

STATE OF NEW JERSEY
DEPARTMENT OF HUMAN SERVICES

STANDARD LANGUAGE DOCUMENT
FOR SOCIAL SERVICE AND TRAINING CONTRACTS

This CONTRACT is effective as of the date recorded on the signature page between the Department and the Provider Agency identified on the signature page.

WHEREAS the New Jersey Department of Human Services (the "Department") has been duly designated under the authority of N.J.S.A. 30:1A-1, 30:1-11, 30:1-12, and 30:1-20 to administer or supervise the administration of social service and training programs and has, in turn, designated the Departmental Component to be directly responsible for the funding, implementation and administration of certain social service and training programs, including the program(s) covered by this Contract; and

WHEREAS the Department desires that the Provider Agency provide services and the Provider Agency has agreed to provide services in accordance with the terms and conditions contained in this Contract;

THEREFORE the Department and the Provider Agency agree as follows:

I. DEFINITIONS

For the purposes of this document, the following terms, when capitalized, shall have meanings as stated:

Additional Insured means an endorsement to an insurance policy extending the coverage to the State of New Jersey against loss in accordance with the terms of the policy. Designating the State as an additional insured permits the Department to pay the premium should the insured fail to do so.

Annex (es) means the attachment(s) to this document containing programmatic and financial information.

Consumer means an individual receiving services from or funded in whole or in part by DHS or one of its departmental components.

Contract means this document, the Annex (es), any additional appendices or attachments (including any approved assignments, subcontracts or modifications) and all supporting documents. The Contract constitutes the entire agreement between the parties.

Contractor means the person or entity entering into this contract with DHS or one of its departmental components.

Department means the New Jersey Department of Human Services. It means, where appropriate from the context, the division, commission, bureau, office, unit or other designated component of the Department of Human Services responsible for the administration of particular Contract programs.

Departmental Component means the divisions, bureau, commissions, office or other unit within the Department responsible for the negotiation, administration review, approval, and monitoring of certain social service or training Contracts.

Expiration means the cessation of the Contract because its term has ended.

Notice means an official written communication between the Department and the Provider Agency. All Notices shall be delivered in person or by certified mail, return receipt requested, and shall be directed to the persons and addresses specified for such purpose in the Annex(es) or to such other persons as either party may designate in writing.

The Notice shall also be sent by regular mail and shall be presumed to have been received by the addressee five Days after being sent to the last address known by the Department.

Provider Agency means the person or entity entering into this contract with DHS or one of its departmental components.

Subcontractee means the legal entity that enters into a Contractual arrangement with a Contractee (Contracted Provider Agency) or another Subcontractee, no matter how many interceding administrative Tiers (levels) separate the parties.

Termination means an official cessation of this Contract, prior to the expiration of its term, that results from action taken by the Department or the Provider Agency in accordance with provisions contained in this Contract.

II. BASIC OBLIGATIONS OF THE DEPARTMENT

Section 2.01 Payment. As established in the Annex (es), payment for Contract services delivered shall be based on allowable expenditures or the specified rate per unit of service delivered. Such payment(s) shall be authorized by the Department in accordance with the time frames specified in the Annex (es). Total payments shall not exceed the maximum Contract amount, if any, specified in the Annex (es). All payments authorized by the Department under this Contract

shall be subject to revision on the basis of an audit or audits conducted under Section 3.13 Audit or on the basis of any Department monitoring or evaluation of the Contract.

Section 2.02 Referenced Materials. Upon written request of the Provider Agency, the Department shall make available to the Provider Agency copies of federal and State regulations and other material specifically referenced in this document.

III. BASIC OBLIGATIONS OF THE PROVIDER AGENCY

Section 3.01 Contract Services. The Provider Agency shall provide services to eligible persons in accordance with all specifications contained in this Contract.

Section 3.02 Reporting. The Provider Agency shall submit to the Department programmatic and financial reports on forms provided by the Department. The reporting frequency and due date(s) are specified and sample forms to be used are included in the Annex (es), or otherwise made available by the Departmental Component.

Section 3.03 Compliance with Laws. The Provider Agency agrees in the performance of this Contract 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; federal and State laws relating to safeguarding of client information; the federal Civil Rights Act of 1964 (as amended); P.L. 1975, Chapter 127, of the State of New Jersey (N.J.S.A. 10:5-31 et seq.) and associated executive orders pertaining to affirmative action and nondiscrimination in public contracts; the federal Equal Employment Opportunity Act; Section 504 of the federal Rehabilitation Act of 1973 pertaining to non-discrimination on the basis of handicap, and regulations thereunder; the Americans With Disabilities Act (ADA), 42 U.S.C. 12101 et seq. Failure to comply with the laws, rules and regulations referenced above shall be grounds for Termination of this Contract for cause.

If any provision of this Contract shall conflict with any federal or State law(s) or shall have the effect of causing the State to be ineligible for federal financial participation in payment for Contract services, the specific Contract provision shall be considered amended or nullified to conform to such law(s). All other Contract provisions shall remain unchanged and shall continue in full force and effect.

Section 3.04 Business Associate Agreements and State Confidentiality Statutes. DHS is a covered entity pursuant to the Health Insurance Portability and Accountability of 1996, 42 U.S.C.A. §1320d et seq. (HIPAA); 45 CFR Parts 160 and 164. Before a Provider Agency obtains or is permitted to access to, create, maintain or store Protected Health Information (PHI) as part of its responsibility under

this contract, the Provider Agency shall first execute a Department of Human Services Business Associate Agreement (BAA). A Provider Agency, whose work under this Contract does not involve PHI is not required to execute a BAA. DHS shall have the sole discretion to determine when a Provider Agency's work will involve PHI. Protected Health Insurance shall have the same meaning as in 45 CFR 160.103.

Provider Agencies that enter any subcontract where the work for the subcontract involves a Consumer's PHI shall require its subcontractor to execute a BAA that meets all the requirements of HIPAA, including those in 45 CFR 164.504(e). A standard form of BAA is available for Provider Agency's use from the Department. If the BAA is breached by the Provider Agency, or its subcontractor, the Provider Agency shall notify the Department within 24 hours of the breach. The Department may, in its sole discretion and at any time, request a BAA compliance audit or investigation of the Provider Agency or its subcontractor with which the Provider Agency has entered into a BAA. The Provider Agency shall cooperate with all Department requests for a BAA compliance audit and/or investigation and shall require that its subcontractor cooperate with all Departmental requests for BAA compliance audits and investigations.

In addition to the confidentiality requirements of HIPAA if applicable, a Provider Agency shall maintain the confidentiality of all certificates, applications, records and reports ("Records") that directly or indirectly identify any consumer and shall not disclose these records except where disclosure is consistent with applicable DHS regulations, the BAA, if any, and is:

1. to the consumer, or his or her legal guardian, if any, or if the consumer is a minor, to the consumer's parent; or
2. necessary to carry out the work of this Contract;
3. in response to a proper inquiry for information, but not Records, as to the consumer's current medical condition to any relative, friend, or to the consumer's personal physician or attorney, if it appears that the information is to be used directly or indirectly for the benefit of the consumer; or
4. relevant to a consumer's current treatment and is being disclosed to the staff of another community agency, screening service, short-term care or psychiatric facility.

Section 3.05 Business Registration. According to P.L. 2001, c. 134 (N.J.S.A. 52:32-44 et seq.) all profit and non-profit corporations (domestic and foreign), as well as, all limited partnerships, limited liability companies, and limited liability partnerships must submit annual reports and associated processing fees (annual business registration) to the Division of Revenue, Department of the Treasury commencing with the year after they file for their Certificate of Incorporation with the State of New Jersey. No State agency (the Department) may Contract with a Provider Agency if the Provider has not filed for its incorporation papers or filed its annual business registration. Furthermore, no Provider Agency that Contracts with the

Department shall enter into any subcontract unless the subcontractor can demonstrate that it is incorporated in the State of New Jersey or its annual business registration is current. Failure to comply with this paragraph or the citation referenced above shall be grounds for the Department to Terminate this Contract for cause.

Section 3.06 Set-Off for State Tax and Child Support. Pursuant to N.J.S.A. 54:49-19, if the Contractor is entitled to payment under the contract at the same time as it is indebted for any State tax (or is otherwise indebted to the State) or child support, the State Treasurer may set off that payment by the amount of the indebtedness.

Section 3.07 Source Disclosure. N.J.S.A. 52:34-13.2 that codified Public Law 2005, c.92 and Executive Order 129 requires when submitting a Request for Proposals and/or contract, the Provider Agency shall submit as part of their proposal and/or contract Certification listing where their contracted services will be performed and if the contracted services, or an portion thereof, will be subcontracted and where any subcontracted services will be performed.

Any changes to the information submitted in the Source Disclosure Certification during the term of the contract must be immediately reported to the Director of the Division of Purchase and Property and to the departmental component within the Department for whom the contracted services are being performed. A Service Provider that shifts its activities outside the United States and its constituent Commonwealths and territories without prior written affirmation by the Director attesting to the fact that extraordinary circumstances required the shift or that the failure to shift the services would result in the infliction of economic hardships to the State of New Jersey, shall deemed to be in breach of contract which would be subject to termination by the Department.

Section 3.08 Contractor Certification and Disclosure of Political Contributions. N.J.S.A. 19:44A-20.13-20.25 that codified Public Law 2005, Chapter 51 and Executive Order 134, and Executive Order 117 require that any for-profit agency that seeks or contracts to provide services in the amount of \$17,500 or more must submit to the Department the Certification and Disclosure of Political Contribution forms. This form includes a certification that the business entity has not, during certain specified time frames, solicited or made any contribution of money, pledge of reportable contributions, including in-kind contributions, to any candidate committee and/or election fund of the Governor or Lieutenant Governor, any legislative leadership committee or any State, county or municipal political party committee. The form also requires disclosure of any of the above referenced reportable contributions made by the business entity, its principals, officers, partners, directors, spouses, civil union partners and resident children.

If awarded a contract, the Contractor/Bidder will, on a continuing basis, continue to report any Contribution it makes during the term of the contract, and any extension(s) thereof. Failure to do so will result in termination of the contract and could result in the debarment from public contracting of the Contractor/Bidder for a period of up to five years.

Non-profit organizations are exempted from the requirements of Section 3.08

Section 3.09 Contract Certification and Political Contribution Disclosure Form. The Provider Agency is advised of its responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC), pursuant to P.L. 2005, c.271, section 3 if the contractor receives contracts in excess of \$50,000 from a public entity in a calendar year. It is the Provider Agency's responsibility to determine if filing is necessary. Failure to so file can result in the imposition of financial penalties by ELEC. Additional information about this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us/.

Section 3.10 Affirmative Action. During the performance of this Contract, the contractor (Provider Agency) agrees as follows:

The Provider Agency and its subcontractor, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender or disability.

The Provider Agency will also 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, affectional or sexual orientation, gender or disability. Such action shall include, but not be limited to the following: employment; promotion; demotion; or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation and, selection for training, including apprenticeship. The Provider Agency agrees to post in conspicuous places that are readily 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 Provider Agency or subcontractor shall state, in all solicitations or advertisements for employees placed by or on behalf of the contractor, that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender or disability.

The Provider Agency 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.

The Provider Agency or subcontractor 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 and the Americans with Disabilities Act.

The Provider Agency or subcontractor agrees to make a good faith attempt 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 the Division of Contract Compliance & EEO 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.

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

The Provider Agency 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 statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

The Provider Agency and subcontractor agree 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, affectional or sexual orientation, gender 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.

The Provider Agency and its subcontractors shall furnish such reports or other documents to the Division of Contract Compliance & EEO 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 Division of Contract Compliance & EEO for conducting a compliance investigation pursuant to Subchapter 10 (N.J.A.C. 17:27).

Section 3.11 Department Policies and Procedures. In the administration of this Contract, the Provider Agency shall comply with all applicable policies and procedures issued by the Department including, but not limited to, the policies and procedures contained in the Department's Contract Reimbursement Manual (as from time to time amended) and the Department's Contract Policy and Information Manual (as from time to time amended). Failure to comply with these policies and procedures shall be grounds to terminate this Contract.

Section 3.12 Financial Management System. The Provider Agency's financial management system shall provide for the following:

- (a) accurate, current and complete disclosure of the financial results of this Contract and any other contract, grant, program or other activity administered by the Provider Agency;
- (b) records adequately identifying the source and application of all Provider Agency funds and all funds administered by the Provider Agency. These records shall contain information pertaining to all contract and grant awards and authorizations, obligations, unobligated balances, assets, liabilities, outlays and income;
- (c) effective internal control structure over all funds, property and other assets. The Provider Agency shall adequately safeguard all such assets and shall ensure that they are used solely for authorized purposes;
- (d) comparison of actual outlays with budgeted amounts for this Contract and for any other contract, grant, program or other activity administered by the Provider Agency;
- (e) accounting records supported by source documentation;
- (f) procedures to minimize elapsed time between any advance payment issued and the disbursement of such advance funds by the Provider Agency; and
- (g) procedures consistent with the provisions of any applicable Department policies and procedures for determining the reasonableness, allowability and allocability of costs under this Contract.

Section 3.13 Audit. The Department requires timely submission of the Provider Agency's annual organization-wide audit. Non-compliance will be grounds for termination.

Audits shall be conducted in accordance with Policy Circular P7.06, Audit Requirements, Generally Accepted Auditing Standards as specified in the Statements on Auditing Standards issued by the American Institute of Certified Public Accountants; Government Auditing Standards issued by the Comptroller General of the United States and the Single Audit Act Amendments of 1996 (The Single Audit Act); Office of Management and Budget Circular A-133, Audits of States, Local Governments and Non-Profit Organizations and New Jersey OMB Circular 04-04-OMB, Single Audit Policy for Recipients of Federal Grants, State Grants and State Aid.

At any time during the Contract term, the Provider Agency's overall operations, its compliance with specific Contract provisions, and the operations of any assignees or subcontractors engaged by the Provider Agency under Section 5.02 Assignment and Subcontracts may be subject to audit by the Department, by any other appropriate unit or agency of State or federal government, and/or by a private firm or firms retained or approved by the Department for such purpose.

Whether or not such audits are conducted during the Contract term, a final audit of Contract operations, including the relevant operations of any assignees or subcontractors, may be conducted after Contract Termination or Expiration.

The Provider Agency is subject to audit up to four years after Termination or Expiration of the Contract. If any audit has been started but not completed or resolved before the end of the four-year period, the Provider Agency continues to be subject to such audit until it is completed and resolved.

Section 3.14 Federal Davis-Bacon Act and New Jersey Prevailing Wage Act. Any Department Contract containing federal funds in excess of \$2,000 utilized for the construction, alteration, renovation, repair or modification of public works or public buildings to which the federal government is a party, or any contract for similar work on public works financed with federal funds must comply with the federal Davis-Bacon Act, 40 U.S.C. section 276a et seq. The Davis-Bacon Act requires that the contractor must pay the prevailing wages to each designated worker class engaged under the contract at wage rates determined by the U.S. Secretary of Labor.

In addition, any State funds in excess of \$2,000 utilized through a subsequent Provider Agency contract or subcontract for any public work in which the Department is a party, or for public work to be done on property or premises leased or to be leased by the Department shall comply with the NJ Prevailing Wage Act, N.J.S.A. 34:11-56.27. Such

contracts or subcontracts shall contain a provision stating that the prevailing wage rate, as designated by the New Jersey Commissioner of Labor, must be paid to all designated classes of workers employed through said contracts or subcontracts. The Provider Agency must determine if the New Jersey Prevailing Wage Act applies and follow all directives per N.J.S.A. 34:11-56 et seq.

Section 3.15 Contract Closeout. The Provider Agency shall comply with all requirements of Policy Circular P7.01, Contract Closeout, including the timely submittal of the Final Report of Expenditures and any other financial or programmatic reports required by the Department. All required documentation is due within 120 Days of Contract Expiration, Non-renewal or Termination.

IV. Expiration, Non-Renewal and/or Termination

The Department may in accordance with the sections below allow a Contract to expire and or not be renewed.

Section 4.01. The Department or Provider Agency may let this Contract expire at the end of the contract term upon 60 Days' advance written Notice to the other party for any reason whatsoever, including lack of funding by the Department. In the case of contract awards that are made on a time limit basis (i.e. Federal Grant, Special Appropriation; one time funding to support a program), the 60 day notice is not required.

Section 4.02 Contract Settlement. When a Contract has expired under any section of Article IV of this Contract or Policy Circular P9.05, Contract Default, the Provider Agency shall be prohibited from incurring any additional obligations of Contract funds. The Department may allow costs that the Provider Agency could not reasonably avoid during the Expiration process to the extent that said costs are determined to be necessary and reasonable.

The Provider Agency and Department shall settle or adjust all accounts in a manner specified by the Department and shall be subject to a final audit under Section 3.13 Audit.

The Department may terminate or suspend this Contract in accordance with the sections listed below.

Section 4.03 Default and Termination for Cause. If the Provider Agency fails to fulfill or comply with any of the terms or conditions of the Contract, in whole or in part, the Department may by Notice place the Provider Agency in default status, and take any action(s) listed in accordance with Department Policy Circular P9.05, Contract Default. Notice shall follow the procedures established in the Policy Circular.

The above notwithstanding, the Department may immediately upon Notice terminate the Contract prior to its expiration, in whole or in part, whenever it is determined that the Provider Agency has jeopardized the safety and welfare of the Department's clients, materially failed to comply with the terms and conditions of the Contract, or whenever the fiscal or programmatic integrity of the Contract has been compromised. The Notice of Termination shall state the reason for the action(s); the Provider Agency's informal review options, time frames and procedures; the effective date of the Termination; and the fact that a request for a review of the decision for action(s) does not preclude the determined action(s) from being implemented.

Section 4.04 Termination by the Department or Provider Agency. The Department or Provider Agency may terminate this Contract upon 60 Days' advance written Notice to the other party for any reason whatsoever, including lack of funding by the Department.

The parties expressly recognize and agree that the Department's ability to honor the terms and conditions of this Contract is contingent upon receipt of federal funds and/or appropriations of the State legislature. If during the term of this Contract, therefore, the federal and/or the State government reduces its allocation to the Department, the Department reserves the right, upon Notice to the Provider Agency, to reduce or terminate the Contract.

Section 4.05 Termination Settlement. When a Contract is terminated under any section of Article IV of this Contract or Policy Circular P9.05, Contract Default, the Provider Agency shall be prohibited from incurring additional obligations of Contract funds. The Department may allow costs that the Provider Agency could not reasonably avoid during the Termination process to the extent that said costs are determined to be necessary and reasonable.

The Provider Agency and Department shall settle or adjust all accounts in a manner specified by the Department and shall be subject to a final audit under Section 3.13 Audit.

V. ADDITIONAL PROVISIONS

Section 5.01 Application of New Jersey Law. This Contract shall be governed, construed and interpreted in accordance with the laws of the State of New Jersey including the New Jersey Contractual Liability Act (N.J.S.A. 59:13-1 et seq.).

Section 5.02 Assignment and Subcontracts. This Contract, in whole or in part, may not be assigned by the Provider Agency or assumed by another entity for any reason, including but not limited to changes in the corporate status of the Provider Agency, without the prior written consent of the Department. Upon prior written notice of a proposed

assignment, the Department may: (1) approve the assignment and continue the Contract to term; (2) approve the assignment conditioned upon the willingness of the assignee to accept all contractual modifications deemed necessary by the Department; or (3) disapprove the assignment and either terminate the Contract or continue the Contract with the original Provider Agency.

The Provider Agency may not subcontract any of the services that it has committed to perform or provide pursuant to this Contract without the prior written approval of the Department. Such consent to subcontract shall not relieve the Provider Agency of its full responsibilities under this Contract. Consent to the subcontracting of any part of the services shall not be construed to be an approval of said subcontract or of any of its terms, but shall operate only as an approval of the Provider Agency's request for the making of a subcontract between the Provider Agency and its chosen subcontractor. The Provider Agency shall be responsible for all services performed by the subcontractor and all such services shall conform to the provisions of this Contract.

Section 5.03 Client Fees. Other than as provided for in the Annex (es) and/or Departmental Component specific policies, the Provider Agency shall impose no fees or any other types of charges of any kind upon recipients of Contract services.

Section 5.04 Indemnification. The Provider Agency shall assume all risk of and responsibility for, and agrees to indemnify, defend and hold harmless the State of New Jersey and its employees from and against any and all claims, demands, suits, actions, recoveries, judgments and costs, and expenses in connection therewith on account of the loss of life, property or injury or damages to the person, body or property of any person or persons, whatsoever, which shall arise from or result directly or indirectly from (1) the work, service or materials provided under this Contract; or (2) any failure to perform the Provider's obligations under this Contract or any improper or deficient performance of the Provider's obligations under this Contract. This indemnification obligation is not limited by, but is in addition to, the insurance obligations contained in this Contract.

Furthermore, the provisions of this indemnification clause shall in no way limit the obligations assumed by the Provider under this Contract, nor shall they be construed to relieve the Provider from any liability nor preclude the State of New Jersey, its Agencies, and/or the Department of Human Services from taking any other actions available to them under any other provisions of this Contract or otherwise in law.

The Provider's liability under this agreement shall continue after the termination of this agreement with respect to any liability, loss,

expense or damage resulting from the acts occurring prior to termination.

Section 5.05 Insurance. The Provider Agency shall maintain adequate insurance coverage. The State of New Jersey, Department of Human Services and the Departmental Component shall be included as an Additional Insured on any insurance policy applicable to this Contract. Should the Provider Agency fail to pay any premium on any insurance policy when due, the Department may pay the premium and, upon Notice to the Provider Agency, reduce payment to the Provider Agency by the amount of the premium payment. The Provider Agency is responsible for forwarding a copy of its insurance policy declaration page to the Contracting Departmental Component for its contract files.

Section 5.06 Modifications and Amendments. If both parties to this Contract agree to amend or supplement this Contract, any and all such amendments or supplements shall be in writing and signed by both parties. The amendment or supplement shall incorporate the entire Contract by reference and will not serve to contradict, amend or supplement the Contract except as specifically expressed in the amendment or supplement.

Section 5.07 Statement of Non-Influence. No person employed by the State of New Jersey has been or will be paid any fee, commission, or compensation of any kind or granted any gratuity by the Provider Agency or any representative thereof in order to influence the awarding or administration of this Contract.

Section 5.08 Exercise of Rights. A failure or a delay on the part of the Department or the Provider Agency in exercising any right, power or privilege under this Contract shall not waive that right, power or privilege. Moreover, a single or a partial exercise shall not prevent another or a further exercise of that or of any other right, power or privilege.

Section 5.09 Recognition of Cultural Sensitivity. The Provider Agency agrees in the performance of this Contract to be sensitive to the needs of the minority populations of the State of New Jersey. This sensitivity includes the employment, if possible, of a culturally diverse staff that can communicate with, and be representative of, the community it serves.

The Provider Agency shall make programs linguistically appropriate and culturally relevant to underserved minority groups within the community. Appropriate accommodations for services shall be developed and maintained for those minority individuals who are deprived of reasonable access to those services due to language barriers or ethnic and cultural differences. In addition, Provider Agencies shall make certain that all programs and services are reflective of the demographic needs of the community, while providing all minorities the

opportunity to experience any and all available social services irrespective of their ethnic or cultural heritage.

Section 5.10 Copyrights. The State of New Jersey reserves a royalty-free, nonexclusive and irrevocable right to reproduce, publish or otherwise use any work or materials developed under a Department or federally funded contract or subcontract. The Department also reserves the sole right to authorize others to reproduce, publish or otherwise use any work or materials developed under said contract or subcontract.

Section 5.11 Successor Contracts. If an audit or Contract close-out reveals that the Provider Agency has failed to comply with the terms and/or conditions of this Contract, the Department reserves the right to make all financial and/or programmatic adjustments it deems appropriate to any other Contract entered into between the Department and the Provider Agency.

Section 5.12 Sufficiency of Funds. The Provider Agency shall recognize and agree that both the initial provision of funding and the continuation of such funding under the Contract 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 its contract with the Provider Agency or to observe and adhere its performance obligation under the contract as a result of the failure of the Legislature to appropriate the funds necessary to do so shall not constitute a breach of the Contract by the Department or default thereunder and the Department shall not be held financially liable therefore. In addition, future funding shall not be anticipated from the Department beyond the duration of the Contract with the Provider Agency and in no event shall the contract be construed as a commitment by the Department to expend funds beyond the termination date set therein.

Section 5.13 Collective Bargaining. State and federal law allow employees to organize themselves into a collective bargaining unit. Funds provided under this Contract shall not be utilized to abridge the rights of employees to organize themselves into a collective bargaining organization or preclude them from negotiating with Provider Agency management. Funds may be utilized for legitimate and reasonable management purposes at the direction of the Provider Agency during the process of collective bargaining organization.

Section 5.14 Independent Employer Status. Employees of Provider Agencies that Contract with the Department of Human Services are employees of the Provider Agency, not the State.

In accordance with the National Labor Relations Act, 29 U.S.C.A. 152(2) and State law, N.J.S.A. 34:13A-1 et seq., Provider Agencies are independent, private employers with all the rights and obligations of

such, and are not political subdivisions of the Department of Human Services.

As such, the Provider Agency acknowledges that it is an independent contractor, providing services to the Department of Human Services, typically through a contract-for-services agreement. As independent contractors, Provider Agencies are responsible for the organization's overall functions which includes the overseeing and monitoring of its operations, establishing the salary and benefit levels of its employees, and handling all personnel matters as the employer of its workers.

The Provider Agency acknowledges its relationship with its employees as that of employer. While the Department has an adjunct role with Provider Agencies through regulatory oversight and ensuring contractual performance, the Provider understands that the Department is not the employer of a Provider Agency's employees.

The Provider Agency further acknowledges that while the Department reimburses Provider Agencies for all allowable costs under the Contract, this funding mechanism does not translate into the Department being responsible for any of the elements of any collective bargaining agreements into which Provider Agencies may enter. Moreover, each Provider Agency understands that it is responsible for funding its own programs and is not limited to the amount of funding provided by the Department, and, in fact, is encouraged to solicit non-State sources of funding, whenever possible.

Section 5.15 Executive Order No. 189. Executive Order No. 189 establishes the expected standard of responsibility for all parties that enter into a contract with the State of New Jersey. All such parties must meet a standard of responsibility that assures the State and its citizens that such parties will compete and perform honestly in their dealings with the State and avoid conflicts of interest.

In compliance with Paragraph 3 of Executive Order No. 189, no Provider Agency shall pay, offer to pay, or agree to pay, either directly or indirectly, any fee, commission, compensation, gift, gratuity, or other thing of value of any kind to any State officer or employee or special State officer or employee, as defined by N.J.S.A. 52:13D-13b and e, in the Department of the Treasury or any other agency with which such Provider Agency transacts or offers or proposes to transact business, or to any member of the immediate family, as defined by N.J.S.A. 52:13D-13i, of any such officer or employee, or any partnership, firm, or corporation with which they are employed or associated, or in which such officer or employee has an interest within the meaning of N.J.S.A. 52:13D-13g.

The solicitation of any fee, commission, compensation, gift, gratuity or other thing of value by any State officer or employee or special State officer or employee from any Provider Agency shall be

reported in writing forthwith by the Provider Agency to the Attorney General and the Executive Commission on Ethical Standards.

