

RESOLUTION NO. 2024- 288

A RESOLUTION AUTHORIZING THE ACCEPTANCE OF GRANT FUNDING FROM THE NEW JERSEY DEPARTMENT OF HEALTH, OFFICE OF LOCAL PUBLIC HEALTH FOR THE STRENGTHENING LOCAL PUBLIC HEALTH CAPACITY PROGRAM 2025.

WHEREAS, the Vineland Health Department has received a Notice of Grant Award between the State of New Jersey Department of Health, Office of Local Public Health and the City of Vineland Health Department to administer the Strengthening Local Public Health Capacity Program 2025. This award will be effective for the grant period July 1, 2024 through June 30, 2025 in the amount of \$74,664; and

WHEREAS, it is considered to be in the best interest of the City of Vineland that said funding approval be accepted; now, therefore

BE IT RESOLVED by the City Council of the City of Vineland that the Health Director or his designee are hereby authorized and directed to execute the Grant Agreement and such other documents as required between the New Jersey Department of Health, Office of Local Public Health and the City of Vineland to administer the Strengthening Local Public Health Capacity Program 2025.

Adopted:

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President of Council

ATTEST:

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City Clerk

# Memorandum



To: Robert Dickenson, Business Administrator *GD*  
From: Macleod Carré, Health Director  
Date: June 17, 2024  
Re: Letter of Agreement between the New Jersey Department of Health, Office of Local Public Health, and the City of Vineland Health Department

Attached please find a Letter of Agreement between the New Jersey Department of Health, Office of Local Public Health, and the City of Vineland Health Department. The funding is provided for the Vineland Health Department expenses incurred to meet the deliverables for the **2025 Strengthening Local Public Health Capacity Grant** from July 1, 2024 through June 30, 2025 up to \$ 74,664.

The City of Vineland Health Department agrees to:

Vineland Health Department agrees to:

- Accept funds as reimbursement for expenses and activities approved in the approved application for the **2025 Strengthening Local Public Health Capacity Grant**.
- Complete quarterly programmatic reports in a timely manner. Delayed reporting will mean delays in reimbursement.
- Submit monthly invoice forms to New Jersey Department of Health, Office of Local Public Health, outlining expenses and activities, including documentation to prove expenses.

I kindly request a resolution be executed as soon as possible to enable my department to accept the funding in order to reimburse our department for expenses incurred.

Thank you.

C: Susan Baldosaro, Director of Finance  
Laura Gilroy, Accountant

Enclosures (2) Grant Award Notice; Grant Application

*MC*  
*June 17, '24*



# Notice of Grant Award

|                                         |
|-----------------------------------------|
| <b>1. Date Issued</b><br>06/17/2024     |
| <b>2. Supersedes Award Notice Dated</b> |

State of New Jersey  
Department of Health  
Grant Agreement

|                                            |
|--------------------------------------------|
| <b>3a. Grant Award No.</b><br>OLPH25PHC011 |
| <b>3b. Amendment/Revision No.</b><br>0     |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                                                                                                                                                                                                                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>4. Title of Grant Award</b><br><i>Strengthening Local Public Health Capacity Program 2025</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |
| <b>5a. Project Period (Mo./Day/Yr.)</b><br>From: 07/01/2024 Through: 06/30/2025                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | <b>5b. Budget Period (Mo./Day/Yr.)</b><br>From: 07/01/2024 Through: 06/30/2025                                                                                                                                                                          |
| <b>6a. Grantee Name and Address</b><br><i>Vineland City</i><br><br><i>PO BOX 1508</i><br><br><i>VINELAND, New Jersey 08362-1508</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | <b>7. Award Computation for Budget Period</b><br>a. Amount of Financial Assistance \$74,664<br>b. Less Unobligated Balance from Prior Budget Periods \$<br>c. Less Cumulative Prior Award(s) this Budget Period \$<br>d. AMOUNT of this ACTION \$74,664 |
| <b>6b. Grantee Vendor ID No.</b><br><i>216001670-98</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  | <b>8a. Total Grant Funds Awarded to Date for Project Period</b><br>\$74,664                                                                                                                                                                             |
| <b>6c. Grantee Unique Entity ID</b><br><i>KGESQB8J95E1</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |                                                                                                                                                                                                                                                         |
| <b>6d. Grantee Project Director</b><br><i>Christopher Buono</i><br><br><i>Senior Pharmacy Aide</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | <b>8b. Source of Grant Funds</b><br><i>Attached</i>                                                                                                                                                                                                     |
| <b>9. Department Officers</b><br><i>Attached</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                                         |
| <b>10a. Nature or purpose of program to be funded.</b><br><i>25PHC - Public Health Capacity : Pathway B (non-LINCS LHDs, Newark, and LINCS Agency LHDs): Public Health Capacity (PHC) - To build public health capacity across three (3) CDC Public Health Infrastructure Grant (PHIG) strategies (Workforce, Foundational Capabilities, and Data Modernization) while building, promoting, and protecting health equity.</i><br><i>25PHC OP - Outbreak Preparedness: Pathway A (non-LINCS LHDs and Newark): Outbreak Preparedness (OP) -To strengthen communicable disease outbreak preparedness and response capacity and outreach to priority populations by reimbursing COVID-19/other infectious disease staff salary expenses (including salary and fringe), Schedule B Professional Service Agreements (PSAs) for contracted staffing, and other COVID-19/other infectious disease eligible expenses not covered by any other funding source.</i> |                                                                                                                                                                                                                                                         |
| <b>10b. This Grant is subject to the terms and conditions incorporated either directly or by reference in the following:</b><br><br>Attachment A - Additional Grant Provisions<br><br>Attachment B - Approved Budget<br><br>Attachment C - Program Specifications<br><br>Acceptance of the Grant terms and conditions is acknowledged by the Grantee when funds are obtained from the grant payment system.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                         |
| <b>11. Remarks</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                         |

