibus/front lift
 C2) Extended Minibus/rear lift

#16- _____ and/or Funding Source _____

Year: _____ Make: _____ Model: _____

Vin Number: _____

Mileage: _____ In service date: _____

Type 3: A) Transit Style Bus

Retirement or Projected Retirement Date: _____

Special Seating Requests (Additional securement locations or other seating requests)

REQUEST #2

Type 1: A) Van
 B) Extended Van
 C) Minivan

Start a New Program Program Expansion
 Replace Non 5310 vehicle Replace 5310 vehicle
If replacing existing vehicle (whether S5310 funded or another funding source) provide the following information:

Type 2: A) Minibus /front lift
 B) Minibus/rear lift
 C1) Extended Minibus/front lift
 C2) Extended Minibus/rear lift

#16- _____ and/or Funding Source _____

Year: _____ Make: _____ Model: _____

Vin Number: _____

Mileage: _____ In service date: _____

Type 3: A) Transit Style Bus

Retirement or Projected Retirement Date _____

Special Seating Requests (Additional securement locations or other seating requests)

REQUEST #3

Type 1: A) Van
 B) Extended Van
 C) Minivan

Start a New Program Program Expansion
 Replace Non 5310 vehicle Replace 5310 vehicle
If replacing existing vehicle (whether S5310 funded or another funding source) provide the following information:

Type 2: A) Minibus /front lift
 B) Minibus/Rear Lift
 C1) Extended Minibus/front lift
 C2) Extended Minibus/rear lift

#16- _____ and/or Funding Source _____

Year: _____ Make: _____ Model: _____

Vin Number: _____

Mileage: _____ In service date: _____

Type 3: A) Transit Style Bus

Retirement or Projected Retirement Date _____

Special Seating Requests (Additional securement locations or other seating requests)

IIb. 2012 MOBILITY MANAGEMENT REQUEST

Funding for Mobility Management (MM) activities is an eligible expense for locally designated lead coordinated paratransit systems, other coordination efforts identified in the locally developed coordination plan and/or regional or statewide efforts to further coordination of services under Section 5310 funding. NJ TRANSIT will set aside each year a portion of the funds for mobility management proposals and they shall be reviewed separately from capital equipment requests. **Mobility management projects cannot use funds for the actual provision of service but only for the planning and implementation of broker or one-stop operations or other related activities.** Such projects should not expect the Section 5310 program to fund the entire cost of planning and implementation nor should funding be expected to subsidize ongoing operations once planning and implementation has been completed.

FTA's circulars allow Mobility Management to be funded as an eligible capital expense supported by up to 80% federal funding with a 20% local match. **Currently NJ TRANSIT is providing the 20% for Mobility Management awards; this is subject to availability of funds.** All applicants should be prepared to provide the match if required or needed.

All mobility management projects are reimbursement programs - you will be reimbursed for expenses as expenses are incurred and once NJ TRANSIT is invoiced using the appropriate reimbursement request forms provided to the subrecipient by NJ TRANSIT. You will not be reimbursed for amounts over the total approved award. In addition all Federal procurements must comply with FTA Circular 4220.1F as well as FTA's Best Practices Manual which can be found at http://www.FTA.dot.gov/documents/BPPM_fulltext.doc. Prior to any procurement process NJ TRANSIT reviews and approves all bid specifications.

Briefly describe MM activities:

Not Applicable

Anticipated cost of MM activities: (MM project requests must be for \$50,000.00 or more.)

IIIa. TITLE VI INFORMATION

Provide the estimated number of minority group person that your agency does and/or will serve (the following definitions are to be used).

- a. Blacks (Not of Hispanic Origin) – A person having origins in any of the Black racial groups of Africa.
- b. Hispanics – A person having origins of Mexican, Puerto Rican, Cuban, Central or South American or other Spanish culture of origin.
- c. Asian or Pacific Islanders – A person having origins in any of the countries of the Far East, Southeastern Asia, the Indian subcontinent, or the Pacific Islands. This area includes, for example: China, Japan, Korea, the Philippine Islands, and Samoa.
- d. American Indians or Alaskan Natives – A person having origins in any of the original peoples of North America and who maintain cultural identification through tribal affiliation or community recognition.
- e. Non-Minorities – All persons not included in any of the above definitions.

Do not use percentages, give actual numbers.

Blacks (not of Hispanic Origin)	120
Hispanics	50
Asian or Pacific Islanders	15
American Indians or Alaskan Natives	5
Non-Minorities	560
Total	750

1. Are you a minority agency? Yes No
2. Do you (the agency) serve a minority community? Yes No
3. Does your agency serve low income populations? Yes No
4. PRIOR FEDERAL ASSISTANCE: Has the agency received assistance from the Federal Transit Administration in prior years? Yes No
5. Has your agency received any complaints alleging discrimination under Title VI in service delivery within the past year?

Yes, if yes please provide a statement of status or outcome of each such complaint (attach additional pages if necessary).

No

If the applicant is providing public transportation beyond their specific client base must document that they sought out the viewpoints of minority, low-income and LEP populations in the course of conducting public outreach and involvement activities. NJ TRANSIT is required to monitor such outreach done by their subrecipients. Outreach can be done by advertising programs in the local newspaper and regular public meetings, or doing outreach at community based organizations, and making sure there is a channel for feedback from community groups.

IIIb. DEBARMENT INFORMATION

1. Has your agency ever been debarred from receiving state or federal funds?

Yes No

IIIc. EEO INFORMATION

1. Has your agency received any complaints alleging discrimination under EEO from employees within the past year?

Yes, if yes please provide a statement of status or outcome of each such complaint (attach additional pages if necessary).

No

III c. EEO INFORMATION

1. Has your agency received any complaints alleging discrimination under EEO from employees within the past year?

Following a review of complaints by the County's EEO Officer, the complaints were dismissed with the recommendation that one employee be transferred to another county department. The recommendation to transfer the employee was followed by County Administration.

IV. DESCRIPTION OF TRANSPORTATION SERVICES (Mobility Management projects should complete the Mobility Management section in IV-B-1.)

a) Current Transportation

A "One Way Trip" is defined as one passenger traveling in one direction from an origin to a destination; also referred to as an "unlinked passenger trip". Two people traveling in one direction equal two one-way trips. Two people making a round trip equal four one-way trips.

1. How many one way trips does your agency perform in agency owned or leased vehicles? List the number of unduplicated trips per day.

Elderly	140
Persons w/Disabilities	90
Other	5

2. How many one way trips does your agency (social workers and/or other staff) currently coordinate or arrange for on vehicles that are not agency owned or leased? List the number of unduplicated trips per day.

Elderly	30
Persons w/Disabilities	15
Other	5

B. Description of Service:

1. Describe in detail the transportation service you intend to provide with this grant award. If applying for a vehicle and/or a Mobility Management project you must include a "Description of Service" for each request. Include the following:

Vehicle Request Projects Details
Describe program(s) you intend to support with this grant award. Include any unmet need(s) that will be fulfilled. New buses obtained under this grant will allow DTS to continue to provide advanced reservation, curb-to-curb transportation to non-emergency medical appointments for senior citizens, people with disabilities and low income residents. DTS provides medical service throughout Gloucester County and contiguous counties. Vocational transportation is offered to residents throughout Gloucester County with occasional transportation to out-of-county employment sites. Gloucester County has used federally funded vehicles to address employment and educational needs of disabled residents and maintain non-emergency medical services for both elderly and disabled residents.
Service Area (List Towns and Counties to be served by award): Service is provided to all areas of Gloucester County, most areas of Camden County, limited areas of Salem and Cumberland counties and portions of Philadelphia to access hospitals in Center City and Southwest areas. Service to Philadelphia is provided on a coordinated basis with Camden County.
What are the days and hours of your transportation service? Gloucester County Division of Transportation operates Monday through Friday 7:00am to 5:00pm.

What are the transportation challenges for your consumers?

Gloucester County continues to operate paratransit in an environment with limited public transportation options. With only seven (7) fixed bus routes covering 329 square miles and no passenger rail service, Gloucester County residents with mobility issues continue to rely upon paratransit to access needed services. Medical needs such as dialysis and cancer treatments, as well as routine medical needs, are usually provided along with paratransit services. In addition, work-related transport for people with disabilities is often referred to paratransit due to a lack of an overall public transit infrastructure.

How will vehicle be used when not serving this program(s)?

Vehicles secured under this grant program will be used to provide various services for Gloucester County residents throughout the normal operating hours of Monday through Friday, 7:00am - 5:00pm. Vehicles will be in operation all day fulfilling the program requirements at the Division of Transportation Services (DTS).

Describe the impact should you not receive this grant award.

The reduction in vehicles and/or continuing to operate older vehicles affect the quality of services that are offered. Reliability issues will arise if newer vehicles are not purchased to replace aging vehicles. In addition, vehicle maintenance costs will significantly increase which will also impact the level of service offered due to diverting funds for vehicle maintenance rather than driver/fuel costs.

How will you evaluate and measure success of this award over time?

Gloucester County DTS maintains records regarding overall ridership data, waiting lists for dialysis, and waiting lists for work-related transportation requests. This data is reviewed periodically to ensure that service levels are maintained and waiting lists are kept to a minimum. In addition, DTS evaluates overall budget expenses to maximize funds for operational purposes rather than capital and administrative expenses. The ability to acquire new vehicles under this grant program allows DTS to focus on providing service to our residents at a significantly reduced cost.

Mobility Management Projects Details

Describe program(s) you intend to support with this grant award. Include any unmet need(s) that will be fulfilled.

Not Applicable

Service Area (List Towns and Counties to be served by award):

What are the transportation challenges for your consumers?

Describe the impact should you not receive this grant award.

How will you evaluate and measure success of this award over time? Include a timeline of your project from start to finish.

2. Project Utilization and Appropriateness of Service

a. Trip Purposes (check all that apply).

- Non-Emergency Medical
- Employment (Non-Competitive)
- Employment (Competitive)
- Social/Recreation
- Training/Education
- Nutrition
- Shopping
- Other (Volunteer, etc.)

b. Days of Operations (check all that apply).

- a. Monday-Friday days.
- b. Scheduled weekend service.
- c. Scheduled evenings.
- d. Special Trips (evenings and weekends available)

c. Ages Served (check all that apply)

- a. 60 years of age and over
- b. 21 to 59 years of age
- c. 12 to 20 years of age
- d. 0 to 11 year of age

3. Coordination Activities

All Section 5310 applicants must participate in the locally developed human services transportation plan, to be eligible for an award you must be named in this plan and/or meet an identified unmet need in the plan. All county plans are located on the New Jersey Community Transportation Training Program (NJCTTP) website under the United We Ride label – www.NJCTTP.org. See **EXHIBIT A** for Frequently Asked Questions on this process. Please list the page number and paragraph number of the unmet and/or ongoing need your potential award is meeting. If a statewide or regional mobility management project, please use either Metropolitan Planning Organization Plans and/or appropriate county plans.

Page number 10-20 + 25-32 Chapter/Section or Paragraph number Transit Dep. Pop + Transportation Need

4. Transportation Services Options

Which of the following transportation services are available in your community? (check all that apply)

- Local fixed/deviated bus route service provided by NJT, the County or other provider
- Municipal Dial-A-ride
- County paratransit
- Access Link
- Taxi service
- NJ TRANSIT train service
- Light Rail

4a) If none of your consumers utilize public transit (bus or rail) explain why.

Public bus service is used on a limited basis due to the lack of overall public transit availability. There is no passenger rail service currently in Gloucester County.

4b) Describe how this award will enhance transportation access beyond services currently provided by agencies in your service area.

This vehicle award will allow DTS to focus expenses on operational items such as driver salaries and fuel. By having more funds available for operations, DTS will be able to address work-related waiting lists and medical waiting lists. In addition, this award will provide for better opportunities to pursue United We Ride initiatives by providing additional resources within Gloucester County to coordinate services.

5. Type of Transportation Service (Vehicle Requests Only)

Which type of transportation service will you be providing with this vehicle award? (check all that apply)

- Demand Response
- Subscription
- Route Deviation
- Fixed Route
- Feeder
- Other

6. Operating Plan (Vehicle Requests Only)

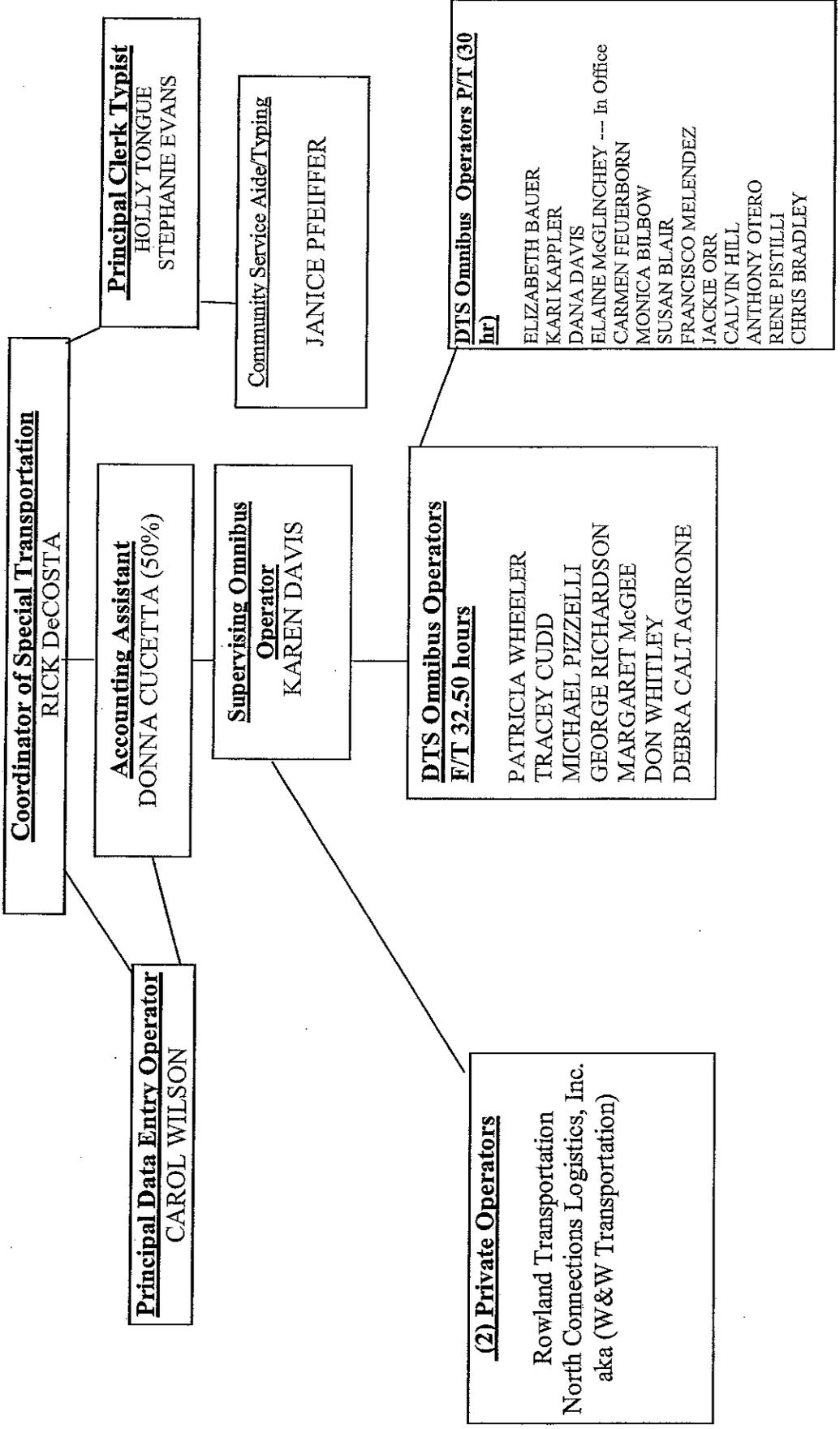
a. Administration

Attach your agency's organization chart (include transportation services staff).