No Provider Agency may, directly or indirectly, undertake any private business, commercial or entrepreneurial relationship with, whether or not pursuant to employment, contract or other agreement, express or implied, or sell any interest in such Provider Agency to, any State officer or employee or special State officer or employee having any duties or responsibilities in connection with the purchase, acquisition or sale of any property or services by or to any State agency or any instrumentality thereof, or with any person, firm or entity with which he is employed or associated or in which he has an interest within the meaning of N.J.S.A. 52:13D-13g. Any relationships subject to this provision shall be reported in writing forthwith to the Executive Commission on Ethical Standards, which may grant a waiver of this restriction upon application of the State officer or employee or special State officer or employee upon a finding that the present or proposed relationship does not present the potential, actuality or appearance of a conflict of interest.

No Provider Agency shall influence, or attempt to influence or cause to be influenced, any State officer or employee or special State officer or employee in his official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.

No Provider Agency shall cause or influence, or attempt to cause or influence, any State officer or employee or special State officer or employee to use, or attempt to use, his official position to secure unwarranted privileges or advantages for the Provider Agency or any other person.

The provisions cited above shall not be construed to prohibit a State officer or employee or special State officer or employee from receiving gifts from or contracting with Provider Agencies under the same terms and conditions as are offered or made available to members of the general public subject to any guidelines the Executive Commission on Ethical Standards may promulgate.

Section 5.16 Salary Compensation Limitation (Excludes Physician and Advanced Practice Nurses). The amounts paid under this contract to the Provider Agency for employee compensation are subject to the following conditions:

(i) Full-time Salary Compensation Limitation. No monies under the contract shall be paid to the Provider Agency for costs of any individual salary (including bonuses) to be paid to any of the Provider Agency's full-time employees (excluding Physician and Advanced Practice Nurses) in excess of the schedule set forth below:

Full-time Salary Compensation Limitation Schedule

Full-time Salary Compensation Limitations vary as follows: Only one Full-time Salary Compensation Limitation shall be applicable to each Provider Agency. This includes the aggregate of all contracts held with: 1) the Department of Human Services and 2) the Department of Children and Families.

For Provider Agencies with gross revenue (based on the last annual audit report) for the entire organization of:

- a) Over \$20 million, the limitation shall be \$141,000 (Benchmark Salary),
- b) Over \$10 million, but less than or equal to \$20 million the limitation shall equal 90% of the Benchmark Salary (\$126,900),
- c) Over \$5 million, but less than or equal to \$10 million the limitation shall equal 85% of the Benchmark Salary (\$119,850),
- d) Less than \$5 million, the limitation shall equal 75% of the Benchmark Salary (\$105,750).

(ii) Part-time Salary Compensation Limitation. The salary compensation limitation for a part-time employee, or for an employee whose time is only partly spent on activities compensated under this contract, shall be calculated by prorating the compensation for the position as prescribed under the Full-time Salary Compensation Limitation Schedule. The prorated percentage shall be specified in the Annex B and shall be determined by the regular number of work hours for that Part-time title or that the employee is scheduled to work on matters compensated under this contract;

(iii) Any salary paid to any employee in excess of these limitations must be paid out of funds received from sources other than this Contract, or funds other than those received from other contracts held within the Department of Human Services or Department of Children and Families:

(iv) The Full - or Part-time Salary Compensation Limitation will apply to cost reimbursement contracts at the time of contract renewal;

(v) Any fixed/fee for service rate contracts set prior to the adoption of this amendment is not subject to the salary compensation limitations prescribed in Section 5.16(i) or (ii), however, any fixed/fee for service rate contract set prior to the adoption of this amendment that is subsequently renewed at a higher rate are subject to the Salary Compensation Limitation Schedule prescribed in Section 5.16 (i) or (ii);

(vi) Any fixed/fee for service rate developed for a new program or service in an existing contract are subject to the Salary Compensation Limitation Schedule prescribed in Section 5.16(i) or (ii);

(vii) Any new contracts entered into after the date of the adoption of this amendment are subject to the Salary Compensation Limitation Schedule prescribed in Section 5.16 (i) or (ii).

Section 5.17 Salary Compensation Limitation for Physician and Advanced Practice Nurses. The amounts paid under this contract to the Provider Agency to compensate Physicians and Advanced Practice Nurses are subject to the following conditions:

(i) A maximum compensation of \$212,000 per annum, regardless of the amount of gross revenues of the entire organization;

(ii) Part-time Physicians and Advanced Practice Nurse's compensation will be calculated pursuant to Section 5.16 (ii).

Section 5.18 Compensation Limitation for Fringe Benefits. This section is being reserved for future consideration.

Section 5.19 Compensation Limitation for Employee Severance Agreement. Unless an exception has been approved by the Departmental Component for a specific circumstance, the amounts paid under this contract to the Provider Agency for an employee severance agreement are subject to the following conditions:

(i) The Provider Agency has an established written uniform severance agreement for all employees covered under the contract;

(a) No monies shall be paid to the Provider Agency for a severance payment to any employee in excess of the equivalent of two (2) weeks compensation (salary and fringe benefits);

(b) No monies shall be paid to the Provider Agency for a severance payment to any employee that has been employed by the Provider Agency for less than one (1) year of continuous employment; and

(c) No monies shall be paid to the Provider Agency for a severance payment to any employee that was discharged for cause (as cause is determined by the Provider Agency's policies).

(ii) If the Provider Agency does not have an established written uniform severance agreement, no monies shall be paid to the Provider Agency for a severance payment for any employee covered under the contract.

Section 5.20 Compensation Limitation for Employee Travel Expenses. The amounts paid under this contract to the Provider Agency for staff travel including; conference and registration fees, mileage reimbursement, meals and incidental expenses (M&IE), parking, and

overnight lodging accommodations for employees who are compensated in whole or in part under this contract are subject to the following conditions:

(i) General Provisions:

(a) In- and out-of-state travel must be directly related to the employee's duties as set forth in the contract and/or be required for accreditation and/or licensure of the contracted program;

(b) For in-state travel and for out-of-state travel that is within 50 miles of the border of the State where the Provider Agency is located, no monies provided under the contract shall be used for employee lodging expenses unless previously approved by the Departmental Component;

(c) Travel costs may be charged on an actual basis and may include a mileage reimbursement rate, as well as meals and incidental expenses (M&IE) up to, but not to exceed the Federal reimbursement rates (refer to the Federal internet web site, <http://www.gsa.gov> for current rates) in effect at the time the employee traveled.

(ii) In-State Provisions: The Provider Agency may not approve any in-state travel reimbursement in excess of two-hundred and fifty dollars (\$250.00) per employee, per event, unless written approval is obtained from the departmental component's contracting authority prior to such travel;

(iii) Out-of-State-Provisions:

(a) The Provider Agency must obtain prior-approval from the departmental component's contracting authority for an employee's out-of-state travel, regardless of travel costs, unless such travel is no further than 50 miles from the border of the state where the Provider Agency is located, and travel costs per employee are less than two-hundred and fifty dollars (\$250.00); and

(b) Out-of-state travel (excluding travel no further than 50 miles from the border of the State where the Provider Agency is located) or travel costs in excess of the two-hundred and fifty dollar (\$250.00) limit by the employee, that was not pre-approved by the departmental component's contracting authority shall not be eligible for reimbursement under the contract.

Section 5.21 Compensation Limitation for Employee Tuition Reimbursement. The amounts paid under this contract to the Provider

Agency for tuition reimbursement and related expenses are subject to the following conditions:

(i) No monies paid to the Provider Agency under the contract shall be used for any costs incurred by the Provider Agency's employees to attend any educational courses including tuition, textbooks, supplies, etc. unless such courses are required by the contract or for program licensure, certification, and/or Medicaid standards; or;

(ii) No monies paid to the Provider Agency under the contract shall be used for any costs incurred by the Provider Agency's employees to attend educational courses including tuition, textbooks supplies, etc. unless such courses are towards a field of service related to the Provider Agency's contract and the allocated contract monies do not exceed the lesser of \$5000 or 1% of the Provider Agency's total annual operating budget; and

(iii) There are monies allocated in the Provider Agency's approved contract budget for the specific educational expenses consistent with Section 5.21(i) and (ii).

Section 5.22 Compensation Restriction for Provider Agency Sponsored Meetings, Conferences, Training, or Special Events. The amounts paid under this contract to the Provider Agency for the cost of administrative meetings, conferences, or special events are subject to the following condition:

(i) No such monies under the contract shall be paid to the Provider Agency for costs associated with meetings, conferences, or special events where agency staff is the beneficiary of the event. Unallowable costs include, but are not limited to the following: meals and refreshments, entertainment, overnight lodging, receptions or other social functions held for honoring all staff;

(ii) The Provider Agency may use monies under the contract to cover training-related costs such as modest facility costs and nominal refreshments. e.g. coffee, tea, water, soda, donuts, pastries, cookies, and bagels.

Section 5.23 Criteria for and Processing a Vehicle Request. The Provider Agency may request a new or replacement vehicle to be paid from monies under the contract only under the following conditions:

(i) The Provider Agency must request written approval from the departmental component's contracting authority to purchase or replace a vehicle and each request must be accompanied by the following supporting documentation. The request may be denied even if all supporting documentation is supplied. Documentation required includes:

(a) Explanation as to why the purchase or replacement of the vehicle is required to fulfill contractual obligations;

(b) Assurance that no one Provider Agency employee will be permanently assigned the vehicle;

(c) Assurance that the Provider Agency has sufficient funds to cover the vehicle's operating costs for the anticipated useful life of the vehicle;

(d) Submission of three (3) written bids for the same year, make, model, and option package;

(e) If the vehicle is a replacement vehicle, documentation consistent with Section 5.23 (ii) below;

(f) Any exceptions to the criteria and purchasing requirements (Section 5.23 (i) (a)-(e)), will be dealt with on a case by case basis with the departmental component's contracting authority; and

(g) If the request is approved, the Provider Agency shall be required to purchase the vehicle from the lowest-priced vendor consistent with Section 5.23 (i) (d).

(ii) The Provider Agency may request to replace an existing vehicle under any of the following conditions:

(a) odometer reading exceeds 125,000;

(b) vehicle age is 10 years or older;

(c) repair costs to maintain operational capacity of vehicle would exceed fifty (50) per cent of current trade-in Blue Book value of vehicle;

(d) repair costs have exceeded fifty (50) per cent of the current trade-in Blue Book value over the course of the past year;

(e) vehicle was involved in an accident and deemed "totaled" by the insurance carrier; and

(f) upon written request supported by sufficient documentation, the Departmental component's contracting authority determines that the vehicle is no longer road worthy and unsafe to drive.

(iii) If the Provider Agency receives approval to purchase a vehicle, the maximum cost of the vehicle including all dealer fees and charges may not exceed \$25,000 per vehicle. This limitation excludes passenger vans, or specialized and adaptive vehicles for handicapped consumers.

(iv) When a Provider Agency has a fleet management program that includes leased vehicles, the Provider Agency may obtain approval on a program basis so that the Provider Agency does not require approval on a vehicle basis.

Division of Aging Services
Office of Area Agency on Aging Administration and State Community Programs

2023 ADMINISTRATIVE REQUIREMENTS FOR AREA AGENCIES ON AGING

The New Jersey Department of Human Services, Division of Aging Services (DoAS), is the designated State Agency on Aging (State Unit on Aging) pursuant to the Older Americans Act of 1965 (OAA), as amended, 42 U.S.C. § 3001 et seq.

The Area Agency on Aging (AAA) is responsible for providing adequate and qualified staff to perform all of the functions prescribed in the OAA. The AAA shall develop and exercise methods of administration necessary for the operation of its office. In New Jersey, the AAA must be capable of providing, directly or through contract, all of the services designated by the OAA. DoAS requires each AAA to maintain sufficient staff to ensure that administrative responsibilities are performed in an effective and efficient manner and in accordance with all DoAS policies, including planning and coordinating with federal, State and local agencies. Adequate staff includes, at a minimum, a full-time Executive Director, Planner, I&A staff person, and a fiscal staff person who shall act in a professional capacity in the handling of financial matters. The fiscal staff person shall be located within the AAA and shall report directly to the Executive Director. Each AAA must have access to the services of a qualified nutritionist or dietitian. For those counties receiving more OAA funding, the AAA should include additional staff such as Program Monitor, Social Worker, Accountant/Bookkeeper, and Field Representatives.

RESPONSIBILITIES OF THE AAAs:

1. Every AAA shall comply with the OAA and all other applicable federal and State laws, regulations, and policies.
2. Every AAA shall be either a single-purpose agency that administers programs for older persons, or a multi-purpose agency with a single organizational unit responsible for administering programs for older persons, and shall act as the central hub responsible for implementing DoAS policies in order to achieve, at the local level, the goals that DoAS is pursuing Statewide.
3. The Executive Director of each AAA shall appoint an Advisory Council, in accordance with Section 306(a)(6)(D) of the OAA, to ensure broad representation from all segments of the general population and to obtain advice and assistance on program objectives, development, and support. Appointing the Advisory Council shall be done with the approval of the Board of County Commissioners.
4. Every AAA shall develop a comprehensive and coordinated Area Plan Contract (APC) that shall include all elements required by DoAS. The APC must be submitted to DoAS by the predetermined deadline and approved by DoAS prior to implementation by the AAA.
5. Every AAA shall take into account the views of its consumers in the development and administration of the Area Plan. (See Section 306(a)(6)(A) of the OAA).
6. Every AAA shall have nutrition projects that reasonably accommodate consumers with specific dietary needs as a result of health issues, religious requirements, or ethnic backgrounds.
7. Every AAA shall implement evidence-based programs to assist older individuals in learning about and making behavioral changes to reduce the risk of injury, disease, and disability. (See Section 306(a)(7)(C) of the OAA).
8. Every AAA shall increase the public awareness and understanding of the aging process and the effects of this process on the individual by disseminating information on aging issues to practitioners in the field, older individuals, and the general public.
9. Every AAA shall increase public awareness of elder abuse, neglect, and exploitation, shall identify the public and private nonprofit entities involved in the prevention, identification, and treatment of the abuse, neglect, and exploitation of older individuals, and remove barriers to education, prevention, investigation, and treatment of elder abuse, neglect, and exploitation, as appropriate.
10. Every AAA shall be the visible entity for advocacy, coordination, monitoring, and evaluation of programs for older persons in its county.
 - Such programs may include, but are not limited to; community services, economics, employment, income and retirement, health care, mental and behavioral health, institutional and non-institutional housing, recreational activities, transportation, homemaker services, long-term care, case management, congregate and home delivered meals, adult day care, and legal services.
11. Every AAA shall designate, when feasible, a focal point for comprehensive service delivery. The AAA shall specify the identity of the designated focal point in the applicable grants and agreements implementing the APC. (See Section 306(a)(3) of the OAA). A focal point, as defined by Section 102(21) of the OAA, is a facility established to encourage the maximum collocation and coordination of services for older individuals.
12. Every AAA shall maintain and have available current information on all of the public and private programs serving older persons, caregivers, and adults with disabilities. The AAA shall provide information and referral

services regarding accessing programs and services for the older population.

13. Every AAA shall provide for the availability and distribution of information pertaining to the need for advanced long-term care planning and the available public and private long-term care programs, options, service providers, and resources.
14. Every AAA shall enter into voluntary arrangements with nonprofit entities that provide housing to older individuals (such as housing described under Section 202 of the Housing Act of 1959, as amended, and specifically, 12 U.S.C. § 1701q), for the purpose of providing leadership and coordination in the development, provision, and expansion of adequate housing, supportive services, referrals, and living arrangements for older individuals and advanced notification and non-financial assistance to those older individuals subject to eviction from such housing.
15. Every AAA shall maintain a current business continuity plan to be activated in the event of an emergency. The plan shall address ways in which the AAA will maintain critical services for consumers and it shall describe the methods for communicating information on the availability of services to consumers. Every APC shall include details on the coordination of activities and the development of long-range emergency preparedness plans with State and local governments and emergency response agencies, relief organizations, and other entities responsible for disaster relief service delivery. (See Section 306(a)(17) of the OAA).
16. Every AAA shall have written consumer contribution policies in accordance with PM 2017-13, I-13, Contribution Policy for Services Under the Area Plan Contract. The policies shall be applicable to all providers, including AAA and governmental providers, funded partially or completely under the APC. The AAA shall ensure that each provider also establishes a written consumer contribution policy that shall be approved by the AAA.
17. Every AAA shall make efforts to inform minority contractors about the opportunity to submit a proposal for a grant award. (See PM 2019-9, I-9 Contracting Procedures for Area Plan Contracts).
18. Every AAA shall have written policies and procedures on unlawful discrimination and conduct in the workplace.
19. Every AAA shall comply with PM 2017-5; I-5, Notice of Nondiscrimination and Notice of Privacy Practices, regarding the posting and distribution of the DoAS Notice of Nondiscrimination, along with the DHS Notice of Privacy Practices.

CONTRACT COMPLIANCE:

1. Federal regulations require **full and open competition** for contracting with APC funds, whether the contract is funded in full or in part with APC funds. The AAA shall work with its county-designated qualified purchasing agent to comply with the requirements of Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq., when entering into agreements with providers to implement the APC, to use funds efficiently in acquiring the most qualified and cost effective providers, and to serve the maximum number of the target population.
2. All contracts, regardless of the provider, must coincide with the APC three-year cycle. Each contract shall contain, at a minimum, the following:
 - A Scope of Services for each service to be provided, utilizing the DoAS taxonomy (Service Name, Service Code, Service Category, Unit of Service, Service Definition, Components and Standards) and specific deliverables required to achieve the desired result (including program and administrative specifications such as program administration, oversight and relevant protocols, program activities, tools, implementation, consumer satisfaction, staff training, data collection, and reports);
 - A detailed budget identifying all funding sources;
 - Confidentiality requirements (see below);
 - Business Continuity Plan requirements for emergencies;
 - DoAS subcontract requirements as set forth in this document;
 - Record retention and supporting documentation requirements; and
 - Date and signature of the Project/Program Director, AAA Director, and designated county official(s).

CONFIDENTIALITY:

1. The AAA shall maintain the confidentiality of each consumer's personal and confidential information and shall not disclose such information except where disclosure is consistent with applicable laws and DoAS requirements and policies. The AAA shall require all providers to maintain confidentiality based upon applicable laws and DoAS requirements and policies and shall include in each agreement provisions addressing the obligations of the provider and its employees and agents to maintain confidentiality. The AAA shall comply with the requirements of Health Insurance Portability and Accountability Act of 1996 (HIPAA) as well as the Business Associate Agreement executed by the AAA wherein DoAS is recognized as a Covered Entity. Where applicable, the AAA shall obtain a Business Associate Agreement from providers as part of the contracting process.
2. The AAA shall include in each agreement the following requirements for Social Assistance Management

System (SAMS): (1) all individuals having access to SAMS, including those working for or with a provider, shall execute a confidentiality agreement, as promulgated by DoAS, prior to receiving a SAMS login or password; and (2) each provider shall notify the AAA, by the end of the next workingday, when a SAMS user no longer requires access to SAMS to conduct business for APC purposes, such as when the user is reassigned job functions, separates from employment or ceases providing services. The AAA shall not request access to SAMS for any provider or employee or agent thereof, unless the AAA first views the confidentiality agreement signed by such provider or employee or agent thereof.

3. The APC shall be interpreted as broadly as necessary to implement and comply with applicable confidentiality laws, including HIPAA and the regulations promulgated thereunder by the U.S. Department of Health and Human Services and the Health Information Technology for Economic and Clinical Health ("HITECH") Act of the American Recovery and Reinvestment Act of 2009, and applicable federal and State laws. Any ambiguity in the APC shall be resolved in favor of a meaning that complies and is consistent with such laws.

MONITORING BY AAAs:

1. The AAA shall conduct and document one formal on-site programmatic visit and one fiscal monitoring visit for each program funded completely or partially under the APC. The AAA shall monitor and document directly provided services in a manner comparable to that of its subcontracted services and shall provide for written monitoring procedures and the use of a monitoring tool. The AAA also shall document and follow up on findings. (See PM 86-8, III-5 Minimum Standards for Program Monitoring of Title III B Service Providers).
2. Where the AAA accountant is involved with the financial management of a program provided by the AAA, fiscal monitoring shall be completed by county staff other than the AAA accountant. Qualified personnel located in the AAA or in another department, such as the Treasurer's Office or Finance Office, are acceptable to assess the AAA accountant and the fiscal operations of the service.
3. The AAA shall conduct at least two monitoring visits per contract year for nutrition providers funded under the APC. One visit shall specifically address the Congregate Nutrition Program and the other visit shall focus on the performance and adherence to specifications of the Home Delivered Nutrition Program.
4. Any AAA operating under an approved direct service waiver shall ensure the quality control aspects of programmatic and fiscal performance as outlined in PM 86-8, III-5 Minimum Standards for Program Monitoring of Title III B Service Providers and PM 2007-16, III-10 Policies and Procedures for the Financial Management of Area Plan Contract Programs and Services.
5. The State coordinator of the Adult Protective Services (APS) program shall monitor and assess the APS Program for adherence to program standards through an annual report. The State coordinator shall provide the AAA with copies of the APS report. The AAA shall conduct and document the annual, on-site fiscal monitoring visit for the APS program and follow up on findings.

PUBLIC HEARINGS, PROVIDER MEETINGS AND ADVISORY COUNCIL:

1. The AAA shall hold public hearings at least once annually during the planning and analysis stages of APC development. If fewer than 10 members of the general public attend the public hearing, then the AAA shall convene a second public hearing and shall take into consideration time and location so as to attract the broadest segment of the general public. The AAA shall document public hearings and shall maintain, at a minimum, sign in forms, agenda, and minutes. The AAA shall advertise notice of the public hearing(s) in the county's official newspaper and in other sources as determined appropriate by the AAA. Public hearings should be completed early in the planning process to allow sufficient time to incorporate the public input. (See Section 307(a)(4) of the OAA, PM 2016-6, I-6 Public Hearings Requirements Area Plan Contract and IM 97-53, III-26 Area Plan Contract Public Hearings).
2. The AAA shall conduct and document at least four provider meetings per year. The AAA shall ensure each provider receiving OAA funds attends these meetings. Each provider agreement shall require the provider to attend these meetings.
3. The AAA shall conduct and document advisory council meetings. At a minimum, the AAA shall maintain sign-in forms, agenda, and minutes for each meeting. DoAS recommends a minimum of four advisory council meetings per year.

ANNUAL CONTRACT FUNDING:

Funding based on the APC shall be awarded in compliance with PM 2019-9, I-9 Contracting Procedures for Area Plan Contracts and PM 91-9, III-4, Waiver Forms and Procedures for Area Agencies on Aging. Funding during the term of the APC is expressly contingent upon the availability of funds to DoAS. Funding shall be amended annually to reflect updated program information and funding levels. The AAA shall not anticipate funding from DoAS beyond the term of the APC as DoAS shall not expend funds beyond the termination date of the APC.

INTEGRATED PROGRAM SUMMARY FORMS:

The AAA shall submit Integrated Program Summary (IPS) forms for each program in System for Administering Grants Electronically (SAGE). The IPS form covers contracts made with providers for the delivery of the services proposed and approved in the APC. IPS forms shall include the line item budget, funding source and service projections for each program. Each IPS form that includes personnel costs shall include a personnel justification form detailing each employee's name, salary, and hours spent on all contracted services.

APC REVISION AND AMENDMENT:

1. To revise or amend the APC, the AAA shall submit a request via SAGE to obtain the approval of DoAS, AAA administration fiscal and program staff. DoAS will deny any request for revision or modification that does not include sufficient justification.
2. A revision or amendment may be necessary for the availability of additional funds, a change in services or providers, administrative transfers, allocations transfer between Title III B, C1 and C2, and a change in projected carry. DoAS, in its sole discretion, may establish policies to restrict transfers of funds among the predetermined allocations within the APC.
3. Fiscal Amendment: To revise program funding in the approved APC, the AAA shall submit via SAGE a Grant Amendment/Budget Revision Request form with sufficient justification. Upon approval by DoAS, the contract application will reflect "in revision" or "in amendment" status as applicable and the appropriate pages will be unlocked to allow for changes. When DoAS approves the request, the AAA shall submit a revised IPS form via SAGE. The AAA shall submit any IPS revisions for the Midyear Allocation of Area Plan Contract funds pursuant to the applicable Policy Memorandum issued by DoAS. The AAA shall submit any IPS revisions for the Final Obligation and Allocation of Funds pursuant to the applicable policy memorandum issued by DoAS. If circumstances warrant a change to an IPS at any other time, the AAA shall follow this process.
4. Programmatic Amendment: To revise program services and/or providers in the approved APC, the AAA shall complete the following process **at least 45 days prior to** the date on which the change is anticipated to take effect:
 - Submit via SAGE a Grant Amendment/Budget Revision Request form, with sufficient justification, and Programmatic APC Amendment Request form.
 - Upon approval by DoAS, the AAA shall submit revised IPS forms in accordance with the fiscal amendment process.
 - For "To Be Determined" (TBD) providers and services, the AAA shall submit a Grant Amendment/Budget Revision Request form and Programmatic APC Amendment Request form. The deadline for resolution of all TBD providers and services is **April 1st** of each APC year. When DoAS approves the request, the AAA shall submit a revised IPS form in accordance with the fiscal amendment process. **DoAS will not accept IPS revisions or APC program amendments after the Final Obligation and Allocation of Funds.**

REPORTING REQUIREMENTS:

1. The Administration for Community Living (ACL) requires the reporting of certain data collected by State Units on Aging, the AAAs, and providers. The National Aging Program Information System (NAPIS) reporting requirements are mandatory for the AAAs, APC services and the providers. The AAA shall be responsible for the integrity and accuracy of the fiscal and programmatic reports submitted by the providers.
2. The AAA shall comply with the DoAS policies on SAMS as set forth in PM 2014-7, I-7 Area Plan Contract Reporting, and PM 2009-3, III-3 Statewide Use of SAMS. The AAA shall be responsible to enter all provider data into SAMS whenever the provider does not do so.
3. The AAA shall submit financial and program reports quarterly in accordance with PM 2014-7, I-7 Area Plan Contract Reporting. Reports for the first, second and third quarters are due **22 calendar days** after the end of each quarter. Reports for the fourth quarter are due **31 calendar days** after the end of that quarter. Revisions to the reports shall be submitted to DoAS in accordance with the above-mentioned PM. Written requests for extensions shall be submitted to DoAS prior to the reporting deadline. DoAS shall withhold advance payments until accurate quarterly financial and program reports are received.
4. The AAA shall ensure that, for each provider, the program name, program code, service code(s), units of service, and the number of consumers served shall be consistent in fiscal reports, program reports, and agreements. Additionally, the AAA shall ensure that each provider employs acceptable procedures for counting units and evaluating quality of delivered services, identifying and counting new consumers, and reviewing all reports for accuracy.

FISCAL REPORTING DEADLINES:

Fiscal reports are due as follows:

Report	Reporting Period	Due Date
1st Quarter	January 1 - March 31	April 22
2nd Quarter	April 1 - June 30	July 22
3rd Quarter	July 1 - September 30	October 22
4th Quarter	October 1 - December 31	January 31
Final Closeout	January 1 - December 31	to be determined by DoAS

Failure to submit reports accurately and in a timely manner may result in withholding of future payments by DoAS.

PROGRAM INCOME:

The AAA is prohibited from collecting fees for services and programs funded completely or partially under the APC. The AAA shall encourage and accept consumer contributions for all programs and services funded with APC funds, except for APS in accordance with PM 2017-13, I-13 Contribution Policy for Services under the APC.