**12. Department Signatures**

Division or Commission:

By: *Shereen Semple*

Title: *Director, Office of Local Public Health*

Date: *06/13/2024*

Contact: *(609) 376-8690*

Department Grant Approval Officer:

By: *Robert Apgar*

Title: *Contract Administrator 3, Grants Unit*

Date: *06/17/2024*

Contact: *(609) 376-8512*

## Source of Grant Funds

| Funding Source | NJCFs Account Number |      |      |      |     | Amount   |
|----------------|----------------------|------|------|------|-----|----------|
|                | FY                   | FUND | AGCY | ORG  | APU |          |
| <i>State</i>   | 25                   | 100  | 046  | 4230 | 540 | \$29,462 |

**Federal Award Information (If Applicable)**

| ALN | Assistance Listing Title | FAIN | AWARD DATE | AGENCY | R&D |
|-----|--------------------------|------|------------|--------|-----|
|-----|--------------------------|------|------------|--------|-----|

| Funding Source | NJCFs Account Number |      |      |      |     | Amount   |
|----------------|----------------------|------|------|------|-----|----------|
|                | FY                   | FUND | AGCY | ORG  | APU |          |
| <i>Federal</i> | 23                   | 100  | 046  | 4230 | 588 | \$45,202 |

**Federal Award Information (If Applicable)**

| ALN    | Assistance Listing Title                                                                                                                | FAIN         | AWARD DATE | AGENCY | R&D |
|--------|-----------------------------------------------------------------------------------------------------------------------------------------|--------------|------------|--------|-----|
| 93.967 | <i>Strengthening New Jersey's Public Health Infrastructure, Workforce, and Data Systems through innovation and commitment to action</i> | NEIIOE000055 | 01/20/2023 | CDC    |     |

**Grand Total:** \$74,664

# Department Officers

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**New Jersey Department of Health**

**P.O. Box 360**

**Trenton, NJ 08625-0360**

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**Program Management Officer**

Name: *Kathy Brown*  
Title: *Program Management Officer*  
Division: *PHILEP - OLPH*  
Phone: *(609) 376-8773*  
Email: *kathy.c.brown@doh.nj.gov*

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**Grant Management Officer**

Name: *Jorge Lozano*  
Title: *Grant Management Officer*  
Division: *Public Health Infrastructure Laboratories & Emergency Preparedness*  
Phone: *(609) 376-8775*  
Email: *jorge.lozanocartagena@doh.nj.gov*

# Attachment A - Additional Grant Provisions

## A Grant Between the New Jersey Department of Health and

*Vineland City*

Grant Number: *OLPH25PHC011*

### I. Terms and Conditions

The Department's Terms and Conditions for Administration of Grants is hereby made a part of this award and contains the following requirements:

- A. Administrative
- B. Compliance
- C. Audit

### II. Budget Revision and Amendment

- A. All Budget Revisions and Amendments must be approved in SAGE by the Grants Management Officer. Grant Amendments must also be approved by the Department's Grant Approval Officer.
- B. Refer to Subpart M of the *Terms and Conditions for Administration of Grants* for specific requirements when a Budget Revision or Amendment is required.

### III. Method of Payment

- A. Cash payments will be made to the Grantee on a *Quarterly* basis, using the *Cost-Reimbursement* method.
- B. Cost reimbursement payments require the submission and approval of an expenditure report and payment voucher.

### IV. Financial and Performance Reporting

- A. Interim expenditure reports shall be submitted on a *Quarterly* basis. These reports, certified by the Grantee's Chief Financial Officer, shall be submitted no later than *ten (10) working days* immediately following the end of the reporting period.
- B. Performance reports shall be submitted on a *Quarterly* basis. These reports shall be submitted no later than *ten (10) working days* after the end of each reporting period.
- C. A final expenditure report shall be submitted by the Grantee no later than *sixty (60) days* after completion of the budget, period or termination of the Grant. A final performance report shall be due on the same day.
- D. All financial reports shall be prepared in a manner consistent with the Grantee's normal accounting records.

### V. Other Grant Provisions

- A. It is the Department's understanding that the Grantee's fiscal year ends on *12/31*. Any change in the fiscal year must be reported immediately to the Department.
- B. An annual audit shall be conducted in accordance with Subpart L of the *Terms and Conditions for Administration of Grants*. A copy of the audit report will be submitted, as required, to the Department.

### VI. Availability of Funds

- A. The Grantee shall recognize and agree that both the initial provision of funding and the continuation of such funding under the Agreement is expressly dependent upon the availability to the Department of funds appropriated by the State Legislature from State and/or Federal revenue or such other funding sources as may be applicable. A failure of the Department to make any payment under this Agreement or to observe and perform any condition on its part to be performed under the Agreement as a result of the failure of the Legislature to appropriate shall not in any manner constitute a breach of the Agreement by the Department or an event of default under the Agreement and the Department shall not be held liable for any breach of the Agreement because of the absence of available funding appropriations. In addition, future funding shall not be anticipated from the Department beyond the duration of the award period set forth in the Grant Agreement and in no event, shall the Agreement be construed as a commitment by the Department to expend funds beyond the termination date set in the Grant Agreement.