1. How many years of experience in operations does the person responsible for transportation in your agency have? 29 (If the person has not yet been hired, record zero in the blank. Previous transportation management experience for other employers can be included.)
2. How many years has your transportation service been operating? 27

Board Of Chosen Freeholders
Freeholder Liaison Vincent H. Nestore, Jr.
County Administrator Chad M. Bruner
Department of Human Services
DIRECTOR, LISA CERNY

January 2012



b. Driver Training

Is driver training provided?

Yes No

If yes, list the training courses completed by the drivers:

PASS Training

Infectious Disease Training

Defensive Driving

c. Vehicle Maintenance Plan (Vehicle Requests Only)

Attach pre-trip inspection form and a copy of the standard operating procedures for preventative maintenance.

1. Does your agency perform pre-trip inspections?

Yes No

2. Does your agency have a preventative maintenance program for its vehicle(s)?

Yes No

3. Does your agency have maintenance policies and procedures for vehicle lifts? (This should be reflected in all preventative maintenance policies)

Yes No

4. Name and title of the individual responsible for maintenance:

Name: Rich Morley

Title: Director, Fleet Management

5. Provide name(s) and location (s) of garage/maintenance facility(ies) where vehicle(s) are fixed and maintained. If maintained by self you must still provide this information.

Name: Roy Muhlbaier, Supervising Mechanic

Location/Address: Mantua Ave., Mantua, NJ 08051

Name: Chris Branco

Location/Address: Delsea Drive, Clayton, NJ 08312

Name: Rolling Repairs

Location/Address: 89 Willow Grove Rd., Pittsgrove, NJ 08318

d. Storage (check one) (Vehicle Requests Only)

- 1. Garage kept.
- 2. Secured/fenced lot.
- 3. On-site in an unsecured lot.
- 4. Off-site location in an unsecured lot.
- 5. Staff takes vehicle(s) home at end of day.

Location of lot or garage where vehicles are kept.

Name: Clayton Fleet Mgmt. + Mantua Fleet Mgmt.

Location/Address: Rt. 47, Clayton, NJ + Mantua Ave., Mantua, NJ

e. Trip Scheduling (check one) (Vehicle Requests Only)

- 1. One week in advance.
- 2. 72 hours or greater in advance.
- 3. 24 – 48 hours in advance.
- 4. Same day as needed.

f. Dispatching (check one) (Vehicle Requests Only)

How is dispatching accomplished?

- 1. Two way radio
- 2. Cell phone
- 3. Mobile Data Terminal
- 4. Other (describe) _____
- 5. None

g. Will this vehicle be subleased to another agency? NJ TRANSIT must be notified prior to any sublease agreement for approval and once finalized and all copies of such sublease agreements must be sent to NJ TRANSIT. (Vehicle Requests Only)

Yes, explain: _____

No

VI. DOCUMENTATION OF FINANCIAL AND MANAGEMENT CAPABILITIES (To be completed by all applicants)

1. Total Transportation Program Budget

List CURRENT sources of operating funds utilized or projected by applicant for transportation services (include administration). If not currently operating service, indicate anticipated sources or operating funds.

FEDERAL	
Title III (Nutrition)	\$ _____
Title III – C	\$ 75,840
TANF/WorkFirst	\$ 48,764
(Formerly AFDC/Family Development)	\$ _____
SSBG (Social Services Block Grant)	\$ _____
Title XIX (Medicaid)	\$ _____
Veterans	\$ 48,500
CMAQ	\$ _____
Section 5311	\$ 226,195
Section 5316	\$ 199,859
Section 5317	\$ 320,000
Other (List other federal funding sources)	\$ _____
STATE	
Senior Citizen and Disabled Resident Transportation Assistance Program	\$ 572,256
Human Services/DDD	\$ 63,500 (Other last yr)
DVR	\$ _____
Other (List other state funding sources)	\$ _____
LOCAL	
Municipal Funds	\$ _____
County funds	\$ 414,523
Other (List other public local funding sources)	\$ _____
PRIVATE	
Agency Fees	\$ _____
Passenger Fares	\$ _____
Donations	\$ _____
Corporate donations	\$ _____
Fund Raising	\$ _____
United Way	\$ _____
Other (list other private funding sources)	\$ _____
Total Operating funds	\$ 1,969,437

Federal

Title III Nutrition	75840	
TANF	48764	
Veterans	48500	
Section 5311	226195	
Section 5316 JARC?	199859	
JARC Round 10	76406	don't know if it should be included
Section 5317 New Freedom?	320000	

Total 995564 919,158

State

SCRTAP	572256	
Close-outs	27000	don't know if it should be included
Human Services(Title XX?)	63500	

Total 662756 635,756

Local
County Funds 414523 414,523

Total Operating 2072843 1,969,437

2. Projected Vehicle Budget (Operating costs per requested vehicle in this grant)

Driver's Salary/Fringe	\$ 40,000
Administrative/Clerical	\$ 3,000
Maintenance and Repairs	\$ 2,000
Fuel	\$ 3,500
Insurance	\$ 4,000
<i>Currently you must carry Liability/Collision of \$1,000,000 minimum combined single limit (The Motor Vehicle Commission has proposed to increase this number to \$1,500,00.00 for 1-15 passenger vehicles and \$5,000,000.00 for 16 or more passenger vehicles).</i>	
Other (overhead, license, etc.)	\$ _____
Training (driver)	\$ _____
TOTAL	\$ 52,500

2a. For Mobility Management projects attach a detailed budget sheet.

2b. Summary of 2011 Mobility Management Request			
Grant 5310	FTA (80%)	Local Match (20%)	Total

2. Has your agency had any findings in your yearly audit or financial statement in the last three years?

Yes No

EXHIBIT A
**“Locally Developed Public Transit Human Services
Transportation Coordination Plan”**
Frequently Asked Questions and Designated Leads

What is Human Services Transportation?

For the purposes of this planning effort, it is defined as transportation services for people with disabilities, senior citizens and low income individuals. This could include transportation services provided by public agencies, human service agencies and private providers such as taxi or medical livery companies.

Why are we doing Community-based transportation planning?

The Safe, Accountable, Flexible, Efficient Transportation Equity Act: A Legacy for Users (SAFETEA-LU) was signed into law on August 10, 2005. This law establishes programs and funding for the FTA through federal fiscal year 2009 and required the development of Locally –Coordinated Public Transit Human Services Transportation Plans. These plans will determine how transportation funding for the three FTA Section 5310, 5316 and 5317 will be spent. Lacking long-term authorization of a new federal transportation act this requirement will be the same until reauthorization which may have subsequent program changes and requirements. In New Jersey we include coordination requirements for Casino Revenue community transportation (SCDRTAP) as well.

Why should my agency get involved?

As an agency, you can represent the needs of people your agency serves. As an individual you can let us know your own needs and make those needs a part of the planning process. If you already operate a Section 5310 vehicle or are interested in applying for one, you should be involved, since future program priorities are being considered.

How do I get involved? Who do I contact?

Below are the United We Ride / Coordination Designated County Leads, they were appointed by their County Freeholder Board. We asked that you reach out to the Lead Contact in the county that your agency provides transportation services in, you will be asked to fill in a survey detailing the human service transportation you provide and you may also be asked to attend the County’s stakeholders meetings on a regular basis.

What is included in the Human Services Transportation Coordination Planning Process?

The first plans were completed during 2007 with updates every year; the FTA is now requiring plan updates every four years at a minimum.

During planning the following is updated and/or revised:

1. Building a database of interested participants.
2. Inventory available services.
3. Identify gaps in service and unmet travel needs.
4. Develop proposals to address gaps in service.
5. Evaluate and select proposals to address gaps in cooperation with a panel of planning partners.
6. Prepare a list of selected projects for each county.
7. Adopt the final list for inclusion in Metropolitan Regional Organizations (MPOs) regional planning process.

EXHIBIT A (Continued)

<u>County</u>	<u>United We Ride Leads</u>	<u>Metropolitan Planning Organization</u>
Atlantic	Carl Lindow Atlantic County Transportation PO Box 13 New Road & Dolphin Avenue Northfield, NJ 08225 609-645-7000 x4058	Michael Reeves South Jersey Transportation Planning Organization (SJTPPO) 782 S. Brewster Road, B6 Vineland, NJ 08361 856-794-1941
Bergen	Rudolph Pasterczyk Bergen County Community Transportation 178 Essex Street Lodi, NJ 07644 201-368-7557	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Burlington	David L. Wyche Burlington County Department of Transportation 795 Woodlane Road Mount Holly, NJ 08060 609-265-5043	Meghan J. Weir Delaware Valley Regional Planning Commission (DVRPC) 190 N. Independence Mall West, 8 th Floor Philadelphia, PA 19106 215-238-2832
Camden	Carole Miller South Jersey Transportation Authority (SJTA) 800 Cooper Street, Suite 500 Camden, NJ 08102 856-427-0988	Meghan J. Weir Delaware Valley Regional Planning Commission (DVRPC) 190 N. Independence Mall West, 8 th Floor Philadelphia, PA 19106 215-238-2832
Cape May	Colleen Somers Cape May Community Transportation Services Cape May Courthouse 4 Moore Road Cape May, NJ 08210 609-889-3700 or 7812	Michael Reeves South Jersey Transportation Planning Organization (SJTPPO) 782 S. Brewster Road, B6 Vineland, NJ 08361 856-794-1941
Cumberland	Dale Finch, Executive Director County of Cumberland Office on Aging and Disabled 800 E. Commerce Street Bridgeton, NJ 08302 856-453-2220	Michael Reeves South Jersey Transportation Planning Organization (SJTPPO) 782 S. Brewster Road, B6 Vineland, NJ 08361 856-794-1941
Essex	Jaklyn DeVore, Director Essex County Division of Senior Services 900 Bloomfield Avenue Verona, NJ 07044 973-395-8386	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Gloucester	Rick DeCosta, Coordinator Gloucester Department of HS Division of Transportation Services 115 Budd Boulevard West Deptford, NJ 08096 856-686-8362	Meghan J. Weir Delaware Valley Regional Planning Commission (DVRPC) 190 N. Independence Mall West, 8 th Floor Philadelphia, PA 19106 215-238-2832
Hudson	Harold E. Demellier Jr., Director Department of Roads and Public Property Meadowview Complex, Building One 595 County Avenue Secaucus, NJ 07094 201-558-7095	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450

County	United We Ride Leads	Metropolitan Planning Organization
Hunterdon	Tara Shepherd Executive Director HART Commuter Information Services 146 Route 31 North, Suite 400 Flemington, NJ 08822 908-788-5553	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Mercer	Martin DeNero Mercer County Trade Transportation Public Works Facility 300 Scotch Road, Building 1 Trenton, NJ 08901 609-530-1970 x17	Meghan J. Weir Delaware Valley Regional Planning Commission (DVRPC) 190 N. Independence Mall West, 8 th Floor Philadelphia, PA 19106 215-238-2832
Middlesex	Steve Fittante, Director Middlesex County Area Transit 711 Jersey Avenue New Brunswick, NJ 08901 732-745-7456 or 4029	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Monmouth	Kathy Lodato Monmouth County Department of Transportation 250 Center Street Freehold, NJ 07728 732-431-6480 or 732-577-6731	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Morris	Frank Pinto, Director County of Morris Department of Human Services PO Box 437 Morris Plains, NJ 07950 973-285-6868	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Ocean	Kathy Edmond, Transportation Coordinator Ocean Ride 1959 Route 9 PO Box 2191 Toms River, NJ 08754-2191 732-736-8989	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Passaic	John McGill Passaic County Paratransit Offices 1310 Route 23 North Wayne, NJ 07470 973-305-5763	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Salem	Ray Bolden Inter-Agency Council of Salem County 98 Market Street Salem, NJ 08079 856-935-7510 x8203	Michael Reeves South Jersey Transportation Planning Organization (SJTPO) 782 S. Brewster Road, B6 Vineland, NJ 08361 856-794-1941
Somerset	Yvonne Manfra Somerset County Transportation 750 E. Main Street Bridgewater, NJ 08807 908-231-7116	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Sussex	Carol Novrit Sussex County Department of Social Services 83 Spring Street, Suite 203 Newton, NJ 07860 973-383-3600 x5152	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450

<u>County</u>	<u>United We Ride Leads</u>	<u>Metropolitan Planning Organization</u>
Union	Karen Dinsmore, Assistant Director Union County Department of Human Services Union County Administration Building 10 Elizabethtown Plaza Elizabeth, NJ 08207 908-527-4809	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450
Warren	JanMarie McDyer Warren County Department of Human Services Division of Administration Cummins Building 202 Mansfield Street Belvidere, NJ 07823 908-475-6080	David Schmetterer North Jersey Transportation Planning Authority (NJTPA) One Newark Center, 17 th Floor Newark, NJ 07102 973-639-8450

**EXHIBIT B
VEHICLE USEFUL LIFE AND REPLACEMENT STANDARDS**

Each applicant must select a vehicle type for which one is applying by indicating a choice in Section I Vehicle Request page of the application as well as placing a checkmark next to the appropriate vehicle description. The descriptions below are meant to assist the applicant in determining the type of vehicle best suited for their needs. When determining selection, the applicant should consider the costs of operating a vehicle including insurance (NJ TRANSIT requires a minimum \$1 million liability coverage in addition to comprehensive and physical damage coverage). In addition, the applicant should be aware that some vehicles purchased under this program require drivers to have a Commercial Driver's License and submit to drug and alcohol testing under the jurisdiction of the Federal Highway Administration.