CLOSEOUTS:

The AAA shall provide DoAS with APC Program Reports and Area Plan Grant Balances (QPR-A and QPR-B, respectively) in accordance with instructions provided by DoAS. The AAA shall comply with any closeout findings and recommendations noted by DoAS in the annual closeout letter to ensure timely and appropriate resolution. Failure to submit closeout reports shall result in the suspension of APC payments.

UNEXPENDED FUND BALANCES:

Accrued expenditures shall be liquidated within 30 days after the close of the APC period. Unexpended funds up to eight percent (8%) of the current year Title III and State Match allocations shall be used in the subsequent fiscal year on a "first-in, first-out" basis. Unexpended funds in excess of eight percent (8%) may be reclaimed by DoAS for redistribution. (See most recent closeout letter). All unexpended State funds, with the exception of Title III State matching funds, shall be eligible for recovery by DoAS upon completion of the closeout and payment reconciliation. Carry-over of other federal funds shall be contingent upon the rules and regulations of each specific funding agency.

RECORD RETENTION:

1. The AAA shall maintain signed confidentiality agreements as required by DoAS. DoAS shall have the right, upon reasonable notice, to inspect, review and audit such records.
2. The AAA shall maintain all financial records, supporting documents, statistical records, and all other records pertinent to the APC grant award for a period of **seven years** from the acceptance of the final expenditure report by DoAS or for the period required by the county record retention schedule, whichever is longer.
3. The AAA shall maintain fiscal monitoring and evaluation reports, documentation of technical assistance visits, and correspondence related to those visits for a period of **seven years** from the acceptance of the final expenditure report by DoAS or for the period required by the county record retention schedule, whichever is longer.
4. Consumer records shall be retained by the service provider for a period of **seven years** from the close of the case or for the period required by the county record retention schedule, whichever is longer.

SUBCONTRACT REQUIREMENTS: By accepting an APC grant award, the AAA agrees to the following requirements and shall include the following requirements in all agreements with any party utilizing APC funds:

1. All parties utilizing APC funds shall comply with all federal and State laws and regulations.
2. APC funds shall not be utilized in a manner that would contravene the Establishment Clause of the First Amendment of the United States Constitution. Specifically, the following conditions shall apply:
 - a) In no event shall the provision of the services be conditioned upon attendance at or participation in religious programs, services, or activities;
 - b) Any services to be provided under the APC shall be essentially secular in nature and scope and in no event shall there be any religious services, counseling, proselytizing, instruction, or other religious influence undertaken in connection with the provision of such services; and
 - c) APC funds shall not be used for the construction, rehabilitation, or restoration of any facility owned by a religious organization and to be used now, or in the future, for any religious activity or purpose.
3. The provider shall specify how the provider intends to satisfy the service needs of low-income, minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in the

service area.

4. The provider shall provide services, to the maximum extent feasible, to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in rural areas in accordance with their need for such services.
5. The provider shall meet specific objectives established by the AAA for providing services to low-income minority individuals, older individuals with limited English proficiency, and older individuals residing in the planning and service area.
6. Each nongovernmental entity shall disclose to DoAS, upon request, all sources and expenditure of funds received or expended by such entity to provide services to older individuals.
7. For AAAs providing NAPIS registered services:
 - a) The provider shall use SAMS for all APC data reporting and consumer tracking as directed by the AAA.
 - b) Providers having access to SAMS shall comply with DoAS confidentiality provisions as stated in PM 2016-1, I-1.
 - c) All providers having access to SAMS shall notify the AAA by the end of the next working day when a SAMS user no longer requires access to SAMS to conduct business for APC purposes.
8. Each provider shall maintain the confidentiality of each consumer's personal and confidential information and shall not disclose such information except where disclosure is consistent with applicable law and DoAS requirements and policies.
9. Each provider shall have a business continuity plan that will be activated in the event of an emergency. The plan shall address ways in which critical services are maintained for the consumer and a description of the methods for communicating about service continuation.
10. Each provider shall comply with and follow the AAA's Grievance, Record Retention and Contribution policies.
11. Each provider shall require its employees and agents to complete grant allocation timesheets for personnel allocation purposes.

ENFORCEMENT BY DOAS:

1. If the AAA fails to comply with its APC, or fails to comply with applicable federal or State laws, regulations, or policies, or fails to ensure proper and adequate administration of the APC to meet project goals, DoAS will notify the AAA in writing, identify each deficiency, and provide a plan of correction for the AAA. If the AAA fails to remedy each deficiency, DoAS may suspend or terminate the APC.
2. DoAS may suspend an APC when the AAA fails to comply with the APC. When an APC is suspended, DoAS will withhold all payments to the AAA and the AAA will be prohibited from incurring any additional obligation of grant funds until DoAS is satisfied that all deficiencies have been corrected. DoAS may terminate the APC when the AAA fails to comply with the APC and the deficiencies are serious in nature. When an APC is terminated, DoAS will withhold all payments to the AAA. The AAA will be prohibited from incurring any additional obligation of grant funds after the effective date of the termination and will be required to cancel all outstanding obligations.
3. DoAS may disallow all or part of any cost that it deems to be associated with the AAA's non-compliance with its APC. DoAS also may pursue other legal remedies. In addition, failure to comply with the APC will jeopardize the designation as an AAA. (See N.J.A.C. 10:165).

Agreement and Compliance with 2023 Administrative Requirements for Area Agencies on Aging

I, (First, Last Name) *Lorraine Hentz*, (Job Title of AAA Executive Director) *Division of Senior Services Director* of Sussex County Area Agency on Aging, have read and reviewed the 2023 Administrative Requirements for Area Agencies on Aging. I agree to comply with the 2023 Administrative Requirements and applicable federal and State laws and regulations during the term of the 2023 Area Plan Contract grant year.

(Signature) *Lorraine Hentz* (Date) *10/14/2022*

DHS Organization Information Review Page

Name of Attorney for Agency Douglas Steinhardt [] Check here if your organization does not have an attorney

Attorney Telephone 973-579-0230

Attorney Email dsteinhardt@sussex.nj.us

Address 1 One Spring Street

Address 2

City Newton State New Jersey Zip 07860

Name of Principal Agency Contact Christine Florio Title of Principal Agency Contact Administrator

Principal Agency Telephone 973-579-0559

Principal Agency E-mail cflorio@sussex.nj.us

Address 1 One Spring Street

Address 2

City Newton State New Jersey Zip 07860

Name of Principal Program Contact Lorraine Hentz Title of Principal Program Contact Director

Principal Program Telephone 973-579-0555

Principal Program E-mail lhentz@sussex.nj.us

Address 1 One Spring Street

Address 2

City Newton State New Jersey Zip 07860

Name of Principal Fiscal Contact Elke Yetter Title of Principal Fiscal Contact Treasurer

Principal Fiscal Telephone 973-579-0300

Principal Fiscal E-mail eyetter@sussex.nj.us

Address 1 One Spring Street

Address 2

City Newton State New Jersey Zip 07860

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

Does the Agency Meet the following Licensure Requirements?

Facility N/A

Services N/A

Personnel N/A

Is a copy of the license attached?

Agency Accounting System

OtherModified Accrual

Affirmative Action Plan

Yes

Type of agency and applicable cost principles

<u>Agency Type</u>	<u>Cost Principles Applied</u>
Private non-profit	OMB Circular A-122
Private for profit	Title 48 CFR, Part 31 et seq.
Government:	OMB Circular A-87
Hospital	Title 45 CFR Part 74, Appendix E
Educational Institutions	OMB Circular A-21, including any amendment published in the Federal Register
Other	<u>Click here</u> and identify applicable cost principles

Selected Type of Agency: County

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Additional Project Type SelectionProject Types

- Supplemental Home Delivered Meals (SHDM) - 19
- Disaster Relief Funding - 45
- Care Transitions - 46
- Non APC Funds - 25
- Community Based Senior Program - 48
- FFP Federal Financial Participation - Services - 30
- FFP Federal Financial Participation - Administration - 31
- Other 5
- Other 6
- Other 7

- FFCRA C2 Home Delivered Meals - 50
- FFCRA C1 Congregate meals - 49
- CARES - Administration - 54
- CARES - T III B Supportive Services - 51
- CARES - T III C2 Home Delivered Meals - 52
- CARES - T III E Family Caregiver Support Program - 53
- ADRC - COVID-19 Administration - 56
- ADRC - COVID-19 - 55
- CRRSA Adult Protective Services - 58
- ARP - Administration - 66
- ARP - Title III B - 61
- ARP - Title III C1 - 62
- ARP - Title III C2 - 63
- ARP - Title III D - 64
- ARP - Title III E - 65
- Vaccine ADRC Covid-19 Supplement - 60
- VAC5 Covid-19 Vaccine - 59
- Expanding Public Health Workforce - 67

DOAS23AAA017
Sussex County
AAA Provider List

Please enter the Provider Names which will be served by this contract in the fields below.

AAA Sussex County
Sussex County Skylands Ride
Sussex County Division of Social Services
Catholic Family & Community Services
Legal Services of Northwest Jersey, Inc.
Rescare New Jersey d/b/a All Ways Caring Homecare
NORWESCAP Inc.

Application Summary

Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant? () Yes (✓) No
Name of Member(s) (separate with commas):

Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or Task Force which has regulatory or advising influence on the funding program? () Yes (✓) No
Name of Board, Council, etc.

Select Preferred Payment Plan: Advance Payment

Name of Grantee: Sussex County

Organization Address
Sussex County
One Spring Street
Newton, NJ 07860-2091
Phone: (973) 579-0250
Fax: (973) 579-0259

Email Address:

Federal Tax Identification Number: 226002477
Vendor Number: 226002477-99
Vendor Unit: SUSSEX CO TREASURER
ACH ELECTRONIC PAYMENT
Vendor Unit Address: COUNTY ADMIN BLDG
ONE SPRING STREET 1ST FLR
NEWTON, NJ 07860

Certificate of Need Project
() Pending
(✓) Not Required

Is political subdivision covered by NJ Civil Service Merit System?
(✓) Yes
() No

If grant is awarded, will funds be used to replace other funds which would be available in absence of award?
() Yes
(✓) No

Name of NJDHS Program Manager Regarding Application: Dennis McGowen

DOAS23AAA017
Sussex County
Application Summary

Type of Request

- New
- Renewal of Grant #: DOAS23AAA017
- Amendment to Grant #:

Budget Period (Month/Day/Year) - This is the period of time for which a grant is to be funded.

From: 1/1/2023 Through: 12/31/2023

Project Period (Month/Day/Year) - This is the period of time expected to complete the project.

From: 1/1/2023 Through: 12/31/2023

DOAS23AAA017
Sussex County
Project Location

[] Please check this box if the project is statewide

Counties: Sussex County

Municipalities: Andover Borough
Andover Township
Branchville Borough
Byram Township
Frankford Township
Franklin Borough
Fredon Township
Green Township
Hamburg Borough
Hampton Township
Hardyston Township
Hopatcong Borough
Lafayette Township
Montague Township
Newton Town
Ogdensburg Borough
Sandyston Township
Sparta Township
Stanhope Borough
Stillwater Township
Sussex Borough
Vernon Township
Walpack Township
Wantage Township

Local Aid & Legislative Districts

Legislative Districts: 24

Local Aid Districts: District 1

Congressional Districts:

DOAS23AAA017
Sussex County
AAA Advisory Council

Name	Affiliation	Gender
	Veteran, Volunteer, Elected Official, Person with Disability, Other Agency, etc.	
Ron Tappen	County Administrator, Ex-Officio	M
Christine Florio	Administrator, Dept.of Health & Human Servs Ex Off	F
Kaitlyn Hammerle	Senior Services Staff, Ex-Officio	F
Lorraine Hentz	Director, Senior Services, Ex-Officio	F
Joan Bruseo	Director, Social Services, Ex-Officio	F
Katarzyna Bohaterewicz-Brody	Long Term Care Marketing	F
Ann L. deJongh	Retired, Volunteer	F
Maureen Cianci	Nurse, Volunteer	F
Herman Terpstra	Veteran Advocate, Volunteer	M
Mary Monteiro-Azagra	Retired, Volunteer	F
David Smith	Elected Official, retired volunteer	M
Francesca McKernan	Housing Director, Volunteer	F
Denise A. Minimi	Volunteer, Community Member	F
Marianne Dilworth	Retired, Volunteer	F
Louis J. Avenatti	Retired, Volunteer	M
Louise Imperiale	Senior Housing Marketing	F
Brigitte Heffernan	Counselor, MSW, LCSW, Volunteer	F
Joan Shaw	Retired, Volunteer	F
Kelsey Anderson	Other Agency	F
Jill Space	Elected Official, Ex-Officio	F

Name	Ethnicity	Race
Ron Tappen	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Christine Florio	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Kaitlyn Hammerle	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Lorraine Hentz	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Joan Bruseo	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Katarzyna Bohaterewicz-Brody	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Ann L. deJongh	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Maureen Cianci	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Herman Terpstra	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Mary Monteiro-Azagra	Not Hispanic or Latino	White (Alone)-Non-Hispanic
David Smith	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Francesca McKernan	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Denise A. Minimi	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Marianne Dilworth	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Louis J. Avenatti	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Louise Imperiale	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Brigitte Heffernan	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Joan Shaw	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Kelsey Anderson	Not Hispanic or Latino	White (Alone)-Non-Hispanic
Jill Space	Not Hispanic or Latino	White (Alone)-Non-Hispanic

AAA Advisory Council

Name	Age	Select ALL That Apply			
		General Public	Family Caregiver	Service Provider	Represents Business Community
Ron Tappen	Under 60	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Christine Florio	60 and over			<input checked="" type="checkbox"/>	
Kaitlyn Hammerle	Under 60			<input checked="" type="checkbox"/>	
Lorraine Hentz	Under 60		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	
Joan Bruseo	Under 60			<input checked="" type="checkbox"/>	
Katarzyna Bohaterewicz-Brody	Under 60	<input checked="" type="checkbox"/>		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Ann L. deJongh	60 and over	<input checked="" type="checkbox"/>			
Maureen Cianci	60 and over	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Herman Terpstra	60 and over	<input checked="" type="checkbox"/>			
Mary Monteiro-Azagra	60 and over	<input checked="" type="checkbox"/>			
David Smith	60 and over	<input checked="" type="checkbox"/>			
Francesca McKernan	Under 60	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Denise A. Minimi	60 and over	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Marianne Dilworth	60 and over	<input checked="" type="checkbox"/>			
Louis J. Avenatti	60 and over	<input checked="" type="checkbox"/>			
Louise Imperiale	Under 60	<input checked="" type="checkbox"/>			
Brigitte Heffernan	Under 60	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>
Joan Shaw	60 and over	<input checked="" type="checkbox"/>			
Kelsey Anderson	Under 60			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Jill Space	60 and over	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>

AAA Advisory Council Bylaws. Upload current version here

https://njsage.intelligrants.com/_Upload/2571732_1938788-AdvisoryCouncilBylaws.pdf

Advisory Council - Advocacy

Enter Description of AAA Activities Below:

The Sussex County Division of Senior Services advocates for those 60 years of age and older or those who are 21 and older with a disability in Sussex County, on an on-going basis by having representation on a variety of committees and attending numerous meetings to convey the needs and issues of seniors and the disabled. Committee memberships include the Human Services Advisory Council (HSAC), Professional Advisory Council for Alcohol and Drug Abuse (PACADA), Citizens Advisory Committee for Transportation (CAC) and United We Ride. Staff also attends the annual Transportation Public Hearing each year and incorporates the needs from the hearing into the planning process. Advisory Board members also attend the Citizens Advisory Committee for Transportation (CAC) and Human Services Advisory Council (HSAC). Advocacy extends to participation in additional human services groups including the Sussex County Council of Service Agencies (CSA), a networking group of human service providers and related organizations that meets monthly to discuss a variety of issues and to provide information to others, along with the United Way Caregiver Coalition. Advisory Council members participate in subcommittees for the United Way Caregiver Coalition and attend the various events and conferences sponsored by the Coalition.

The Division of Senior Services facilitates a Veterans Committee that plans the numerous annual veterans' events and promotes services to veterans. The Advisory Council supports the health care that benefits Veterans. Health promotion advocacy includes the Division's active membership in the Sussex County United Way Caregiver Coalition, along with the United Way Alliance Committee and the Sussex-Warren Regional Chronic Disease Coalition.

Enter Description of Advisory Council Activities Below:

The Advisory Council to the Sussex County Division of Senior Services accomplishes its mission through the work of various committees.

The Outreach Committee explores venues and methods for increasing awareness of services and programs available to Sussex County's older adults with a focus on the isolated, baby-boomers, disabled, veterans, minorities, and limited English speaking populations. Efforts to date include the Spanish translation of various brochures via printed materials. The Veterans' Advocate assists with advocating for veterans and apprising the committee of changes that impact veterans both young and old.

The Housing Committee explores options for affordable housing and advocates for those residing in senior subsidized housing. The Committee also keeps the Council apprised of pending legislation and funding issues that directly impacts affordable housing in Sussex County. Some Council members have reached out to local municipalities and housing facilities to inquire about any potential new housing.

Transportation Advocacy is an ongoing effort. The Council has members that serve as liaisons between the Sussex County Transportation Citizens Advisory Committee, the United We Ride Committee and the Senior Services Advisory Council ensuring that all groups are kept apprised of senior-related transportation issues and efforts to meet identified needs. Members from the Senior Services staff attend the various Transportation meetings and report back to the Council on a monthly basis. A new community contact from a local health care facility that provides transportation for its patients was introduced at a Council meeting by a Council member in 2018 and a representative from the facility is now a member of the Advisory Council. The information provided by the contact has been beneficial for both seniors and professionals that can utilize the service. The Council has assisted with the promotion and implementation of the Assisted Transportation Program which has been contracted to Skylands Ride as of January of 2019. The Legislative Committee continues to work with the Senior Club Presidents to empower seniors. They monitor legislation relative to senior issues, particularly in the areas of housing,

Advisory Council - Advocacy

health care, veterans and scams, along with developing a communication chain to keep seniors informed and notified when action such as letter writing, or call in campaigns are warranted. A presentation was made in early 2019 to the Council on Frauds and Scams, which has enlightened the committee along with increasing their advocacy and awareness in this area for themselves and seniors in the community. The Committee also advocates on local issues within the County that directly impacts seniors and their well-being. Several Council members have contacted legislatures, or other local officials when needed to support current bills that impact seniors, veterans and/or their caregivers.

Council members assist with the monitoring process for the Area Plan Sub-Grantees with the Division of Senior Services staff. The members provide insight and support at the monitoring, while learning more about the services provided. In turn, they promote the service or agency to the senior and business community.

The Advisory Council to the Division of Senior Services supports the Division's many collaborations within the County organization and other community agencies to ensure the most effective and efficient delivery of services for Sussex County citizens age 60+, their caregivers, and the disabled population.

Enter Description of the joint AAA/Advisory Council Activities Below:

The Sussex County Division of Senior Services and its Advisory Council advocate on an on-going basis for seniors age 60+, the disabled and their caregivers, acknowledge service needs and strive to ensure those needs are met by monitoring sub-contracted services for quality, effectiveness and compliance with all requirements. The Advisory Council supports other Division initiatives through active participation in planning and executing numerous special events such as Older Americans Day, Senior Olympics, Senior Day at the NJ State Fair, Senior Healthy Living Festival, Salute to Military Veterans Parade, Veterans' Picnic, caregiver programs, health promotion initiatives and public forums. Advisory Council members are usually present at attending or promoting the event. Representatives from the Advisory Council and staff from the Division of Senior Services attend regional statewide advisory meetings to advocate for the issues that impact the seniors in not only Sussex County but statewide.

Mission Statement and Executive Summary of the AAA**Include Mission Statement of the AAA:**

To empower older individuals, those 21 and older who are disabled, and/or their caregivers to choose from a coordinated system of services that enable them to live as independently as possible in their homes and in their communities while enjoying a dignified quality of life.

Include Executive Summary of the AAA:

The Sussex County Division of Senior Services functions as the Area Agency on Aging as mandated by the Older Americans Act, as amended. It is the lead agency to advocate for transportation, housing, legal services and other mandated services along with the coordination of aging services within the county and a resource for all seniors and caregivers of the elderly, regardless of financial status.

The Division is responsible for the distribution of federal, state, and county funds to provide services including but not limited to care management, in-home health services, chore services, legal services, congregate nutrition, home delivered meals, caregiver support programs, safe housing/residential maintenance, recreation/socialization for the congregate nutrition sites and transportation. The need for these services is derived from the needs assessments and public hearings that are conducted by the Division of Senior Services. The goal for implementing these programs is to maximize independence so that seniors can continue living within their homes and communities for as long as possible. The funding is designated for targeted populations of persons aged 60 and over, and their caregivers, which include minority, impoverished, frail and vulnerable seniors. All of the programs administered through the Older American's Act do not have income guidelines and a voluntary, suggested donation is requested for all the services that are provided. All programs have an age requirement of 60 or older and some programs have additional requirements.

In 2012, the Sussex County Division of Senior Services became the Aging and Disability Resource Connections (ADRC) for Sussex County residents. Senior Services is now open to individuals who are 21 and older who have a disability. The ADRC will provide consumers with improved access to community programs such as home delivered meals, personal care, housekeeping, specialized transportation, assisted living and nursing home care. Health promotion is a Senior Services' priority. Under the umbrella "Project Healthy Living," the Division sponsors several evidence-based programs to support active and healthy aging: HealthEASE educational programs, which include "Be Wise About Your Medications," "Serving Up Good Nutrition," and "Keeping Your Mind Sharp;" just to mention a few are provided to numerous groups throughout the year. ; "Take Control of Your Health" New Jersey's name for the Chronic Disease Self-management program; "Diabetes Self-management"; "Cancer: Thriving and Surviving", a self-management program for individuals with cancer; "A Matter of Balance: Managing Concerns about Falls," a volunteer coach-led program; "Project Healthy Bones," weight bearing exercise for those with or at risk for osteoporosis; and "MOVE Today," resistance band exercise program. Both exercise programs are volunteer-led. The Division also promotes the Stress Busting Program for Family Caregivers, and in 2018 the Division added "Walk with Ease", an evidence based walking program sponsored by the Arthritis Foundation. An annual Healthy Living Festival consists of free health screenings, informational exhibits and life enrichment opportunities for those age 50 plus and their caregivers.

The Division of Senior Services collaborates with other county divisions, community agencies and corporate supporters to provide interesting, educational and rewarding activities for seniors. Older Americans Day, which is typically held in May, offers a variety of educational programs, exhibits of products and services of senior interest. Senior Day at the Fair is always a success with entertainment, exhibitors, refreshments and the presentation of the Sussex County Senior of the Year award. Falls Prevention week is celebrated in September by providing an educational program to the community. In 2014, the Division of Senior Services

Mission Statement and Executive Summary of the AAA

incorporated the Healthy Living Festival with Falls Prevention Week. Skyland's Ride and the Division of Senior Services collaborates to provide transportation to special events and educational programs sponsored by the Division of Senior Services.

The Division of Senior Services funds a variety of caregiver support initiatives including outreach through community organizations; funding of a Caregiver Support group and providing Caregiver informational sessions with the Alzheimer's Association where participants and caregivers learn about dementia related issues and conditions, along with planning for future eventualities. In addition, the Division is part of the local United Way Caregivers Coalition, which shares information among providers and caregivers. The information and planning will allow individuals to remain independent and in the community as long as possible with a dignified quality of life.

There are many opportunities for senior volunteers to help other seniors. State Health Insurance Assistance Program (SHIP) volunteers assist people with their Medicare billing issues and Medicare Part D options. The success of the evidence based health promotion programs is dependent on volunteers who are trained to lead the classes at numerous locations throughout the County.

The Senior Services Advisory Council is instrumental in bringing senior issues to the forefront, reviewing proposals for services, monitoring service providers, addressing legislative issues, advocating for low-income senior housing, veterans issues and supporting Division of Senior Services initiatives in numerous capacities. The Division of Senior Services and the Advisory Council has provided several veterans outreach events throughout the last few years, as well as advocated with various veterans committees to help get a Veterans Clinic opened in Sussex County early in 2017.

In 2013, the Division of Senior Services expanded their ADRC function to include education, screening and options counseling for Medicaid services. The Division assists individuals who meet clinical and/or financial guidelines for long term services and supports (MLTSS) in accessing these services and gathering the required information needed for fiscal screening. This is to assist individuals in accessing these services as quickly as possible. The Division of Senior Services is always working to meet the challenges of seniors and their caregivers in Sussex County. All of the programs offered by and through the Division are open to all eligible individuals including members of the LGBT community, holocaust survivors and those with limited English proficiency. The Area Plan that follows is evidence of the Division of Senior Services' commitment to enhancing and expanding the services available to Sussex County seniors.

DOAS23AAA017
 Sussex County
Public Hearing

Date/Time (##/##/#### ##:##:## AM/PM)	Location	# Attendees						Survey of Needs			Outreach to Target Population			
		Total #	Public	AAA Staff	Service Providers	Special Guests, i.e. Freeholders	Advisory Council	Agenda	Needs Assessment	Survey	Announcement method(s)	Public Hearing was conducted in these languages	Bilingual Services were Available	Transportation was Available upon request
6/2/2022	Knoll Heights Senior Center	32	19	3	7	0	3	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	The public Hearing was advertised in 3 newspapers, flyers, and posted on the county website.	English	No	Yes
		0						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
		0						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

Upload a Copy of the public newspaper advertisement
Public Hearing #1 Doc 1: https://njsage.intelligrants.com/_Upload/2821436_1993711-PublicHearing2022.pdf
Public Hearing #1 Doc 2: https://njsage.intelligrants.com/_Upload/2821436_1993712-PublicHearingAds.pdf
Public Hearing #1 Doc 3:
Public Hearing #2 Doc 1:
Public Hearing #2 Doc 2:
Public Hearing #2 Doc 3:
Public Hearing #3 Doc 1:
Public Hearing #3 Doc 2:
Public Hearing #3 Doc 3:
Public Hearing #4 Doc 1:
Public Hearing #4 Doc 2:
Public Hearing #4 Doc 3:
Public Hearing #5 Doc 1:
Public Hearing #5 Doc 2:

Public Hearing #5 Doc 3:



DEPARTMENT OF HEALTH AND HUMAN SERVICES
Division of Senior Services
Sussex County Administrative Center
One Spring Street
Newton, New Jersey 07860-2069
(973) 579-0555
(973) 579-0550 FAX

Lorraine Hentz
Director

County of Sussex

PUBLIC HEARING 2022
Division of Senior Services
Held at Sparta Senior Center
Sparta, NJ
June 2, 2022

Lorraine Hentz, Division Director of the Sussex County Division of Senior Services opened the Public Hearing at 1:30 pm with the flag salute and God Bless America. All were welcomed to the Hearing and the purpose of the Hearing was explained. There were a total of 30 individuals in attendance which consisted of providers, seniors, senior club representatives, Advisory Board members and other interested parties. The Division of Senior Services is a mandated office under the Older American Act, which requires that an Area Plan Contract be completed based on a community needs assessment. It also mandates that a Public Hearing be held yearly and advertised in the county media outlets. The Public Hearing was advertised in the New Jersey Herald, Star Ledger and Strauss Newspapers, the Sussex County Web-site and flyers. The purpose of the hearing is to receive input for the development and planning of the area plan update for 2023, which is part of the 2022-2024. Funding is received from federal, state and county grants to support needed services. Funded programs are for those age 60 plus and/or their caregivers and are meant to provide assistance and support enabling frail and vulnerable elderly persons to remain as independent as possible in their homes and communities. All programs are monitored both fiscally and programmatically to ensure the standards of the program and services are adhered to. The Division of Senior Services has an Advisory Board that assists with the process.