# Attachment B - Approved Budget

## A Grant Between the New Jersey Department of Health and

Vineland City

Grant Number: OLP25PHC011

### I. Approved Budget

Grant Funds Only

Total project costs including grant funds and all other financial participation

| Cost Category                           | Activity | Grant Funds     | Cost Share or Match | Total Costs     |
|-----------------------------------------|----------|-----------------|---------------------|-----------------|
| Salaries and Wages                      | 25PHC    | \$34,973        | \$0                 | \$34,973        |
| Salaries and Wages                      | 25PHC OP | \$20,980        | \$0                 | \$20,980        |
| Fringe Benefits                         | 25PHC    | \$10,229        | \$0                 | \$10,229        |
| Fringe Benefits                         | 25PHC OP | \$8,482         | \$0                 | \$8,482         |
| <b>Personnel Costs (Subtotal)</b>       |          | <b>\$74,664</b> | <b>\$0</b>          | <b>\$74,664</b> |
| Construction/Alteration and Renovations |          | \$0             | \$0                 | \$0             |
| Equipment                               |          | \$0             | \$0                 | \$0             |
| Facility Costs                          |          | \$0             | \$0                 | \$0             |
| Professional Service Agreements         |          | \$0             | \$0                 | \$0             |
| Subaward                                |          | \$0             | \$0                 | \$0             |
| Supplies                                |          | \$0             | \$0                 | \$0             |
| Travel                                  |          | \$0             | \$0                 | \$0             |
| Training                                |          | \$0             | \$0                 | \$0             |
| Other (Specified in Grant Application)  |          | \$0             | \$0                 | \$0             |
| <b>Other Direct Costs (Subtotal)</b>    |          | <b>\$0</b>      | <b>\$0</b>          | <b>\$0</b>      |
| Total Direct Costs                      | 25PHC OP | \$29,462        | \$0                 | \$29,462        |
| Total Direct Costs                      | 25PHC    | \$45,202        | \$0                 | \$45,202        |
| <b>Total Direct Costs</b>               |          | <b>\$74,664</b> | <b>\$0</b>          | <b>\$74,664</b> |
| Indirect Costs                          | 25PHC OP | \$0             | \$0                 | \$0             |
| Indirect Costs                          | 25PHC    | \$0             | \$0                 | \$0             |
| <b>Total Indirect Costs</b>             |          | <b>\$0</b>      | <b>\$0</b>          | <b>\$0</b>      |
| <b>Total Costs</b>                      |          | <b>\$74,664</b> | <b>\$0</b>          | <b>\$74,664</b> |
| Program Income                          | 25PHC OP | \$0             | \$0                 | \$0             |
| Program Income                          | 25PHC    | \$0             | \$0                 | \$0             |
| <b>(Total Program Income)</b>           |          | <b>\$0</b>      | <b>\$0</b>          | <b>\$0</b>      |
| Net Total Costs                         | 25PHC OP | \$29,462        | \$0                 | \$29,462        |
| Net Total Costs                         | 25PHC    | \$45,202        | \$0                 | \$45,202        |
| <b>Net Total Costs</b>                  |          | <b>\$74,664</b> | <b>\$0</b>          | <b>\$74,664</b> |

### Recommended Future Support (for multi-year awards)

(Subject to the availability of funds and satisfactory progress of the project):

| Year | Grant Funds | Year | Grant Funds |
|------|-------------|------|-------------|
|      | \$          |      | \$          |
|      | \$          |      | \$          |

### II. Cost Share or Matching

The Grantee hereby agrees to cost-share in the conduct of this Grant. The amount of this participation is stated above. Failure to provide, in substance, the estimated support may be considered as a failure to meet the conditions of the Grant and an audit exception to the Grantee will be applied.

The Grantee hereby agrees to provide % matching funds to this Grant. The Department's funding may not exceed % of the final audited costs, not to exceed the amount indicated in the Grant.



Not Applicable

**III. Program Income**

Program income, as defined in Subpart K of the *Terms and Conditions for Administration of Grants*, shall be treated by the Grantee in the following manner:

Added to funds committed to the project by the Department and be used to further eligible project objectives;

Added to funds committed to the project by the Department, up to \$ dollars, and be used to further eligible project objectives;

Deducted from the total project costs for the purpose of determining the net costs on which the Department grant payment shall be based; or

Used to meet the cost sharing or matching requirement of the Grant

Not Applicable

# Attachment C - Program Specifications

A Grant Between the New Jersey Department of Health  
and

*Vineland City*

Grant Number: *OLPH25PHC011*

## I. Approved Scope and Objectives

| Activity                                | Number   | Objective                                                                                                  | Estimated Completion Date |
|-----------------------------------------|----------|------------------------------------------------------------------------------------------------------------|---------------------------|
| <i>25PHC - Public Health Capacity</i>   | <i>1</i> | <i>To meet the deliverables listed in Strengthening Local Public Health Capacity 2025 Schedule of Work</i> | <i>06/30/2025</i>         |
| <i>25PHC OP - Outbreak Preparedness</i> | <i>1</i> | <i>To meet the deliverables listed in Strengthening Local Public Health Capacity 2025 Schedule of Work</i> | <i>06/30/2025</i>         |

## II. Additional Specifications

The following program and administrative specifications are required of the Grantee as a condition of this award:

*Confidentiality, Integrity, Availability, Privacy, and safety of New Jersey State Government - Provided or Managed Information Assets*

*Grantee must "ensure the confidentiality, integrity, availability, privacy, and safety of New Jersey state government - provided or managed information assets through the implementation of controls that prohibit the acquisition, installation, and use of software products and services that present an unacceptable level of cybersecurity risk to the State." <https://nj.gov/infobank/circular/23-01-NJCCIC-OIT-DPP.pdf>*

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*Health Information and Privacy*