NJ TRANSIT has traditionally purchased diesel for all vehicles except the minivan. However, presently due to a lack of commercial availability NJTRANSIT is purchasing all vehicles in the TYPE ONE and TYPE TWO categories with gas engines until such time that the industry again has smaller diesel chassis commercially available.

Please note: All drivers of vehicles designed to transport 16 or more passengers, including the driver, must have a commercial driver's license (CDL). Mechanics that drive the vehicles must also have a CDL. For the most current information please visit <http://www.state.nj.us/mvc/Commercial/CommercialDriver.htm>

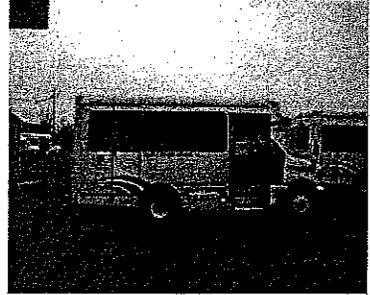
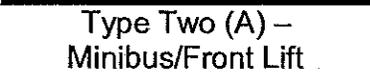
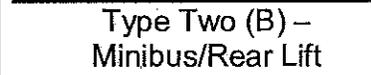
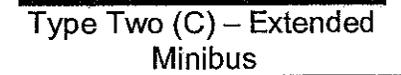
		
<p align="center">Type One (A) – Van</p>	<p align="center">Type One (B) – Extended Van</p>	<p align="center">Type One (C) – Modified Minivan</p>
		
<p align="center">Type Two (A) – Minibus/Front Lift</p>	<p align="center">Type Two (B) – Minibus/Rear Lift</p>	<p align="center">Type Two (C) – Extended Minibus</p>
	<p align="center">Type Three (A) – Transit Style Bus</p>	

EXHIBIT B
VEHICLE USEFUL LIFE AND REPLACEMENT STANDARDS
(Continued)

Type One – Vans

Type One (A) - Van - Dual rear wheel cutaway van w/lift with and a gas and/or diesel engine, enclosed stepwell, automatic transmission, air-conditioning, and rear auxiliary heater. This vehicle can transport six (6) ambulatory passengers and one (1) forward facing mobility device. When space permits and if no mobility device is being transported, a flipseat will be included that will be increasing seating to eight (8) ambulatory passengers. The lift door is on the passenger side directly behind the front entrance. Useful Life is 4 years or 100,000 miles.

Type One (B) – Extended Van – Dual rear wheel cutaway extended Van w/lift and a gas and/or diesel engine, enclosed stepwell etc. that can seat eight (8) ambulatory passengers and one (1) forward facing mobility device. The lift is on the passenger side towards the rear of vehicle with the mobility device position opposite the lift. Useful Life is 4 years or 100,000 miles.

Type One (C) – Modified Minivan - This is a long wheelbase (Chrysler/Chevy type minivan with a lowered floor). This is intended for transporting one to two mobility devices or two to four ambulatory persons. The lower floor eliminates the need for a lift but comes with a manual ramp that must be lowered and raised. The lower floor also makes bottoming out a real possibility if operating in hilly areas or going in and out of a variety of driveways. Useful Life is 4 years or 100,000 miles.

Type Two – Minibuses less than 30 ft.

Type Two (A) – Minibus/Front Lift - Dual rear wheel cutaway Minibus with lift and a gas and/or diesel engine. There is enough headroom to allow an individual to stand enclosed stepwell, automatic transmission, air-conditioning and rear heater. This vehicle can seat twelve (12) ambulatory and one forward-facing mobility device. If no mobility device is being transported, a flip seat will increase the ambulatory seating to fourteen (14). Vehicle usually has 159" wheelbase. Alternative seating plans must be requested in application in order to be considered. Useful Life is 5 years or 150,000 miles.

Type Two (B) – Minibus/Rear Lift - Dual rear wheel cutaway Minibus w/lift in rear and a gas and/or diesel engine. Basic seating plan is eleven (11) and two (2). Alternative seating plans must be requested in application in order to be considered. Vehicle usually has a 159" wheelbase. Useful Life is 5 years or 150,000 miles.

Type Two (C) – Extended Minibus - (Front or Rear Side Lift) - Dual rear wheel cutaway Extended Minibus w/lift and diesel engine built on a 176" wheelbase with lift in rear. There is seating for sixteen (16) ambulatory and two forward facing mobility devices. When using a rear flip seat it can also carry eighteen (18) ambulatory and one mobility device. Useful Life is 5 years or 150,000 miles.

Type Three – Transit Style Buses

Type Three (A) - A medium transit bus (30" or more in length). It is designed to carry between twenty-four (24) to twenty-eight (28) ambulatory and two (2) forward facing mobility devices. Bus is equipped with air brakes and requires driver to have an air-brake certification on their Commercial Driver's License. Lift door can be in the front or towards the rear of the vehicle. Useful Life is seven (7) years or 200,000 miles.

**EXHIBIT B
VEHICLE USEFUL LIFE AND REPLACEMENT STANDARDS
(Continued)**

**NJ TRANSIT is always evaluating the performance of vehicles and the specifications are subject to change. Should an applicant have a specific vehicle recommendation NJ TRANSIT will consider incorporating into the procurement process but all purchases must comply with Federal procurement practices including but not limited to Buy America and all purchases must be done in a open and competitive manner.*

Vehicle Estimate Prices

The estimated price information below will assist agencies in determining insurance costs.

Check for Type of Vehicle requesting and if this is a "Replacement" vehicle (Replacement is defined as replacing a previously awarded Section 5310 vehicle only) or for Program "Expansion".

Type One	Estimated Costs
a. Van	gas \$49,000
b. Extended Van	gas \$48,000
c. Minivan	\$40,000

Type Two	Estimated Costs
a. Minibus/front lift 158" WB	gas \$50,000
b. Minibus/Rear Lift 158" WB	gas \$50,000
c. Extended Minibus 176" WB	gas \$57,000

Type Three (AVAILABLE ONLY TO DESIGNATED COORDINATED SYSTEMS OR BY EXCEPTION):

	Estimated Costs
a. Medium size transit style 28-30 passenger, 2 mobility device positions, 30' or more in length	\$130,000

Note: No School Buses Will Be Purchased Through this Program.

Special Seating Requests now done on Vehicle Request page – please note that no seating modification will be done once vehicle procurement is complete.

VII. REQUIRED ATTACHMENTS

Please follow directions carefully and complete all sections of this application. **Incomplete applications will not be reviewed.** Below are required attachments. .

- Articles of Incorporation (if a private non-profit)
- Section 501(c)(3) of the Internal Revenue Code (if a private non-profit)
- 2011 or most recent Audit or Financial Statement/Annual Report (If applicant submitted this document as part of FTA Section 5311 or Senior Citizen and Disabled Resident Transportation Assistance Act program it is not required.) **Audits maybe submitted in electronic format.**
- Completed Application includes newly required D-U-N-S number on Applicant Information page.
- Current marketing materials or brochures for agency and transportation service.
 - Vehicle Inventory (Vehicle Requests Only)
 - Pre-trip inspection form (Vehicle Requests Only)
 - Preventative maintenance program documentation (Vehicle Requests Only)
- Include copy of your agency's organization chart – include transportation services staff
- Exhibit C - Notarized Ads as per instructions must be completed and submitted with application.
- Exhibit F- Section 5310 Capital Assistance program New Jersey Standard Assurances
Signatures are required from all applicants.

DIS Features

- Non-Emergency Medical Transportation
- Curb-to-Curb transportation
- Access to Health Care Providers
- Feeder Service to NJ Transit bus service
- Modified, Fixed Transportation
- Access to essential personal business appointments (i.e., Social Security Office, Division of Social Services, Housing Authority) on a space available basis
- Rural Shopping
- Employment
- **LIFT-EQUIPPED BUSES**

Personal Care Assistants/companions welcomed, advise when scheduling.

Service animals, respirators, and portable oxygen tanks permissible

Other Transit Services:

New Jersey Transit Bus Service
(973)275-5555
www.njtransit.com

Access Link Bus Service
1-800-955-2321

Or Call 1-800-955-6765

www.njtransit.com and click on accessible services

Medicaid clients should call:
LogistiCare 1-866-527-9933

MUNICIPAL SHUTTLE BUS CONTACTS

Clayton.....	881-2882 Ext. 122
Deptford.....	228-4719
Franklin.....	694-1952
Glassboro.....	881-1515
Logan.....	467-3424 Ext. 9
Mantua.....	468-1500 Ext. 700
Monroe.....	728-9840
Paulsboro.....	423-1500
Pitman.....	582-4766
Washington Township.....	589-3227
West Deptford.....	845-4004 Ext.137
Westville.....	456-7785
Woodbury.....	853-0892
Woodbury Heights.....	848-2832 Ext. 68
Harrison.....	478-0824 (for 55+ Active Adult Program)

The Municipal Shuttle Buses are available to the general public at no cost. The service provides Gloucester County residents access to nearby shopping facilities, senior lunch programs and area malls.

Lift equipped buses are available. Consult your municipality for schedule information

Visit us online :

www.gloucestercountynj.gov

GLOUCESTER COUNTY DIVISION OF TRANSPORTATION SERVICES

Serving Senior Citizens And People
With Disabilities Since 1985
Service Also Available To The General
Public Residing In Rural Areas



Service Sponsored by the Gloucester
County Board of Chosen Freeholders

ROBERT M. DAMMINGER
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FREEHOLDER
DEPUTY DIRECTOR

VINCENT H. NESTORE, JR.
FREEHOLDER LIAISON

**GLOUCESTER COUNTY
FLEET MANAGEMENT**

**VEHICLE PREVENTIVE
MAINTENANCE**

GUIDELINES

PASSENGER VEHICLES

2012

TABLE OF CONTENTS

Introduction	Page 2
Preventive Maintenance Responsibilities / Procedures	Page 3
Preventive Maintenance / Additional Responsibilities	Page 4
Preventive Maintenance Schedule	Page 5
Wheelchair Lift Maintenance Schedule	Page 5
2012 Approved Vendor Listing	Page 6
Attachments	
❖ Pre-Trip Inspection form	
❖ Request for Repair/Service	
❖ Vehicle Service Record	

INTRODUCTION

Definition of Preventive Maintenance:

The performance of regularly scheduled maintenance procedures on a vehicle to prevent or minimize the possibility of malfunctions.

Gloucester County Fleet Management strives to maintain vehicles within manufacturer's established recommendations to promote vehicle safety for county drivers, passengers of county vehicles and other drivers on the roadways. As part of overall vehicle care, Fleet Management views the proper execution of a preventive maintenance plan as the first line of defense to ensure that vehicles are operating safely and reaching the potential of their useful life.

PREVENTIVE MAINTENANCE RESPONSIBILITIES/PROCEDURES

This document outlines responsibilities and provides procedures to be followed for county employees who have the responsibility to either operate or maintain county vehicles. Below is a summary of responsibilities:

Fleet Management will maintain computerized and paper files for all county vehicles.

Fleet Management will ensure that all vehicles are maintained according to detailed preventive maintenance schedules as outlined within this document.

Each department is responsible for having their drivers complete a pre-trip and post-trip inspection sheet on a daily basis. It is the responsibility of the using department to ensure that these inspections occur and that the paperwork is completed properly.

Each department is required to complete a work order request form (attached hereto) and forward to Fleet management in a prompt manner for all scheduled and non-scheduled work required.

Fleet Management, upon receipt of the work order, will schedule the vehicle for service and remove the vehicle from service until all necessary repair work is completed.

Fleet Management will maintain a thorough maintenance record file for each vehicle. A copy of a vehicle maintenance file is available to the using department upon request.

If certain repair work is required that is outside of Fleet Management's responsibility (ie transmission, body damage)*, Fleet Management staff will have the responsibility to schedule this work on behalf of the department.

*work must be performed by approved vendors established by the Gloucester County Purchasing Department

ADDITIONAL RESPONSIBILITIES

Respective department heads or assigned division heads are required to share the information within this preventive maintenance plan with any county employee who either occasionally or frequently drives county vehicles.

Each department will ensure that county vehicles, used by their departments, are kept clean (interior and exterior) and in good running order.

Fleet Management, in cooperation with various departments, including the Purchasing Department, will ensure that arrangements are made to keep the interior and exterior of vehicles are cleaned on a regular basis.

Completed pre-trip and post-trip inspection sheets will be kept by departments for the vehicles assigned to them. Fleet Management will keep inspection sheets for vehicles under their auspices.

Vehicle maintenance manuals will be kept in the offices of Fleet Management. Owner manuals to vehicles will be kept within the vehicle's glove compartment.

PREVENTIVE MAINTENANCE SCHEDULE

Fleet Management will perform the following work on county vehicles in accordance with manufacturer's recommendations.