Mrs. Hentz, explained that the need and priorities are derived from a needs assessments process consisting of surveys, focus groups and secondary data gathered from the New Jersey Elder Economic Index. The Division of Senior Services solicits proposals every three years and issues contracts annually to selected agencies to provide the necessary services such as legal services, transportation, home delivered meals, home health aides, residential maintenance, outreach and case management. Information and assistance, congregate nutrition and health promotion initiatives are provided directly by the Division of Senior Services. Programs are free but under the Older Americans Act, funded agencies are required to offer participants the opportunity to make a voluntary and confidential contribution ensuring that all in need have access to services regardless of ability to make the suggested donation. Several sub-grantees that provide these contracted services were present and introduced at the hearing. A handout describing the services and programs offered was distributed and reviewed.

Additional programs administered by the Division of Senior Services include Seniors Farmer Market vouchers, SHIP (State Health Insurance Program), special community events, a monthly newsletter and assistance with applications for eligibility programs. The Farmer's Market vouchers are currently being distributed to income eligible seniors to purchase Jersey Fresh Fruits and Vegetables by November 30. Several special events take place throughout the year such as Older American's Day, various veterans' programs, Senior of the Year and Senior

County of Sussex is an Equal Opportunity Employer

Day at the Fair, Senior Healthy Living Festival and Caregiver Programs. A monthly newsletter is distributed to over 1,200 seniors which outlines coming events and other valuable information. Application assistance is also available for those that meet the requirements for various entitlement programs that can help with Medicare premiums and prescription costs. Pamphlets are available that explain the programs and the income guidelines. Outreach at various events and programs, including the special events is also performed by the Division of Senior Services. Contact the Division of Senior Services if you feel you qualify for any of the programs. The Division of Senior Services continually advocates for transportation, affordable and senior housing and various other senior issues.

Lori Baker from the Division of Senior Services provided an overview of the services provided through Information and Assistance. Social workers can provide assistance with applications, along with managed long term services and supports, community outreach and home visits. Ms. Baker also provided information on the various caregiver support programs that are available, including two caregiver support groups that take place in Hopatcong and via ZOOM.

Lorraine Hentz, Director for the Division of Senior Services explained the Congregate Nutrition program which is now administered through the County of Sussex with Shared Service Agreements with three towns to provide nutrition sites in Hopatcong, Franklin and Vernon. Newton Medical Center provides the food for this program along with the Home Delivered Meal Program. Various activities take place at each site on a daily basis.

The SHIP Program (State Health Insurance Assistance Program) is available to assist those with Medicare questions or concerns and during the Coverage D Open Enrollment period, which is October 15th to December 7th every year. Plans should be reviewed yearly. The SHIP Program also provided assistance for those that are new to Medicare and for those that have issues with Medicare that could result in an appeal.

Agencies that provide the various contracted services who were present were introduced and gave a brief overview of their agency and the contracted programs that are provided under the Older Americans Act of 1965, as amended. Lorraine Hentz on behalf of Catholic Family & Community Services discussed the provision of the service of Weekday and Weekend Home Delivered Meals. The home delivered meal programs provide home bound, frail clients with a nutritious meal.

Nickolas Kapetanakis from Skylands Ride provided an overview on the transportation services provided with the Title III funds. Information was also provided on other sources of transportation that is available. Transportation is provided to all residents of Sussex County for medical reasons, shopping, nutrition site visits and other reasons as needed. Those in need of transportation that require additional assistance can be transported through the assisted transportation program for shopping or medical transports. Skylands Ride is now optimized due to revisions in scheduling system.

Elizabeth Larsen from the Sussex County Division of Social Services provided a brief overview of the services administered by the Division of Social Services, which are Outreach, Case Management and Adult Protective Services. All Adult Protective Services which involves abuse, neglect or financial exploitation cases for those 18 and older are investigated. Referrals for possible APS cases can be referred by anyone in the community. Outreach and Case Management are for homebound individuals that cannot come into the office and are in need for services. They can help with applications for assistance with heating, Medicaid, pharmaceutical and more. The Division of Social Services provides an in-home assessment to determine what services may be needed.

Certified Home Health Aide and Housekeeping services are provided by ResCare Home Care. Lori Baker provided a brief overview on behalf of All Ways Caring for the services provided by the agency for Title III and explained that the hours provided are based on the needs

of the clients. Services provided include personal care and light housekeeping, or chore services if personal care is not needed.

Legal services for seniors can be obtained by contacting Legal Services of Northwest Jersey, Sussex Division. Dawn Truhn from Legal Services was introduced and she provided an overview of the services that are available for seniors. Legal advice can be provided on civil matters, wills, powers of attorney, autonomy documents, landlord/tenant and bankruptcy. No criminal cases can be handled by this service. Clients are provided with knowledge to empower them to make decision before legal actions may be required. Services can be provided to those that are homebound as well.

Ms. Friedberg provided an overview on the Residential Maintenance Program which is administered by NORWESCAP, Inc. The program will complete minor repairs, such as plumbing, electrical, installing grab bars, etc for senior homeowners. The repairs help to maintain the home and provide a safe environment for the seniors.

Several questions pertaining to income qualifications and program requirements were asked from the audience throughout the program overview. All programs administered through the Older American's Act do not have income guidelines and a voluntary, suggested donation is requested for all the services that are received. All programs have an age requirement of 60 or older and some programs have additional requirements. All programs receive a limited amount of funding and all donations go directly back to the programs to provide additional services.

Maureen Cianci from the Sussex County Office of Public Health Nursing was introduced and provided a brief overview of the services provided by the Division of Health, Weight and Measures, and Mosquito Control. She also provided an overview on the Office of Public Health Nursing.

At this time the hearing was opened to the public for questions and comments:

Marianne Dillworth – Sparta – Identified the continuing need for adult daycare.

With no further comments from the public, the hearing was adjourned.

Respectfully submitted,
Kaitlyn Hammerle
Sussex County Division of Senior Services

County to hold public hearing for senior citizens' concerns



The Sussex County Department of Health and Human Services, Division of Senior Services (Area Agency on Aging), and its Advisory Council will hold their annual public hearing on Thursday, June 2, from 1:30 to 3 p.m., at the Sparta Senior Center (40 Trapasso Drive, Sparta).

The purpose of the hearing is to offer older adults, caregivers, advocates, and the general public an opportunity to comment on the needs of the elderly and the disabled.

The 2022-2024 Area Plan Grant will provide funding for Sussex County under Title III of the Older Americans Act of

1965. The public hearing will summarize the planning and contracting process. In addition, a presentation of currently funded programs will be provided. Several service agencies will be available to provide information and answer questions.

Attendees will have an opportunity to voice their opinions on current service needs for the seniors of Sussex County.

If you are interested in testifying at the public hearing or would like to submit written testimony, please contact the Sussex County Department of Health and Human

Services, Division of Senior Services by June 1, at 973-579-0555, ext. 1285 or email seniorservices@sussex.nj.us.

Individuals requiring transportation to the public hearing may contact Sussex County Skylands Ride at 973-579-0480 no later than 11 a.m. on May 31 to make a reservation.

LOCALiQ

Observer-Dispatch
Times Telegram | New Jersey Herald
Times Herald-Record

PO Box 631643 Cincinnati, OH 45263-1643

PROOF OF PUBLICATION

Christina Marks
Sussex County Department Of Senior Services
1 SPRING ST

NEWTON NJ 07860

STATE OF NEW JERSEY, COUNTY OF SUSSEX

The New Jersey Herald, a newspaper printed, published and of general circulation in the County of Sussex, State of New Jersey, and personal knowledge of the facts herein state and that the notice hereto annexed was Published in said newspapers in the issues dated on:

05/27/2022, 05/29/2022

and that the fees charged are legal.
Sworn to and subscribed before on 05/29/2022

Christina Marks

Legal Clerk
Amy Kokott

Notary, State of WI, County of Brown
6/30/2025

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AMY KOKOTT
Notary Public
State of Wisconsin

Annual Public Hearing Announced
(Newton, NJ) The Sussex County Department of Health and Human Services, Division of Senior Services (Area Agency on Aging), and its Advisory Council will hold their Annual Public Hearing on Thursday, June 2, 2022, from 1:30 p.m. to 3:00 p.m., at the Sparta Senior Center, 40 Trapasso Drive, Sparta, New Jersey. The purpose of the Hearing is to offer older adults, caregivers, advocates, and the general public an opportunity to comment on the needs of the elderly and the disabled. The 2022-2024 Area Plan Grant will provide funding for Sussex County under Title III of the Older Americans Act of 1965. The Public Hearing will summarize the planning and contracting process. In addition, a presentation of currently funded programs will be provided. Several service agencies will be available to provide information and answer questions. Attendees will have an opportunity to voice their opinions on current service needs for the seniors of Sussex County. If you are interested in testifying at the Public Hearing or would like to submit written testimony, please contact the Sussex County Department of Health and Human Services, Division of Senior Services by June 1, 2022, at 973-579-0555, ext. 1285 or email seniorservices@sussex.nj.us. Individuals requiring transportation to the Public Hearing may contact Sussex County Skylands Ride at 973-579-0480 no later than 11:00 a.m. on May 31, 2022, to make a reservation.
May 27, 29, 2022 pf\$42.12



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Page 1 of 2

Date	Position	Description	P.O. Number	Ad Size	Costs
05/30/2022	Notices NJ	Annual Public Hearing Announced (Newton, NJ) The Sussex County	2022 Press Release -public hearing	1 x 60 L	
				Basic Ad Charge - 05/27/2022	\$70.20
				Basic Ad Charge - 05/30/2022	\$70.20
				Total	\$140.40

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Target Population - Targeting Goals

TARGET POPULATION	A	B	C	D	E	F	G (GOAL)
	Enter census data for 2020				Estimate, based on average historical level of service		
	Actual # County Population 60+	Actual % County Population 60+	Actual # County Population 60+ with income Below Poverty	Actual % County Population 60+ with income Below Poverty	Estimated # County Population 60+ AAA will serve in the current Area Plan Contract Grant Year	Estimated % County Population 60+ AAA will serve in the current Area Plan Contract Grant Year	Estimated % County Population 60+ AAA will serve in the Next Area Plan Contract Grant Year
ETHNICITY	31580				26993		
Hispanic or Latino	2285	7%			200	9%	%
Non-Hispanic or Latino	29295	93%			26793	91%	%
RACE OR ETHNICITY	31580				26993		
White (Alone) Non-Hispanic	28022	89%			26665	95%	%
O A P S White (Alone) - Hispanic	2285	7%			200	9%	%
American Indian or Alaskan Native (Alone)	13	0%			2	15%	%
Asian (Alone)	589	2%			35	6%	%
Black (Alone) or African-American (Alone)	618	2%			85	14%	%
Native Hawaiian or Other Pacific Islander	3	0%			1	33%	%
Persons: 2 or more races	17	0%			5	29%	%
Other Ethnic Group(s):	33	0%			0	0%	%
TOTAL COUNTY POPULATION 60+	31580			0%	26993		

Target Population - Targeting Goals

	FUNCTIONAL ABILITY					2100		
STATE	Frail					950	15%	%
	Vulnerable					1150	15%	%

Priorities Update and Accomplishments

This section is the AAA's update on the progress made from the current Area Plan Contract grant year.

Each of the OAA/SUA priority types are addressed as instructed.

Priority Type:

Access & Outreach

Priority Description:

1. The Division promoted service delivery that maximized the consumer's independence and provided options regardless of funding source to enhance home & community based services through effective and appropriate use of the screen for community services. As of August 2021, the Division conducted 137 screens for community services. The plan for 2023 is to continue to provide this screening tool to older individuals, disabled persons and their caregivers who reside in Sussex County.
2. The Division developed working relationships with home & community based service agencies such as the Division of Social Services, Managed Care Organizations (Amerigroup, Horizon, & United Healthcare) Catholic Family & Community Services, VNA of Northern NJ, Rescare, Atlantic Homecare and others that serve the elderly and disabled population. The plan for the Division in 2023 is to facilitate four quarterly partnership meetings to continue to develop the working relationship.
3. The Division provides the services of Information & Assistance, SHIP & Screens for Community Services to individuals and agencies that serve persons with mental illness and developmental disabilities. The information about the services that the Division provides is disseminated to the community at Community/Town Celebration Days, Older Americans' Day Celebration, Senior Day at the Fair, Caregiver Expo, , Veterans' groups, and outreach at senior groups, churches, community agencies/groups, and the DSAC committee. This is expected to continue in 2023.
4. The Division will continue to use SAMS data to evaluate & improve the ADRC service delivery system through monthly report analysis.

Priority Type:

Nutrition Services

Priority Description:

1. Maintain an informational flyer which includes all the locations of the three (3) nutrition sites developed by the Division of Senior Services. This flyer is distributed at programs and community events throughout the year.
2. One health-related educational program will be provided at each Nutrition Site annually. The HealthEASE Program "Serving Up Good Nutrition" was not presented at all three (3) nutrition sites during the month of March to celebrate National Nutrition Month by the Division of Senior Services due to the sites still being closed due to the COVID-19 pandemic. The sites opened to indoor dining on October 1, 2022.
3. Educate the Senior Providers and other Health and Human Service providers regarding the Nutrition Program at least annually, and make information literature available to these organizations for distribution to clients and caregivers annually. Information on all programs, including the Nutrition Program is provided by Division of Senior Services staff at all meetings and events that are attended. These meetings include, but are not limited to the Senior Providers, Human Services Advisory Council, Professional Advisory Council on Alcohol and Drug Abuse (PACADA), Sussex County United Way Caregiver Coalition, along with other various meetings throughout Sussex County.

Priorities Update and Accomplishments

4. Nutrition Site calendars will provide evidence of health promotion, social and recreational activities. At least one program per week will be offered at each site. Staff from the Division of Senior Services provides (1) HealthEASE or other health promotion program at each of the nutrition sites annually. The Division of Senior Services continues to maintain the Congregate Nutrition Program through a grab and go meal service and through the shared services with the municipalities, various recreational and fitness programs are being offered. The sites opened to indoor dining on October 1, 2022.

5. Include a flyer about the Nutrition Program with educational materials distributed with Senior Farmers Market Nutrition Program vouchers. Nutritional information and details regarding the nutrition program was distributed to all eligible participants who received Farmers' Market vouchers. The Farmers Market Vouchers were distributed by Division of Senior Services staff at least three times at each of the three Nutrition Sites in Sussex County.

Priority Type:

Broad Array of Services

Priority Description:

1. Three health-related educational programs will be presented at senior clubs annually.
2. Annual Older Americans' Day will include at least one health-related educational program.
3. Offer at least 2 Tai Ji Quan courses at locations throughout the County annually.
4. Offer 4 peer-led MOB courses at locations throughout the County annually. 3 MOB classes were scheduled and will be held 4th quarter of 2021.
5. Offer at least four classes of peer-led "Take Control of Your Health" (TCOYH), the evidence based Cancer Thriving and Surviving, annually, at various locations throughout the County in 2022.
6. Evaluate each new program or service by monitoring the outcomes, client feedback and evaluations to improve and implement additional programming by September of each year. All class evaluations and surveys are summarized and analyzed for each program to incorporate the feedback and suggestions as opportunities for improvement and program enhancement. The feedback provided has been positive and provides beneficial insight for future planning and programs.
7. Include solicitation letter and envelope for voluntary, confidential client donations to all evidence-based programs. A solicitation letter and envelope is included in program packets for all health-promotion workshops.
8. To reduce social isolation offer two Project Healthy Bones and four Move Today programs at various locations in the County.
9. Increase assisted transportation trips and support caregivers by providing additional transportation.
- 10 Collaborate with Sussex County Skyland's Ride to provide transportation for all events sponsored by the Division of Senior Services. Sussex County Skyland's Ride provides transportation to all programs such as Older Americans' Day, the Annual Public Hearing, and Senior Day at the Fair, and the caregiver events. Sussex County Skylands Ride was also a key provider who assisted with additional transportation needs for seniors to the COVID-19 vaccine sites.
11. The Division of Senior Services has partnered with Sussex County Community College to provide educational classes on how to use various electronic equipment to increase senior's technological needs.
12. The Division of Senior Services social workers assist older adults in the County with completing housing applications and any other associated forms.

Priorities Update and Accomplishments**Priority Type:**

Age Friendly

Priority Description:

1. Sussex County is currently not participating in any age friendly community programs.

Priority Type:

Emergency Preparedness

Priority Description:

1. Provide information and materials regarding emergency preparedness at events and programs, as well as the Division of Senior Services website. An "Emergency Preparedness for Seniors" booklet is posted on the Division website and Register Ready flyers are distributed with Division of Senior Services information at all events. The Sussex County website posts regular articles and information on emergency preparedness, along with providing links to websites that would be beneficial during an emergency. The County's social media outlets also posts related events/issues to the seniors and their caregivers of possible emergency events.
2. Include at least one emergency preparedness educational program at senior events annually. The Office of Public Health Nursing has been present at the virtual Presidents' Club Meetings, Senior Advisory Meetings and Veterans' Meetings to provided continued updates on the COVID-19 pandemic, and will continue to be represented in the future at this and other events. The Office of Emergency Management and the Office of Public Health was present at the annual Senior Day at the Fair.
3. The Division of Senior Services participated in the following safety trainings: active shooter training, Hazard Communications, Right to Know, Blood Borne Pathogen and Fire Extinguisher training.
4. The Access and Functional Needs liaison for the County of Sussex collaborates with the Division of Senior Services as needed.
5. The Division of Senior Services distributes information at all events and programs for Swift911 and Register Ready, along with maintaining the Division of Senior Services website with emergency information and alerts. Over 400 seniors of various senior clubs have been made aware of Swift911 and Register Ready during the focus groups presentations from late 2017 into early 2018. Assistance was provided if needed on how to register for the programs.
6. The Division of Senior Services has a current Continuing Operation Plan to utilize in the event of an emergency.
7. Emergency plans for the County of Sussex and all shelters are maintained by Sussex County OEM and the individual municipalities. Staff from the Division of Senior Services is on-call when emergency situations occur.
8. All contracted providers are required to have emergency plans in place and the requirement is outlined in their respective contracts. Contact is made to clients before, during and after the emergency situation.

Priorities Update and Accomplishments

This section is the AAA's update on the progress made from the current Area Plan Contract grant year.

Each of the OAA/SUA priority types are addressed as instructed.

Priority Type:

Empower Caregivers of All Kinds

Priority Description:

1. Coordinate and host an annual caregiver event to increase awareness of resources for home and community based services for seniors and support services for caregivers. The most recent event took place on October 20, 2022.
2. Include Alzheimer's Association and State Respite Program provider in annual county-wide events. The Alzheimer's Association did participate in the Caregiver Expo. The Division of Senior Services was unable to collaborate with the Alzheimer's Association and Newton Medical Center to provide a caregiver conference to the COVID-19 pandemic and staff related issues.
3. Outreach to approximately 45 caregivers at the Caregiver Expo. Marketing will take place to attract caregivers to the event that will be held in 2023.
4. Expose caregivers to at least 30 agencies/service providers at the Caregiver Expo. The event will be held in October of 2023.
5. Expand outreach to caregivers by making four presentations per year to various community and civic organizations such as Rotary/Kiwanis to make them aware of resources available through the Division of Senior Services. Presentations at local community and civic groups are expected to be scheduled throughout 2023.
6. Update Senior Services Resource Directory annually and posted on the County website in 2023.
7. Outreach to caregivers at community events such as health fairs and town celebration days at least four times annually. Division of Senior Services participated in five town events and two community events. Additional community events and several town days are expected to be scheduled throughout the spring, summer and fall of 2023. The Division of Senior Services also works with the United Way Caregiver Coalition.
8. Promote caregiver support groups facilitated by the Division of Senior Services. Two Caregiver Support Groups meet on a monthly basis and the participation has increased at each meeting. The Support Groups are promoted at all events sponsored and attended by the Division of Senior Services. Information on services and programs that are sponsored by the Division of Senior Services is distributed at each monthly meeting. The Support Groups continue to grow each month with increased participation.
9. Continue to offer the evidence based Stress Busting for Family Caregivers Program for caregivers caring for dementia patients. A minimum of two Stress Busting for Family Caregivers Program will be held annually.

Priority Type:

Ensure Rights, Prevent Abuse, Neglect and Exploitation

Priority Description:

1. Information regarding human services, elder abuse, neglect and exploitation was distributed at five town day events and 2 community events in 2022 with more events scheduled for 2023. Additional educational and community programs provided by the Division of Senior Services was also distributed. With all the events the potential number of clients/residents is well over 2,500.
2. An educational in-service on Elder Abuse was provided to the Area Plan Sub-Grantees in 2017 and 2018 and will be offered again in 2023.

Priorities Update and Accomplishments

3. Ongoing relationship and collaboration on cases exists with the Sussex County Division of Social Services and the Division of Senior Services with a clear delineation of roles and responsibilities of duties for cases. Regular meetings and in-services take place to facilitate the process.
4. The identification of elder abuse, neglect and exploitation is done through the Division of Social Services, through a contract as the provider for adult protective services. They have been trained and follow the guidelines as outlined by State standards.
5. Representatives from the Prosecutor's Office will attend monthly Senior Group Presidents' Club meetings and provide updates on current frauds and scams. Facilitate open lines of communication with seniors and the Prosecutor's Office to report and investigate possible scams.
6. the Prosecutor's Office participated in Older Americans Day and Senior Day at the Fair, providing educational material and brochures.
7. Distribute brochures from Legal Services in both English and Spanish at the Division of Senior Services office and at all programs and events sponsored by the Division of Senior Services.
8. Provide information about Legal Services and the services that they provide, especially representation for landlord/tenant issues for the 60+ population at all events and programs sponsored by the Division of Senior services.
9. Offer presentations of services provided by Legal Services at quarterly Sub-Grantee meetings during 2023.
10. Collaborate with Legal Services, the Division of Social Services and Supportive Services for Veterans to provide the best service delivery for those facing eviction or homelessness.

Priority Type:

Priority Description:

Priority Type:

Priority Description:

Priority Type:

Priority Description:

DOAS23AAA017
Sussex County
Assessment of Needs

A. The AAA used the following Methods to identify needs (check all that apply):

- I & R Data
- Client satisfaction surveys
- Client files/records
- Cost/benefit analysis
- AAA staff reports
- Survey of Service Providers
- Monitoring activity reports (directly provided and subcontracted)
- Interviews
- Caregiver Events
- Public forums
- Grievance Reports
- Waiting list information
- Focus groups
- Other, specify:
Needs Assessment that was conducted in 2022, along with information from the Human Services Needs Assessment, and the North Jersey Health Collaborative.

DCAS23AAA017
Sussex County
Assessment of Needs

B. The following persons provided input about community needs (check all that apply):

- Older person in poverty
- Minority older person in poverty
- Caregivers
- Older individuals at risk of institutional placement
- Older individuals with limited English proficiency
- Older individuals with severe disabilities
- Older Individuals with Alzheimer's disease and related disorders
- Caregivers of older individuals with Alzheimer's disease and related disorders
- Grandparents raising grandchildren
- Older individuals 60+
- Homebound
- Frail elders
- Service Recipients
- Advisory councils
- Other, specify:

Needs and Objectives of Projects

Assessment of Need(s) - List the need(s) which illustrate the reason for the project.

The needs and priorities for Sussex County have been determined through information and assistance data, client satisfaction survey, Needs Assessment Survey and a public hearing which were completed through the Division of Senior Services for the purpose of planning for the Area Plan Grant. The Needs Assessment Surveys were collected from March 1, 2021 through June 3, 2021. Due to the COVID-19 pandemic, the Division of Senior Services was unable to complete focus groups. The Annual Public Hearing held in June provide information on services and programs administered by the Division of Senior Services, along with generating several general questions regarding services to seniors and where assistance can be obtained.

1.) There is and continues to be a need for affordable housing for individuals 60 and over due to the cost of living, current economic conditions, high property taxes, and maintenance issues for older adults on fixed incomes and physical limitations. Information from the 2021 Needs Assessment and the Elder Economic Security Standard Index determined that it is more difficult for seniors, especially single seniors to own their homes or to live independently in their homes or apartments. Those that are able to live in subsidized housing have more opportunities to live more comfortably. Lack of affordable housing in Sussex County for seniors and all ages further impacts the housing issue in Sussex County.

2.) There is a need for adequate transportation to access health care, food, shopping, social services and other needs of older adults. Transportation is limited due to lack of evening and weekend transportation, along with the vast rural setting of Sussex County, even through limited Saturday transportation began in December 2012. The physical limitations of the older adults can contribute to the accessibility of acquiring adequate transportation to meet one's basic needs. Assisted transportation services are provided, but are limited due to availability of staff and funding. Information from the 2021 Needs Assessment Survey and information and assistance data from Sussex County determined that those that utilize public transportation sometimes have a problem obtaining adequate transportation for medical appointments, especially out of the County and shopping. There are many times transportation is not accessible for those that live in the outer lying areas especially the border towns of the County, and is limited, thus making it more difficult to access their basic needs. The cost to maintain a vehicle often times limits the senior's ability to have a car or to even use it as necessary, thus creating a greater need for public transportation services. Many seniors are not aware of the transportation options that are available within the County.

3.) There is a need for home maintenance and repairs for homeowners due to the home owner's physical inability, lack of skill or knowledge to perform the task, and/or their limited income. Limited funding for those services impacts the number of older adults that can be served and the type of repairs that can be completed by agencies that provide assistance for these types of programs. Information from the 2021 Sussex County Needs Assessment Survey and information and assistance data determined that seniors have more issues with home maintenance, which included snow shoveling and lawn mowing when compared to cleaning their home. Having the funds to pay for those services, or to find a reliable person to complete the job is another issue that impacts the seniors's ability to obtain these services, or to properly maintain their homes.

4.) There is a need for meal preparation and food shopping assistance. There are issues that impact older adults such as limited mobility and lack of adequate transportation. The nutritional needs of older adults who may be at risk due to financial limitations, physical and illnesses/conditions are not being met. Information from the 2021 Sussex County Needs Assessment Survey and data collected from information and assistance determined that some seniors did need assistance with activities of daily living. Meeting the daily nutritional requirements for seniors was identified as one issue. Most seniors feel that they are somewhat healthy eaters, but are not aware of the required dietary allowance that are recommended for consumption.

5.) There is a need for socialization and recreational activities at the Congregate Nutrition

Needs and Objectives of Projects

Sites and throughout Sussex County. Socialization and recreation is a key component at the Congregate Nutrition Sites and throughout Sussex County. Seniors on fixed and limited incomes often times do not even have enough money for housing/shelter and food, thus leaving little or no money for socialization and recreation activities. The average income for many seniors per the 2019 Elder Economic Index leaves very little funding for socialization activities, increasing the potential isolation of seniors.

6.) There is a need for health and wellness services. Providing and assisting older adults with education and programs on staying active, healthy and independent in their communities while enjoying a dignified quality of life will enhance one's life. It will also allow them to remain independent in the community for longer periods of time. Information from the 2021 Sussex County Needs Assessment Survey and information and assistance data determined that most seniors in Sussex County know where to turn for services and programs within Sussex County, which includes the Division of Senior Services and the health and wellness services that they provide.

7.) There is a need for caregiver support services. Caregivers who provide care for loved ones in their homes and communities are in need of support and assistance which allows the loved one to remain in the community and in their own home for as long as possible. Caregivers should have a coordinated system of resources and services available so that services can be easily accessible, some services would include home health aides, transportation services and medical assistance. Information from the 2021 Sussex County Needs Assessment Survey and information and assistance data determined that a small percentage of seniors live with a child or other person, which is the primary caregiver for them. Often, caregivers have been helping loved ones with a variety of assistance for daily living and have been doing so for at least five years or more, not realizing they are caregivers.

