AIDS19CTN027

Bergen County Department of Health

Notice of Grant Award

1.	Date	Issued
lın	/5/20	1.8

2. Supersedes Award Notice Dated

State of New Jersey Department of Health Grant Agreement

3a. Grant Award No.
AIDS19CTN027
3b. Amendment No.

4. Title of Grant Award HIV/AIDS Counseling and Testing/Notific	ation Assistance Program 2019
5a. Project Period (Mo./Day/Yr.) From: 7/1/2018 Through: 6/30/2019	5b. Budget Period (Mo./Day/Yr.) From: 7/1/2018 Through: 6/30/2019
6a. Grantee Name and Address Bergen County Department of Health 327 Ridgewood Avenue Paramus, New Jersey 07652	7. Award Computation for Budget Period a. Amount of Financial Assistance \$232,000 b. Less Unobligated Balance from Prior Budget Periods c. Less Cumulative Prior Award(s) this Budget Period d. AMOUNT of this ACTION \$232,000
6b. Grantee Vendor ID No. 226002426-01	8a. Total Grant Funds Awarded to Date for Project Period \$232,000
6c. Grantee DUNS No. 11-031-1185	8b. Source of Grant Funds Click Here to View
6d. Grantee Project Director Hansel F. Asmar Director/HO	

9. Department Officers

10a. Nature or purpose of program to be funded.

19CTN - Counseling & Testing: To provide HIV counseling and testing to at high-risk individuals.

10b. This Grant is subject to the terms and conditions incorporated either directly or by reference in the following:

Attachment A - Additional Grant Provisions

Attachment B - Approved Budget

Attachment C - Program Specifications

Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are obtained from the grant payment system.

11. Remarks

12. Department Signatures

Division or Commission:

Department Grant Approval Officer:

By: Dave Herzfeld

Title: Fiscal Director

Date: 9/25/2018

Contact: (609) 984-0739

By: Gary Gall (Approval Officer)

Title: Department Grant Approval Officer

Date: 10/5/2018

Contact: (609) 633-8065

AIDS19CTN027

Bergen County Department of Health Attachment B - Approved Budget

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 eligibile project objectives;

Added to funds committed to the project, up to dollars, and be used to further eligbile 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

HIV/AIDS Counseling and Testing/Notification Assistance Program 2019 **Organization: Bergen County Department of Health** Source of Grant Funds

Funding Source		NJCFS A	ccount Nun	nber		Amount
	FY	FUND	AGCY	ORG	APU	
State	19	100	046	4245	056	\$107,000

Federal Award Information (If Applicable)

CFDA NO TITLE FAIN AWARD DATE AGENCY R&D

Funding Source NJCFS Account Number Amount FΥ **FUND AGCY** ORG APU State 19 100 046 4245 182 \$125,000 Federal Award Information (If Applicable)

CFDA NO TITLE FAIN AWARD DATE AGENCY R&D

> Grand Total: \$232,000

AIDS19CTN027

Bergen County Department of Health Attachment B - Approved Budget

A Grant Between the New Jersey Department of Health

Bergen County Department of Health

Grant Number: AIDS19CTN027

I. Approved Budget

✓ Grant Funds Only

Total Project costs including grant funds and all other financial participation

Cost Category	Activity	Grant Funds Requested from State	Cost Share or Match	Total Costs
Salaries and Wages	19CTN	\$187,594	\$19,186	\$206,780
Fringe Benefits	19CTN	\$0	\$12 , 479	\$12,479
Personnel Costs (Subtotal)		\$187,594	\$31,665	\$219,259
Construction/ Alteration and Renovations				
Equipment	19CTN	\$14,645	\$0	\$14,645
Facility Costs		\$0	\$0	\$0
Professional Service Agreements Subaward				
Supplies	19CTN	\$27,461	\$0	\$27,461
Travel	19CTN	\$2,300	\$0	\$2,300
Training Other				
Other Direct Costs (Subtotal)		\$44,406	\$0	\$44,406
Total Direct Cost		\$232,000	\$31,665	\$263,665
Indirect Costs	19CTN	\$0	\$0	\$0
Total Indirect Costs		\$0	\$0	\$0
Total Costs		\$232,000	\$31,665	\$263,665
Program Income	19CTN	\$0	\$0	\$0
(Total Program Income)		\$0	\$0	\$0
Net Total Costs		\$232,000	\$31,665	\$263,665