Regular (at least every 5000 miles)

- ✓ Clean vehicle interior and exterior
- ✓ Check idle and throttle spring
- ✓ Change engine oil
- ✓ Lubricate chassis
- ✓ Inspect brake system

Regular (at least every 8000 miles)

- ✓ Engine idle speed (diesel)
- ✓ Inspect all drive belts
- ✓ Rotate tires

Annually

- ✓ Flush radiator
- ✓ Replace coolant
- ✓ Service air conditioner
- ✓ Lubricate all door and hood hinges
- ✓ Lubricate door and hood locks
- ✓ Lubricate door rubber weather-strips
- ✓ Clean battery cables

Every 2 years

- ✓ Replace all hoses, more often if necessary

Unscheduled

- ✓ Alternator
- ✓ Starter motor
- ✓ Windshield wiper motor/blades
- ✓ Exhaust system
- ✓ Headlamps, turn signal bulbs, brake lights
- ✓ Vehicle interior
- ✓ Wheelchair lift components
- ✓ Wheelchair restraint components
- ✓ Miscellaneous items from work order reports

Perform lift maintenance at scheduled intervals according to number of cycles or elapsed time, whichever comes first. Correct any potentially dangerous situations at once. (Refer to provided manufacturer literature for more detailed information.)

Daily or 10 Lift Cycles

- Cycle Lift
 - Inspect for worn or loose parts
 - Inspect for smooth operation (both directions)
 - Inspect for capability of holding weight (stand on lift for one complete cycle)
 - Inspect for leaks
 - Listen for unfamiliar noises
 - Check hydraulic fluid
 - Ensure all lights and alarms are functional
-

Monthly or 50 Lift Cycles

- Inspect and lubricate all platform hinges
 - Inspect and lubricate shoe assembly
 - Inspect handles and mounting or pivot pins
 - Inspect cylinder mounting pins/brackets and emergency release pin
 - Inspect stanchion assembly bolts
 - Inspect and lubricate platform pick-up fold bearings
 - Inspect platform assembly
-

Yearly or 1,200 Lift Cycles

- Check manual lift operation (with and without weight on platform)
- Check/replace bushings
- Inspect power cord and connections
- Inspect safety features for proper operation
- Inspect frame for bends, cracks and breaks
- Inspect arm pins/pivot points for excessive wear
- Inspect platform pick-up fold bearings and cam for excessive wear
- Inspect bridge plate and front safety barrier for proper operation
- Ensure all lights and alarms are functional

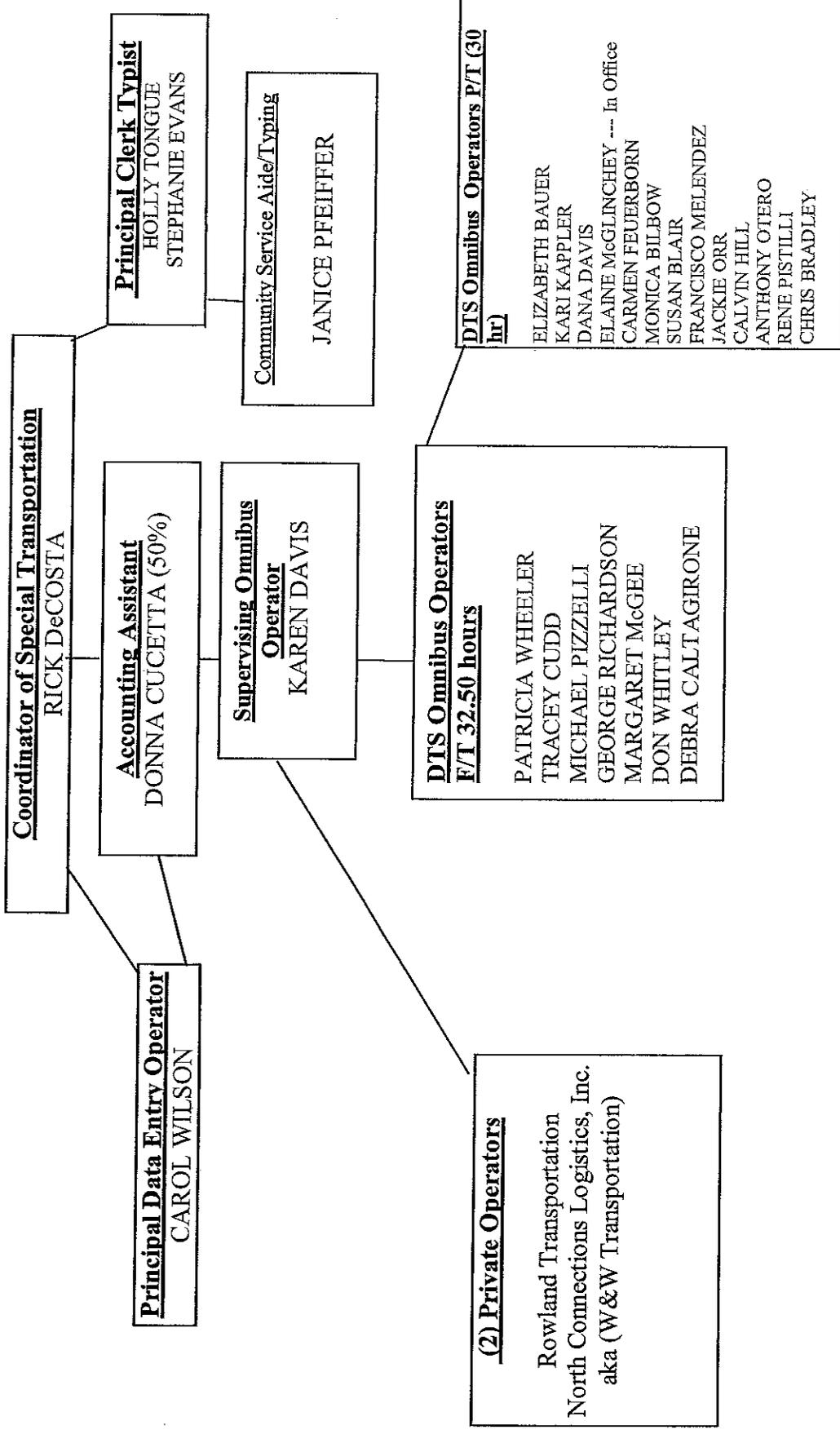
County of Gloucester

2012 Approved Vendors – Vehicle Maintenance

- ❖ Wheelchair Maintenance – Rolling Repairs, 89 Willow Grove Road, Pittsgrove, NJ 08318 / Contact Neil LaBree
- ❖ Body Work – South Jersey Truck Repair, LLC, 500 Cenco Blvd., Clayton, NJ 08312 856-442-0850 \ Contact:
- ❖ Towing – Tyler Mill Towing, 387 Tyler Mill Road, Sewell, NJ 08080 \ 856-589-4333 \ Contact: Carl Mihlebach
- ❖ Transmission – Cottman Transmission, 230 Glassboro Rd., Sewell, NJ 08080 \ 856-845-0070 \ Contact: Nick DeRose
- ❖ Glass Replacement – Safelite Auto Glass, 2001 West Route 70, Cherry Hill, NJ 08002 \ 856-667-9501
- ❖ Tires – Mitchell Tire Service, 526 N. Delsea Drive, Glassboro, NJ 08028 \ 856-881-6868 \ Contact: Samuel T. Mitchell

January 2012

Board Of Chosen Freeholders
Freeholder Liaison Vincent H. Nestore, Jr.
County Administrator Chad M. Bruner
Department of Human Services
DIRECTOR, LISA CERNY



FACSIMILE

To: Legal Advertising
Of: Gloucester County Times
Fax: 845-4318
Pages: 2, including this cover sheet.
Date: March 14, 2012

RE: Please run the following FTA Section 5310 "Notice of Vehicle Application" in your Legal Advertisement Section for two (2) days - Monday, March 19th and Wednesday, March 21st.

PUBLIC NOTICE (NON-PROFIT)

Notice is hereby given that the County of Gloucester, Division of Transportation, has made application to NJ TRANSIT for one MiniBus/front lift and one Extended MiniBus/front lift to provide transportation to senior citizens and/or people with disabilities in Gloucester County, State of New Jersey. The vehicles will be funded with Federal Transit Administration (FTA) Section 5310 funds per submitted grant.

Any interested for-profit operator who has a significant social, economic or environmental interest is invited to comment on this proposed service by sending a written notice within 30 days to:

Gloucester County Division of Transportation Services (DTS)

115 Budd Blvd.

West Deptford, NJ 08096

From the desk of...
Rick DeCosta, Coordinator,
Division of Transportation
115 Budd Blvd.
West Deptford, NJ 08096
Phone #: (856) 686-8355
Fax #: (856) 686-8361

EXHIBIT D

QUARTERLY RIDERSHIP must be submitted to NJ TRANSIT electronically via S-RIDES

SAMPLE



[Logout](#)
OCEAN COUNTY
TRANSPORTATION

Home
e-Forms
Import
Account History

Quarterly Vehicle Ridership

Year: Quarter:

Status: SUBMITTED

Filter Data:

[Export Data Into Excel](#)

^ Trip Purpose

Vehicle	Days Operated	Medical	Non Comp. Employment	Comp. Employment	Recreation	Training & Education	Nutrition	Shopping	Other	Total Trips
16-1124	11	12	6	0	0	0	0	0	0	18
16-1125	0	0	0	0	0	0	0	0	0	0
16-1127	0	0	0	0	0	0	0	0	0	0
16-1137	0	0	0	0	0	0	0	0	0	0
16-1319	0	0	0	0	0	0	0	0	0	0
16-939	0	0	0	0	0	0	0	0	0	0
Total	11	12	6	0	0	0	0	0	0	18

^ Customer Characteristics

Vehicle	Senior Ambulatory	Senior Non Ambulatory	Disabled Ambulatory	Disabled Non Ambulatory	Other	Total Trips
16-1124	0	0	0	0	0	18
16-1125	0	0	0	0	0	0
16-1127	0	0	0	0	0	0
16-1137	0	0	0	0	0	0
16-1319	0	0	0	0	0	0
16-939	0	0	0	0	0	0
Total	0	0	0	0	0	18

Quarterly Vehicle Maintenance Reports must be submitted to NJ TRANSIT electronically via S-RIDES

SAMPLE



[Logout](#)
OCEAN COUNTY
TRANSPORTATION

Home
e-Forms
Import
Account History

Quarterly Maintenance Ridership

Year: Quarter:

Status: Draft

Filter Data:

[Export Data Into Excel](#)

^ Maintenance Data

Vehicle	Actual Miles driven this quarter	Odometer	Days out of Service	Total Cost
16-1124	0	0	0	0
16-1125	0	0	0	0
16-1127	0	0	0	0
16-1137	0	0	0	0
16-1319	0	0	0	0
16-939	0	0	0	0
Total	0	0	0	0

^ PM Performed

***PLEASE RETURN THIS PAGE TO CONFIRM SECTION
5310 VEHICLE
APPLICATION NOTICE***

Thank you for your signature to confirm receipt of faxed legal advertisement for the 2012 Section 5310 application notice. Please fax back to Carol Wilson at 686-8361.

The notice forwarded to us on March 14, 2012 has been received and will be printed in our paper on the following dates:

Signature

EXHIBIT E



Section 5310
OTHER EQUIP/MOBILITY MANAGEMENT
QUARTERLY PROGRESS REPORT

Quarterly Report Period: Jan – Mar Apr – Jun CALENDAR YEAR: _____
 Jul – Sep Oct - Dec

Agency Name: _____ Project Manager: _____ Email Address: _____

Project's Current Phase: _____

SCOPE

SCHEDULE

Activities Last Quarter:

Activities This Quarter:

Activities Next Quarter:

Activity Milestone:	Project Completion Dates			
	Original	Current	Actual	Comments

ISSUES

Critical Issues:

Notes:

THIS REPORT IS TO BE FORWARDED BY THE 5th DAY OF THE MONTH FOLLOWING THE CLOSE OF THE CALENDAR QUARTER. TO:

ATTN: Anna R. Magri, Manager
 NJ TRANSIT
 Local Programs and Minibus Support
 One Penn Plaza East
 Newark, NJ 07105

Assurances - By signature below, I do hereby certify that:

1. The above information is true and verifiable.
2. The equipment purchased and/or planning project funded through this project is used for the purposes as stated in approved grant application.

Grant Manager/Director Signature: _____ Date: _____

Print Name: _____

EXHIBIT F
SECTION 5310 CAPITAL ASSISTANCE PROGRAM
NEW JERSEY STANDARD ASSURANCES

Legal Name of Organization: County of Gloucester Division of Transportation

The applicant organization hereby agrees to the following Standard Assurances pursuant to the Section 5310 program.

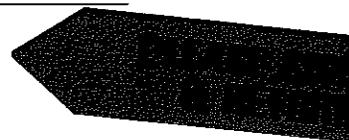
1. It will comply with all applicable provisions with the NJ TRANSIT Standards for Section 5310. (Lease, insurance and reporting requirements)
2. It will give FTA and the Comptroller General, through any authorized representative, access to and the right to examine all records, books, papers, or documents related to the grant.
3. It will operate and maintain any facility or equipment constructed or purchased as part of a federal grant in accordance with the minimum standards as may be required or prescribed by the applicable federal, state and local agencies for the maintenance and operation of such facilities.
4. It recognizes NJ TRANSIT's authority to conduct audits for the purpose of verifying compliance with the requirements and stipulations stated above.
5. Based on information submitted in the applicant organization's application, the service provided or offered to be provided by existing public or private transit operators is unavailable, insufficient or inappropriate to meet the special needs of elderly or persons with disabilities within the service area.
6. The applicant organization possesses the necessary fiscal and managerial capability to implement and manage its proposed project.
7. The applicant organization is considered under state law as a private non-profit and has the legal capacity to contract with the state to carry out the proposed project or is a local government recognized by the state as an eligible local government under this program.
8. The applicant organization has or will have the time of delivery sufficient funds to operate the vehicle(s) equipment to be purchased under this project.
9. It will submit if selected any and all certifications required by state and/or federal law.