8.) There is a need for information and assistance services to educate and help older adults access entitlement programs such as prescription assistance, energy assistance and tax rebates. Assistance is needed with the completion of tax rebate applications, Medicare/Medicaid billing questions and making referrals to the appropriate agency for energy assistance and other programs to assist with living expenses. Lack of understanding on how to complete the necessary paperwork and poor vision contributes to the ability for older adults to access and utilize the benefit programs that are available. The need for this service was determined at the Division of Senior Services Annual Public Hearing. Many seniors are concerned with the changes that could impact Medicare and what the future holds.

9.) There is a need to increase public awareness and education about elder abuse, neglect and exploitation. Often, cases go unreported due to the lack of general understanding and the barriers that surround the response and investigation of the cases.

10.) The general public needs to be more aware of what to do in the event of an emergency, how to prepare for emergencies and what resources are available when an emergency situation occurs. Working closely with agencies that provide emergency response is critical to promoting emergency preparedness to seniors, their caregivers and the general public.

11.) The need to fully implement the Sussex County Division of Senior Services as an Aging and Disability Resource Connection (ADRC), while educating the community and providers on services. The entire process can be confusing and cumbersome for interested parties to understand and navigate.

Needs and Objectives of Projects

Objective(s) of Project - List objectives that are specific, measurable, realistic, and attainable to meet the goals of this application.

1. Educate seniors, disabled, baby-boomers and their caregivers on the importance of engaging in healthy lifestyle behaviors that support independence and promote self-management through outreach, education and increase capacity to deliver health and wellness programs and services available throughout Sussex County.
2. Implement and expand caregiver support programs in Sussex County for seniors, the disabled and grandparents caring for grandchildren.
3. Maintain and increase awareness for the Sussex County Division of Senior Services as the Aging and Disabilities Resource Connection (ADRC), while educating the community and agencies about the streamlined process.
4. Continue to incorporate the State Health Insurance Assistance Program (SHIP) counselors into the ADRC process.
5. Continue the utilization of the Social Assistance Management System (SAMS), ensuring comprehensive services for seniors, disabled and their caregivers, simplified data collection, and accurate reporting of statistics.
6. Maintain the Congregate Nutrition Program with the Division of Senior Services and increase participation at the three nutrition sites.
7. Maintain socialization and recreational activities at the Congregate Nutrition Sites and other locations for all of the seniors in Sussex County.
8. Maintain participation with the Home Delivered Meal Program based on the current levels of funding.
9. Maintain and increase transportation services, especially to caregivers.
10. Educate the public and increase public awareness about elder abuse, neglect and exploitation, while working to reduce the barriers to the prevention and investigation of and response to cases.
11. Continue to collaborate with local emergency personnel to promote emergency preparedness information to seniors their caregivers and the community.
12. Provide outreach to caregivers and educational information through the quarterly Sub-Grantee meetings, various community events, Senior Club Presidents' meetings and various senior clubs on current frauds and scams.
13. Receive and provide monthly updates from the Sussex County Prosecutor's Office at senior club meetings and to senior club presidents on current frauds and scams.
14. Maintain and increase awareness of the legal services provided in Sussex County, especially for landlord/tenant issues, homelessness and eviction.

Method(s) and Evaluation of Project

Method(s) - List the method(s) to be used to attain objectives described above and estimated completion date.

Access and Outreach

Objectives: Maintain and increase the Aging and Disabilities Resource Connection (ADRC) through the Sussex County Division of Senior Services.

1. Hold quarterly meetings with various providers to discuss system issues and apply problem solving strategies to complex cases.
2. Enter data in the SAMS System during, or directly following the client encounter. All data is tracked and is used to assist with the improvement of service delivery.
3. Distribute brochures about MLTSS to various senior club meetings when other presentations are conducted at the meetings.
4. Provide presentations about MLTSS at the annual caregiver expo.
5. Provide education about the services at Older Americans Day and the Sussex County Fair.
6. Provide educational literature about MLTSS to other social & health agencies in the community who provide other services for said population.
7. Screen client/caregiver for services via phone or office visit. During this process MLTSS, information and assistance and Options Counseling are completed.
8. Provide educational counseling on various health, social, & custodial services via phone or office visit.
9. Provide advocacy for frail and/or vulnerable clients.
10. Provide Navigation/Coordination Services to clients who need additional support.
11. Provide outreach and education regarding MLTSS at a variety of community and Division sponsored events.
12. All data is evaluated on a quarterly basis for Quality Assurance.

Broad Array of Services

Objectives: (1) Educate seniors, baby boomers and caregivers on the importance of engaging in healthy lifestyle behaviors that support independence, dignity and promote self-management through outreach, education and an increased capacity to deliver health and wellness programs along with available services throughout the county. (2) To increase awareness of services and expand transportation services to seniors, disabled, baby boomers and / or their caregivers. (3) Advocate and assist seniors, the disabled and their caregivers in Sussex County to meet their needs by providing information and support as needed.

1. Health related educational programs are presented annually at various senior clubs. This is completed by providing information on the types of programs at the monthly senior club presidents meeting, which are conducted by the Division and offers to do presentations to senior clubs at these meetings. The educational programs are promoted and information is provided at all community events and programs by Division staff for potential presentations at various clubs and organizations, along with media releases and social media outlets.
2. A health related educational program will be presented by a health professional at the annual Older American's Day which is sponsored by the Division to increase awareness and to promote the educational programs.
3. A variety of health screenings will be scheduled and offered at the Annual Senior Healthy Living Festival, which is held in September. This will be accomplished by recruiting returning health professionals and exploring options for new screenings from other new potential health professionals via events and programs that are attended throughout the year by Division of Senior Services staff.
4. Offer peer-led A Matter of Balance course at locations throughout the County. This will be accomplished through community contacts and the promotion of the evidence based programs at the various events and meetings throughout the year by Division of Senior Services staff. Courses will be scheduled by the Wellness Coordinator at accessible locations that can accommodate the peer leaders and participants.
5. Offer peer-led "Take Control of Your Health," the evidence based chronic disease

Method(s) and Evaluation of Project

- self-management courses throughout the County. Courses will be scheduled by Division staff at accessible locations that can accommodate the peer leaders and participants.
6. Falls Prevention Awareness material will be forwarded to nutrition sites and senior housing facilities to increase awareness by the Division. An annual Falls Awareness event will be held in September at the Senior Healthy Living Festival.
 7. Offer the peer-led Stress Busting Program for Family Caregivers of People with Dementia at various locations throughout the County. Program will be scheduled at accessible locations that can accommodate the peer leaders and the participants.
 8. Offer peer-led "Diabetic Self-Management," the evidence based chronic disease self-management for those living with diabetes courses throughout the County. Courses will be scheduled by Division staff at accessible locations that can accommodate the peer leaders and participants.
 9. Offer peer-led "Cancer Thriving and Surviving," the evidence based chronic disease self-management for those living with cancer and the effects of treatment courses throughout the County. Courses will be scheduled by Division staff at accessible locations that can accommodate the peer leaders and participants.
 10. Offer peer-led "Walk with Ease," the evidence based self-directed program for those living with pain from arthritis throughout the County. Courses will be scheduled by Division staff at accessible locations that can accommodate the peer leaders and participants.
 11. Program fidelity will be monitored and ensured by staff from the Division of Senior Services that are Master Trainers for all of the various Evidenced Based programs. Achieving the fidelity of the programs will ensure that seniors and their caregivers will learn the skills to become better self-managers of their illnesses and to learn the benefits of a healthier lifestyle.
 12. All Evidenced Based programs are promoted through media releases, the Senior Times newsletter, County of Sussex newsletter and various social media outlets.
 13. Skyland's Ride and the Division of Senior Services will monitor and review the number of nutrition site transportation requests by obtaining trip request reports from Skyland's Ride at least two times a year. The status of the number of requests will be analyzed and reported as to the reason for the increase or decrease in the number of trips.
 14. The number of assisted transportation trips to provide support to caregivers will be accomplished by the sub-grantee through marketing material and promotion of the program at various events and meetings. The Division of Senior Services will make referrals as necessary to the sub-grantee.
 15. Offer transportation services to seniors needing transportation that attend events and programs sponsored by the Division of Senior Services. This will be accomplished by providing information on all flyers and media releases that are distributed by the Division of Senior Services.
 16. Provide information and brochures at all community events, presentations and programs provided by the Division of Senior Services for both transportation programs that are provided in Sussex County for those 60 and older. This will increase awareness of the programs for those 60 and older in need of transportation.
 17. Provide information of the Saturday loop bus that is available at designed stops and routes for a limited time on Saturday's.
 18. Provide information on the limited towns and municipalities that provide senior transportation in Sussex County for the residents that live in those towns.
 19. Continue to explore the possibility of Uber and Lift rides in rural Sussex County, which is limited with the Sussex County Citizens Transportation Council and United We Ride.
 20. Continue and maintain to the Social Assistance Management System (SAMS), ensuring comprehensive services for seniors, disabled and their caregivers, simplified data collection, and accurate reporting of statistics.
 21. Continue to advocate for affordable housing options in Sussex County, not only for seniors, but also for the disabled.
 22. Continue to expand services and programs to Veterans by conducting various events and

Method(s) and Evaluation of Project

informational programs at Veteran's related events and all Division of Senior Services events.
23. Continue to expand community education and outreach to serve the younger seniors through the collaboration with Sussex County Community College.

Nutrition

Objectives: Increase participation and awareness in the Congregate and Home Delivered Meal Programs, while promoting healthy eating.

1. An informational flyer that includes the three nutrition sites has been developed by the Division of Senior Services. Staff will distribute the flyer at all programs, presentations and community events that the Division of Senior Services attends or provides a presentation.
2. Division staff will provide at least one health related educational program to each nutrition site during 2019. The event will be scheduled by staff who will determine a date and topic with each site for the presentation. The presentation could include one of the HealthEASE topics if requested. The various health programs and the enlightening activities that take place at each of the congregate nutrition sites will continue to increase the participation at the sites.
3. Each congregate nutrition site will provide Open Houses to increase awareness and participation at each site, along with high lighting programs and activities provided at the sites.
4. Health and human service providers are educated and informed of the services and programs conducted through the staff from the Division by attendance at numerous meetings and presentations at the various meetings. These meetings include, but are not limited to the Council of Services Agency, HSAC, Professional Advisory Council on Alcohol and Drug Abuse, Sussex County United Way Caregiver Coalition, North Jersey Health Collaborative, as well as other various meeting throughout Sussex County.
5. Media releases are sent to all media outlets by the Division staff for all upcoming events and programs. The sub-grantee for the nutrition program submits media releases for the national "March for Meals" campaign that is held annually in March.
6. Nutritional information and details regarding the nutrition program is distributed to all eligible participants in the voucher packet to those that receive the Farmers Market's Vouchers. The Division of Senior Services will continue to increase the awareness of the Senior Farmers Market Program, Food Stamps and food pantries within the County to reduce food insecurity within Sussex County.
7. A Social Worker is at each site one time per month to provide Information & Assistance services.

Empower Caregivers of All Kinds

Objectives: Implement and expand caregiver support programs in Sussex County for all caregivers.

1. Coordinate and host an annual Caregiver Event to increase awareness of resources for home and community based services for seniors and support services for caregivers. This will be accomplished by recruiting exhibitors who have services and programs that are beneficial and provide support to all caregivers.
2. Collaborate with Alzheimer's Association and Statewide Respite Program by extending an invitation to events and programs sponsored by the Division of Senior Services. The Division of Senior Services will plan and conduct educational programs with the Alzheimer's Association and the United Way Caregiver Coalition during 2022. The program will include information on dealing with Alzheimer clients, as well as the stress associated with caring for an Alzheimer patient.
3. Marketing and media releases will be completed by the Division to reach approximately 100 caregivers at the Caregiver Event, while providing them with at least 15 informational exhibitors. Exhibitors will be recruited by the Division of Senior Services through the various contacts that they have secured. The marketing will outreach to all types of caregivers.
4. Outreach to all caregivers by making presentation to various employers, civic groups, community town days and community organizations throughout the County. This will be

Method(s) and Evaluation of Project

accomplished through community contacts obtained by the Division of Senior Services through meetings, events, presentations and programs that are conducted throughout the year. Outreach will include information on frauds and scams, along with collaboration from the Prosecutors Office and available services to all caregivers.

5. The Senior Services Resource Directory will be reviewed and updated by Division of Senior Services staff and posted on the Division of Senior Services web-site.
6. The Division of Senior Services will continue to provide a Caregiver Support Group on a monthly basis for all caregivers at two locations. A social worker from the Division of Senior Services will facilitate the monthly support groups. Staff from the Division of Senior Services will promote and market the support group at all sponsored events and programs.
7. Collaborate with the caregiver coalition and maintain an active presence on the United Way Caregiver Board.
8. Staff will participate in various educational programs, along with taking continuing educational courses which are required for their positions. In-services and information regarding programs will be provided to agencies and ADRC providers each year. Information at the ins-services will include issues and trend with the opioid epidemic.
9. The Division of Senior Services will collaborate with the Center for Prevention and Counseling on opioid use in the elderly by attending and providing educational programs and referring clients as needed.

Emergency Preparedness

Objectives: Collaborate with local emergency management personnel to promote emergency preparedness information to seniors, disabled, baby boomers and / or their caregivers. To increase awareness when an emergency situation occurs

1. The Division of Senior Services is part of the Sussex County Office of Emergency Management team and report directly to the AFN coordinator for Sussex County.
2. The Division of Senior Services provides information and materials regarding emergency preparedness at events and programs, as well as the Division of Senior Services web-site. This will be accomplished through a booklet on the Division of Senior Services web-site entitled "Emergency Preparedness for Seniors" and the distribution of Register Ready and Swift 911 flyers at all events and programs. Assistance is provided if needed to assist seniors to enroll in Register Ready or Swift 911.
3. Include Emergency Preparedness Education Program at senior events by incorporating exhibits from American Red Cross, County Emergency Management and the Department of Health and Human Services at the Older American's Day in May, Senior Day at the Fair and the Annual Healthy Living Festival. Informational programs may also be offered if warranted at other Division of Senior Services events if necessary.
4. Include Emergency Preparedness requirements in all sub-grantee contracts and review during the monitoring. Emergency notifications are sent to all providers, agencies, seniors and other distribution lists when a potential weather event or other situation is occurring or about to occur. The notification is also posted on the County of Sussex Website and various social media outlets. All agencies are in contact with clients before, during after an emergency situation to assess needs and provide assistance if necessary. Staff is available throughout the emergency via email, text or phone if needed.
5. The Division of Senior Services has an updated COOP (Continuing Operation Plan) to implement in the need of an emergency.
6. The Division of Senior Services is aware of all emergency shelters, cooling sites, etc and clients are referred to the shelters/centers when necessary, or assistance and transportation is coordinated and provided if necessary.

Ensure Rights, Prevent Abuse, Neglect and Exploitation

Objectives: (1) Increase the awareness of elder abuse, neglect and exploitation, while looking for warning signs, how to report and removing the barriers of reporting. (2) Expand legal service programs and services in Sussex County for those facing homelessness, eviction or

Method(s) and Evaluation of Project

defrauding from frauds and scams.

1. Provide an educational presentation at Older American's Day in May on adult maltreatment, the presentation will include warning signs and how to report adult maltreatment.
2. Provide printed information and public presentations on adult maltreatment at community events, town days and other events sponsored by the Division of Senior Services throughout the year.
3. Provide an informational session at a mandated Sub-Grantee meeting for all Area Plan Grantees on how to refer and criteria of referral for adult maltreatment.
4. Meet and collaborate with the Sussex County Division of Social Services to implement and develop methods to increase public awareness of adult maltreatment, along with types of cases responded to, service delivery and cross system collaboration. The collaboration will also work to remove the barriers associated with prevention, investigation and response.
5. The Division of Senior Services refers clients that are about to be homeless, or facing eviction to the Division of Social Services and Legal Services of Northwest Jersey the legal services provider. If the client is a veteran they are referred to the Supportive Services for Veterans Families for housing assistance.
6. Legal Services of Northwest Jersey assist clients that are 60 and older with Landlord/tenant issues up to and including legal representation in court if necessary.
7. The Sussex County Prosecutors Office provides awareness, education and investigation with frauds and scams. Representative from the Prosecutors Office attend the monthly Senior Club Presidents meetings and provide education at Older American's Day in May. They encourage seniors to email or call with any potential scams to increase awareness and to investigate the validity of the scam.

Method(s) and Evaluation of Project

Evaluation - Describe how the project is to be self-evaluated.

Evaluation - Describe how the project is to be self-evaluated.

Programs and services that are implemented and provided by the Division of Senior Services will be monitored and evaluated by a number of methods throughout the year:

1. All HealthEASE educational programs provided at senior clubs and through the socialization and recreation at the Congregate Nutrition sites will continue to be evaluated with the pre and post tests specifically for the programs, which are administered at each presentation. The results from the test will determine what each participant learned in the program, along with suggestions to improve the program or for future programming. The return rate for the pre and post test is about 80% for each program that is administered.
2. All events such as Older American's Day, Senior Healthy Living Festival and the Caregiver Event will continue to have evaluations that will be completed by participants and/or exhibitors who will critique the event and provide comments for areas of improvement and suggestions for future events. At the conclusion of each event Senior Services staff will critique the event for additional areas of improvement. Participants also provide their overall satisfaction or dissatisfaction of the program or the topics presented at the programs. The return rate for the evaluations and comments is about 75-80%.
3. All volunteers that participate in Peer Leader trainings will receive an evaluation to be completed at the conclusion of each training to critique the overall training and provide areas of improvement for future trainings. The return rate for the evaluations is about 95%.
4. Each sponsored Evidence-Based health promotion program that is administered by the Division of Senior Services will complete surveys at the final session of the program. The surveys that are received from each program will be reviewed, analyzed and forwarded to the appropriate sponsoring agency to compile the results to ensure the integrity and contribute to the results of the Evidence-Based programs. The return rate for the surveys is about 95%.
5. The Division of Senior Services will continue to complete client satisfaction surveys on 20% of clients that access information & assistance services through the Division of Senior Services. The surveys will be sent on a quarterly basis and the results from these surveys will be analyzed and reviewed for areas of improvement. The response rate for the surveys is about 10% when the surveys are mailed and about 100% if they are completed by phone.
6. Provide on-going review and support to sub-grantees through the annual programmatic and fiscal monitoring, which is completed by the Division of Senior Services. Sub-grantees that have outstanding recommendations will need to provide a corrective action plan to the Division of Senior Services regarding the plan to be taken and the timeframe to correct the issue.
7. Provide technical assistance, as needed to sub-grantees who contract with the Division of Senior Services to provide services in conjunction with the Older American's Act. This is completed through a request by the sub-grantee or at the time of monitoring or at the Quarterly Sub-Grantee meetings conducted by the Division of Senior Services.
8. Subgrantees are required to submit client satisfaction surveys at least once per year to the Division of Senior Services, as per contract requirements.
9. Continually update the Continuing Operations Plan for the Division to utilize when emergencies occur.
10. Include emergency/weather alerts on the Sussex County Web-site and other social media outlets when the need arises.
11. Provide assistance, support and knowledge to the Office of Emergency Management for Sussex County when emergencies are taking place.
12. Continue to collaborate with ADRC providers, such as the Statewide Respite Program, Alzheimer's Association, etc. on programs, supports groups and other services and receive feedback from evaluations from collaborative events/educational programs.
13. Receive feedback through evaluations from the Stress-Busting for Family Caregivers with Dementia Program and provide referrals to applicable agencies as needed.
14. Continually use data from SAMS to evaluate ADRC Programs and to improve the service delivery system, while enhancing the home and community based services.

Method(s) and Evaluation of Project

15. Receive feedback from seniors and caregivers about current frauds and scams that are occurring. Seniors and caregivers will reach out directly to the Prosecutors Office regarding current frauds and scams.
16. Have representatives from the Prosecutors Office at educational programs and events to provide updated information and to receive feedback regarding current frauds and scams.
17. Monitor the number of potential cases for Elder Abuse, Neglect and Exploitation that have been reported and the referral source.
18. Monitor the number of potential eviction cases and landlord/tenant cases that have been referred to the Division of Social Services and Legal Services of Northwest Jersey.

Title III B Assurances

1. The Area Agency's Current Area Plan Contract Grant Year TOTAL Title III B Allocation from the current year APC Advanced Planning Document, prior to transfers. (Do not include Administrative Expenditures)

Enter Total \$162,762

Column 2.A. = Estimated year end Title III B funds the AAA will spend from the current grant year on the delivery of priority services (Access, In-Home and Legal services)

Column 2.B. = Estimated % of current Area Plan Grant Year Title III B dollars the AAA will spend by the current year end total on the delivery of Priority Services: Access, In-Home and Legal services.

Service Category	2.A. Estimated actual Current Year-End Total Title III B Expenditures	2.B. Estimated % of actual Current Year-End Total Title III B Expenditures
Access	\$58,422	35.89% of Total Title III B funds
In-Home	\$17,220	10.58% of Total Title III B funds
Legal	\$30,912	18.99% of Total Title III B funds
Total:	\$106,554	

DOAS23AAA017
Sussex County
OAAPS Requirements

Profile of Community Focal Points and Seniors Centers

Question		Current Area Plan Contract grant year	Next Area Plan Contract grant year
		IF Current Area Plan Contract grant year COLUMN DIFFERS FROM Next Area Plan Contract grant year COLUMN, EXPLAIN BELOW***	
1.	Total number of Focal Points designated under OAA § 306 (a) (3) (A) (42 U.S.C.A. § 3026 (a) (3) (A)) in operation in the past year.	9	9
2.	Of the total number of Focal Points in number 1 above, provide the number that were senior centers.	4	4
3.	Total number of Senior Centers currently operating in your county.	6	6
4.	Total number of Senior Centers in number 3 above receiving funds pursuant to the Older Americans Act of 1965, as amended (42 U.S.C.A. §§ 3001 et seq., as amended).	3	3

1. Difference between Current Area Plan Contract grant year compared with Next Area Plan Contract grant year:
None

2. Difference between Current Area Plan Contract grant year compared with Next Area Plan Contract grant year:
None

3. Difference between Current Area Plan Contract grant year compared with Next Area Plan Contract grant year:
None

4. Difference between Current Area Plan Contract grant year compared with Next Area Plan Contract grant year:
None

CAAPS Requirements - Staffing Profile

AAA Personnel Categories (Include ALL AAA staff regardless of funding source)	Total # FTEs ♦	Total # Minority FTEs ♦
1. Agency Executive/Management Staff	1.00	0.00
2. Other Paid Professional Staff (By Functional Responsibility)		
A. Planning	1.00	0.00
B. Development	0.50	0.00
C. Administration	1.00	0.00
D. Service Delivery	0.50	0.00
E. Access/Care Coordination	3.00	0.00
F. Other	0.00	0.00
3. Clerical/Support Staff	1.50	0.00
4. Volunteers	10.00	0.00
Total AAA Staff	18.50	0.00

AAA Staff - Count every individual on the AAA's organizational chart (paid and volunteer) who is the responsibility of the AAA Executive Director. Include volunteers and staff paid by any funding source including but not limited to Area Plan Contract funds, County Funds, SHIP funds, other foundation and grant funds, etc.

Personnel Categories: Corresponds to Organizational Chart

1. AAA Executive/Management Staff, i.e. AAA Executive Director, AAA assistant director(s)
2. Other Paid Professional Staff - AAA personnel who are considered professional staff who are not responsible for overall agency management or direction setting but carry out key responsibilities or tasks within the area agency by Functional Responsibility in the following areas:
 - A. Planning—Includes needs assessment, plan development, budgeting/resource analysis, service inventories, standards development and policy analysis.
 - B. Development—Includes public education, resource development, training and education, research and development and legislative activities.
 - C. Administration—Includes bidding, contract negotiation, reporting, reimbursement, accounting, auditing, monitoring and quality assurance.
 - D. Service Delivery—Includes those activities associated with the direct provision of a service which meets the needs of an individual older person and/or caregiver.
 - E. Access/Care Coordination—Include outreach, screening, assessment, case management and I&R.
 - F. Other
3. Clerical/Support Staff—All paid personnel who provide support to the management and professional staff.
4. Volunteer—An uncompensated individual who provides services or support on behalf of older individuals. Only staff working under the AAA, not the AAA contractors, shall be included.

Total AAA Staff: The total of all AAA paid and volunteer staff.

FTE ♦ = Full time equivalent

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 019	
Program Name Administration		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0555		Director Lorraine Hentz	
Fax 973-579-0550		Focal Point	Type Initials
Email seniorservices@sussex.nj.us		<input checked="" type="checkbox"/> ADRC Partner	ADRC
		<input checked="" type="checkbox"/> Focal Point	FP
Provider Federal Tax ID Number 226002477 (#####)		[] Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS: 1			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 019

Budget by Line Item

Name of Allocated Fund and Code: Title III - Administration - 01

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$303,223	\$0	\$303,223
Consultant & Contract			\$0
Travel	\$500		\$500
Food			\$0
Building Space			\$0
Print & Office Supplies	\$2,941		\$2,941
Equipment	\$250		\$250
Other	\$25,149		\$25,149
Indirect Cost		\$283,263	\$283,263
Total Budgeted Cost	\$332,063	\$283,263	\$615,326

DOAS23AAA017
 Sussex County
Integrated Program Summary: 019

Budget by Funding Source

Name Of Allocated Fund	Title III - Administration - 01	\$21,613
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$593,713
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$615,326

DOAS23AAA017
 Sussex County
Integrated Program Summary: 019

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
099 - Administration	0	0	\$615,326	\$615,326.00
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$615,326

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 11/9/2022

Consultant Contract

Other Cost Detail

https://njsage.intelligrants.com/_Upload/2807081_1993698-2023OTHERJustificationforTitleIIIAdmin.docx

2022 OTHER Justification for Administration for the Division of Senior Services (019)

Advertising	\$ 590.00
Telephone Wireless	\$ 4,280.00
Seminars/Meetings/Conventions	\$ 1,730.00
Dues/Membership	\$ 1,320.00
Temporary Outside Services	\$13,714.00
<u>Salute to Veterans Event</u>	<u>\$ 3,515.00</u>
Total	\$25,149.00

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 020	
Program Name Information & Assistance		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0555		Director Lorraine Hentz	
Fax 973-579-0550	Focal Point		Type Initials
Email	<input checked="" type="checkbox"/> ADRC Partner		ADRC
	<input checked="" type="checkbox"/> Focal Point		FP
	<input type="checkbox"/> Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS: 1			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 020

Budget by Line Item

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$114,142	\$0	\$114,142
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$114,142	\$0	\$114,142

Budget by Funding Source

Name Of Allocated Fund	Title III B - Supportive Services - 02	
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$114,142
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$0
Total:		\$114,142

Integrated Program Summary: 020

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
101 - Information and Assistance - contact	16,000	3200	\$114,142	\$7.13
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$114,142

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.
Certified By: Agency Administrator, Lorraine Hentz, 11/10/2022

Consultant Contract

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 022	
Program Name Socialization Recreation		Provider Name AAA Sussex County	
Provider Address One Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0555		Director Lorraine Hentz	
Fax 973-579-0550	Focal Point		Type Initials
Email	<input checked="" type="checkbox"/> ADRC Partner		ADRC
	<input checked="" type="checkbox"/> Focal Point		FP
Provider Federal Tax ID Number 226002477 (#####)		[] Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS: 3			

Budget by Line Item

Name of Allocated Fund and Code:

Title III B - Supportive Services - 02

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract			\$0
Travel			\$0
Food	\$2,000		\$2,000
Building Space			\$0
Print & Office Supplies	\$645		\$645
Equipment			\$0
Other	\$3,505		\$3,505
Indirect Cost			\$0
Total Budgeted Cost	\$6,150	\$0	\$6,150

Budget by Funding Source

Name Of Allocated Fund	Title III B - Supportive Services - 02	
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$6,145
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$6,150

Integrated Program Summary: 022

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
333 - Socialization/Recreation - session per participant	500	500	\$6,150	\$12.30
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total:			\$6,150	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/28/2022

Consultant Contract

Other Cost Detail

https://njsage.intelligentgrants.com/_Upload/2322425_1825607_1-2021OTHERJustificationforSocializationrecreationfortheDivisionofSeniorServices.docx

2021 OTHER Justification for Socialization/Recreation for the Division of Senior Services (026)

Program Supplies \$3,505.00

Total **\$3,505.00**

Covers various supplies to provide recreation and socialization to seniors for various events throughout the year. Supplies could include office supplies, such as folders, photocopying, labels, print cartridges, etc. Could also include paper products to serve food or other types of supplies in order to provide the event. The events include Older American's Day, Veterans Picnic, Salute to Veterans, Open House, Caregiver Expo, Senior Healthy Living Festival, Public Hearing or other events sponsored by the Division of Senior Services.

