

# Exhibit “A”



**COUNTY OF ESSEX  
DEPARTMENT OF CITIZEN SERVICES**

**DIVISION OF SENIOR SERVICES  
CONTRACT YEAR 2021**

**CONTRACT**

**NUMBER/PROJECT: 45502214 -Visiting Nurse**

**GRANTEE:**

**West Orange, Township of  
Department of Health**

**OPERATING  
DIVISION(S):**

**Essex County Division of Senior  
Services**

**SERVICE  
AREA:**

**West Orange**

**Contract # 45502214**

**Schedule A**

**PROJECT PERSONNEL**

Staff position requested under this grant:

Loucel Osias, Public Health Nurse to provide visiting nursing services and follow-ups to the target senior population in the Township of West Orange and the Borough of Essex Fells with funding support from the Essex County Division of Senior Services.

Percent of time devoted to the proposed program - 100%

Percent of time funded by Division of Senior Services requests - 25%

Theresa M. De Nova, Health Officer, Project Director/ Fiscal Reporting Responsibility Susan Iovino, Sr. Public Health Nurse, Administrative Contact Person & Programmatic reporting responsibility

The West Orange Health Department will manage and supervise the activities proposed in this grant with the same policies and administrative procedures set forth by the Health Officer in the operation of the West Orange Health Department. The Health Officer, as well as the Sr. Public Health Nurse will monitor and evaluate the services provided by this proposal with special emphasis on quality, client satisfaction performance levels and achieving goals and objectives.

The West Orange Health Department will continue to reach the numbers projected in this proposal and continue to interface with the other community agencies within the service area. As the lead agency in this proposal the Nursing Division has access to all the Health Department's data bases so as to share statistics and program accomplishments. Computer systems will be used as a method to accurately maintain records, and detail a method by which monthly reports will be submitted to the Division of Senior Services via computer, mail or delivery. The Nursing Division will be responsible to maintain individual client records, data management and preparation of reports. This division will also follow all confidential patient guidelines as set and mandated by Federal and State laws. The West Orange Health Department will utilize their statistics and data base to assist in the identification of health status and problems in the senior community. This data will allow us to determine the health profile of our target population and address the findings appropriately.

**ORGANIZATIONAL CHART**

**West Orange Health Department  
Division of Nursing**

**Theresa M. DeNova, Health Officer**

**Michael A. Fonzino, Chief REHS**

**Susan Iovino, SR. Public Health Nurse**

**Public Health Nurse**

**Consulting Physicians**

**Clerical Staff**

**Schedule B**  
**Program Objectives**

Grant Number: 45502214

Funding Source: Older American Act Title III B

Service: Visiting Nurse

Service Definition: Services designed to maintain older persons in their own residences or community-based settings by providing skilled nursing services or therapy, thereby avoiding and deterring the need for hospitalization and institutionalization.

Service Unit: Each Visit

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The Division agrees to pay the Agency the sum not to exceed **\$16,127.00** as detailed in the final approved budget.

Goal Statement: To develop and coordinate a dual community work plan to provide a comprehensive network of visiting nurse services to the target population of older adults living within the service area of the West Orange Health Department for the period of January 1, 2021 to December 31, 2021.

Objective #1:

To provide for the administration of the Essex County Division of Senior Services to the West Orange Visiting Nursing Service at a cost of \$16,127.

Activities:

1. To maintain accurate financial records of grants expenditures.
2. To maintain expenditure control for the monies allocated in this grant and financial control of expenditures as required to meet Division of Senior Services auditing.
3. To maintain accurate program reports and submission of such reports as required and approved by the Division of Senior Services.
4. To compile and report to the Division of Senior Services all parameters of project performance programmatic goals and objectives and report such information to the participating municipality.
5. To compile and report to the Division of Senior Services all parameters of all project expenditures.

Goal #2: To ensure that comprehensive visiting nurse services are available to the older adult population residing in the West Orange Health Department service area with specific emphasis placed on the target population criteria set by the Essex County Division of Senior Services for the period of January 1, 2021 to December 2021. The program will serve older adults (60 plus) throughout the service area and include all service components as recommended and required by the Essex County Program Specifications-Service Definition, Components and Standards.