Signature of Authorized Official: _____

Print Name: Robert M. Damminger

Title of Authorized Official: Freeholder Director

Date: _____



A

RESOLUTION AUTHORIZING THE AWARD OF A CONTRACT TO WILLIAM R. CAREY & CO., INC., FOR BROKER SERVICES IN PLACING INDIVIDUAL AND AGGREGATE EXCESS LOSS MEDICAL COVERAGE FOR THE GLOUCESTER COUNTY DEPARTMENT OF CORRECTIONS FROM MARCH 1, 2012 TO FEBRUARY 28, 2013 FOR A MINIMUM CONTRACT AMOUNT OF ZERO AND A MAXIMUM CONTRACT AMOUNT OF \$179,041.00

WHEREAS, the County of Gloucester has determined that there is a need for specialized broker services in the placement of individual and aggregate excess loss medical coverage for the Gloucester County Department of Corrections; and

WHEREAS, the County requested proposals, from interested providers and evaluated those proposals consistent with the County's fair and open procurement process; and

WHEREAS, the evaluation, based on the established criteria, concluded that the William R. Carey & Co. Inc., with offices at 45 Whitney Road, Suite B15, Mahwah, New Jersey 07430 made the most advantageous proposal; and

WHEREAS, the contract is for estimated units of service for a minimum contract amount of Zero and a maximum contract amount of \$179,041.00 for a period of one year. The contract is therefore open ended, which does not obligate the County of Gloucester to make any purchase; and, therefore, no Certificate of Availability of Funds is required at this time; and

WHEREAS, this contract has been awarded pursuant to Gloucester County's fair and open procurement process, consistent with the terms and provisions of N.J.S. 19:44A-20.4; and

WHEREAS, this contract may be awarded without public advertising for bids pursuant to the provisions of the Local Public Contracts Law of the State of New Jersey in that the subject matter of the contract is the provision of professional services for which competitive bids could not be received.

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Gloucester that the Director of the Board and the Clerk of the Board are hereby authorized to execute the contract with William R. Carey & Co, Inc., for specialized broker services in the placement of individual and aggregate excess loss medical coverage for the Gloucester County Department of Corrections for a minimum contract amount of Zero and a maximum contract amount of \$179,041.00 for the period commencing March 1, 2012 and terminating February 28, 2013; and

BE IT FURTHER RESOLVED, that a brief notice stating the nature, duration, service and amount of the contract, if applicable, and that this Resolution and the contract are on file and available for public inspection in the office of the Clerk of Gloucester County, shall be published once in the Gloucester County Times pursuant to the requirements of the Local Public Contracts Law; and

BE IT FURTHER RESOLVED before any purchase be made pursuant to the within award, a certification must be obtained from the Purchasing Agent of the County of Gloucester certifying that sufficient funds are available at that time for that particular purchase and identifying the line item of the County budget out of which said funds will be paid.

ADOPTED at a regular meeting of the Board of Chosen Freeholders of the County of Gloucester, held on Wednesday, April 4, 2012, at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DI LELLA, CLERK

FI

**PROFESSIONAL SERVICES CONTRACT
BETWEEN
COUNTY OF GLOUCESTER
AND
WILLIAM R. CAREY & CO., INC.**

THIS CONTRACT is made effective this 1st day of March 2012, by and between **THE COUNTY OF GLOUCESTER**, a body politic and corporate, with offices in Woodbury, New Jersey, hereinafter referred to as "**County**", and **WILLIAM R. CAREY & CO., INC.** (a New Jersey Corporation) with offices at 45 Whitney Road, Suite B15, Mahwah, NJ 07430, hereinafter referred to as "**Vendor**".

RECITALS

WHEREAS, the County of Gloucester has determined that there is a need for specialized broker services in the placement of individual and aggregate excess loss medical coverage for the Gloucester County Department of Corrections; and

WHEREAS, this contract has been awarded pursuant to Gloucester County's fair and open procurement process, consistent with the terms and provisions of N.J.S. 19:44A-20.4; and

WHEREAS, Vendor represents that it is qualified to perform said services and desires to so perform pursuant to the terms and provisions of this Contract.

NOW, THEREFORE, in consideration of the mutual promises, agreements and other considerations made by and between the parties, the County and Vendor do hereby agree as follows:

TERMS OF AGREEMENT

1. **TERM.** The term of the contract shall be for the period beginning March 1, 2012 and concluding February 28, 2013.
2. **COMPENSATION.** Contract shall be for estimated units of service, with the minimum contract amount of zero and a maximum contract amount of \$179,041.00.

It is agreed and understood that this is an open-ended contract, thereby requiring the County to use Vendor's services only on an as-needed basis. There is no obligation on the part of the County to make any purchase whatsoever.

Vendor shall be paid in accordance with this Contract document upon receipt of an invoice and a properly executed voucher. After approval by County, the payment voucher shall be placed in line for prompt payment.

Each invoice shall contain an itemized, detailed description of all work performed during the billing period. Failure to provide sufficient specificity shall be cause for rejection of the invoice until the necessary details are provided.

It is also agreed and understood that the acceptance of the final payment by Vendor shall be considered a release in full of all claims against the County arising out of, or by reason of, the work done and materials furnished under this Contract.

3. DUTIES OF VENDOR. The specific duties of the Vendor shall be as set forth in the County's RFP #12-018, and Vendor's responsive proposal, dated February 1, 20112 which are incorporated in their entirety and made a part of this Contract. Should there occur a conflict between this form of contract and RFP #12-018, this contract shall prevail.

Vendor agrees that it has or will comply with, and where applicable shall continue throughout the period of this Contract to comply with, all of the requirements of the RFP documents.

4. FURTHER OBLIGATIONS OF THE PARTIES. During the performance of this Contract, the parties agree as follows, where applicable:

A. Vendor will not discriminate against any employee or applicant for employment because of gender, age, race, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, disability, affectional or sexual orientation, genetic information, sex or atypical hereditary cellular or blood trait. Vendor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment without regard to their gender, age, race, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, disability, affectional or sexual orientation, genetic information, sex or atypical hereditary cellular or blood trait. Such actions shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. Vendor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this non-discrimination clause.

B. The Vendor or subcontractor, where applicable, will, in all solicitations or advertisements for employees placed by or on behalf of the Vendor, state that all qualified applicants will receive consideration for employment without regard to gender, age, race, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, disability, affectional or sexual orientation, genetic information, sex or atypical hereditary cellular or blood trait.

C. The Vendor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other

contract or understanding, a notice, to be provided by the Agency Contracting Officer advising the labor union or workers' representative of the Vendor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

D. The Vendor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to P.L. 1975, c.127, as amended and supplemented from time to time.

E. The Vendor or subcontractor, where applicable, agrees to attempt in good faith to employ minority and female workers consistent with the applicable County employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, C. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable County employment goals determined by Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, C. 127, as amended and supplemented from time to time.

F. The Vendor or subcontractor, where applicable, agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of gender, age, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, affectional or sexual orientation, or disability and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

G. The Vendor or subcontractor, where applicable, agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decision of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

H. The Vendor or subcontractor, where applicable, agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to gender, age, creed, color, religion, Vietnam-era veteran status, national origin, ancestry, marital status, affectional or sexual orientation, or disability and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey and applicable Federal law and applicable Federal court decisions.

I. The Vendor or subcontractor, where applicable, shall furnish such report or other document to the Affirmative Action Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Affirmative Action Office for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (N.J.A.C. 17:27).

J. Only manufactured products of the United States of America, wherever available, shall be used in the execution of the work specified herein.

K. In accordance with the Tax Equity and Fiscal Responsibility Act of 1982 (TEFRA), it is expressly understood that if the net amount paid to Vendor pursuant to this Contract exceeds Ten Thousand Dollars (\$10,000.00) in a twelve-month period, Vendor will grant to the Department of Health and Human Services and/or the general Accounting Office access to such of Vendor's books, documents, and records as are necessary to verify the nature and extent of costs of services furnished under this Contract. Vendor agrees to grant such access until the expiration of four (4) years after the services are furnished under the contract. In the event that Vendor carries out any duties of the contract through a subcontract with a related organization which will result in payment to the related organization of Ten Thousand Dollars (\$10,000.00) or more over a twelve-month period, Vendor agrees that any such subcontract shall require that the related organization shall make available such books, documents, and records which are necessary to verify the nature and extent of the costs.

5. **LICENSING AND PERMITTING.** If the Vendor or any of its agents is required to maintain a license, or to maintain in force and effect any permits issued by any governmental or quasi-governmental entity in order to perform the services which are the subject of this Contract, then prior to the effective date of this Contract, and as a condition precedent to its taking effect, Vendor shall provide to County a copy of its current license and permits required to operate in the State of New Jersey, which license and permits shall be in good standing and shall not be subject to any current action to revoke or suspend, and shall remain so throughout the term of this Contract.

Vendor shall notify County immediately in the event of suspension, revocation or any change in status (or in the event of the initiation of any action to accomplish such suspension, revocation and/or change in status) of license or certification held by Vendor or its agents.

6. **TERMINATION.** This Contract may be terminated as follows:

A. Pursuant to the termination provisions set forth in the RFP# 12-018, which are specifically referred to and incorporated herein by reference.

B. If Vendor is required to be licensed in order to perform the services which are the subject of this Contract, then this Contract may be terminated by County in the event that the appropriate governmental entity with jurisdiction has instituted an action to have the Vendor's license suspended, or in the event that such entity has revoked or suspended said license. Notice of termination pursuant to this subparagraph shall be effective immediately upon the giving of said notice.

C. If, through any cause, the Vendor or subcontractor, where applicable, shall fail to fulfill in timely and proper manner his obligations under this Contract, or if the Vendor shall violate any of the covenants, agreements, or stipulations of this Contract, the County

shall thereupon have the right to terminate this Contract by giving written notice to the Vendor of such termination and specifying the effective date thereof. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Vendor under this Contract, shall be forthwith delivered to the County.

D. The County may terminate this Contract for public convenience at any time by a notice in writing from the County to the Vendor. If the Contract is terminated by the County as provided herein, the Vendor will be paid for the services rendered to the time of termination.

E. Notwithstanding the above, the Vendor or subcontractor, where applicable, shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the Contract by the Vendor, and the County may withhold any payments to the Vendor for the purpose of set off until such time as the exact amount of damages due the County from the Vendor is determined.

F. Termination shall not operate to affect the validity of the indemnification provisions of this Contract, nor to prevent the County from pursuing any other relief or damages to which it may be entitled, either at law or in equity.

7. **NO ASSIGNMENT OR SUBCONTRACT.** This Contract may not be assigned nor subcontracted by the Vendor, except as otherwise agreed in writing by both parties. Any attempted assignment or subcontract without such written consent shall be void with respect to the County and no obligation on the County's part to the assignee shall arise, unless the County shall elect to accept and to consent to such assignment or subcontract.

8. **INDEMNIFICATION.** The Vendor or subcontractor, where applicable, shall be responsible for, shall keep, save and hold the County of Gloucester harmless from, and shall indemnify and shall defend the County of Gloucester against any claim, loss, liability, expense (specifically including but not limited to costs, counsel fees and/or experts' fees), or damage resulting from all mental or physical injuries or disabilities, including death, to employees or recipients of the Vendor's services or to any other persons, or from any damage to any property sustained in connection with this contract which results from any acts or omissions, including negligence or malpractice, of any of its officers, directors, employees, agents, servants or independent contractors, or from the Vendor's failure to provide for the safety and protection of its employees, or from Vendor's performance or failure to perform pursuant to the terms and provisions of this Contract. The Vendor's liability under this agreement shall continue after the termination of this agreement with respect to any liability, loss, expense or damage resulting from acts occurring prior to termination.

9. **INSURANCE.** Vendor shall, if applicable to the services to be provided, maintain general liability, automobile liability, business operations, builder's insurance, and Workers' Compensation insurance in amounts, for the coverages, and with carriers deemed satisfactory by County, and which shall be in compliance with any applicable requirements of the State of New Jersey. Vendor shall, simultaneously with the execution of this Contract, deliver certifications of said insurance to County, naming County as an additional insured.

If Vendor is a member of a profession that is subject to suit for professional malpractice, then Vendor shall maintain and continue in full force and effect an insurance policy for professional liability/malpractice with limits of liability acceptable to the County. Vendor shall, simultaneously with the execution of this Contract, and as a condition precedent to its taking effect, provide to County a copy of a certificate of insurance, verifying that said insurance is and will be in effect during the term of this Contract. The County shall review the certificate for sufficiency and compliance with this paragraph, and approval of said certificate and policy shall be necessary prior to this Contract taking effect. Vendor also hereby agrees to continue said policy in force and effect for the period of the applicable statute of limitations following the termination of this Contract and shall provide the County with copies of certificates of insurance as the certificates may be renewed during that period of time.

10. **SET-OFF.** Should Vendor either refuse or neglect to perform the service that Vendor is required to perform in accordance with the terms of this Contract, and if expense is incurred by County by reason of Vendor's failure to perform, then and in that event, such expense shall be deducted from any payment due to Vendor. Exercise of such set-off shall not operate to prevent County from pursuing any other remedy to which it may be entitled.

11. **PREVENTION OF PERFORMANCE BY COUNTY.** In the event that the County is prevented from performing this Contract by circumstances beyond its control, then any obligations owing by the County to the Vendor shall be suspended without liability for the period during which the County is so prevented.

12. **METHODS OF WORK.** Vendor agrees that in performing its work, it shall employ such methods or means as will not cause any interruption or interference with the operations of County or infringe on the rights of the public.

13. **NON-WAIVER.** The failure by the County to enforce any particular provision of this Contract, or to act upon a breach of this Contract by Vendor, shall not operate as or be construed as a waiver of any subsequent breach, nor a bar to any subsequent enforcement.

14. **PARTIAL INVALIDITY.** In the event that any provision of this Contract shall be or become invalid under any law or applicable regulation, such invalidity shall not affect the validity or enforceability of any other provision of this Contract.

15. **CHANGES.** This Contract may be modified by approved change orders, consistent with applicable laws, rules and regulations. The County, without invalidating this Contract, may order changes consisting of additions, deletions, and/or modifications, and the contract sum shall be adjusted accordingly. This Contract and the contract terms may be changed only by change order. The cost or credit to the County from change in this Contract shall be determined by mutual agreement before executing the change involved.