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 051	
Program Name Senior Transportation		Provider Name Sussex County Skylands Ride	
Provider Address 83 Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 973-383-3600		Director Christine Florio	
Fax 973-383-3627		Focal Point <input checked="" type="checkbox"/> ADRC Partner	Type Initials ADRC
Email		<input type="checkbox"/> Focal Point FP	
		<input type="checkbox"/> Check here if not a Focal Point	
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS: 1			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 051

Budget by Line Item

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$60,477		\$60,477
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$60,477	\$0	\$60,477

Budget by Funding Source

Name Of Allocated Fund	Title III B - Supportive Services - 02	\$29,211
Additional Funds:	State Match	
	Supplemental Funds	\$29,766
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$1,500
Total:		\$60,477

DOAS23AAA017
 Sussex County
Integrated Program Summary: 051

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
106 - Transportation - 1 one-way trip (location to location)	5,158	204	\$60,477	\$11.72
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total:			\$60,477	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.
 Certified By: Agency Administrator, Lorraine Hentz, 10/28/2022

Consultant Contract
https://njsage.intelligrants.com/_Upload/2807085_1993697-2023Transitboilerplate.doc

Other Cost Detail

[] Approved by GMO or DHS Admin

<input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 052	
Program Name Assisted Transportation		Provider Name Sussex County Skylands Ride	
Provider Address One Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0480		Director Christine Florio	
Fax	Focal Point		Type Initials
	[] ADRC Partner		ADRC
	[] Focal Point		FP
Email cflorio@sussex.nj.us	[<input checked="" type="checkbox"/>] Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Integrated Program Summary: 052Budget by Line Item

Name of Allocated Fund and Code:

Title III B - Supportive Services - 02

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$0		\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$0	\$0	\$0

Budget by Funding Source

Name Of Allocated Fund	Title III B - Supportive Services - 02	
Additional Funds:	State Match	
	Supplemental Funds	\$0
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$0

DOAS23AAA017
 Sussex County
Integrated Program Summary: 052

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$0

My checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/28/2022

Consultant Contract

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year	County	Program #	
2023	Sussex County	055	
Program Name		Provider Name	
Senior Legal Services		Legal Services of Northwest Jersey, Inc.	
Provider Address		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
90 East Main Street		Non-Profit Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City	State	Zip	
Somerville	New Jersey	08876	
Telephone		Director	
973-383-7400		Michael L. Wojcik	
Fax	Focal Point	Type Initials	
973-383-3469	<input type="checkbox"/> ADRC Partner	ADRC	
Email	<input type="checkbox"/> Focal Point	FP	
	<input checked="" type="checkbox"/> Check here if not a Focal Point		
Provider Federal Tax ID Number			
222092489 (#####)			
Provider DUNS Number			
16-607-5473 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Integrated Program Summary: 055Budget by Line Item

Name of Allocated Fund and Code:

Title III B - Supportive Services - 02

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$33,430		\$33,430
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$33,430	\$0	\$33,430

Budget by Funding Source

Name Of Allocated Fund	Title III B - Supportive Services - 02	\$15,456
Additional Funds:	State Match	
	Supplemental Funds	\$7,935
	Local Public	
	Local Private	\$10,034
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$33,430

DOAS23AAA017
 Sussex County
Integrated Program Summary: 055

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
325 - Legal Assistance - hour	346	72	\$33,430	\$96.62
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total:			\$33,430	

[] By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/28/2022

Consultant Contract
[https://njsage.intelligrants.com/_Upload/2807083_1993697-2023contactboilerplate\(1\).doc](https://njsage.intelligrants.com/_Upload/2807083_1993697-2023contactboilerplate(1).doc)

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 072	
Program Name Care Management		Provider Name Sussex County Division of Social Services	
Provider Address 83 Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 973-383-3600		Director Joan Bruseo	
Fax 973-383-3627	Focal Point <input checked="" type="checkbox"/> ADRC Partner	Type Initials ADRC	
Email	<input checked="" type="checkbox"/> Focal Point	FP	
Provider Federal Tax ID Number 226002477 (#####)		[] Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Budget by Line Item

Name of Allocated Fund and Code:

Title III B - Supportive Services - 02

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$12,324		\$12,324
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$12,324	\$0	\$12,324

Budget by Funding Source

Name Of Allocated Fund	Title III B - Supportive Services - 02	\$12,319
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$12,324

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 086	
Program Name Certified Home Health Aide		Provider Name Rescare New Jersey d/b/a All Ways Caring Homecare	
Provider Address 171 Woodport Road		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
City Sparta	State New Jersey	Zip 07871	
Telephone 973-579-9333		Director Tracy Smeltz	
Fax 973-579-3303	Focal Point		Type Initials
Email	<input type="checkbox"/> ADRC Partner		ADRC
	<input type="checkbox"/> Focal Point		FP
		<input checked="" type="checkbox"/> Check here if not a Focal Point	
Provider Federal Tax ID Number 611312327 (#####)			
Provider DUNS Number 02-696-8905 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 086

Budget by Line Item

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$18,626		\$18,626
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$18,626	\$0	\$18,626

Budget by Funding Source

Name Of Allocated Fund	Title III B - Supportive Services - 02	\$8,610
Additional Funds:	State Match	
	Supplemental Funds	\$6,356
	Local Public	
	Local Private	\$3,655
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$18,626

Integrated Program Summary: 086

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
213 - Certified Home Health Aide - hour	1,028	12	\$11,176	\$10.87
212 - Housekeeping - hour	741	8	\$7,450	\$10.05
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total:			\$18,626	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/20/2022

Consultant Contract

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 025	
Program Name Congregate Nutrition		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0555		Director Lorraine Hentz	
Fax 973-579-0550		Focal Point	Type Initials
Email		<input checked="" type="checkbox"/> ADRC Partner	ADRC
		<input checked="" type="checkbox"/> Focal Point	FP
Provider Federal Tax ID Number 226002477 (#####)		[] Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS: 4			

Integrated Program Summary: 025Budget by Line Item

Name of Allocated Fund and Code:

Title III C 1 - Congregate Nutrition - 03

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$33,138	\$0	\$33,138
Consultant & Contract			\$0
Travel			\$0
Food	\$80,783		\$80,783
Building Space	\$79,980		\$79,980
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$193,901	\$0	\$193,901

Budget by Funding Source

Name Of Allocated Fund	Title III C 1 - Congregate Nutrition - 03	\$70,112
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$95,728
	Local Private	
	NSIP	\$4,061
Income:	Other	
	Participant	\$24,000
Total:		\$193,901

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 020	
Program Name Congregate Nutrition- Grab and Go Meals		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 9735790555		Director Lorraine Hentz	
Fax 9735790550	Focal Point		Type Initials
Email	<input checked="" type="checkbox"/> ADRC Partner		ADRC
	<input checked="" type="checkbox"/> Focal Point		FP
Provider Federal Tax ID Number 226002477 (#####)		[] Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 020

Budget by Line Item

Name of Allocated Fund and Code: Title III C 2 - Home Delivered Meals - 04

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$0	\$0	\$0

Budget by Funding Source

Name Of Allocated Fund	Title III C 2 - Home Delivered Meals - 04	
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$0

Integrated Program Summary: 020

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$0

[✓] By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/21/2022

Consultant Contract

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 022	
Program Name Home Delivered Meals-Weekday		Provider Name Catholic Family & Community Services	
Provider Address 24 Degrasse Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Paterson	State New Jersey	Zip 07505	
Telephone 973-279-7100		Director Scott Milliken	
Fax 973-523-1150	Focal Point		Type Initials
Email	[] ADRC Partner		ADRC
	[] Focal Point		FP
	[<input checked="" type="checkbox"/>] Check here if not a Focal Point		
Provider Federal Tax ID Number 221487121 (#####)			
Provider DUNS Number 03-994-3071 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 022

Budget by Line Item

Name of Allocated Fund and Code: Title III C 2 - Home Delivered Meals - 04

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$140,149		\$140,149
Travel			\$0
Food	\$78,114		\$78,114
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$218,263	\$0	\$218,263

Budget by Funding Source

Name Of Allocated Fund	Title III C 2 - Home Delivered Meals - 04	\$42,616
Additional Funds:	State Match	\$10,763
	Supplemental Funds	\$7,128
	Local Public	\$59,954
	Local Private	\$48,740
	NSIP	\$4,062
Income:	Other	
	Participant	\$45,000
Total:		\$218,263

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 080	
Program Name Education		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0555		Director Lorraine Hentz	
Fax 973-579-0550	Focal Point		Type Initials
Email seniorservices@sussex.nj.us	[<input checked="" type="checkbox"/>] ADRC Partner		ADRC
	[<input checked="" type="checkbox"/>] Focal Point		FP
	[] Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS: 8			

Budget by Line Item

Name of Allocated Fund and Code:

Title III D - Health Promotion - 10

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$6,003		\$6,003
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$6,003	\$0	\$6,003

Budget by Funding Source

Name Of Allocated Fund	Title III D - Health Promotion - 10	\$5,998
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$6,003

[] Approved by GMO or DHS Admin

<input type="checkbox"/> New <input type="checkbox"/> Revised <input checked="" type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 051	
Program Name Senior Transportation		Provider Name Sussex County Skylands Ride	
Provider Address 83 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 9735790555		Director Nick Kapetanakis	
Fax 9733833627	Focal Point		Type Initials
Email	<input checked="" type="checkbox"/> ADRC Partner		ADRC
	<input type="checkbox"/> Focal Point		FP
Provider Federal Tax ID Number 226002477 (#####)		<input type="checkbox"/> Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 051

Budget by Line Item

Name of Allocated Fund and Code: Title III E - National Family Caregiver Support Program
 (NFCSP) - 08

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$0	\$0	\$0

Budget by Funding Source

Name Of Allocated Fund	Title III E - National Family Caregiver Support Program (NFCSP) - 08	
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$0

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
		Total:	\$0	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/28/2022

Consultant Contract

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 052	
Program Name Assisted Transportation		Provider Name Sussex County Skylands Ride	
Provider Address One Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0480		Director Christine Florio	
Fax	Focal Point <input type="checkbox"/> ADRC Partner	Type Initials ADRC	
Email cflorio@sussex.nj.us	Focal Point <input type="checkbox"/> Focal Point	FP	
Provider Federal Tax ID Number 226002477 (#####)		<input checked="" type="checkbox"/> Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-##-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Integrated Program Summary: 052Budget by Line Item

Name of Allocated Fund and Code:

Title III E - National Family Caregiver Support Program
(NFCSP) - 08

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$23,918		\$23,918
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$23,918	\$0	\$23,918

Budget by Funding Source

Name Of Allocated Fund	Title III E - National Family Caregiver Support Program (NFCSP) - 08	\$7,018
Additional Funds:	State Match	\$4,929
	Supplemental Funds	\$10,471
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$1,500
Total:		\$23,918

DOAS23AAA017
Sussex County
Integrated Program Summary: 052

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
707 - NFCSP Assisted Transportation - 1 one-way trip (location to location)	1,042	60	\$23,918	\$22.95
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$23,918

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/20/2022

Consultant Contract

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Other Cost Detail

Integrated Program Summary: 087

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 087	
Program Name NFCSP Certified Home Halth Aide		Provider Name Rescare New Jersey d/b/a All Ways Caring Homecare	
Provider Address 171 Woodport Road		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Proprietary Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
City Sparta	State New Jersey	Zip 07871	
Telephone 973-579-9333		Director Tracy Smeltz	
Fax 973-579-3303	Focal Point		Type Initials
Email	[] ADRC Partner		ADRC
	[] Focal Point		FP
	[<input checked="" type="checkbox"/>] Check here if not a Focal Point		
Provider Federal Tax ID Number 611312327 (#####)			
Provider DUNS Number 02-696-8905 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 087

Budget by Line Item

Name of Allocated Fund and Code: Title III E - National Family Caregiver Support Program
 (NFCSP) - 08

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$25,930		\$25,930
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$25,930	\$0	\$25,930

Budget by Funding Source

Name Of Allocated Fund	Title III E - National Family Caregiver Support Program (NFCSP) - 08	\$18,696
Additional Funds:	State Match	\$3,574
	Supplemental Funds	
	Local Public	
	Local Private	\$3,655
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$25,930

Integrated Program Summary: 087

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
713 - NFCSP Certified Home Health Aide - hour	1,688	15	\$15,558	\$9.22
712 - NFCSP Housekeeping - hour	1,251	5	\$10,372	\$8.29
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total:			\$25,930	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/20/2022

Consultant Contract

https://njsage.intelligrants.com/_Upload/2807099_1993697-2023Rescareboilerplate.doc

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 060	
Program Name Residential Maintenance		Provider Name NORWESCAP Inc.	
Provider Address 350 Marshall Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Phillipsburg	State New Jersey	Zip 08865	
Telephone 908-454-7000		Director Mark Valli	
Fax	Focal Point	Type Initials	
	<input type="checkbox"/> ADRC Partner	ADRC	
Email	<input type="checkbox"/> Focal Point	FP	
	<input checked="" type="checkbox"/> Check here if not a Focal Point		
Provider Federal Tax ID Number			
221777156 (#####)			
Provider DUNS Number			
06-080-8219 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 060

Budget by Line Item

Name of Allocated Fund and Code: Safe Housing and Transportation Program (SHTP) - 11

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$17,567		\$17,567
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$17,567	\$0	\$17,567

Budget by Funding Source

Name Of Allocated Fund	Safe Housing and Transportation Program (SHTP) - 11	\$13,693
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$1,369
	Local Private	\$2,500
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$17,567

Integrated Program Summary: 060

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
211 - Residential Maintenance - hour	90	12	\$17,567	\$195.19
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0

Total:	\$17,567
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By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/20/2022

Consultant Contract
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Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 072	
Program Name Outreach		Provider Name Sussex County Division of Social Services	
Provider Address 83 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 973-383-3600		Director Joan Bruseo	
Fax 973-383-3627	Focal Point		Type Initials
Email	<input type="checkbox"/> ADRC Partner		ADRC
	<input checked="" type="checkbox"/> Focal Point		FP
	<input type="checkbox"/> Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Budget by Line Item

Name of Allocated Fund and Code:

Supplemental Aging Supportive Services (SASS) - 20

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the Page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$16,494		\$16,494
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$16,494	\$0	\$16,494

Budget by Funding Source

Name Of Allocated Fund	Supplemental Aging Supportive Services (SASS) - 20	\$13,191
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$3,298
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$16,494

Integrated Program Summary: 072

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
104 - Outreach - contact	820	16	\$16,494	\$20.11
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$16,494

[✓] By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/20/2022

Consultant Contract

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Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 022	
Program Name Weekend Home Delivered Meals		Provider Name Catholic Family & Community Services	
Provider Address 24 DeGrasse Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Paterson	State New Jersey	Zip 07505	
Telephone 973-279-7100		Director Scott Milliken	
Fax 973-523-1150	Focal Point		Type Initials
Email	[] ADRC Partner		ADRC
	[] Focal Point		FP
	[<input checked="" type="checkbox"/>] Check here if not a Focal Point		
Provider Federal Tax ID Number 221487121 (#####)			
Provider DUNS Number 03-994-3071 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Integrated Program Summary: 022Budget by Line Item

Name of Allocated Fund and Code:

State Weekend Home Delivered Meals (SWHDM) - 06

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$28,816		\$28,816
Travel			\$0
Food	\$3,200		\$3,200
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$32,016	\$0	\$32,016

Budget by Funding Source

Name Of Allocated Fund	State Weekend Home Delivered Meals (SWHDM) - 06	\$13,000
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$3,462
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$15,554
Total:		\$32,016

Integrated Program Summary: 022

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
437 - State Weekend Home Delivered Meals - meal	800	20	\$32,016	\$40.02
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$32,016

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/21/2022

Consultant Contract

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Other Cost Detail

Integrated Program Summary: 022

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 022	
Program Name State Home Delivered Meals		Provider Name Catholic Family & Community Services	
Provider Address 24 DeGrasse Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Paterson	State New Jersey	Zip 07505	
Telephone 973-279-7100		Director Scott Milliken	
Fax 973-523-1150		Focal Point	Type Initials
Email		<input type="checkbox"/> ADRC Partner	ADRC
		<input type="checkbox"/> Focal Point	FP
Provider Federal Tax ID Number 221487121 (#####)		<input checked="" type="checkbox"/> Check here if not a Focal Point	
Provider DUNS Number 03-994-3071 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 022

Budget by Line Item

Name of Allocated Fund and Code: Supplemental Home Delivered Meals (SHDM) - 19

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$29,486		\$29,486
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$29,486	\$0	\$29,486

Budget by Funding Source

Name Of Allocated Fund	Supplemental Home Delivered Meals (SHDM) - 19	\$19,486
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$10,000
Total:		\$29,486

Integrated Program Summary: 022

<u>Service Code and Taxonomy Service Name</u>	<u>Service</u>	<u>Unduplicated</u>	<u>Service</u>	<u>Service</u>
	<u>Units</u>	<u>Clients</u>	<u>Budget</u>	<u>Rate</u>
436 - Home Delivered Nutrition - meal	2,979	50	\$29,486	\$9.90
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
		Total:	\$29,486	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 11/9/2022

Consultant Contract

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Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 019	
Program Name Care Coordination		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0555		Director Lorraine Hentz	
Fax 973-579-0550	Focal Point		Type Initials
Email	<input checked="" type="checkbox"/> ADRC Partner		ADRC
	<input checked="" type="checkbox"/> Focal Point		FP
	<input type="checkbox"/> Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 019

Budget by Line Item

Name of Allocated Fund and Code: Care Management/Quality Assurance (CMQA) - 17

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$23,810	\$0	\$23,810
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$23,810	\$0	\$23,810

Budget by Funding Source

Name Of Allocated Fund	Care Management/Quality Assurance (CMQA) - 17	\$23,810
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$23,810

DOAS23AAA017
 Sussex County
Integrated Program Summary: 019

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
099 - Administration	0	0	\$23,810	\$23,810.00
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
		Total:	\$23,810	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/28/2022

Consultant Contract

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 051	
Program Name Senior Transportation		Provider Name Sussex County Skylands Ride	
Provider Address 83 Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 973-383-3600		Director Christine Florio	
Fax 973-579-0550	Focal Point		Type Initials
Email	<input type="checkbox"/> ADRC Partner		ADRC
	<input type="checkbox"/> Focal Point		FP
Provider Federal Tax ID Number 226002477 (#####)		<input checked="" type="checkbox"/> Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Budget by Line Item

Name of Allocated Fund and Code: Medicaid Match - 35

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$2,875		\$2,875
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$2,875	\$0	\$2,875

Budget by Funding Source

Name Of Allocated Fund	Medicaid Match - 35	\$2,870
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$2,875

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 072	
Program Name Care Management		Provider Name Sussex County Division of Social Services	
Provider Address 83 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 973-383-3600		Director Joan Bruseo	
Fax 973-383-3627		Focal Point	Type Initials
Email		<input type="checkbox"/> ADRC Partner	ADRC
		<input checked="" type="checkbox"/> Focal Point	FP
		<input type="checkbox"/> Check here if not a Focal Point	
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Budget by Line Item

Name of Allocated Fund and Code: Medicaid Match - 35

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$2,874		\$2,874
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$2,874	\$0	\$2,874

Budget by Funding Source

Name Of Allocated Fund	Medicaid Match - 35	\$2,869
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$2,874

Integrated Program Summary: 072

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
105 - Care Management - 1/2 hour	1,140	48	\$2,874	\$2.52
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total:			\$2,874	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/20/2022

Consultant Contract

https://njsage.intelligrants.com/_Upload/2807095_1993697_1-2023CareMgt.Outreachboilerplate.doc

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 069	
Program Name Adult Protective Services		Provider Name Sussex County Division of Social Services	
Provider Address 83 Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 973-383-3600		Director Joan Bruseo	
Fax 973-383-3627	Focal Point		Type Initials
Email	[] ADRC Partner		ADRC
	[<input checked="" type="checkbox"/>] Focal Point		FP
	[] Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 069

Budget by Line Item

Name of Allocated Fund and Code: Adult Protective Services (APS) - 14

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$85,807		\$85,807
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$85,807	\$0	\$85,807

DOAS23AAA017
 Sussex County
Integrated Program Summary: 069

Budget by Funding Source

Name Of Allocated Fund	Adult Protective Services (APS) - 14	\$85,807
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$85,807

Integrated Program Summary: 069

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
324 - Adult Protective Services - contact	4,500	50	\$85,807	\$19.07
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
Total:			\$85,807	

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/20/2022

Consultant Contract

https://njsage.intelligrants.com/_Upload/2807096_1993697-2023APSboilerplate.doc

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 020	
Program Name I & A ARP III B		Provider Name AAA Sussex County	
Provider Address One Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 973-579-0555		Director Lorraine Hentz	
Fax	Focal Point	Type Initials	
Email	<input checked="" type="checkbox"/> ADRC Partner	ADRC	
	<input checked="" type="checkbox"/> Focal Point	FP	
	[] Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 020

Budget by Line Item

Name of Allocated Fund and Code: ARP - Title III B Supportive Services - 61

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$18,144	\$0	\$18,144
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$18,144	\$0	\$18,144

Budget by Funding Source

Name Of Allocated Fund	ARP - Title III B Supportive Services - 61	
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$18,144
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$18,144

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 055	
Program Name Legal Services		Provider Name Legal Services of Northwest Jersey, Inc.	
Provider Address 90 East Main Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Somerville	State New Jersey	Zip 08876	
Telephone 973-383-7400		Director Michael L. Wojcik	
Fax 9733833469		Focal Point <input type="checkbox"/> ADRC Partner	Type Initials ADRC
Email		<input type="checkbox"/> Focal Point	FP
		<input checked="" type="checkbox"/> Check here if not a Focal Point	
Provider Federal Tax ID Number 222092489 (#####)			
Provider DUNS Number 16-607-5473 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Integrated Program Summary: 055Budget by Line Item

Name of Allocated Fund and Code: ARP - Title III B Supportive Services - 61

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$10,005		\$10,005
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$10,005	\$0	\$10,005

Budget by Funding Source

Name Of Allocated Fund	ARP - Title III B Supportive Services - 61	\$10,000
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$10,005

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
325 - Legal Assistance - hour	120	50	\$10,005	\$83.38
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$10,005

[✓] By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/20/2022

Consultant Contract
[https://njsage.intelligrants.com/_Upload/2807133_1993697-2023contactboilerplate\(1\).doc](https://njsage.intelligrants.com/_Upload/2807133_1993697-2023contactboilerplate(1).doc)

Other Cost Detail

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 091	
Program Name Emergency Services		Provider Name Sussex County Division of Social Services	
Provider Address 83 Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 9733833600		Director Joan Bruseo	
Fax	Focal Point		Type Initials
Email	[] ADRC Partner		ADRC
	[<input checked="" type="checkbox"/>] Focal Point		FP
	[] Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Budget by Line Item

Name of Allocated Fund and Code: ARP - Title III B Supportive Services - 61

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$83,741		\$83,741
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$83,741	\$0	\$83,741

Budget by Funding Source

Name Of Allocated Fund	ARP - Title III B Supportive Services - 61	\$83,741
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$83,741

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 025	
Program Name Congregate Nutrition		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 9735790555		Director Lorraine Hentz	
Fax	Focal Point		Type Initials
Email	<input checked="" type="checkbox"/> ADRC Partner		ADRC
	<input checked="" type="checkbox"/> Focal Point		FP
Provider Federal Tax ID Number 226002477 (#####)		[] Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

Budget by Line Item

Name of Allocated Fund and Code:

ARP - Title III C1 Congregate Meals - 62

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract			\$0
Travel			\$0
Food	\$45,053		\$45,053
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$45,053	\$0	\$45,053

Budget by Funding Source

Name Of Allocated Fund	ARP - Title III C1 Congregate Meals - 62	\$38,063
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$6,990
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$45,053

DOAS23AAA017
 Sussex County
Integrated Program Summary: 025

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
435 - Congregate Nutrition - meal	5,100	500	\$45,053	\$8.83
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$45,053

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.
 Certified By: Agency Administrator, Lorraine Hentz, 11/10/2022

Consultant Contract

Other Cost Detail

Integrated Program Summary: 022

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 022	
Program Name Home Delivered Meals		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 9735790555		Director Lorraine Hentz	
Fax		Focal Point	Type Initials
		<input checked="" type="checkbox"/> ADRC Partner	ADRC
Email		<input checked="" type="checkbox"/> Focal Point	FP
		[] Check here if not a Focal Point	
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 022

Budget by Line Item

Name of Allocated Fund and Code: ARP - Title III C2 Home Delivered Meals - 63

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract			\$0
Travel			\$0
Food	\$85,357		\$85,357
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$85,357	\$0	\$85,357

DOAS23AAA017
 Sussex County
Integrated Program Summary: 022

Budget by Funding Source

Name Of Allocated Fund	ARP - Title III C2 Home Delivered Meals - 63	\$71,498
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	\$13,859
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$85,357

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 020	
Program Name Health Promotion		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 9735790555		Director Lorraine Hentz	
Fax	Focal Point	Type Initials	
	<input checked="" type="checkbox"/> ADRC Partner	ADRC	
Email	<input checked="" type="checkbox"/> Focal Point	FP	
	[] Check here if not a Focal Point		
Provider Federal Tax ID Number 226002477 (#####)			
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 020

Budget by Line Item

Name of Allocated Fund and Code: ARP - Title III D Preventive Health - 64

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$9,550		\$9,550
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$9,550	\$0	\$9,550

Budget by Funding Source

Name Of Allocated Fund	ARP - Title III D Preventive Health - 64	\$9,545
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$9,550

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 020	
Program Name Caregiver Expo		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Newton	State New Jersey	Zip 07860	
Telephone 9735790555		Director Lorraine Hentz	
Fax	Focal Point		Type Initials
Email	<input checked="" type="checkbox"/> ADRC Partner		ADRC
	<input checked="" type="checkbox"/> Focal Point		FP
Provider Federal Tax ID Number 226002477 (#####)		[] Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-##V-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 020

Budget by Line Item

Name of Allocated Fund and Code: ARP - Title III E Family Caregivers - 65

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other	\$6,000		\$6,000
Indirect Cost			\$0
Total Budgeted Cost	\$6,000	\$0	\$6,000

Budget by Funding Source

Name Of Allocated Fund	ARP - Title III E Family Caregivers - 65	\$6,000
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$6,000

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 060	
Program Name Residential Maintenance		Provider Name NORWESCAP Inc.	
Provider Address 350 Marshall Street		Minority Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Non-Profit Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
		Proprietary Provider	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
City Phillipsburg	State New Jersey	Zip 08865	
Telephone 9084547000		Director Mark Valli	
Fax	Focal Point	Type Initials	
	<input type="checkbox"/> ADRC Partner	ADRC	
Email	<input type="checkbox"/> Focal Point	FP	
	<input checked="" type="checkbox"/> Check here if not a Focal Point		
Provider Federal Tax ID Number 001777156 (#####)			
Provider DUNS Number 06-080-8219 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 060

Budget by Line Item

Name of Allocated Fund and Code: ARP - Title III E Family Caregivers - 65

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract	\$15,963		\$15,963
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$15,963	\$0	\$15,963

Budget by Funding Source

Name Of Allocated Fund	ARP - Title III E Family Caregivers - 65	\$15,958
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$5
Total:		\$15,963

[] Approved by GMO or DHS Admin

<input checked="" type="checkbox"/> New <input type="checkbox"/> Revised <input type="checkbox"/> Delete		From: 1/1/2023	To: 12/31/2023
Calendar Year 2023	County Sussex County	Program # 019	
Program Name Expanding Public Health Workforce		Provider Name AAA Sussex County	
Provider Address 1 Spring Street		Minority Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Non-Profit Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
		Proprietary Provider <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
City Newton	State New Jersey	Zip 07860	
Telephone 9735790555		Director Lorraine Hentz	
Fax	Focal Point <input checked="" type="checkbox"/> ADRC Partner		Type Initials ADRC
Email	<input checked="" type="checkbox"/> Focal Point		FP
Provider Federal Tax ID Number 226002477 (#####)		[] Check here if not a Focal Point	
Provider DUNS Number 08-060-9969 (##-###-####)			
Is this Program held at additional sites?		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			
Number of Sites/Locations for this IPS:			

DOAS23AAA017
 Sussex County
Integrated Program Summary: 019

Budget by Line Item

Name of Allocated Fund and Code: Expanding Public Health Workforce - 67

If Personnel has been filled out, please visit the Personnel Justification Form found in the Related Documents section at the bottom of the page.