*The grantee shall abide by all applicable State and Federal laws and regulations governing the privacy, security, and confidentiality of each participant's individual health information. The grantee agrees to ensure that any staff member acting on behalf of the implementation of this grant that creates, receives, collects, and transmits, and/or maintains individual health information in any form, shall confirm to the same restrictions and conditions with respect to such information.*

*The laws and regulations include, but are not limited to, the Health Insurance Portability and Accountability Act of 1996 (HIPAA) – Privacy and Security Rules; and the Patient Safety and Quality Improvement Act of 2005 (PSQIA) – Patient Safety Rule.*

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*Prohibited and High-Risk Software on State Provided or Managed Devices*

*Grantee must ensure the confidentiality, integrity, availability, privacy, and safety of New Jersey state government-provided or managed information assets through the implementation of controls that prohibit the acquisition, installation, and use of software products and services that present an unacceptable level of cybersecurity risk to the State as per the Prohibited and High-Risk Software Vendors and Products Joint Circular (NO.: 23-01-NJCCIC/OIT/DPP).*

*Source: <https://nj.gov/infobank/circular/23-01-NJCCIC-OIT-DPP.pdf>.*

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*Risk Assessment and Grant Monitoring*

*IMPORTANT TO NOTE: Please be advised that beginning with the July 1, 2021 grants, NJDOH is requiring PMOs and GMOs to complete a Risk Assessment profile for each applicant/grantee.*

*Each applicant's/grantee's risk will be evaluated on noncompliance with Federal and State laws, regulations, and the NJDOH Terms & Conditions for Administrations of Grants. Applicants/grantees that meet one or more of the below risk factor criteria will be treated as "High Risk" Department-wide:*

- The applicant has not previously received an award from NJDOH or has not received an award within three (3) years of the start of the project period,*
- The applicant/grantee has performed poorly on its most recent NJDOH grant. This may include, but is not limited to, timely submission of Progress and Expenditure Reports, meeting program/grant objectives, non-responsive to NJDOH communications, adhering to fiscal requirements, etc.*
- Significant issues noted on the applicant/grantees' most recent audit, or*
- The applicant/grantee cannot/has not demonstrate/demonstrated to the satisfaction of the PMO or GMO administrative and programmatic grant compliance.*

**III. Additional Attachments**

Description: ATTACHMENT C-Strengthening Pathway A & B

ATTACHMENT C-OLPH25PHC-Pathway A and B.pdf

Description:

Description:

**IV. Addendums**

Description:

# Organization Profile

**Name of Organization** *Vineland City*  
**Federal Tax ID Number** *216001670*  
**Unique Entity ID** *KGESQB8J95E1*  
**Address** *PO BOX 1508*  
**City** *VINELAND*      **State** *New Jersey*      **Zip** *08362-1508*  
**Website** *https://health.vinelandcity.org/*

**Name of Chief Executive Officer** *Robert Dickinson*  
**Title** *Health Officer*  
**Telephone** *8567944131*  
**E-mail** *rdickinson@vinelandcity.org*

**Address 1** *640 E. Wood Street*

**Address 2**

**City** *Vineland*      **State** *New Jersey*      **Zip** *08360*

**Name of Chief Financial Officer** *Susan Baldosaro*  
**Title** *Chief Financial Officer*  
**Telephone** *856-794-4000*  
**E-mail** *sbaldosaro@vinelandcity.org*

**Address 1** *640 E. Wood Street*

**Address 2**

**City** *Vineland*      **State** *New Jersey*      **Zip** *08360*

**Officers and Directors (Current List with Addresses)**  
*VinelandElectedOfficials2021-2024b-3.pdf*

**Last Updated:** *04/15/2024*

**Fiscal Year End (mm/dd)** *12/31*

**Accounting System** *Accrual Basis*

**Annual Audit Report (Most Current)** *2338707\_1556874\_3-2022CityAudit.pdf*

**Organization Type** *Municipal Government*

**IRS Determination Letter (For Non-profits)**

**NJ Charities Registration Letter (For Non-profits) Expires:**

**Tax Clearance Certificate Expires:** *10/07/2024*

# Project Contacts

## Project Director

Name of Project Director *Christopher Buono*  
Title *Senior Pharmacy Aide*  
Telephone *(856) 794-4000*  
E-mail *cbuono@vinelandcity.org*  
Address 1 *640 E. Wood Street*  
Address 2  
City *Vineland* State *New Jersey* Zip *08360*

## Principal Fiscal Contact

Name of Principal Fiscal Contact *Laura Gilroy*  
Title *Senior Accountant*  
Telephone *(856) 794-4000*  
E-mail *lgilroy@vinelandcity.org*  
Address 1 *640 E. Wood Street*  
Address 2  
City *Vineland* State *New Jersey* Zip *08360*

# Grant Period & Payment

**Project Period***(Month/Day/Year)*

This means the time during which the grantee must complete the objectives of the grant award.

From: 07/01/2024

Through: 06/30/2025

**Budget Period***(Month/Day/Year)*

This means the time during which the grantee may incur costs, and obligate grant funds for costs incurred, to carry out the work authorized under the grant award.

From: 07/01/2024

Through: 06/30/2025

**Payee**

Grant payments should be made payable to:

NJ Vendor ID Number: 216001670-98

Payee Name: VINELAND CITY HEALTH DEPART  
GENERAL ACCT - NJ-EDRS PAYMENT

Payee Address: 640 E WOOD ST  
PO BOX 1508  
VINELAND, NJ 08360

**Payment Method**

All grantees will be paid using the cost reimbursement method, unless advance payments have been requested by the grantee and authorized by the awarding division. Only non-profit organizations (excluding government agencies, institutions of higher education, and hospitals) may request advance payments. All requests must be submitted in writing and include a justification for advance payment. Grantees that receive \$250,000 or more in Federal and State awards per year will be required to maintain advance payments in an interest-bearing account.