16. **NOTICES.** Notices required by this Contract shall be effective upon mailing of notice by regular and certified mail to the addresses set forth above, or by personal service, or if such notice cannot be delivered or personally served, then by any procedure for notice pursuant to the Rules of Court of the State of New Jersey.

17. **COMPLIANCE WITH APPLICABLE LAW.** Vendor shall at all times during the course of the effective period of this Contract comply with and be subject to all applicable laws, rules and regulations of the State of New Jersey and of any other entity having jurisdiction pertaining to the performance of Vendor's services.

18. **INDEPENDENT CONTRACTOR STATUS.** The parties acknowledge that Vendor is an independent contractor and is not an agent of the County.

19. **CONFIDENTIALITY.** Vendor agrees not to divulge or release any information, reports, or recommendations developed or obtained in connection with the performance of this Contract, during the term of this Contract, except to authorized County personnel or upon prior approval of the County.

20. **BINDING EFFECT.** This Contract shall be binding on the undersigned and their successors and assigns.

21. **CONTRACT PARTS.** This Contract consists of this Contract document, RFP #12-018 issued by the County of Gloucester and Vendor's responsive proposal dated February 1, 2012. Should there occur a conflict between this form of contract and the County's RFP #12-018, then this Contract shall prevail. If there should occur a conflict between this Contract or RFP #12-018 issued by the County of Gloucester and the Vendor's Proposal dated February 1, 2012, then this Contract or the RFP, as the case may be, shall prevail.

THIS CONTRACT is effective as of this 1st day of March, 2012.

IN WITNESS WHEREOF, the County has caused this instrument to be signed by its Director, attested by its Clerk, and its corporate seal affixed hereunto, pursuant to a Resolution of the said party of the first part passed for that purpose, and Vendor has caused this instrument to be signed by its properly authorized representative.

ATTEST:

COUNTY OF GLOUCESTER

ROBERT N. DI LELLA, CLERK

BY: _____
ROBERT M. DAMMINGER,
DIRECTOR

ATTEST:

BY: _____
MICHAEL J. CAREY, VICE
PRESIDENT

BASIS OF AWARD

(To be completed by County evaluation committee)
 (100 Point total will be used to determine the Award)

The County will select the vendor deemed most advantageous to the County, based on price and other factors considered.

RFP-012-018 - Excess Loss Coverage for Inmates – William R. Carey & Co

<p style="text-align: center;">EVALUATION FACTORS</p> <p>Points awarded will be based on the information contained in the technical proposal, any supplemental information obtained and information gathered during the interview, if one is conducted.</p>	<p style="text-align: center;">SCORE</p>
<p>A. Proposal contains all required checklist information <u>5</u> points All required documentation submitted.</p>	<p style="text-align: center;">5</p>
<p>B. <u>Relevance and Extent of Qualifications, Experience, and Training of Personnel to be assigned</u> Small firm with only four (4) employees. Firm has Twenty-eight (28) years experience in the field. <u>25</u> points</p>	<p style="text-align: center;">22</p>
<p>C. <u>Relevance and Extent of Similar Engagements performed</u> Presently our current provider for these services. Vendor has listed other similar experience, with Four (4) Counties in New Jersey. <u>25</u> points</p>	<p style="text-align: center;">23</p>
<p>D. <u>Plan for performing engagement is realistic, thorough, and demonstrates knowledge of requirements and personnel availability</u> Plan is realistic and covers all aspects of the RFP <u>25</u> points</p>	<p style="text-align: center;">23</p>
<p>E. Reasonableness of Cost Proposal Cost submitted is (\$179,041.00) for the year which equates to 1.46 per inmate which is adjusted and based on 336 inmates. The profit commission is based on 25%. <u>20</u> points</p>	<p style="text-align: center;">17</p>
<p style="text-align: center;">TOTALS</p>	<p style="text-align: center;">90</p>

BASIS OF AWARD

(To be completed by County evaluation committee)
 (100 Point total will be used to determine the Award)

The County will select the vendor deemed most advantageous to the County, based on price and other factors considered.

RFP-012-018 – Excess Loss Insurance – Connor Strong & Buckelew

<p style="text-align: center;">EVALUATION FACTORS</p> <p>Points awarded will be based on the information contained in the technical proposal, any supplemental information obtained and information gathered during the interview, if one is conducted.</p>	<p style="text-align: center;">SCORE</p>
<p>A. Proposal contains all required checklist information <u>5</u> points All required documentation submitted.</p>	<p style="text-align: center;">5</p>
<p>B. <u>Relevance and Extent of Qualifications, Experience, and Training of Personnel to be assigned</u> Very large firm with 300 employees of which 65 are dedicated to Health Services. <u>25</u> points</p>	<p style="text-align: center;">23</p>
<p>C. <u>Relevance and Extent of Similar Engagements performed</u> Vendor has listed other similar experience, with Three (3) Counties in New Jersey. Vendor also has a considerable amount of experience with JIF business. <u>25</u> points</p>	<p style="text-align: center;">23</p>
<p>D. <u>Plan for performing engagement is realistic, thorough, and demonstrates knowledge of requirements and personnel availability</u> Plan is realistic and covers all aspects of the RFP <u>25</u> points</p>	<p style="text-align: center;">23</p>
<p>E. Reasonableness of Cost Proposal Cost submitted is (\$193,600.00) for the year which equates to 1.58 per inmate which is adjusted and based on 336 inmates. <u>20</u> points</p>	<p style="text-align: center;">13</p>
<p style="text-align: center;">TOTALS</p>	<p style="text-align: center;">87</p>

RESOLUTION AUTHORIZING SUBMISSION OF A GRANT APPLICATION TO METLIFE FOUNDATION & LOCAL INITIATIVES SUPPORT CORPORATION FOR A 2012 COMMUNITY-POLICE PARTNERSHIP GRANT

WHEREAS, the County of Gloucester (hereinafter the "County"), through the County Sheriff, wishes to apply for and obtain grant funding in an amount to be determined to provide the Senior Safety/Crime Prevention Program (hereinafter the "Program") for seniors, which said program addresses safety and crime for senior citizens residing in the County; and

WHEREAS, the Board of Chosen Freeholders of the County (hereinafter the "Board") deems that the Program is beneficial to the citizens of the County; and

WHEREAS, the County Sheriff has reviewed all data supplied or to be supplied in the application and in its attachments for the Metlife Foundation and Local Initiatives Support Corporation 2012 Community-Police Partnership Award, Special Strategy-Seniors & Safety (hereinafter the "Grant"), which will be used to fund the Program; and certifies to the Board that all data contained in the application, and in its attachments, is true and correct; and

WHEREAS, the County Sheriff submitted the Grant application to the County's Department of Human Services for review, and said agency has approved said application; and

WHEREAS, the Board understands and agrees that any Grant received as a result of the application will be subject to the Grant conditions and other policies, regulations and rules issued by the MetLife Foundation & Local Initiatives Support Corporation for the Grant.

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Gloucester that the Director, and the Clerk of the Board, are hereby authorized to execute any and all documents required to apply to the MetLife Foundation & Local Initiatives Support Corporation for The 2012 MetLife Foundation Community-Police Partnership Award, Special Strategy-Seniors & Safety for the period beginning October 1, 2012, and ending September 30, 2013; and

BE IT FURTHER RESOLVED that the Board of Chosen Freeholders hereby confirms that it shall comply with all applicable regulations of the granting authority as referred to above, and shall provide any necessary additional assurances as may be required.

ADOPTED at a regular meeting of the Board of Chosen Freeholders of the County of Gloucester held on Wednesday, April 4, 2012, at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DI LELLA, CLERK

F2

2012 GLOUCESTER COUNTY BUDGET
OTHER EXPENSE REQUEST EXPLANATIONS

2012 Budget

Sheriff's Overtime # 01-25-270-001-10120 \$ to be determined

Department Sheriff

Form C-2
Department Code 270
Submission Date 03-07-12
Revision Date _____

F2



BOARD OF
CHOSEN FREEHOLDERS

COUNTY OF GLOUCESTER
STATE OF NEW JERSEY

FREEHOLDER DIRECTOR
Robert M. Damming

FREEHOLDER LIAISON
Vincent H. Nestore Jr.



DEPARTMENT OF HUMAN
SERVICES

DIRECTOR
Lisa A. Cerny

P.O. Box 337
Woodbury, NJ 08096

Phone: 856.384.6870
Fax: 856.384.0207

lcerny@co.gloucester.nj.us

www.gloucestercountynj.gov

New Jersey Relay Service – 711
Gloucester County Relay Service
(TTY/TTD) – (856)848-6616

TO: Paula Giampola

DEPARTMENT: Sheriffs Office

GRANT TITLE: 2012 MetLife Foundations - Community Police Partnership
Award

DATE: March 22, 2012

CERTIFICATION LETTER

The DEPARTMENT OF HUMAN SERVICES certifies that the enclosed Grant has been reviewed and meets the standard requirements

REVIEWED BY: [Signature]

REVIEWED BY: [Signature]
Grants Coordinator

FREEHOLDER MEETING: April 4, 2012

GRANT REQUEST FORM

INCLUDE THE GRANT APPLICATION AND COMPLETED PROPOSAL. IF THE GRANT PROVIDES FOR OUTSIDE CONTRACTING, INCLUDE AN EXPLANATION OF YOUR SELECTION PROCEDURES FOR SUB-GRANTEES. ALSO INCLUDE BUDGET WITH COUNTY ACCOUNT NUMBERS.

DATE: March 7, 2012

1. TYPE OF GRANT
~~XXXXX~~ NEW GRANT

RENEWAL/CONTINUATION-PREVIOUS YR. BUDGET NUMBER

2. GRANT TITLE: 2012 MetLife Foundation Community-Police Partnership Award

3. GRANT TERM: FROM: October 1, 2012 TO: September 30, 2013

4. COUNTY DEPARTMENT: Office of the Sheriff

5. DEPT. CONTACT PERSON & PHONE NUMBER: Paula L. Giampola 856-384-4601

6. NAME OF FUNDING AGENCY: MetLife Foundation & Local Initiatives Support Corporation

7. BRIEF DESCRIPTION OF GRANT PROGRAM (TO BE USED FOR CLERK OF BOARD): Apply to MetLife Foundation & Local Initiatives Support Corporation for the 2012 MetLife Foundation Community-Police Partnership Award, Special Strategy-Seniors & Safety. C/o LISC - CSI, 501 Seventh Avenue, 7th Floor, New York, NY 10018, csi@lisc.org. Term of award to run, October 1, 2012 through September 30, 2013,

8. PERSONNEL-EMPLOYEE NAME & AMOUNT OF SALARY FUNDED Amt to be determined. THROUGH PROPOSED GRANT PROGRAM (INDICATE A NEW HIRE WITH AN ASTERISK " * "):

NAME	AMOUNT	NAME	AMOUNT
n/a			

9. TOTAL SALARY CHARGED TO GRANT: \$ XXXX

10. INDIRECT COST (IC) RATE: XXXX %

11. IC CHARGED TO GRANT \$ XXXX

12. FRINGE BENEFIT RATE CHARGED TO GRANT: XXXX %

13. DATE APPLICATION DUE TO GRANTOR March 11, 2012

Special Strategy Award, Seniors & Safety

I. Organization Information:

- a. Name: Gloucester County Office of the Sheriff/
Carmel M. Morina, Sheriff
- b. Address: P O Box 376, 2. South Broad St.
Woodbury, N.J. 08096
- c. Principal Contact: Paula L. Giampola
- d. Phone: (856) 384-4601
- e. Fax: (856) 384-4679
- f. Email: pgiampola@co.gloucester.nj.us

II. Project Information:

- a. Name: Senior Safety/Crime Prevention Program
- b. Inception Date: 2007
- c. Projected End Date: A service provided by Sheriff Morina indefinitely
- d. Partner: Citizen's of Gloucester County/Gloucester County Division
of Senior Services
- e. Funding by: The County of Gloucester

III. MetLife Foundation Community Police Partnership Awards announcement:

- a. LISC National Headquarters
Local Initiatives Support Corporation
501 Seventh Avenue
New York, NY, 10018
Tel. (212) 455-9800
Fax: (212) 682-5929
Email: info@lisc.org
- b. Convergemag.com : Center for Digital Education

This Senior Safety/Crime Prevention Program for the elderly, provided by the Gloucester County Office of the Sheriff, address safety and crime for senior citizens residing in Gloucester County, N.J.

The Gloucester County Office of the Sheriff serves 35,699 adults over 65 years of age. Of that population, 8,762 of the residents live alone in households. It has been said that the world is often unfair. Today approximately one of every eight Americans must face the realities of aging. Being old and victimized seems among the cruelest of inequities. Elderly situations vary, as do the ways the elderly deal with growing older. Regardless of their circumstances; however, most old people say they worry about crime with many fearing they may become victims. As a group, older people can be a powerful and active force. As individuals, they can be vulnerable and may need help. The vulnerability of some of its members sets this population apart from other age groups also concerned about crime. Elderly people are particularly vulnerable to the crimes of burglars, purse snatchers, petty thieves, and con artists. One obstacle is the challenge of helping the elderly to protect them against crime without unduly raising their fear of crime. Fear of crime is a critical concern encumbering many elderly people. They fear crime, especially violent crime, and that fear causes many to remain in their homes.

The Senior Safety/Crime Prevention Program, provided by the Gloucester County Office of the Sheriff provides senior citizens with the knowledge which is the best antidote to fear. This program addresses their fear of crime and provides crime prevention services to minimize both fear and crime. Identifying crime and fear and addressing it in the Senior Safety/Crime Prevention Program, we are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include the community-oriented enforcement activities.

While crimes committed against senior citizens are not as common as crimes committed against young adults and teenagers, it is still considered a serious issue. Senior citizens are in greater danger of being seriously hurt during a crime. Crime and the fear of crime create special problems for the elderly. Understanding the nature of the problem and knowing what to do to avoid being a victim of crime can help.