Line Item	Cash	In-Kind	Total
Personnel	\$0	\$0	\$0
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
Total Budgeted Cost	\$0	\$0	\$0

Budget by Funding Source

Name Of Allocated Fund	Expanding Public Health Workforce - 67	
Additional Funds:	State Match	
	Supplemental Funds	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
Total:		\$0

<u>Service Code and Taxonomy Service Name</u>	<u>Service Units</u>	<u>Unduplicated Clients</u>	<u>Service Budget</u>	<u>Service Rate</u>
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			Total:	\$0

[✓] By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

Certified By: Agency Administrator, Lorraine Hentz, 10/28/2022

Consultant Contract

Other Cost Detail

Sussex County

Personnel Justification Part I: AAA Sussex County 1

Provider Name: AAA Sussex County

Position Title	First Name	Last Name	Total Yearly Salary per W2	Standard Weekly Hours Worked	Weekly Hours Worked on this APC Program	Salary Charge d to this APC Program w/o Fringe	Fringe Rate	Fringe Cost for this APC Program	Total Salary & Fringe for this APC Program	Outside APC (Salary Only)
Administrative Assistant	Sheila	Brunda	\$51,525	40	40	\$38,603	47.72%	\$18,421	\$57,024	\$12,922
Prog Dev Spec Aging	James	Cerny	\$49,505	40	40	\$22,433	47.72%	\$10,705	\$33,138	\$27,072
Sr Prog Dev Spec Aging	Kaitlyn	Hammarle	\$54,605	40	40	\$15,342	47.72%	\$7,321	\$22,663	\$39,263
Division Director	Lorraine	Hentz	\$110,497	40	40	\$110,497	47.72%	\$52,729	\$163,226	\$0
Fiscal Officer	Vacant	Vacant	\$52,621	40	40	\$29,023	47.72%	\$13,850	\$42,873	\$23,598
Receptionist	Brenda	Monica	\$11,804	15	15	\$11,804	47.72%	\$5,633	\$17,437	\$0
Supervisor Sr Outreach	Lori	Baker	\$62,735	40	40	\$62,738	47.72%	\$29,939	\$92,677	\$0
Social Worker Aging	Rae Ann	Gerow	\$48,661	40	40	\$24,613	47.72%	\$11,745	\$36,358	\$24,048
Social Worker Aging	Theresa	Seibert	\$54,319	40	13.5	\$18,319	47.72%	\$8,742	\$27,061	\$36,000
		Total:	\$496,275	335	308.5	\$333,372	429.48	\$159,085	\$492,457	\$162,903

Sussex County

Personnel Justification Part II: AAA Sussex County 1

Position Title	First Name	Last Name	Total Salary & Fringe for this APC Program	019 CMQA-1 7	020 TIII B-02	025 TIII C1-03	019 TIII Ad-01	020 FFP S-30	020	Total
Administrative Assistant	Sheila	Brunda								\$0
Prog Dev Spec Aging	James	Cerny								\$33,138
Sr Prog Dev Spec Aging	Kaitlyn	Hammerle								\$3,178
Division Director	Lorraine	Hentz								\$0
Fiscal Officer	Vacant	Vacant								\$0
Receptionist	Brenda	Monica								\$0
Supervisor Sr Outreach	Lori	Baker								\$23,810
Social Worker Aging	Rae Ann	Gerow								\$0
Social Worker Aging	Theresa	Seibert								\$0
			Total:							\$492,457

Non-Allocated Funding Sources:
State Match/Supplemental Funds

DOAS23AAA017
Sussex County
Agency Budget Plan Part I

Agency: Sussex County
County: Sussex County

Title III Funding:

Funding Sources	Title III ADMIN	Title III B	Title III C1	Title III C2	Title III D Health Promotion	Title III E
New Funds		\$81,381	\$71,311	\$44,615	\$5,998	\$28,344
Administrative-Title III(01)	\$21,613	(\$15,785)	(\$1,199)	(\$1,999)		(\$2,630)
Allocation Transfer		\$0	\$0	\$0		
New Allocation	\$21,613	\$65,596	\$70,112	\$42,616	\$5,998	\$25,714
Prior Year Approved Carry Over		\$0	\$0	\$0	\$0	\$0
Prior Year Excess Funds		\$0	\$0	\$0	\$0	\$0
State Match			\$0	\$10,763	\$0	\$8,503
Prior Year Approved State Match C/O		\$0	\$0	\$0	\$0	\$0
Prior Year State Match Excess Funds		\$0	\$0	\$0	\$0	\$0
Local Public	\$593,713	\$120,287	\$95,728	\$59,954		
Local Private		\$13,689		\$48,740		\$3,655
Participant Income		\$1,520	\$24,000	\$45,000	\$5	\$1,505
Income Other						
Supplemental Funds		\$44,057		\$7,128		\$10,471
NSIP			\$4,061	\$4,062		
Allocation Total	\$615,326	\$245,149	\$193,901	\$218,263	\$6,003	\$49,848
Actual Contract Allocation (Entered by DoAS)		\$0	\$0	\$0	\$0	\$0
Federal Fund Balance		\$0	\$0	\$0	\$0	\$0
State Match Fund Balance		\$0	\$0	\$0	\$0	\$0

DOAS23AAA017
Sussex County
Agency Budget Plan Part I

Funding Sources	Fund Totals	MOE Requirement	NSIP Approved Carry Over	NSIP Excess Funds	NSIP Fund Balance
New Funds	\$231,649				
Administrative-Title III(01)	\$0				
Allocation Transfer	\$0				
New Allocation	\$231,649				
Prior Year Approved Carry Over	\$0				
Prior Year Excess Funds	\$0				
State Match	\$19,266				
Prior Year Approved State Match C/O	\$0				
Prior Year State Match Excess Funds	\$0				
Local Public	\$869,682				
Local Private	\$66,084	\$0			
Participant Income	\$72,030				
Income Other	\$0				
Supplemental Funds	\$61,656				
NSIP	\$8,123		\$0	\$0	\$0
Allocation Total	\$1,328,490				

Actual Contract Allocation (Entered by DoAS)	\$0
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Federal Fund Balance	\$0
State Match Fund Balance	\$0

DOAS23AAA017
Sussex County
Agency Budget Plan Part I

Other Funding:

Funding Sources	SHTP ADMIN	SHTP PROGRAM	SASS ADMIN	SASS PROGRAM	SWHDM PROGRAM	Supplemental Home Delivered Meals	Care Coord CMQA	APS PROGRAM
New Funds		\$13,693		\$13,191	\$13,000	\$19,486	\$23,810	\$85,807
Administrative								
Allocation Transfer								
New Allocation		\$13,693		\$13,191	\$13,000	\$19,486	\$23,810	\$85,807
Prior Year Approved Carry Over								
Prior Year Excess Funds								
State Match								
Prior Year Approved State Match C/O								
Prior Year State Match Excess Funds								
Local Public		\$1,369		\$3,298	\$3,462			
Local Private		\$2,500						
Participant Income		\$5		\$5	\$15,554	\$10,000		
Income Other								
Supplemental Funds								
NSIP								
Allocation Total	\$0	\$17,567	\$0	\$16,494	\$32,016	\$29,486	\$23,810	\$85,807
Actual Contract Allocation (Entered by DoAS)		\$0		\$0	\$0	\$0	\$0	\$0

DOAS23AAA017
Sussex County
Agency Budget Plan Part I

Funding Sources	MEDICAID MATCH	FFP Federal Financial Participati on - Services - 30	FFP Federal Financial Participati on - Administ ration - 31	Community Based Senior Program	Non - APC	FUND TOTALS	CONTRACT TOTALS	Actual Allocation (Entered by DoAS)
New Funds	\$5,739	\$0	\$0	\$0	\$0	\$174,726	\$641,180	
Administrative						\$0	\$0	
Allocation Transfer						\$0	\$0	
New Allocation	\$5,739					\$174,726	\$641,180	
Prior Year Approved Carry Over	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Prior Year Excess Funds	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
State Match						\$0	\$19,266	\$0
Prior Year Approved State Match C/O						\$0	\$0	
Prior Year State Match Excess Funds						\$0	\$0	
Local Public						\$8,129	\$916,804	
Local Private						\$2,500	\$68,584	
Participant Income	\$10			\$0		\$25,574	\$97,619	
Income Other						\$0	\$0	
Supplemental Funds						\$0	\$61,656	\$0
NSIP						\$0	\$8,123	\$0
Allocation Total	\$5,749	\$0	\$0	\$0	\$0	\$210,929	\$1,813,232	
Actual Contract Allocation (Entered by DoAS)	\$0	\$0	\$0	\$0	\$0	\$0	\$0	
Federal Fund Balance	\$0	\$0	\$0	\$0	\$0	\$0	\$0	

DOAS23AAA017
Sussex County
Agency Budget Plan Part I

Total Funds From State:	\$730,225
Fund Balance:	\$0
Total New Funds:	\$730,225
Funds from Other Sources:	\$1,083,007
Total Funds Needed:	\$1,813,232

DOAS23AAA017
Sussex County
Agency Budget Plan Part II

Agency: Sussex County
County: Sussex County

Title III Funding:

Funding Sources	ARP ADMIN	CARES ADMIN	CARES - T III B Supportive Services - 51	CARES - T III C2 Home Delivered Meals - 52	CARES - T III E Family Caregiver Support Program - 53	CAA - T III C2 Home Delivered Meals - 57	CRRSA - APS - 58
New Funds			\$0	\$0	\$0	\$0	\$0
Administrative - ARP (66)							
Administrative - CARES (54)		\$0	\$0	\$0	\$0		
Allocation Transfer			\$0	\$0			
New Allocation		\$0	\$0	\$0	\$0	\$0	\$0
Prior Year Approved Carry Over			\$0	\$0	\$0	\$0	\$0
Prior Year Excess Funds			\$0	\$0	\$0	\$0	\$0
State Match			\$0	\$0	\$0	\$0	\$0
Prior Year Approved State Match C/O			\$0	\$0	\$0	\$0	\$0
Prior Year State Match Excess Funds			\$0	\$0	\$0	\$0	\$0
Local Public							
Local Private							
Participant Income			\$0	\$0	\$0		
Income Other							
Supplemental Funds							
NSIP							
Allocation Total	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Actual Contract Allocation (Entered by DoAS)			\$0	\$0	\$0	\$0	\$0

DOAS23AAA017
Sussex County
Agency Budget Plan Part II

Federal Fund Balance		\$0	\$0	\$0	\$0	\$0	\$0
State Match Fund Balance		\$0	\$0	\$0	\$0	\$0	\$0

Funding Sources	ARP - Title III B Supportive Services - 61	ARP - Title III C1 Congregate Meals - 62	ARP - Title III C2 Home Delivered Meals - 63	ARP - Title III D Preventive Health - 64	ARP - Title III E Family Caregivers - 65
New Funds	\$93,741	\$38,063	\$71,498	\$9,545	\$21,958
Administrative - ARP (66)	\$0	\$0	\$0		\$0
Administrative - CARES (54)					
Allocation Transfer	\$0	\$0	\$0		
New Allocation	\$93,741	\$38,063	\$71,498	\$9,545	\$21,958
Prior Year Approved Carry Over	\$0	\$0	\$0	\$0	\$0
Prior Year Excess Funds	\$0	\$0	\$0	\$0	\$0
State Match	\$0	\$0	\$0	\$0	\$0
Prior Year Approved State Match C/O	\$0	\$0	\$0	\$0	\$0
Prior Year State Match Excess Funds	\$0	\$0	\$0	\$0	\$0
Local Public	\$18,144	\$6,990	\$13,859		
Local Private					
Participant Income	\$5			\$5	\$5
Income Other					
Supplemental Funds					
NSIP					
Allocation Total	\$111,890	\$45,053	\$85,357	\$9,550	\$21,963
Actual Contract Allocation (Entered by DoAS)	\$0	\$0	\$0	\$0	\$0

DOAS23AAA017
Sussex County
Agency Budget Plan Part II

Federal Fund Balance	\$0	\$0	\$0	\$0	\$0
State Match Fund Balance	\$0	\$0	\$0	\$0	\$0

Agency Budget Plan Part II

Funding Sources	Fund Totals	MOE Requirement	NSIP Approved Carry Over	NSIP Excess Funds	NSIP Fund Balance
New Funds	\$234,805				
Administrative - ARP (66)	\$0				
Administrative - CARES (54)	\$0				
Allocation Transfer	\$0				
New Allocation	\$234,805				
Prior Year Approved Carry Over	\$0				
Prior Year Excess Funds	\$0				
State Match	\$0				
Prior Year Approved State Match C/O	\$0				
Prior Year State Match Excess Funds	\$0				
Local Public	\$38,993				
Local Private	\$0	0			
Participant Income	\$15				
Income Other	\$0				
Supplemental Funds	\$0				
NSIP	\$0		0	0	00
Allocation Total	\$273,813				

Actual Contract Allocation (Entered by DoAS)	\$0
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Federal Fund Balance	\$0
State Match Fund Balance	\$0

DOAS23AAA017
 Sussex County
Agency Budget Plan Part II

Other Funding:

Funding Sources	FFCRA C1 Congregate meals - 49	FFCRA C2 Home Delivered Meals - 50	ADRC - COVID-19 ADMIN - 56	ADRC - COVID-19 - 55
New Funds	\$0	\$0	\$0	\$0
Administrative				
Allocation Transfer	\$0	\$0	\$0	\$0
New Allocation	\$0	\$0	\$0	\$0
Prior Year Approved Carry Over	\$0	\$0	\$0	\$0
Prior Year Excess Funds	\$0	\$0	\$0	\$0
State Match				
Prior Year Approved State Match C/O				
Prior Year State Match Excess Funds				
Local Public				
Local Private				
Participant Income		\$0		
Income Other				
Supplemental Funds				
NSIP				
Allocation Total	\$0	\$0	\$0	\$0
Actual Contract Allocation (Entered by DoAS)	\$0	\$0	\$0	\$0
Federal Fund Balance	\$0	\$0	\$0	\$0

DOAS23AAA017
Sussex County
Agency Budget Plan Part II

Funding Sources	Vaccine ADRC Covid-19 Supplement - 60	VAC5 Covid-19 Vaccines - 59	Expanding Public Health Workforce - 67	FUND TOTALS	CONTRACT TOTALS	Actual Allocation (Entered by DoAS)
New Funds	\$0	\$0	\$0	\$0	\$641,180	
Administrative				\$0	\$0	
Allocation Transfer				\$0	\$0	
New Allocation	\$0	\$0	\$0	\$0	\$641,180	
Prior Year Approved Carry Over	\$0	\$0	\$0	\$0	\$0	
Prior Year Excess Funds	\$0	\$0	\$0	\$0	\$0	
State Match				\$0	\$19,266	\$0
Prior Year Approved State Match C/O				\$0	\$0	
Prior Year State Match Excess Funds				\$0	\$0	
Local Public				\$0	\$916,804	
Local Private				\$0	\$68,584	
Income Client				\$0	\$97,619	
Income Other				\$0	\$0	
Supplemental Funds				\$0	\$61,656	\$0
NSIP				\$0	\$8,123	\$0
Allocation Total	\$0	\$0	\$0	\$0	\$1,813,232	
Actual Contract Allocation (Entered by DoAS)	\$0	\$0	\$0	\$0	\$0	
Federal Fund Balance	\$0	\$0	\$0	\$0	\$0	

DOAS23AAA017
Sussex County
Agency Budget Plan Part II

Total Funds From State:	\$730,225
Fund Balance:	\$0
Total New Funds:	\$730,225
Funds from Other Sources:	\$1,083,007
Total Funds Needed:	\$1,813,232

Schedule D - Officers and Directors List: Anthony Fasano

List below the Name, Title, and Residence Address of all officers and board members of applicant.

Officer 1:

First Name: Anthony
Last Name: Fasano
Title: Commissioner Director
Address 1: One Spring Street
Address 2:
City: Newton
State: New Jersey
Zip Code: 07860

Officer 2:

First Name: Chris
Last Name: Carney
Title: Deputy Commissioner Director
Address 1: One Spring Street
Address 2:
City: Newton
State: New Jersey
Zip Code: 07860

Officer 3:

First Name: Dawn
Last Name: Fantasia
Title: Commissioner
Address 1: One Spring Street
Address 2:
City: Newton
State: New Jersey
Zip Code: 07860

Officer 4:

First Name: Jill
Last Name: Space
Title: Commissioner
Address 1: One Spring Street
Address 2:
City: Newton
State: New Jersey
Zip Code: 07860

Schedule D - Officers and Directors List: Anthony Fasano

Officer 5:

First Name: Herbert

Last Name: Yardley

Title: Commissioner

Address 1: One Spring Street

Address 2:

City: Newton

State: New Jersey

Zip Code: 07860

Schedule G - Certification Regarding Debarment and Suspension

In accordance to Federal Executive Order 12549, "Debarment and Suspension", the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contact under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c. are not presently indicted or for otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its subgrantees a certification that includes without modification paragraphs (a), (b), (c), (d), of this certification in accordance with Federal Executive Order 12549.

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

Name of Official certifying for Agency

Lorraine Hentz

Title

Director

Schedule H - Certification Regarding Lobbying

The undersigned certifies, to the best of his or her knowledge that:

- a. No grant funds awarded from State and/or Federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any grant, the making of any loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any grant, loan, or cooperative agreement.
- b. If any funds other than State and/or Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions. This form can be found by clicking [here](#).
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

The requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

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

Name of Official certifying for Agency

Lorraine Hentz

Title

Director

Schedule J - Agency Minority Profile

The Department's Office of Minority Health has defined "minorities" as the four major race/ethnic minority populations (African Americans, Latinos/Hispanic, Asian/Pacific Islanders and American Indians/Eskimos as well as linguistic minority populations who are either non-English speaking or have limited English proficiency.

Complete this form if your agency is requesting funds from this Department for the first time or has not received funds in the last two (2) years from the Department.

1. Is this a **minority-managed** organization?

() (✓)
Yes No

a. If Yes, place a check in the applicable box(es).

- Black/African American
 Hispanic/Latino
 American Indian
 Asian/Pacific Islander
 White, Not of Hispanic Origin
 Other

2. Is this agency serving a large minority population?

() (✓)
Yes No

a. If Yes, place a check in the applicable box(es).

- Black/African-American
 Hispanic/Latino
 American Indian
 Asian/Pacific Islander
 White, Not of Hispanic Origin
 Other

3. Indicate all of the languages in which services are being provided by this organization, by placing a check in each applicable box:

- English
 Spanish
 French
 Creole
 Other

Schedule K - Certification Regarding Environmental Tobacco Smoke

Public Law 103-227, also known as the Pro-Children Act of 1994 (act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or Local Governments by Federal grants, contract loan or loan guarantee. The law also applies to children's services provided in indoor facilities that are constructed, operated, or maintained with such federal funds. The law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsibility entity.

Name of Official certifying for Agency

Lorraine Hentz

Title

Director

Schedule M - Certification Regarding Disclosure of Investment Activities in Iran

PART 1: CERTIFICATION

APPLICANT / BIDDER MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list (on the web at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>) created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the NJ Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above because the bidder and / or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and / or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

Using attached sheets, provide a detailed, accurate and precise description of the activities of the bidding person/ entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above.

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Schedule M - Certification Regarding Disclosure of Investment Activities in Iran

Name of Official certifying for Agency

Lorraine Hentz

Title

Director

Schedule I - Certification Sheet

- Yes N/A I certify that this agency will comply with the terms of this contract as outlined in the Standard Language Document for Social Service and Training Contracts.
- Yes N/A I have read the Certification Regarding Debarment and Suspension (Schedule G of the Application for Grant Funds) and certify to the best of my knowledge that as an applicant this agency and its key employees are in compliance with this requirement. I will also obtain such certification from all subgrantees in accordance with Federal Executive Order 12549. This form will be maintained on file in the agency's office.
- Yes N/A I have read the Certification Regarding Lobbying (Schedule H of the Application for Grant Funds) and, to the best of my knowledge, certify that this agency is in compliance. This form will be maintained on file in the agency's office.
- Yes N/A I have read the Certification Regarding Environmental Tobacco Smoke (Schedule K of the Application for Grant Funds) and have determined that the provisions of the pro-children Act of 1994 apply to this agency and to the best of my knowledge, certify that this agency is in compliance with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. This form will be maintained on file in the agency's office.
- Yes N/A I understand that my payments will depend on timely submission of all reports.
- Yes N/A I certify that the listing of the Officers and Directors and their addresses are correct and current. All changes in Officers and Directors, must be updated and reported within 10 working days.
- Yes N/A I have completed and submitted the Agency Minority Profile (Schedule J of the Application for Grant Funds) at least one time during the past two years.
- Yes N/A The Statement of Local Governmental Public Health Partnership (Page 2 of the Application for Grant Funds) has been sent to the Local Governmental Public Health Partnership Chairperson (or Local Health Officer, if applicable) for signature on the date of our submission of the application to the New Jersey Department of Health and Senior Services.
- Yes N/A I certify that this agency is not delinquent on any Federal or State debt.
- Yes N/A As a non-profit corporation, I certify that this agency has 501(c)(3) status as required by the Internal Revenue Service and is registered as a charitable organization in accordance with N.J.S.A. 45:17A-18 et seq.

Schedule I - Certification Sheet

Yes N/A I have read, understand, and will comply with the instructions received with the grant application package.

Name of Official certifying for Agency

Lorraine Hentz

Title

Director

Required Attachments

N/A			Correction Needed	Attachment Approved
[]	ORGANIZATIONAL CHART	https://njsage.intelligent.com/_Upload/2807077_1995390-2022SeniorServicesOrganizationalChart121ARevised.ppt	<input type="checkbox"/>	[]
[]	CURRENT COUNTY FRINGE RATE (from County Treasurer)	https://njsage.intelligent.com/_Upload/2807077_1995309-FringeBenefitsRateLetter2023-Preliminarynon-TAG.pdf	<input type="checkbox"/>	[]
[✓]	<u>NJ CHARITIES REGISTRATION</u>		<input type="checkbox"/>	[]
[✓]	<u>PROOF OF NON PROFIT STATUS (501C3)</u>		<input type="checkbox"/>	[]
[✓]	CERTIFICATE OF INCORPORATION		<input type="checkbox"/>	[]
[✓]	CERTIFICATE OF EMPLOYEE INFORMATION REPORT (AA302)		<input type="checkbox"/>	[]
[]	STANDARDIZED BOARD RESOLUTIONS	https://njsage.intelligent.com/_Upload/2807077_1995303-2023StandardBoardResolutionForm.pdf	<input type="checkbox"/>	[]
[]	BUSINESS ASSOCIATES AGREEMENT	https://njsage.intelligent.com/_Upload/2807077_1995323-2023BAA.pdf	<input type="checkbox"/>	[]
[]	COPY OF INTEREST BEARING BANK ACCOUNT STATEMENT	https://njsage.intelligent.com/_Upload/2807077_1995377-LakelandBkCurrentFundSep-22BankStatement.pdf	<input type="checkbox"/>	[]
[✓]	PROOF OF INDIRECT RATE		<input type="checkbox"/>	[]
[]	PROGRAM INCOME STATEMENT	https://njsage.intelligent.com/_Upload/2807077_1995375-PROJECTINCOMEPolicy320.doc	<input type="checkbox"/>	[]
[]	AUDIT ENGAGEMENT LETTER	https://njsage.intelligent.com/_Upload/2807077_1995375-PROJECTINCOMEPolicy320.doc	<input type="checkbox"/>	[]

Sussex County

Required Attachments

rants.com/_Upload/28070
77_1995374-AuditEngagem
entLetter-2018-2022.pdf

[] STAFF RESUMES https://njsage.intelligent-rants.com/_Upload/2807077_1995373-SeniorServicesResumes1022.doc []

[✓] SALARY RANGES []

[✓] SALARY POLICY []

[] TRAVEL POLICY https://njsage.intelligent-rants.com/_Upload/2807077_1995370-SussexCountyTravelPolicy.doc []

[] TELEPHONE POLICY https://njsage.intelligent-rants.com/_Upload/2807077_1995369-SussexCountyTelephonePolicy.pdf []

[✓] MAINTENANCE AGREEMENTS []

[✓] LEASE OR MORTGAGE DOCUMENT []

[] INSURANCE POLICY https://njsage.intelligent-rants.com/_Upload/2807077_1995366-GRANTAPPLICATIONSCOI-NJDEPTHUMANSVC S2022.pdf []

Required Attachments

<input checked="" type="checkbox"/>	COST ALLOCATION PLAN		<input type="checkbox"/>
<input checked="" type="checkbox"/>	ESTIMATES FOR EQUIPMENT		<input type="checkbox"/>
<input type="checkbox"/>	COMPUTER SECURITY POLICY	https://njsage.intelligent.com/_Upload/2807077_1995363-InternetAUP-2002.pdf	<input type="checkbox"/>
<input checked="" type="checkbox"/>	CONSULTANT AGREEMENTS		<input type="checkbox"/>
<input checked="" type="checkbox"/>	STATEMENT OF GROSS REVENUE OR		<input type="checkbox"/>
<input type="checkbox"/>	ANNUAL AUDIT REPORT	https://njsage.intelligent.com/_Upload/2807077_1995360-CountyofSussex2021Audit.pdf	<input type="checkbox"/>
<input checked="" type="checkbox"/>	TAX CLEARANCE CERTIFICATE		<input type="checkbox"/>

State of New Jersey
Department of Human Services

SUBJECT: Standardized Board Resolution Form

EFFECTIVE: This policy shall become effective August 1, 2009.