Cost Reimbursement  
 Advance Payment

# Service Area

The impact of this project will be:

Statewide  
 Local

The service area for this project includes the following:

**Counties:** *Cumberland County*

**Municipalities:** *Vineland City*

**Legislative Districts:** *1*

# Needs and Objectives

## Assessment of Need(s)

Describe the need(s) that illustrate the reason for this project.

1. Type of LHD: Non-LINCS LHD

2. Does the LHD plan to use Pathway B (PHC-Public Health Capacity) Funding to support Exploring Accreditation, Accreditation, or Reaccreditation?

Yes- Exploring Accreditation

3. Describe how the LHD complies with N.J.A.C. 8:52-3.3 and N.J.A.C. 8:52-4.1 (a).

This LHD provides, at minimum, the basic public health services set forth in "Public Health Practice Standards of Performance for Local Boards of Health, N.J.A.C. 8:52-1 et seq., Programmatic Guidelines for Best Practices" and employs a full-time health officer who holds an active license and employ or contract for the services of the following professional staff; Public Health Nurses, Registered Environmental Health Specialists, and Health Educators. . Employed at the LHD are 1 FT Health Educator, 3 FT Field Rep- Health Educators, 7 FT REHS, 1 Nursing Supervisor, 2 Public Health Nurses, 1 Graduate Nurse, 1 Pharmacist, 1 Assistant Health Officer & 1 Health Officer.

4. Demonstrate organizational capacity and readiness for this grant program.

The LHD has in place a ready and able workforce to provide Public Health services to the local community for improving health outcomes to all residents, especially any priority populations.

5. Respond accordingly for your agency type:

A. Non-LINCS LHDs and LINCS Agency LHDs (Pathway B - PHC): Describe how this funding will help your LHD make a measurable difference in building public health capacity across three (3) CDC Public Health Infrastructure Grant (PHIG) strategies (Workforce, Foundational Capabilities, and Data Modernization) while building, promoting, and protecting health and equity. This funding will cover salary expenses for our Accreditation Coordinator. This position will strengthen LHD systems processes, and policies through strengthening LHD accountability and performance management, including accreditation through PHAB.

B. Non-LINCS LHD and Newark (Pathway A - OP): Describe how this funding will help your LHD make a measurable difference in strengthening outbreak preparedness and response to COVID-19 and Other Infectious Diseases activities that help support disproportionately affected priority populations within your community. This funding will cover staff salary expenses that will help assess, mitigate, and respond to priority populations disproportionately affected by the social and health impacts of COVID-19/other infectious diseases. It will establish of linkages for priority populations to testing, vaccination access, and support services. It will support the LHD's other COVID-19/Other Infectious Diseases public health activities.

6. Non-LINCS LHD and Newark (Pathway A - OP): In addition to working on preparedness and response activities for COVID-19, the LHD selects the following Other Infectious Disease(s) [at minimum must choose one (1)] to work on during the FY25 grant cycle. List other infectious disease(s): Sexually-Transmitted Diseases (STD) specifically Syphilis, Gonorrhea, Chlamydia, and HIV

## Objective(s) of Project

List objectives that are specific, measurable, realistic, and attainable to meet the goals of this project.

| Activity                         | No. | Objective                                                                                           | Estimated Completion Date |
|----------------------------------|-----|-----------------------------------------------------------------------------------------------------|---------------------------|
| 25PHC OP - Outbreak Preparedness | 1   | To meet the deliverables listed in Strengthening Local Public Health Capacity 2025 Schedule of Work | 06/30/2025                |
| 25PHC - Public Health Capacity   | 1   | To meet the deliverables listed in Strengthening Local Public Health Capacity 2025 Schedule of Work | 06/30/2025                |



# Method(s) and Evaluation

## Method(s)

Describe the method(s) to be used to attain the objectives of this project.

1. Describe how the LHD will achieve the grant deliverables, monitor progress, and lead the project to successful completion. The Vineland Health Department has a long-standing reputation to successfully be awarded grants and of meeting grant deliverables as described in past and present grants. We have dedicated personnel in public health nursing and health education with years of experience working to address outbreaks, reduce health disparities and conducting education and promotion. This staff has extensive experience at monitoring grant performance and meeting grant deliverables. This staff will assure plans and reports are completed and submitted to meet the deliverables and objectives of the grant.

2. Describe how the LHD will prepare/submit Progress Reports, Expenditure Reports, Budget Revisions, and the OLPH mid/end-of-year evaluation surveys.

The City of Vineland Health Department will utilize the New Jersey Department of Health's System for Administering Grants Electronically (SAGE) to prepare/submit Progress Reports, Expenditure Reports, Budget Revisions, and the OLPH mid/end-of-year evaluation surveys.

3. How will the LHD facilitate communication/collaboration with its LHD staff and partners to ensure the success of the grant project? The City of Vineland Health Department Health officer and/or Assistant Health Officer will be available to the LHD staff and partners for as needed and weekly briefings to support and monitor the progress towards achieving grant deliverables and its success.

4. Describe how the applicant LHD will work toward sustaining the project after June 2025. The City of Vineland Health Department will make every effort to retain the current staff which will maintain communicable disease outbreak preparedness and readiness. With the available staff, the department will continue to promote our communicable disease programs and assist as support staff to run any additional clinics which are deemed necessary to ensure the health of the community and our priority populations.