Although instances of crime are relatively rare, it is important to keep some important safety guidelines in mind to prevent becoming a victim. Areas that are covered in the Senior Safety/Crime Prevention Program are:

❖ TIPS TO KEEP SAFE

- Walking
- In Stores
- In Your Car
- Banking
- Avoiding Cons
- At Your Door/Home
- Avoiding Identity Theft
- Avoiding Elder Abuse

The Senior Safety/Crime Prevention Presentations are available for our senior citizens, caregivers, family and the constituents of Gloucester County, N.J. You will find our presentations at senior activities/events such as Golden Follies Entertainment Show, Senior Health and Fitness Days, Volunteer Luncheons, Senior Citizen Christmas Parties, churches, social meetings and Senior Citizen Clubs just to name a few.

The Office of the Sheriff has existed for over one thousand (1000) years and is the oldest law enforcement position in the United States. The sheriff has the right and duty to enforce any legislation as it concerns securing the peace, order, safety, and comfort of the community under his jurisdiction. In enforcing such legislation, the sheriff satisfies his constitutional obligations in enforcing the democracy's laws, protecting the lives and property of its people, and safeguarding the health and morals of the community. The members of the Gloucester County Sheriff's Office are dedicated to protecting life and property. We are committed to providing all citizens with the highest quality law enforcement services and strive to perform our duties in an efficient and effective manner. We recognize that the ability to successfully complete our mission is based on shared mutual respect and responsibility between the Sheriff's Office, other county and municipal agencies, the local communities and the citizens we serve.

Our goal is to promote programs through pro-active means, such as the Senior Safety/Crime Prevention Program which enhances the safety and security of the elderly, our senior citizens of Gloucester County.

2012 GLOUCESTER COUNTY BUDGET
OTHER EXPENSE REQUEST EXPLANATIONS

2012 Budget

Sheriff's Overtime # 01-25-270-001-10120 \$ to be determined

Department Sheriff

Form C-2

Department Code 270

Submission Date 03-07-12

Revision Date _____

Blurb

A resolution authorizing the Gloucester County, Office of the Sheriff to apply to the MetLife Foundation & Local Initiatives Support Corporation for the 2012 MetLife Foundation Community-Police Partnership Award Special Strategy-Seniors & Safety. C/o LISC – CSI, 501 Seventh Avenue, 7th floor, New York, NY 10018, csi@lisc.org. Amount of award to be determined at a later date and award period to run October 1, 2012 through September 30, 2013. This Senior Safety/Crime Prevention Program for the elderly, provided by the Gloucester County Office of the Sheriff, address safety and crime. Identifying crime and fear and addressing it in the Senior Safety/Crime Prevention Program, we are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include the community-oriented enforcement activities.

RESOLUTION AUTHORIZING THE SUBMISSION OF A GRANT APPLICATION TO ASH INSTITUTE FOR DEMOCRATIC GOVERNANCE AND INNOVATION FOR A \$100,000.00 SENIOR SAFETY/CRIME PREVENTION PROGRAM GRANT

WHEREAS, the County of Gloucester (hereinafter the "County"), through the County Sheriff, wishes to apply for and obtain grant funding in the amount of \$100,000, or alternatively \$10,000 to provide the Senior Safety/Crime Prevention Program (hereinafter the "Program") for seniors; which said program addresses safety and crime for senior citizens residing in the County; and

WHEREAS, the Board of Chosen Freeholders of the County (hereinafter the "Board") deems that the Program is beneficial to the citizens of the County; and

WHEREAS, the County Sheriff has reviewed all data supplied or to be supplied in the application and in its attachments for Ash Institute For Democratic Governance And Innovation Senior Safety/Crime Prevention Program Grant (hereinafter the "Grant") which will be used to fund the Program; and certifies to the Board that all data contained in the application, and in its attachments, is true and correct; and

WHEREAS, the County Sheriff submitted the Grant application to the County's Department of Human Services for review, and said agency has approved said application; and

WHEREAS, the Board understands and agrees that any Grant received as a result of the application will be subject to the Grant conditions and other policies, regulations and rules issued by the Ash Institute For Democratic Governance And Innovation, 79 John F. Kennedy Street, Cambridge, MA 02138, for the Grant.

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Gloucester that the Director, and the Clerk of the Board, are hereby authorized to execute any and all documents required to apply to The Ash Institute for Democratic Governance And Innovation, 79 John F. Kennedy Street, Cambridge, MA 02138, for the Innovations In American Government Award/Bright Ideas Initiative-Senior Safety/Crime Prevention Program Grant for the period beginning January 1, 2012 and ending December 31, 2013; and

BE IT FURTHER RESOLVED that the Board of Chosen Freeholders hereby confirms that it shall comply with all applicable regulations of the granting authority as referred to above and shall provide any necessary additional assurances as may be required.

ADOPTED at a regular meeting of the Board of Chosen Freeholders of the County of Gloucester held on Wednesday, April 4, 2012, at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DI LELLA, CLERK

2012 GLOUCESTER COUNTY BUDGET
OTHER EXPENSE REQUEST EXPLANATIONS

2012 Budget

Sheriff's Overtime # 01-25-270-001-10120 \$ to be determined

Award Winner eligible to receive \$100,000,
finalists to receive \$10,000.

Department Sheriff

Form C-2
Department Code 270
Submission Date 03-08-12
Revision Date _____



John F. Kennedy
School of Government
Harvard University

Summary Information

Program Information for "Senior Safety/Crime Prevention Program"

Program Name: Senior Safety/Crime Prevention Program
Program Start Date : 01/01/2007
Jurisdiction Type: County
Jurisdiction Name: County of Gloucester
Jurisdiction Unit: Office of the Sheriff
Jurisdiction Population: 288288
Website: n/a
Applied Previously: No
Policy Area: Criminal Justice and Public Safety

Primary Contact:

Mrs. Paula Lee Giampola Administrative Clerk
P O Box 376
2 South Broad St
WOODBURY, NJ 08096

Phone:

8563844601

E-Mail 1:

PGIAMPOLA@CO.GLOUCESTER.NJ.US

Essays:

Please provide a two sentence summary of the innovation. This description should accurately and succinctly convey the essence of the innovation. Should your program receive recognition as a Bright Idea, this description will be used for press purposes. (maximum 50 words)

The program, Senior Safety/Crime Prevention, provided by the Gloucester County Office of the Sheriff, address safety and crime for senior citizens. We are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include community-oriented enforcement activities.

Please tell the story of your innovation,

- i) including the circumstances leading to its conception (such as previous efforts to deal with a particular problem),
- ii) the initiation of your program (for example how it was designed and launched), and
- iii) the program's ongoing operations and achievements (for example how it has been modified in response to obstacles or opposition).
- iv) Dates would be helpful in anchoring the narrative.

(maximum 400 words)

The Office of the Sheriff has existed for over one thousand (1000) years and is the oldest law enforcement position in the United States. The sheriff has the right and duty to enforce any legislation as it concerns securing the peace, order, safety, and comfort of the community under his jurisdiction. In enforcing such legislation, the sheriff satisfies his constitutional obligations in enforcing the democracy's laws, protecting the lives and property of its people, and safeguarding the health and morals of the community.

The members of the Gloucester County Sheriff's Office are dedicated to protecting life and property. We are committed to providing all citizens with the highest quality law enforcement services and strive to perform our duties in an efficient and effective manner. We recognize that the ability to successfully complete our mission is based on shared mutual respect and responsibility between the Sheriff's Office, county and municipal agencies, and the citizens we serve.

The program, Senior Safety/Crime Prevention addresses safety and crime for senior citizens. Sheriff Morina initiated and spearheaded this Program as soon as he took office in 2007. Gloucester County, N.J. serves 35,699 adults over 65 years of age. Of that population, 8,762 of the residents live alone in households. Elderly people are particularly vulnerable to the crimes. One obstacle is the challenge of helping the elderly to protect them against crime without unduly raising their fear of crime. Fear of crime is a critical concern encumbering many elderly people. They fear crime, especially violent crime, and that fear causes many to remain in their homes. The Senior Safety/Crime Prevention Program, provided by the Gloucester County Office of the Sheriff provides senior citizens with the knowledge which is the best antidote to fear. This program addresses their fear of crime and provides crime prevention services to minimize both fear and crime. Identifying crime and fear and addressing it in the Senior Safety/Crime Prevention Program, we are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include the community-oriented

enforcement activities.

The Senior Safety/Crime Prevention presentations are available to our senior citizens, caregivers, family and the constituents of Gloucester County, N.J. You will find our presentations at senior activities such as Golden Follies Entertainment Show, Senior Health/Fitness Days, Volunteer Luncheons, Senior Citizen Christmas Parties, churches, social meetings and Senior Citizen Clubs just to name a few.

The Innovations Awards/Bright Ideas four selection criteria are:

- i) novelty, the degree to which the program or initiative demonstrates a leap in creativity
- ii) effectiveness, the degree to which the program or initiative has achieved tangible results
- iii) significance, the degree to which the program or initiative addresses an important problem of widespread public concern
- iv) transferability, the degree to which the program or initiative, or aspects of it, has been successfully transferred to other government entities or shows promise of being successfully transferred.

Please show how your program meets each of these criteria.

(maximum 500 words)

This program, Senior Safety/Crime Prevention, provided by the Gloucester County Office of the Sheriff, address safety and crime for senior citizens. Gloucester County, N.J. serves 35,699 adults over 65 years of age. Of that population, 8,762 of the residents live alone in households. Elderly people are particularly vulnerable to the crimes of burglars, purse snatchers, petty thieves, and con artists. One obstacle is the challenge of helping the elderly to protect them against crime without unduly raising their fear of crime. Fear of crime is a critical concern encumbering many elderly people .They fear crime, especially violent crime, and that fear causes many to remain in their homes. The Senior Safety/Crime Prevention Program, provided by the Gloucester County Office of the Sheriff provides senior citizens with the knowledge which is the best antidote to fear. This program addresses their fear of crime and provides crime prevention services to minimize both fear and crime. Identifying crime and fear and addressing it in the Senior Safety/Crime Prevention Program, we are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include the community-oriented enforcement activities. While crimes committed against senior citizens are not as common as crimes committed against young adults and teenagers, it is still considered a serious issue. Senior citizens are in greater danger of being seriously hurt during a crime. Crime and the fear of crime create special problems for the elderly. Understanding the nature of the problem and knowing what to do to avoid

being a victim of crime can help. Although instances of crime are relatively rare, it is important to keep some important safety guidelines in mind to prevent becoming a victim. Areas covered include Walking, In Stores, In Your Car, Banking, Avoiding Cons, At Your Door/Home, Avoiding Identity Theft and Avoiding Elder Abuse.

The Senior Safety/Crime Prevention Presentations are available for you, our senior citizens, caregivers, family and the constituents of Gloucester County, N.J. You will find our presentations at senior activities such as Golden Follies Entertainment Show, Senior Health and Fitness Days, Volunteer Luncheons, Senior Citizen Christmas Parties, churches, social meetings and Senior Citizen Clubs just to name a few. Programs like this can be duplicated throughout our communities.

It has been said that the world is often unfair. Today approximately one of every eight Americans must face the realities of aging. Being old and victimized seems among the cruelest of inequities. The idea of looking out, protecting and providing for those who were once in our shoes, is more than a novel idea it is a novel action we must all participate in. The Senior Safety/Crime Prevention Program that is presented to the senior citizens is addressing an issue that is widespread. Aging is a fact of life. Let's allow and inform our seniors to age with dignity.

Exit

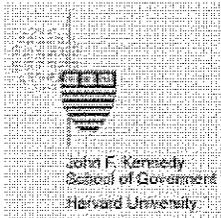
President and Faculty of Rutgers College

Harold Kennedy School

Rutgers University - Camden

Terms of Use





Submit Application

Submit Application

Congratulations!

You are about to submit your application for **Senior Safety/Crime Prevention Program**. Please proof read your application carefully before submitting your application for review. **Click here to review your application now.**

After you submit your application it will be reviewed by Innovations evaluators for inclusion in the Innovations in American Government Awards competition or the Bright Ideas Initiative. When the review is complete, you will receive notification regarding the status of your application.

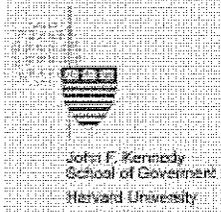
Once you have submitted your application for review, you will no longer be able to make edits or changes. However, you will be able to **view and print** copies for your records.

By submitting an application, you assert the following:

I have read the **Innovations in American Government Awards Application Web site Terms of Use and Privacy Policy** and understand application submission constitutes consent to the use of my contact and application information as described within this document.

Please **CLICK HERE** to submit your application now.

Exit



Submit Application

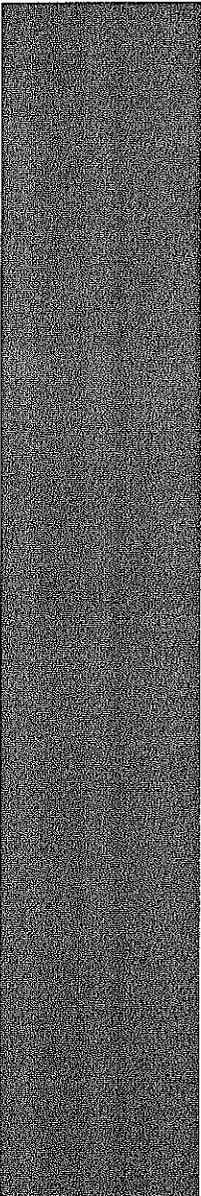
Application Submitted

Thank you for submitting your application for **Senior Safety/Crime Prevention Program** to the Innovations in Government Awards Program on **March 8, 2012 at 10:10:25 AM MST** . We appreciate your interest in our program.

Now that you have submitted your application it will be reviewed by Innovations evaluators for inclusion in the Innovations in American Government Awards competition or the Bright Ideas Initiative. When their review is complete, you will receive notification regarding the status of your application.

If you have any questions, please contact the Innovations staff at (800) 722-0074 or via email at <mailto:innovations@harvard.edu>. Thank you for your interest in our program.

Exit



President and Fellows of Harvard College

Harvard Business School

Harvard University, Cambridge, MA



F3



BOARD OF
CHOSEN FREEHOLDERS

COUNTY OF GLOUCESTER
STATE OF NEW JERSEY

FREEHOLDER DIRECTOR
Robert M. Damminger

FREEHOLDER LIAISON
Vincent H. Nestore Jr.