Recommended Future Support (for multi-year awards)

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

Year	Grant Funds	Year	
2020		2022	
2021		2023	

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

Grant Funds

COUNTY OF BERGEN



Certified Copy

ONE BERGEN COUNTY PLAZA HACKENSACK, NJ 07601

Resolution: 821-18

Agenda: September 5, 2018

approved by the following	V0.0.				
MEMBERS	AYE	NAY	ABSTAIN	ABSENT	<u> </u>
Amoroso	Х		7.0517(1)	ADSERT	
Ganz	х				
Ortiz	x				
Tanelli	х				
Voss	x				
Zur	x				
Chairman Sullivan	x				
TOTALS	7	-	-		
Lara Rodriguez, Clerk, Bosolution No. 82: EEHOLDERS on the above	1-18	n Freehol	ders, certify assed by t	that this i	s a true copy of OF CHOSEN

COUNTY OF BERGEN



Certified Copy

Resolution: 821-18

ONE BERGEN COUNTY PLAZA HACKENSACK, NJ 07601

File Number: 821-18

Health Services/ Division of Public Health

Meeting Date: 9/5/2018

Purpose: Authorization to accept the renewal for ARCH and HIV counseling, testing and referral

services within the County of Bergen for grant year 2018-2019

Dollar Amount: \$232,000 Prepared By: ND:HFA

BERGEN COUNTY BOARD OF CHOSEN FREEHOLDERS RESOLUTION

WHEREAS, the New Jersey Department of Health (NJDOH) continues to recognize the importance of providing services to counsel, test and refer residents, verbally and in writing, for the appropriate medical, psychiatric, pastoral and social services, especially those at greatest risk, for HIV Program, and ARCH (Access to Reproductive Care and HIV Services) Program to include: Sexual and Reproductive health counseling Nutrition counseling; Rapid HIV testing, PrEP counseling and referral; Rapid Hepatitis C testing; STD testing and treatment Pregnancy testing; Adult vaccinations; Preventative health counseling; Wound Assessment and care Referrals for HIV, Hepatitis, & Pregnancy care and treatment; IV drug use risk reduction counseling; Overdose prevention counseling (naloxone use); Drug treatment assessment and referral for drug treatment; and

WHEREAS, the Bergen County Department of Health Services (BCDHS) through the HIV Counseling and Testing Program, is presently serving this risk population since 1989, and the ARCH program is scheduled to begin in 2018; and

WHEREAS, The Center for Disease Control continues to view this epidemic as a major threat

to the health of the of the whole populations; and

WHEREAS, the N.J. Division of HIV, STD and TB Services reports that as of 12/31/2016, there have been 37,170 NJ residents and 3,589 Bergen County residents diagnosed with HIV/AIDS and approximately an equal amount at high risk for the disease; and

WHEREAS, funds in an amount of \$107,000 for HIV and \$125,00 for ARCH (Total \$232,000) are available through the NJDOH for the calendar year July 1, 2018 through June 30, 2019; and

WHEREAS, the cost to the County reported in the System for Administrating Grants Electronically (SAGE) is \$31,665; \$19,186 for Existing salary/Wages expense and \$12,479 for Existing Fringe expense not covered by grant.

NOW, THEREFORE, BE IT RESOLVED, that the Bergen County Board of Chosen Freeholders authorizes James J. Tedesco, III County Executive to accept, execute the Grant agreement and any amendments thereto, and authorizes Hansel F. Asmar, Director of Health Services, to accept \$232,000 for the period July 1, 2018 through June 30, 2019 to oversee and run ARCH and HIV counseling, testing, and referral services.

BE IT FURTHER RESOLVED, that the County Executive or his designee be and is hereby authorized to execute the aforesaid contract and any other related documents necessary to effectuate the intent and purpose of the contract in a form to be approved by County Counsel.

I, Lara Rodriguez, certify that this is a true copy of Resolution No. 821-18, passed by the BOARD OF CHOSEN FREEHOLDERS on 9/5/2018.

Attest:

9/5/18

Date Certified