PROMULGATED: July 20, 2009

SUPERCEDES: Standardized Board Resolution Form, promulgated
November 21, 2007

PURPOSE: The purpose of this policy circular is to standardize the content of the Provider Agency Board Resolutions across all Department of Human Services (DHS) Departmental Components to assure that all of the required obligations are identified and committed to by the Provider Agency Board.

I. SCOPE

This policy circular applies to all DHS Third Party incorporated contracted Provider Agencies, Universities/Colleges and for-profit organizations.

II. POLICY

Periodically Boards of Directors in conducting the business of their organizations attest to their actions or decisions by way of written resolutions. The DHS requires Contract Providers to complete and file the attached standard board resolution when executing a DHS Third Party Social Service Contract.

A. Requirements for completion, updating and submission

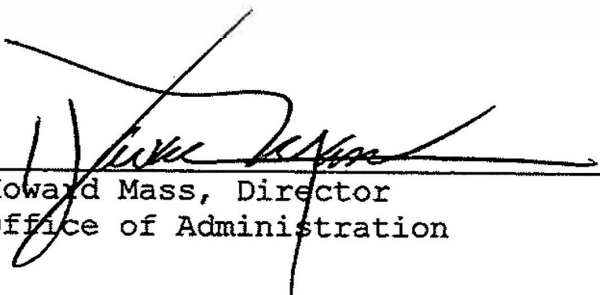
The Attachment I, Page 1 is to be completed by the Agency and the same for Attachment II.

When any changes occur which would affect the contents of the form, the Board is to convene and complete a new Board


Resolution and submit it to the Departmental Component within 10 business days of the change unless otherwise specified in the DHS policy.

The completed form is to be returned to the Departmental Component with all other required contract documents as part of the contract package. (See Policy Circular P1.01, Documents and Conditions Required for Processing, Executing and Documenting a DHS Third Party Contract.)

Issued by:



Howard Mass, Director
Office of Administration



Diane Zampa
Chief of Staff
Department of Human Services

STANDARDIZED BOARD RESOLUTION

The Board endorses the following commitments as defined in this document:

1. Health Insurance Portability and Accountability Act (HIPAA)*

Specific to HIPAA (Health Insurance Portability and Accountability Act), the above noted Provider Agency is either (check A or B):

- A) a covered entity (as defined in 45 CFR 160.103)
- B) a non-covered entity and has executed a DHS Business Associate Agreement (BAA) last dated _____.
- C) a non-covered entity that will not be receiving or sharing personal health information.

Once executed, the BAA will be included in the Departmental Component's official contract file. The BAA *will be considered applicable indefinitely* unless there is a change in the Provider Agency's status, information or the content of the BAA, in which case it is the responsibility of the contracted Provider Agency to revise the BAA.

The Board agrees that if there is *any change* in their BAA Status the Departmental Component will be immediately notified and the appropriate information provided within 10 business days.

*** This section is not applicable for DCF Office of Education Contracts.**

2. Legal Advice

The Board acknowledges that the Department of Human Services does not and will not provide legal advice regarding the contract or about any facet of the relationship between the Department of Human Services and the Provider Agency. The Board further acknowledges that any and all legal advice must be sought from the Provider Agency's own attorneys and not from the Department of Human Services.

DEPARTMENT OF HUMAN SERVICES (DHS)

Standardized Board Resolution Form

Supporting Information for Contract # DOAS 23AAA017 for Contract

Period 1/01/2023 to 12/31/2023.

Agency: County of Sussex, Division of Senior Services

Certification:

We certify that the information contained in, or included with, this contract document is accurate and complete.

Chairperson, Board of Directors

Date


Executive Director

10/14/2022
Date

Authorized Signatories for Contract documents, checks and invoices are: (List full name and title) (add additional pages, if needed)

Name Elke Yetter

Title County Treasure, CFO


Name Lorraine Hentz

Title Executive Director

Name

Title

State of New Jersey
DEPARTMENT OF HUMAN SERVICES

BUSINESS ASSOCIATE AGREEMENT

Between

The New Jersey Department of Human Services
Division of Aging Services

AND

Sussex County Division of Senior Services _____

This Business Associate Agreement (the "Agreement"), is entered into by and between Sussex County Division of Senior Services, (the "Business Associate") and the New Jersey Department of Human Services, Division of Aging Services, (the "Covered Entity") (collectively the "Parties").

WHEREAS, the Parties have entered into the following agreement: Area Plan Contract ("the Underlying Agreement), for the period of January 1, 2023 to December 31, 2023; and

WHEREAS, the Business Associate may use, disclose, create, receive, maintain or transmit protected health information ("PHI") on behalf of the Covered Entity in connection with Business Associate's performance of its obligations under the above-referenced Underlying Agreement; and

WHEREAS, the Parties intend to ensure the confidentiality, privacy and security of PHI as required by Health Insurance Portability and Accountability Act of 1996 (HIPAA), Public Law 104-191 and the regulations promulgated thereunder by the U.S. Department of Health and Human Services (the HIPAA Regulations), as updated by the Health Information Technology for Economic and Clinical Health (HITECH) Act, enacted under Title XII of the American Recovery and Reinvestment Act of 2009, and other applicable laws; and

WHEREAS, there are no underlying agreements associated with this Agreement other than the above-referenced Underlying Agreement;

A. Definitions

Unless otherwise provided for in this Agreement, terms used in this Agreement shall have the same meaning as set for the in HIPAA, HITECH, and the underlying regulations, including but not limited to the following: Availability, Breach, Confidentiality, Data Aggregation, Designated Record Set, Health Care Operations, Individual, Integrity, Minimum Necessary, Notice of Privacy Practices, Protected Health Information, Required by Law, Secretary, Security Incident, Subcontractor, and Use. Specific definitions are as follows:

- a. "Privacy Rule" shall mean the Standards for Privacy of Individually Identifiable Health Information found at 45 CFR Parts 160 and 164, Subparts A and E.

- b. "Security Rule" shall mean the Standards for Security for the Protection of Electronic Protected Health Information, codified at 45 CFR Parts 160, 162 and 164.

B. Obligations and Activities of Business Associate

1. **Security Safeguards.** The Business Associate shall use appropriate safeguards and comply with Subpart C of 45 CFR Part 164, Security Standards to prevent the use or disclosure of Electronic Protected Health Information (ePHI), other than as authorized under this Agreement, and maintain a reasonable and appropriate privacy and security program that includes appropriate administrative, technical, organizational and physical safeguards to protect the confidentiality, integrity and availability of PHI that it creates, receives, maintains, or transmits on behalf of the Covered Entity.
2. **Breach of Security and Privacy.** The Business Associate agrees to promptly notify the Covered Entity's Privacy Officer, as noted in Section H.46, of any Security Incident involving PHI of which it becomes aware and cooperate with Covered Entity in the investigation. Business Associate will report attempted but unsuccessful Security Incidents that do not result in any unauthorized access, use, disclosure, modification or destruction of PHI, or interference with an information system at Covered Entity's request. In addition, to the extent the information is available, the following information shall be provided to the Covered Entity as soon as possible, but no later than fourteen (14) days after the Business Associate becomes aware of such Security Incident:
 - a. Specify the nature of the unauthorized access, use or disclosure;
 - b. Identify the PHI accessed, used or disclosed;
 - c. Identify the cause of the security incident;
 - d. Identify the recipient(s) of the PHI;
 - e. Identify what corrective action took place or will take place to prevent further breaches;
 - f. Explain what was done or will be done to mitigate the harmful effect; and
 - g. Provide any other relevant information Covered Entity may need about a breach.
3. **Mitigation.** The Business Associate agrees to take prompt corrective action to mitigate any harmful effect of any use or disclosure of PHI, or Security Incident that is known to the Business Associate.
4. **Agents.** The Business Associate agrees to ensure that any officer, employee, contractor, subcontractor or agent to whom it provides PHI, which was received, maintained, created, used or transmitted by the Business Associate on behalf of the Covered Entity agrees in writing to the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such PHI.
5. **Right of Access to PHI.** The Business Associate agrees to make available PHI in a designated record set maintained by the Business Associate or its agents or subcontractors to the Covered Entity as necessary to satisfy the Covered Entity's obligations under 45

CFR 164.524 within ten days (10) days of the date of any such request. Business Associate agrees to forward all requests made directly to the Business Associate from individuals seeking access to PHI.

6. **Amendments.** The Business Associate agrees to make any amendment(s) to PHI in a designated record set as directed or agreed to by the Covered Entity pursuant to 45 CFR 164.526 within thirty (30) days of such a request, or take other measures as necessary to satisfy the Covered Entity's obligations under 45 CFR 164.526. The Business Associate shall provide written confirmation of the amendment(s) to the Covered Entity. Business Associate agrees to forward all requests made directly to the Business Associate from individuals seeking amendments to PHI.
7. **Access to books and records.** The Business Associate agrees to make its privacy and security program, its internal practices, books and records relating to the use, disclosure and security of PHI under this Agreement and the Underlying Agreement available to the Covered Entity within thirty (30) days of the date of such request, or to the Secretary of the U.S. Department of Health & Human Services, in a time and manner designated by the Secretary.
8. **Accounting of Disclosures.** The Business Associate agrees to maintain and make available the information and/or documentation required to provide an accounting of disclosures as necessary to satisfy the Covered Entity's obligations under 45 CFR 164.528. The Business Associate agrees to provide such information and/or documentation to the Covered Entity within thirty (30) days of a request for an accounting of disclosures. Business Associate agrees to forward all requests made directly to the Business Associate from individuals seeking an accounting of PHI.
9. **Confidential Communications.** Business Associate shall comply with any request from an individual to receive PHI via alternative means or at an alternative location approved by Covered Entity pursuant to 45 CFR 164.522(b), provided that Covered Entity notifies Business Associate in writing of the request
10. **Restrictions.** Business Associate shall comply with any restriction on the use or disclosure of Protected Health Information that Covered Entity has agreed to or is required to abide by under 45 CFR 164.522(a) provided that Covered Entity notifies Business Associate in writing of the restriction obligation.
11. **Minimum Retention.** Business Associate will retain the documentation required pursuant to §164.316(b)(1) for six (6) years from the date of its creation or the date when it last was in effect, whichever is later.
12. **Inspect.** The Business Associate agrees that from time to time, upon reasonable notice, it shall allow the Covered Entity or its authorized agents or contractors, to inspect or review the facilities, systems, books, records and procedures of the Business Associate to monitor compliance with this Agreement or any other state or federal security safeguard review. In the event the Covered Entity, in its sole discretion, determines that the Business Associate

has violated any term of this Agreement, the Privacy Rule or Security Rule, it shall so notify the Business Associate in writing. The Business Associate shall promptly remedy the violation of any term of this Agreement and shall certify same in writing to the Covered Entity. The fact that the Covered Entity or its authorized agents or contractors inspect, fail to inspect or have the right to inspect the Business Associate's facilities, systems, books, records, and procedures does not relieve the Business Associate of its responsibility to comply with this Agreement. The Covered Entity's (1) failure to detect, or (2) detection but failure to notify the Business Associate, or (3) failure to require the Business Associate to remediate any unsatisfactory practices, shall not constitute acceptance of such practice or a waiver of the Covered Entity's enforcement rights under this Agreement. Nothing in this paragraph is deemed to waive Section G of this Agreement or the New Jersey Tort Claims Act, NJSA 59:1-1 et seq., as they apply to the Covered Entity

- 13. Cooperation.** The Business Associate shall make itself, and any employees, subcontractors or agents assisting the Business Associate in the performance of its obligations under this Agreement and the Underlying Agreement, available to testify as witnesses or otherwise, in the event of litigation or administrative proceedings being commenced against the Covered Entity, its officers, employees, based upon a claimed violation of the Privacy Rule, the Security Rule or other law relating to security and privacy, except where the Business Associate or its employee, subcontractor or agent is a named adverse party.
- 14. Response to Subpoena.** In the event Business Associate receives a subpoena or similar notice or request from any judicial, administrative or other party which would require the production of PHI received from, or created for, Covered Entity, Business Associate shall promptly forward a copy of such subpoena, notice or request to Covered Entity to afford Covered Entity the opportunity to timely respond to the demand for its PHI as Covered Entity determines appropriate according to its state and federal obligations.
- 15. Other Obligations.** To the extent the Business Associate is to carry out one or more of Covered Entity's obligation(s) under the Privacy Rule and/or Security Rule, the Business Associate shall comply with the requirements of such rules that apply to the Covered Entity in performance of such obligation(s).

C. Permitted Uses and Disclosures

- 16. General Uses.** The Business Associate shall not use or disclose PHI other than as permitted or required by the Agreement or as required by law. The Business Associate may use PHI for the functions, activities, or services performed for or on behalf of the Covered Entity as specified in the Contract provided that such use or disclosure would not violate this Agreement, the HIPAA regulations, or the HITECH Act. In the event that this Agreement conflicts with any other written agreement made between the Parties relating to the exchange of PHI, this Agreement shall control.

- 17. General Disclosures.** The Business Associate may disclose PHI for proper business management and administration of the Business Associate or to carry out its legal responsibilities provided that such disclosure is required by law, or the disclosure would not violate this Agreement, the Privacy Rule, or Notice of Privacy Practices if done by the Covered Entity, the Business Associate executes a business associate agreement containing the same restrictions and conditions that apply through this Agreement to the Business Associate with respect to such PHI with a subcontractor/person receiving the PHI, and the subcontractor/person notifies the Business Associate of any instances of which it is aware that the confidentiality of PHI has been breached. In the event that this Agreement conflicts with any other agreement relating to the access or use or disclosure of PHI, this Agreement shall control.
- 18. Use and Disclosure with Subcontractor.** A Business Associate may disclose Protected Health Information to a business associate that is a subcontractor and may allow the subcontractor to create, receive, maintain and transit Protected Health Information on its behalf provided the Business Associate obtains satisfactory assurances in accordance with 45 CFR 164.504(e)(5). Use and disclosure is limited to the permitted use and disclosures of this agreement or contract.
- 19. Minimum Necessary.** Business Associate agrees to limit any use, disclosure, or request for use or disclosure of Protected Health Information to the minimum necessary to accomplish the intended purpose of the use, disclosure, or request in accordance with the requirements of the Privacy Rule.

D. Obligations of Covered Entity

- 20. Notice of Privacy Practice.** In accordance with 45 CFR 164.520, the Covered Entity shall notify the Business Associate of any limitations in the Covered Entity's Notice of Privacy Practices to the extent that such limitation may affect the Business Associate's use or disclosure of PHI.
- 21. Notification of Permissions.** The Covered Entity shall notify the Business Associate of any changes in or revocation of permission by an individual to use or disclose PHI, to the extent that such changes may affect the Business Associate's use or disclosure of PHI.
- 22. Notification of Restrictions.** The Covered Entity shall notify the Business Associate of any restriction to the use or disclosure of PHI that the Covered Entity has agreed to in accordance with 45 CFR 164.522, to the extent that such restriction may affect the Business Associate's use or disclosure of PHI.
- 23. Impermissible Requests by Covered Entity.** The Covered Entity shall not request the Business Associate to use or disclose PHI in any manner that would not be permissible under the Privacy Rule if done by the Covered Entity or under the Covered Entity's Notice of Privacy Practices or other policies adopted by the Covered Entity pursuant to the Privacy Rule.

E. Term and Termination

- 24. Term.** This Agreement shall be effective as of the date the Agreement is fully executed and shall remain in effect until all PHI is returned to Covered Entity or destroyed in accordance with the terms of this Agreement.
- 25. Return or Destruction of PHI.** The Business Associate shall return PHI, and any Related Data, to Covered Entity in whatever form or medium that Business Associate received from or created on behalf of Covered Entity. In such case, no copies of such PHI and Related Data shall be retained. PHI and Related Data shall be returned as promptly as possible, but not more than thirty (30) days after the effective date of the conclusion of this Agreement or the Underlying Agreement. Business Associate may destroy PHI and any Related Data provided that Covered Entity has agreed. All PHI and Related Data must be destroyed using technology or a methodology that renders the PHI, or Related Data, unusable, unreadable, or undecipherable to unauthorized individuals as specified by the U.S. Department of Health and Human Services (HHS) in its guidance at www.hhs.gov/ocr/privacy/hipaa/administrative/breachnotificationrule/brguidance.html. Acceptable methods for destroying PHI or Related Data include: (A) paper, film, or other hard copy media shredded or destroyed in order that PHI or Related Data cannot be read or reconstructed; and (B) electronic media cleared, purged or destroyed consistent with the standards of the National Institute of Standards and Technology (NIST). Redaction as a method of destruction of PHI or Related Data is specifically excluded. This provision shall also apply to PHI that is in the possession of subcontractors or agents of the Business Associate. The Business Associate shall retain no copies of PHI.
- 26. Infeasible Return or Disposal of PHI.** In the event that the Business Associate determines that returning or destroying the PHI is infeasible, the Business Associate shall provide to the Covered Entity notification of the conditions that make return or destruction infeasible. The Covered Entity shall have the discretion to determine whether it is feasible for the Business Associate to return or destroy the PHI. If the Covered Entity determines it is feasible, the Covered Entity shall specify the terms and conditions for the return or destruction of PHI at the expense of the Business Associate. Upon the Covered Entity determining that the Business Associate cannot return or destroy PHI, the rights and obligations of the Parties established under this Agreement, HIPAA and the underlying regulations in regard to PHI shall survive the termination of this Agreement and shall continue, and the Business Associate shall limit further uses and disclosures of such PHI to those purposes that make the return or destruction infeasible, for so long as the Business Associate maintains such PHI.
- 27. Certification.** Except when determined that the PHI cannot be returned or destroyed, the Business Associate shall provide the Covered Entity with a certification, within thirty (30) days of termination of the Agreement, that neither it nor its subcontractors or agents maintains any PHI received, maintained, created, used or transmitted by the Business Associate on behalf of the Covered Entity under this Agreement, in any form, whether paper, electronic, film or other. The Covered Entity shall acknowledge receipt of such certification and, as of the date of such acknowledgement, this Agreement shall terminate.

F. Breach Obligations

28. Effects of a Material Breach of this Agreement. Upon the Covered Entity's knowledge of a material breach or violation(s) of any of the obligations under this Agreement by the Business Associate, the Covered Entity shall, at its discretion, either:

- a. Provide an opportunity for the Business Associate to cure the breach; or
- b. End the violation, upon such terms and conditions as the Covered Entity has specified; or
- c. The Covered Entity may terminate this Agreement and require that the Business Associate fully comply with the procedures specified in Section E., "Term and Termination."

G. Indemnification and Release

29. The Business Associate shall assume all risk and responsibility for, and agrees to indemnify, defend and save harmless the Covered Entity, its officers, agents and employees and each and every one of them, from and against any and all claims, demands, suits, actions, recoveries, judgments, costs (including attorneys' fees and costs and court costs), and expenses in connection therewith, on account of loss of life, property or injury or damages to the person, body or property of any person or persons, whatsoever, which shall arise from or result directly or indirectly from the Business Associate's use or misuse of PHI or from any action or inaction of the Business Associate or its officers, employees, agents or contractors with regard to PHI or the requirements of this Agreement, the Privacy Rule or Security Rule. Except in cases where indemnification is not permitted by law, this indemnification clause shall in no way limit the obligations assumed by the Business Associate under this Agreement, nor shall it be construed to relieve the Business Associate from any liability, nor preclude the Covered Entity from taking any other actions available to it under any other provisions of this Agreement, the Privacy Rule or at law.

30. Notwithstanding the above, the obligations assumed by the Business Associate herein shall not extend to or encompass suits, costs, claims, expenses, liabilities and judgments incurred solely as a result of actions or inactions of the Covered Entity.

31. The Business Associate further acknowledges the possibility of criminal sanctions and penalties for breach or violation of this Agreement or the Privacy Rule pursuant to 42 U.S.C. 1320d-6 and agrees to not seek indemnification from Covered Entity if such are imposed upon the Business Associate.

32. The Business Associate shall be responsible for, and shall at its own expense, defend itself against any and all suits, claims, losses, demands or damages of whatever kind or nature, arising out of or in connection with an act or omission of the Business Associate, its employees, agents, or contractors, in the performance of the obligations assumed by the Business Associate pursuant to this Agreement. The Business Associate hereby releases the Covered Entity from any and all liabilities, claims, losses, costs, expenses and demands

of any kind or nature whatsoever, arising under State or federal laws, out of or in connection with the Business Associate's performance of the obligations assumed by the Business Associate pursuant to this Agreement.

33. The obligations of the Business Associate under this section shall survive the expiration of this Agreement.

H. Miscellaneous

34. **Data Ownership.** Neither the Business Associate nor its agents or subcontractors shall hold any data ownership rights with respect to the Protected Health Information created, used, maintained, or transmitted by the Business Associate for the Covered Entity under this Agreement.

35. **Governing Law.** Except where federal law applies, this Agreement shall be governed by, construed and enforced in accordance with the laws of the State of New Jersey without regard to principles of conflict of laws.

36. **Regulatory Reference.** A reference in this Agreement to a section in the Privacy Standards, Security Standards, HIPAA or 42 C.F.R. Part 2 means the section as in effect or as amended.

37. **Severability.** The invalidity or unenforceability of any term or provision of this Agreement shall not affect the validity or enforceability of any other term or provision.

38. **Amending Agreement.** The Business Associate and the Covered Entity agree to take such action as is necessary to amend this Agreement from time to time in order that the Covered Entity can continue to comply with the requirements of the Privacy and Security Rules and case law that interprets the Privacy and Security Rules. All such amendments shall be in writing and signed by both Parties. The Business Associate and the Covered Entity agree that this Agreement may be superseded by a revised Business Associate Agreement executed between the Parties after the effective date of this Agreement.

39. **Survival.** The respective rights and obligations of the Business Associate and the Covered Entity under Section E, "Term and Termination" shall survive the termination of the Contract. The respective rights and obligations of the Business Associate and the Covered Entity under Section G, "Indemnification and Release", shall survive the termination of this Agreement.

40. **Interpretation.** Any ambiguity in this Agreement shall be resolved to permit the Covered Entity to comply with the HIPAA and the HIPAA regulations, as they may be amended or interpreted by a court of competent jurisdiction.

41. **Disclaimer.** The Covered Entity makes no warranty or representation that compliance by the Business Associate with this Agreement, HIPAA and the HIPAA regulations will be adequate or satisfactory for the Business Associate's own purposes. The Business

Associate is solely responsible for all decisions made by the Business Associate regarding the safeguarding of PHI.

- 42. Third Party Beneficiaries.** Nothing expressed or implied in the Agreement is intended to confer, nor shall anything herein confer, upon any person other than the Business Associate and the Covered Entity, and any successor State agency to the Covered Entity, any rights, remedies, obligations or liabilities whatsoever.
- 43. Individually Identifiable Information.** The Business Associate acknowledges that Social Security numbers and Social Security Administration (SSA) records, information or data regarding individuals (records) are confidential and require safeguarding. Failure to safeguard Social Security numbers and other SSA records can subject the Business Associate and its employees to civil and criminal sanctions under Federal and State laws including the Federal Privacy Act at 5 U.S.C. 552a; Social Security Act sections 205 and 1106 (see 42 U.S.C. 405(c)(2)(C)(viii) and 42 U.S.C. 1306, respectively); and N.J.S.A. 56:8-164. The Business Associate shall ensure that all persons who will handle or have access under this Agreement to any Social Security Number or other SSA record will be advised of the confidentiality of the records; the safeguarding requirements to protect the records and prevent unauthorized access, handling, duplication and re-disclosure of the SSA records; and the civil and criminal sanctions for failure to safeguard the SSA records. The Business Associate shall enact and/or maintain safeguards necessary to protect these records and prevent the unauthorized or inadvertent access to, duplication of or disclosure of a Social Security number or other SSA record.
- 44. Medicaid Information.** The Business Associate acknowledges that all information related to the Children's Health Insurance Program (CHIP) and the Medicaid program is confidential, disclosure must be restricted to purposes directly connected with the administration of the CHIP and Medicaid State Plans, and Business Associate must comply with 42 C.F.R. 431.300 et seq. and N.J.A.C. 10:49-9.7. See also 42 U.S.C. 1396a(a)(7) and N.J.S.A. 30:4D-7.g. The Business Associate shall ensure that all persons who will handle or have access under this Agreement to Medicaid or CHIP information will be advised of the confidentiality of the records and the safeguarding requirements.
- 45. Drug and Substance Abuse Records.** The Business Associate acknowledges that any record that directly or indirectly identifies an individual as a current or former patient of a drug or alcohol program, as those terms are defined at 42 CFR §2.11 is confidential. Confidentiality applies to such records of deceased patients. The Business Associate shall ensure that all persons who will handle or have access under this Agreement to drug or substance abuse information will be advised of the confidentiality of the records, requirements to protect the records and prevent unauthorized access, handling, duplication and re-disclosure, except as permitted under 42 CFR Part 2.

46. Notice Requirements. Any notices to be given hereunder shall be made via email, and followed by notice via regular and certified U.S. mail, return receipt requested, and if possible, by facsimile to the addresses and facsimile numbers listed below:

Business Associate:

 Sussex County
Division of Senior Services
One Spring Street
Newton, NJ 07860
973-579-0555
973-579-0550 (Fax)

Covered Entity:

R. Denise Lyles
NJ Dept. of Human Services
PO Box 807
Trenton, NJ 08625-0807
Denise.Lyles@dhs.nj.gov
Office number: 609-438-4636
Cell number: 609-651-3138
Fax number: 609-584-5077

As the Covered Entity is a body corporate and politic of the State of New Jersey, the signature of its authorized representative is affixed below. The undersigned representative of the Covered Entity certifies that he or she is fully authorized to enter into the terms and conditions of this Agreement and to execute and legally bind the Covered Entity to this document.

Additionally, the undersigned representative of the Business Associate certifies that he or she is fully authorized to enter into the terms and conditions of this Agreement and to execute and legally bind the Business Associate to this document.

Covered Entity:

Signature

Louise Rush

Division Director

Division of Aging Services

Dated: _____

Business Associate:


Signature

Printed Name: Lorraine Hentz

Title: Director

Agency: Sussex Cty Div. of Senior Services

Dated: 10/13/2022

Miscellaneous Attachments

Description

https://njsage.intelligrants.com/_Upload/2812983_1993864-Allwayscaringhousekeeping.pdf

Description

https://njsage.intelligrants.com/_Upload/2812983_1993866-allwayscaringIIIE.pdf

Description

https://njsage.intelligrants.com/_Upload/2812983_1993868-APSw waiver.pdf

Description

https://njsage.intelligrants.com/_Upload/2812983_1993870-AsstTransportwaiver.pdf

Description

https://njsage.intelligrants.com/_Upload/2812983_1993872-Caremanagementwaiver.pdf

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https://njsage.intelligrants.com/_Upload/2812983_1993874-Congregatewaiver.pdf

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https://njsage.intelligrants.com/_Upload/2812983_1993876-SeniorTransportationwaiver.pdf

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https://njsage.intelligrants.com/_Upload/2812983_1993879-SocRecwaiver.pdf

Description

Description