DEPARTMENT OF HUMAN
SERVICES

DIRECTOR
Lisa A. Cerny

P.O. Box 337
Woodbury, NJ 08096

Phone: 856.384.6870
Fax: 856.384.0207

lcerny@co.gloucester.nj.us

www.gloucestercountynj.gov

New Jersey Relay Service – 711
Gloucester County Relay Service
(TTY/TTD) – (856)848-6616

TO: Paula Giampola

DEPARTMENT: Sheriffs Office

GRANT TITLE: Innovations in American Government / Bright Ideas Grant

DATE: March 22, 2012

CERTIFICATION LETTER

The DEPARTMENT OF HUMAN SERVICES certifies that the enclosed Grant has been reviewed and meets the standard requirements

REVIEWED BY: [Signature]

REVIEWED BY: [Signature]
Grants Coordinator

FREEHOLDER MEETING: April 4, 2012

GRANT REQUEST FORM

INCLUDE THE GRANT APPLICATION AND COMPLETED PROPOSAL. IF THE GRANT PROVIDES FOR OUTSIDE CONTRACTING, INCLUDE AN EXPLANATION OF YOUR SELECTION PROCEDURES FOR SUB-GRANTEES. ALSO INCLUDE BUDGET WITH COUNTY ACCOUNT NUMBERS.

DATE: March 8, 2012

1. TYPE OF GRANT

XXXXX

NEW GRANT

RENEWAL/CONTINUATION-PREVIOUS YR. BUDGET NUMBER

2. GRANT TITLE: Innovations in American Government/Bright Ideas

3. GRANT TERM: FROM: 01/01/2012 TO: 12/31/2013

4. COUNTY DEPARTMENT: Office of the Sheriff

5. DEPT. CONTACT PERSON & PHONE NUMBER: Paula L. Giampola 856-384-4601

6. NAME OF FUNDING AGENCY: Ash Institute for Democratic Governance and

7. BRIEF DESCRIPTION OF GRANT PROGRAM (TO BE USED FOR CLERK OF BOARD): Innovation
Apply to Ash Institute for Democratic Governance and Innovation, 79 John F. Kennedy St., Cambridge, MA, 02138, 1-800-722-0074, for the innovations in American Government Award/Bright Ideas-Senior Safety/Crime Prevention Program-Award as finalist \$10,000 and winner of award eligible for \$100,000. Grant Award date to be determined after fifth and final round of competition.

8. PERSONNEL-EMPLOYEE NAME & AMOUNT OF SALARY FUNDED THROUGH PROPOSED GRANT PROGRAM (INDICATE A NEW HIRE WITH AN ASTERISK "*"):

NAME	AMOUNT	NAME	AMOUNT
n/a			

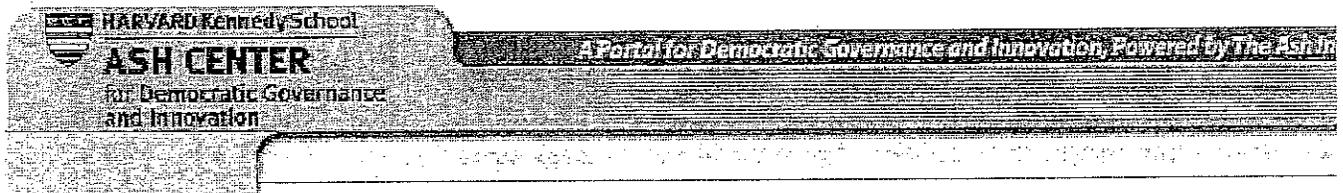
9. TOTAL SALARY CHARGED TO GRANT: \$ XXXX

10. INDIRECT COST (IC) RATE: XXXX %

11. IC CHARGED TO GRANT \$ XXXX

12. FRINGE BENEFIT RATE CHARGED TO GRANT: XXXX %

13. DATE APPLICATION DUE TO GRANTOR March 15, 2012



[PRINT](#) | [EXIT](#)

Sut

Primary Contact

Name: Mrs. Paula Lee Giampola
Title: Administrative Clerk
Division: County Of Gloucester
Sub Division: Sheriff's Office
Address #1: P O Box 376
 2 South Broad St
 WOODBURY, NJ 08096
Phone #1: 8563844601
Email #1:
 PGIAMPOLA@CO.GLOUCESTER.NJ.US
Address #2:

Program Information

Program Name: Senior Safety/Crime Prevention Program
Program Start Date : 01/01/2007
Jurisdiction Type: County
Jurisdiction Name: County of Gloucester
Jurisdiction Unit: Office of the Sheriff
Jurisdiction Population: 288288
Website: n/a
Applied Previously: No
Eval Team: NULL

Essays:

1. Please provide a two sentence summary of the innovation. This description should accurately and succinctly convey the essence of the innovation. Should your program receive recognition as a Bright Idea, this description will be used for press purposes. (maximum 50 words.)

The program, Senior Safety/Crime Prevention, provided by the Gloucester County Office of the Sheriff, address safety and crime for senior citizens. We are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include community-oriented enforcement activities.

2. Please tell the story of your innovation,

i) including the circumstances leading to its conception (such as previous efforts to deal with a particular problem),

ii) the initiation of your program (for example how it was designed and launched), and

iii) the program's ongoing operations and achievements (for example how it has been modified in response to obstacles or opposition).

iv) Dates would be helpful in anchoring the narrative.

(maximum 400 words.)

The Office of the Sheriff has existed for over one thousand (1000) years and is the oldest law enforcement position in the United States. The sheriff has the right and duty to enforce any legislation as it concerns securing the peace, order, safety, and comfort of the community under his jurisdiction. In enforcing such legislation, the sheriff satisfies his constitutional obligations in enforcing the democracy's laws, protecting the lives and property of its people, and safeguarding the health and morals of the community.

The members of the Gloucester County Sheriff's Office are dedicated to protecting life and property. We are committed to providing all citizens with the highest quality law enforcement services and strive to perform our duties in an efficient and effective manner. We recognize that the ability to successfully complete our mission is based on shared mutual respect and responsibility between the Sheriff's Office, county and municipal agencies, and the citizens we serve.

The program, Senior Safety/Crime Prevention addresses safety and crime for senior citizens. Sheriff Morina initiated and spearheaded this Program as soon as he took office in 2007. Gloucester County, N.J. serves 35,699 adults over 65 years of age. Of that population, 8,762 of the residents live alone in households. Elderly people are particularly vulnerable to the crimes. One obstacle is the challenge of helping the elderly to protect them against crime without unduly raising their fear of crime. Fear of crime is a critical concern encumbering many elderly people. They fear crime, especially violent crime, and that fear causes many to remain in their homes. The Senior Safety/Crime Prevention Program, provided by the Gloucester County Office of the Sheriff provides senior citizens with the knowledge which is the best antidote to fear. This program addresses their fear of crime and provides crime prevention services to minimize both fear and crime. Identifying crime and fear and addressing it in the Senior Safety/Crime Prevention Program, we are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include the community-oriented enforcement activities. The Senior Safety/Crime Prevention presentations are available to our senior citizens, caregivers, family and the constituents of Gloucester County, N.J. You will find our presentations at senior activities such as Golden Follies Entertainment Show, Senior Health/Fitness Days, Volunteer Luncheons, Senior Citizen Christmas Parties, churches, social meetings and Senior Citizen Clubs just to name a few.

3. The Innovations Awards/Bright Ideas four selection criteria are:

- i) novelty, the degree to which the program or initiative demonstrates a leap in creativity**
- ii) effectiveness, the degree to which the program or initiative has achieved tangible results**
- iii) significance, the degree to which the program or initiative addresses an important problem of widespread public concern**
- iv) transferability, the degree to which the program or initiative, or aspects of it, has been successfully transferred to other government entities or shows promise of being successfully transferred.**

Please show how your program meets each of these criteria.

(maximum 500 words.)

This program, Senior Safety/Crime Prevention, provided by the Gloucester County Office of the Sheriff, address safety and crime for senior citizens. Gloucester County, N.J. serves 35,699 adults

over 65 years of age. Of that population, 8,762 of the residents live alone in households. Elderly people are particularly vulnerable to the crimes of burglars, purse snatchers, petty thieves, and con artists. One obstacle is the challenge of helping the elderly to protect them against crime without unduly raising their fear of crime. Fear of crime is a critical concern encumbering many elderly people. They fear crime, especially violent crime, and that fear causes many to remain in their homes. The Senior Safety/Crime Prevention Program, provided by the Gloucester County Office of the Sheriff provides senior citizens with the knowledge which is the best antidote to fear. This program addresses their fear of crime and provides crime prevention services to minimize both fear and crime. Identifying crime and fear and addressing it in the Senior Safety/Crime Prevention Program, we are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include the community-oriented enforcement activities. While crimes committed against senior citizens are not as common as crimes committed against young adults and teenagers, it is still considered a serious issue. Senior citizens are in greater danger of being seriously hurt during a crime. Crime and the fear of crime create special problems for the elderly. Understanding the nature of the problem and knowing what to do to avoid being a victim of crime can help.

Although instances of crime are relatively rare, it is important to keep some important safety guidelines in mind to prevent becoming a victim. Areas covered include Walking, In Stores, In Your Car, Banking, Avoiding Cons, At Your Door/Home, Avoiding Identity Theft and Avoiding Elder Abuse.

The Senior Safety/Crime Prevention Presentations are available for you, our senior citizens, caregivers, family and the constituents of Gloucester County, N.J. You will find our presentations at senior activities such as Golden Follies Entertainment Show, Senior Health and Fitness Days, Volunteer Luncheons, Senior Citizen Christmas Parties, churches, social meetings and Senior Citizen Clubs just to name a few. Programs like this can be duplicated throughout our communities.

It has been said that the world is often unfair. Today approximately one of every eight Americans must face the realities of aging. Being old and victimized seems among the cruelest of inequities. The idea of looking out, protecting and providing for those who were once in our shoes, is more than a novel idea it is a novel action we must all participate in. The Senior Safety/Crime Prevention Program that is presented to the senior citizens is addressing an issue that is widespread. Aging is a fact of life. Let's allow and inform our seniors to age with dignity.

Blurb

A Resolution Authorizing Gloucester County, Office Of The Sheriff To Apply To Ash Institute for Democratic Governance And Innovation, 79 John F. Kennedy Street, Cambridge, Ma 02138, (800) 722-0074 for the Innovations In American Government Award/Bright Ideas Initiative-Senior Safety/Crime Prevention Program.

The Award Date to be determined after fifth and final round of competition. Award winner is eligible to receive grant in the amount of \$100,000 and each finalist to receive \$10,000 grant.

Grant Term 01/01/2012 through 12/31/2013.

This Senior Safety/Crime Prevention Program for the elderly, provided by the Gloucester County Office of the Sheriff, address safety and crime. Identifying crime and fear and addressing it in the Senior Safety/Crime Prevention Program, we are able to increase senior safety awareness, engage seniors in crime control efforts, address the major quality of life issues and include the community-oriented enforcement activities.

F3

2012 GLOUCESTER COUNTY BUDGET
OTHER EXPENSE REQUEST EXPLANATIONS

2012 Budget

Sheriff's Overtime # 01-25-270-001-10120 \$ to be determined

Award Winner eligible to receive \$100,000,
finalists to receive \$10,000.

Department Sheriff

Form C-2
Department Code 270
Submission Date 03-08-12
Revision Date _____

F4

RESOLUTION AUTHORIZING SUBMISSION OF A GRANT APPLICATION TO NATIONAL HIGHWAY TRAFFIC SAFETY ADMINISTRATION/FEDERAL HIGHWAY ADMINISTRATION - NHTSA/FHWA, DIVISION OF HIGHWAY TRAFFIC SAFETY, FOR FY2013 CHILD PASSENGER SAFETY (CPS) GRANT IN THE AMOUNT \$31,643

WHEREAS, the County of Gloucester (hereinafter the "County"), through the County's Sheriff, wishes to apply for and obtain grant funding in the amount of \$31,643.00 through the New Jersey Division of Highway Traffic Safety Child Passenger Safety Education Program Grant (hereinafter the "Grant") for the purpose of inspecting child seats, giving new seats where needed, and demonstrating how to install safety seats at community days; and

WHEREAS, the Board of Chosen Freeholders of the County (hereinafter the "Board") deems applying for and obtaining the Grant to be beneficial to the citizens of the County; and

WHEREAS, the County's Sheriff reviewed all data supplied, or to be supplied, in the Grant application and in its attachments, and certifies to the Board that all data contained in the application, and in its attachments, is true and correct; and

WHEREAS, the County's Sheriff submitted the Grant application to the County's Department of Human Services for review, and said department has approved said application; and

WHEREAS, the Board understands and agrees that any Grant received as a result of the application will be subject to the Grant conditions, and other policies, regulations and rules issued by the New Jersey Division of Highway Traffic Safety for the administration of such grant projects.

NOW, THEREFORE, BE IT RESOLVED by the Board of Chosen Freeholders of the County of Gloucester that the Director, and the Clerk of the Board, are hereby authorized to execute any and all documents required to apply to National Highway Traffic Safety Administration/Federal Highway Administration - NHTSA/FHWA, Division of Highway Traffic Safety, for the Fy2013 Child Passenger Safety (CPS) Grant in the amount of \$31,643.00 for the purpose of inspecting child seats, giving new seats where needed, and demonstrating how to install safety seats at community days, for the period beginning October 1, 2012, and ending September 30, 2013; and

BE IT FURTHER RESOLVED that the Board of Chosen Freeholders hereby confirms that it shall comply with all applicable regulations of the granting authority as referred to above, and shall provide any necessary additional assurances as may be required.

ADOPTED at a regular meeting of the Board of Chosen Freeholders of the County of Gloucester held on Wednesday, April 4, 2012, at Woodbury, New Jersey.



COUNTY OF GLOUCESTER

ROBERT M. DAMMINGER, DIRECTOR

ATTEST:

ROBERT N. DI LELLA, CLERK