5. PHC-Accreditation/Reaccreditation Grantees Only; Grantees NOT working on accreditation/reaccreditation: type N/A  
A. As exploring accreditation is a very labor and time-intensive process, describe how the LHD will work towards and achieve PHAB accreditation.

The City of Vineland Health Department will continue the work towards accreditation from PHAB utilizing the current staff and the Accreditation Coordinator's findings and recommendations.

B. How does the LHD plan to seek the support (monetary or non-monetary) of its Local Board of Health and Local/County government officials (as applicable) for its exploring accreditation efforts?

The City of Vineland Health Department will continue to utilize the current staff with financial support from municipal funding and state provided Public Health Capacity funding to support the accreditation process.

C. How will the Public Health Capacity (PHC) funds be used to support the LHD's exploring accreditation process?

The City of Vineland Health Department will use the PHC funds to continue the employment of the Accreditation Coordinator through, at least, the grant year (6/30/2025).

D. How would achieving public health accreditation help make a measurable difference within your jurisdiction?

The City of Vineland Health Department will use public health accreditation to provide a transparent and trusted health department to the community. The department will continue to advance its functionality with a strong infrastructure to provide national standards to the practice.

E. Has the LHD's Exploring Accreditation Letter been uploaded to SAGE? Yes

• SAGE Attachment Required - Exploring Accreditation/Accreditation/Reaccreditation Applicants are required to upload to SAGE Attachments a letter (on LHD Letterhead) stating the LHD's accreditation stage/provide the following information:

o Exploring Accreditation

o Actively Working Towards Initial Accreditation:

? Kick-off date for the LHD's initial accreditation process: Date (MM/DD/YYYY)

? LHD will be eligible for Initial Accreditation on: Date (MM/DD/YYYY)

? Initial Accreditation Application is due to PHAB on: Date (MM/DD/YYYY)

o Actively Working Towards Reaccreditation

? LHD will be eligible for Reaccreditation on: Date (MM/DD/YYYY)

? Reaccreditation Application is due to PHAB on: Date (MM/DD/YYYY)

## Evaluation

Describe how you will evaluate this project.

# Schedule A - Personnel Costs

**Title:** Accreditation Coordinator  
**Activity Code:** 25PHC - Public Health Capacity

**Salaries/Wages & Fringe Benefits**

List employees whose pay is a direct cost for this project (or project component).

| Position Title             |                              | Grant Funds Requested From State |                                                                                                                                                                                                                                              |                        | Cost Share or Match                                                                                                                                                                         |                                        |
|----------------------------|------------------------------|----------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| First Name                 | Shekeila                     |                                  | Salary/Wage                                                                                                                                                                                                                                  | Fringe                 | Salary/Wage                                                                                                                                                                                 | Fringe                                 |
| Last Name                  | Harris                       |                                  | \$34,973                                                                                                                                                                                                                                     | \$10,229               | \$                                                                                                                                                                                          | \$                                     |
| Annual Salary/Wages        | % of Time on Project         | Cost Estimate (Salary/Wages)     | Fringe Benefit Rate (%)                                                                                                                                                                                                                      | Cost Estimate (Fringe) | Total Cost Estimate                                                                                                                                                                         | Source for Cost-sharing/Matching Funds |
| \$84,823                   | 41.23 %                      | \$34,973                         | 29.25 %                                                                                                                                                                                                                                      | \$10,229               | \$45,202                                                                                                                                                                                    |                                        |
| Standard Weekly Work Hours | Weekly Work Hours on Project | Weeks on Project                 | Role & Responsibilities                                                                                                                                                                                                                      |                        | Minimum Qualifications (education and experience)                                                                                                                                           |                                        |
| 37.50                      | 15.46                        | 52.00                            | The AC is tasked with building public health capacity across 3 CDC Public Health Infrastructure Grant strategies (Workforce, Foundational Capabilities, and Data Modernization) while building, promoting, and protecting health and equity. |                        | Graduation from an accredited college or university with a Bachelor's degree. Two (2) years of professional experience involving the review, analysis, or evaluation of operating programs. |                                        |

| Total Personnel Costs |          |          |                                  |          |                     |        |
|-----------------------|----------|----------|----------------------------------|----------|---------------------|--------|
| Cost Estimate         |          |          | Grant Funds Requested From State |          | Cost Share or Match |        |
| Salary/Wages          | Fringe   | Total    | Salary/Wages                     | Fringe   | Salary/Wages        | Fringe |
| \$34,973              | \$10,229 | \$45,202 | \$34,973                         | \$10,229 | \$0                 | \$0    |

**Fringe Benefit Rate(s)**

If applicable, upload a justification for the fringe benefit rate(s) entered above.

2023FringeMemorandum-1.docx

Check here only if this is a future budget period projection and not to be included in your current request.

# Schedule A - Personnel Costs

**Title:** OP  
**Activity Code:** 25PHC OP - Outbreak Preparedness

**Salaries/Wages & Fringe Benefits**

List employees whose pay is a direct cost for this project (or project component).