Objective #2:

To provide 103 nursing visits to approximately 57 targeted older adults residing in the West Orange Health Department service area each year. It is the intention to provide each older adult contact with a functional assessment, as well as counseling, referral assistance, networking, education, and the monitoring of future progress during each visiting nurse contact.

Activities:

1. To promote physical health and well-being through screening, counseling and education to the older adults in our service area.
2. Individuals will receive a physical and mental assessment, screening and evaluation during each nursing visit. To develop a plan of care for each participant.
3. Subsequent to initial examinations visits will be arranged to monitor progress and effectiveness of recommended treatments.
4. Provide nursing to the frail, impoverished, minority and vulnerable in the service area of the West Orange Health Department.
5. Assist in administering and supervising medication and treatment, following the overall plan of care including treatment, rehabilitation medication, injection, and other medical care necessary for the evaluation of the participant's safety and comfort.

Goal #3 To provide services designed to maintain older persons in their own residence or community-based setting by providing visiting nursing services that will assist in avoiding or deterring the need for hospitalization or institutionalization.

Objective #3:

To provide nursing visits to the West Orange Department service area and necessary follow-up visits by Public Health Nurses designated by the lead community under the jurisdiction of the Project Director and Senior Public Health Nurse to include the target population of the service area.

Goal #4: To provide emergency services to homebound residents and participate with the Township and County Emergency Management Offices.

Objective #4:

To reach out to homebound residents during times of emergency to assist them with vital services, such as utilities, medications and comforts of living.

Goal #5: To reach out to homebound clients via telephone during the COVID pandemic.

Goal #6: To supply homebound residents with emergency information and emergency supplies funded by Essex County Division of Senior Services.

**Community Service Area:**

**The Borough of Essex Fells**

**The Township of West Orange**

BUDGET SUMMARY PAGE  
SCHEDULE C

|                                                           |            |               |        |
|-----------------------------------------------------------|------------|---------------|--------|
| Contract Name: West Orange, Township of Health Department |            |               |        |
| Contract Number: 45502214                                 |            |               |        |
| Contract Year: 1/1/21 - 12/31/21                          |            |               |        |
|                                                           | Percentage | Dollar Amount |        |
| A. Total Project Costs                                    | 100.00%    | 16,291        |        |
| B. Project Income                                         |            | 164           |        |
| C. NSIP                                                   |            | 0             |        |
| D. Project Net Costs                                      |            | 16,127        |        |
| E. Local Non-Federal Participation                        | 0.00%      | 0             |        |
| F. Funds Granted                                          | 100.00%    | 16,127        |        |
| G. Initial Allocation                                     | 50.00%     | 8,064         |        |
|                                                           |            |               |        |
| 1. Personnel                                              | Cash       | In-Kind       | Total  |
| Public Health Nurse                                       | 16,127     | 0             | 16,127 |
|                                                           |            |               |        |
|                                                           |            |               |        |
|                                                           |            |               |        |
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|                                                           |            |               |        |
| Sub-Total                                                 | 16,127     | 0             | 16,127 |
|                                                           |            |               |        |
| 2. Consultant & Contract                                  | Cash       | In-Kind       | Total  |
|                                                           | 0          |               | 0      |
|                                                           |            |               |        |
|                                                           |            |               |        |
|                                                           |            |               |        |
|                                                           |            |               |        |
| Sub-Total                                                 | 0          | 0             | 0      |
|                                                           |            |               |        |
| 3. Travel                                                 | Cash       | In-Kind       | Total  |
|                                                           | 0          |               | 0      |
|                                                           |            |               |        |
|                                                           |            |               |        |
| Sub-Total                                                 | 0          | 0             | 0      |