| Position Title             |                              | Grant Funds Requested From State |                                                                                                                           |                        | Cost Share or Match                                                                                                    |                                        |
|----------------------------|------------------------------|----------------------------------|---------------------------------------------------------------------------------------------------------------------------|------------------------|------------------------------------------------------------------------------------------------------------------------|----------------------------------------|
| First Name                 | Last Name                    | Salary/Wage                      | Fringe                                                                                                                    | Salary/Wage            | Fringe                                                                                                                 |                                        |
| OP                         |                              |                                  |                                                                                                                           |                        |                                                                                                                        |                                        |
| Taylor                     | Abba                         | \$20,980                         | \$8,482                                                                                                                   | \$                     | \$                                                                                                                     |                                        |
| Annual Salary/Wages        | % of Time on Project         | Cost Estimate (Salary/Wages)     | Fringe Benefit Rate (%)                                                                                                   | Cost Estimate (Fringe) | Total Cost Estimate                                                                                                    | Source for Cost-sharing/Matching Funds |
| \$62,851                   | 33.38 %                      | \$20,980                         | 40.43 %                                                                                                                   | \$8,482                | \$29,462                                                                                                               |                                        |
| Standard Weekly Work Hours | Weekly Work Hours on Project | Weeks on Project                 | Role & Responsibilities                                                                                                   |                        | Minimum Qualifications (education and experience)                                                                      |                                        |
| 37.50                      | 12.52                        | 52.00                            | Work to strengthen communicable disease outbreak preparedness and response capacity and outreach to priority populations. |                        | Graduation from an accredited college or university with a Bachelor's degree. Community outreach experience preferred. |                                        |

| Total Personnel Costs |         |          |                                  |         |                     |        |
|-----------------------|---------|----------|----------------------------------|---------|---------------------|--------|
| Cost Estimate         |         |          | Grant Funds Requested From State |         | Cost Share or Match |        |
| Salary/Wages          | Fringe  | Total    | Salary/Wages                     | Fringe  | Salary/Wages        | Fringe |
| \$20,980              | \$8,482 | \$29,462 | \$20,980                         | \$8,482 | \$0                 | \$0    |

**Fringe Benefit Rate(s)**

If applicable, upload a justification for the fringe benefit rate(s) entered above.

2023FringeMemorandum-1.docx

Check here only if this is a future budget period projection and not to be included in your current request.

## Schedule B - Other Direct Costs

**Title:** *Pathway A*  
**Activity Code:** *25PHC OP - Outbreak Preparedness*

**Other Direct Costs**

List other direct costs for this project (or project component).

| Cost Category                                | Other                                      | Total Cost Estimate | Grant Funds Requested From State | Cost Share or Match | Source for Cost-sharing/Matching Funds |
|----------------------------------------------|--------------------------------------------|---------------------|----------------------------------|---------------------|----------------------------------------|
| <b>If other, specify:</b>                    | <i>None</i>                                | \$0                 | \$0                              | \$                  |                                        |
| <b>Justification/Basis for Cost Estimate</b> | <i>No Other Direct Costs at this Time.</i> |                     |                                  |                     |                                        |
| <b>Supporting Documents</b>                  | <i>ComputerSecurityPolicy.docx</i>         |                     |                                  |                     |                                        |

| Totals:             |                                  |                     |
|---------------------|----------------------------------|---------------------|
| Total Cost Estimate | Grant Funds Requested from State | Cost Share or Match |
| \$0                 | \$0                              | \$0                 |

Check here only if this is a future budget period projection and not to be included in your current request.

## Schedule B - Other Direct Costs

**Title:** *Pathway B*  
**Activity Code:** *25PHC - Public Health Capacity*

**Other Direct Costs**

List other direct costs for this project (or project component).

| Cost Category                                | Other                                      | Total Cost Estimate | Grant Funds Requested From State | Cost Share or Match | Source for Cost-sharing/Matching Funds |
|----------------------------------------------|--------------------------------------------|---------------------|----------------------------------|---------------------|----------------------------------------|
| <b>If other, specify:</b>                    | <i>None</i>                                | \$0                 | \$0                              | \$                  |                                        |
| <b>Justification/Basis for Cost Estimate</b> | <i>No Other Direct Costs at this time.</i> |                     |                                  |                     |                                        |
| <b>Supporting Documents</b>                  | <i>ComputerSecurityPolicy.docx</i>         |                     |                                  |                     |                                        |

| Totals:             |                                  |                     |
|---------------------|----------------------------------|---------------------|
| Total Cost Estimate | Grant Funds Requested from State | Cost Share or Match |
| \$0                 | \$0                              | \$0                 |

Check here only if this is a future budget period projection and not to be included in your current request.

# Cost Summary

## Cost Summary

Verify the direct costs listed below, and if applicable, enter indirect costs and program income.

| Cost Category                           | Activity | Grant Funds Requested from State | Cost Share or Match | Total Costs     |
|-----------------------------------------|----------|----------------------------------|---------------------|-----------------|
| Salaries and Wages                      | 25PHC    | \$34,973                         | \$0                 | \$34,973        |
| Salaries and Wages                      | 25PHC OP | \$20,980                         | \$0                 | \$20,980        |
| Fringe Benefits                         | 25PHC    | \$10,229                         | \$0                 | \$10,229        |
| Fringe Benefits                         | 25PHC OP | \$8,482                          | \$0                 | \$8,482         |
| <b>Personnel Costs (Subtotal)</b>       |          | <b>\$74,664</b>                  | <b>\$0</b>          | <b>\$74,664</b> |
| Construction/Alteration and Renovations |          | \$                               | \$                  | \$0             |
| Equipment                               |          | \$                               | \$                  | \$0             |
| Facility Costs                          |          | \$                               | \$                  | \$0             |
| Professional Service Agreements         |          | \$                               | \$                  | \$0             |
| Subaward                                |          | \$                               | \$                  | \$0             |
| Supplies                                |          | \$                               | \$                  | \$0             |
| Travel                                  |          | \$                               | \$                  | \$0             |
| Training                                |          | \$                               | \$                  | \$0             |
| Other                                   |          | \$                               | \$                  | \$0             |
| <b>Other Direct Costs (Subtotal)</b>    |          | <b>\$0</b>                       | <b>\$0</b>          | <b>\$0</b>      |
| Total Direct Costs                      | 25PHC OP | \$29,462                         | \$0                 | \$29,462        |
| Total Direct Costs                      | 25PHC    | \$45,202                         | \$0                 | \$45,202        |
| <b>Total Direct Costs</b>               |          | <b>\$74,664</b>                  | <b>\$0</b>          | <b>\$74,664</b> |
| Indirect Costs                          | 25PHC OP | \$0                              | \$0                 | \$0             |
| Indirect Costs                          | 25PHC    | \$0                              | \$0                 | \$0             |
| <b>Total Indirect Costs</b>             |          | <b>\$0</b>                       | <b>\$0</b>          | <b>\$0</b>      |
| <b>Total Costs</b>                      |          | <b>\$74,664</b>                  | <b>\$0</b>          | <b>\$74,664</b> |
| (Program Income)                        | 25PHC OP | \$0                              | \$0                 | \$0             |
| (Program Income)                        | 25PHC    | \$0                              | \$0                 | \$0             |
| <b>(Total Program Income)</b>           |          | <b>\$0</b>                       | <b>\$0</b>          | <b>\$0</b>      |
| Net Total Costs                         | 25PHC OP | \$29,462                         | \$0                 | \$29,462        |
| Net Total Costs                         | 25PHC    | \$45,202                         | \$0                 | \$45,202        |
| <b>Net Total Costs</b>                  |          | <b>\$74,664</b>                  | <b>\$0</b>          | <b>\$74,664</b> |

### Indirect Cost Rate

If applicable, enter the requested information and upload proof of your approved, federally recognized indirect cost rate, or if charging a de minimus rate in accordance with 2 C.F.R. 200, §200.414, a statement confirming that you do not have a current negotiated indirect cost rate.

Applicable Rate:           %

Applicable Base:

### Program Income

"Program income means gross income earned by the grantee or subgrantee that is directly generated by a grant supported activity, or earned as a result of the grant during the award period. If anticipated, please upload a description of the program income that will be generated or earned as a result of this project.

## Disclosures and Certifications

- Yes  No Will any member of your Board of Directors/Trustees receive any direct or indirect personal monetary gain from the funding of this grant?
- Yes  No Does any member of your Board of Directors/Trustees serve on any board, council, commission, committee, or task force that has regulatory authority or influence over the funding of this program?
- Yes  No If this grant is awarded, will the funds be used to replace other funds that would be available in the absence of this award?
- Yes No I certify that this organization is not delinquent on any Federal or State debt.
- Yes  N/A *For non-profit applicants:* I certify that this organization is legally recognized by the IRS as an organization described in Section 501(c)(3) of the Internal revenue Code and registered pursuant to the New Jersey Charitable Registration & Investigation Act.
- Yes No I have read the Terms and Conditions for Administration of Grants and certify that this organization will comply with all of the general terms and conditions applicable to grant awards made by the New Jersey Department of Health and all grant-specific terms and conditions included in the grant agreement.
- Yes No The applicant agrees to comply with all applicable federal, State, and local laws, rules, and regulations (collectively "laws"), including but not limited to the following:
- State and local laws relating to licensure;
  - State laws relating to affirmative action, including N.J.S.A. 10:5-31, et seq., (P.L. 1975, c. 127) and N.J.A.C. 17:27 et seq.; and
  - Federal laws relating to safeguarding client information, including the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. 1320d, et seq.).
- All violations will be reported to the Department and the appropriate government authority.
- Yes No I have read the attached Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion - Lower Tier Covered Transactions and certify, to the best of my knowledge, that this certification statement is true.
- Yes No I have read the attached Certification Regarding Lobbying and certify, to the best of my knowledge, that this certification statement is true.
- Yes N/A *For projects serving individuals under 18 years of age:* I have read the attached Statement on Environmental Tobacco Smoke and certify that my organization will comply with the requirements of the Pro-Children Act of 1994.
- Yes N/A *For regional/local projects:* I certify that I have provided a copy of this application to the appropriate Governmental Public Health Partnership Chairperson or Local Health Officer with a request for a letter of support and this organization will forward a copy of his/her response to the Department when received.
- Yes No I have read the Department's Data Privacy Terms and Conditions and certify that this organization will comply with the Data Privacy Terms and Conditions applicable to grant awards made by the Department.
- Yes N/A *For local health agency applicants, including municipal, regional and county health departments:* I certify that my agency is and will continue to be in compliance with N.J.S.A. 26:3A2-14, which requires that local health agencies are administered by a full-time health officer.

## FFATA Certification

1. In your business or organization's preceeding completed fiscal year, did your business or organization (the legal entity to which the Unique Entity ID you provided belongs) receive (1) 80 percent or more of its annual gross revenues in U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements; and (2) \$25,000,000 or more in annual gross revenues from U.S. federal contracts, subcontracts, loans, grants, subgrants, and/or cooperative agreements?

**Yes**

**No**

2. Does the public have access to information about the compensation of the executives in your business or organization (the legal entity to which the Unique Entity ID you provided belongs) through periodic reports filed under section 13(a) or 15(d) of the Securities Exchange Act of 1934 (15 U.S.C. 78m(a), 78o(d)) or section 6104 of the Internal Revenue Code of 1986?

**Yes**

**No**

**You are not required to report executive compensation data.**

By Checking this box you certify that the above information is correct to the best of your knowledge.



# Attachments

**Title:** *2023 Audit Engagement Letter*  
**Activity Code:** *25PHC - Public Health Capacity*

**Description**      *2023 Audit Engagement Letter*                      *Vineland 2023 Eng Ltr.pdf*