BUDGET SUMMARY PAGE  
SCHEDULE C

|                               |      |         |       |
|-------------------------------|------|---------|-------|
| 4. Food                       | Cash | In-Kind | Total |
|                               | 0    |         | 0     |
|                               |      |         |       |
|                               |      |         |       |
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|                               |      |         |       |
|                               |      |         |       |
| Sub-Total                     | 0    | 0       | 0     |
|                               |      |         |       |
| 5. Building Space             | Cash | In-Kind | Total |
|                               | 0    |         | 0     |
|                               |      |         |       |
|                               |      |         |       |
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|                               |      |         |       |
| Sub-Total                     | 0    | 0       | 0     |
|                               |      |         |       |
| 6. Printing & Office Supplies | Cash | In-Kind | Total |
|                               | 0    |         | 0     |
|                               |      |         |       |
|                               |      |         |       |
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|                               |      |         |       |
| Sub-Total                     | 0    | 0       | 0     |

BUDGET SUMMARY PAGE  
SCHEDULE C

|                                     |        |         |        |
|-------------------------------------|--------|---------|--------|
| 7. Equipment                        | Cash   | In-Kind | Total  |
|                                     | 0      |         | 0      |
|                                     |        |         |        |
|                                     |        |         |        |
|                                     |        |         |        |
|                                     |        |         |        |
| Sub-Total                           | 0      | 0       | 0      |
|                                     |        |         |        |
| 8. Other Costs                      | Cash   | In-Kind | Total  |
| Flu Vaccine                         | 164    |         | 164    |
|                                     |        |         |        |
|                                     |        |         |        |
|                                     |        |         |        |
|                                     |        |         |        |
|                                     |        |         |        |
| Sub-Total                           | 164    | 0       | 164    |
|                                     |        |         |        |
| Total Direct Costs (Categories 1-8) | 16,291 | 0       | 16,291 |
| Indirect Costs                      |        |         |        |
| Total Project Costs                 | 16,291 | 0       | 16,291 |

|                                    |        |
|------------------------------------|--------|
| A. Local Non-Federal Participation | Amount |
|                                    |        |
|                                    |        |
|                                    |        |
| Sub-Total                          | 0      |
| B. In-Kind Resources               | Amount |
|                                    |        |
|                                    |        |
|                                    |        |
|                                    |        |
| Sub-Total                          | 0      |
| Total                              | 0      |
| Estimated Project Income           | 164    |

BUDGET SUMMARY PAGE  
SCHEDULE C

|                                                             |                 |                                        |
|-------------------------------------------------------------|-----------------|----------------------------------------|
| Grant # 45502214 West Orange, Township of Health Department |                 |                                        |
| Project Cost                                                | Number of Units | Unit Cost (Proj. Cost/Number of Units) |
| \$16,291                                                    | 103             | \$158.16505                            |

|                              |               |
|------------------------------|---------------|
| Personnel                    | 16,127        |
| Consultant Contract          | 0             |
| Travel                       | 0             |
| Food                         | 0             |
| Building Space               | 0             |
| Printing and Office Supplies | 0             |
| Equipment                    | 0             |
| Other Costs                  | 164           |
| <b>TOTAL COST</b>            | <b>16,291</b> |

Note: Unit cost= Project Cost divided by Number of Units

07-455-02 West Orange Township of

100% Allocation

| 8. Other Costs | Cash | In-Kind | Total |
|----------------|------|---------|-------|
| Flu Vaccine    | 164  |         | 164   |
|                |      |         |       |
|                |      |         |       |
|                |      |         |       |
|                |      |         |       |
|                |      |         |       |
|                |      |         |       |
|                |      |         |       |
| Sub-Total      | 164  | 0       | 164   |

CONTRACT SIGNATURES AND DATES:

This contract has been signed and sealed by the parties on the dates set forth below.

ATTEST:

COUNTY OF ESSEX

\_\_\_\_\_  
Deborah Davis Ford, Freeholder Clerk  
Essex County Board of Chosen Freeholders

BY: \_\_\_\_\_ DATE: \_\_\_\_\_  
Joseph N. DiVincenzo, Jr.  
Essex County Executive

ATTEST:

GRANTEE: ***West Orange Township***

\_\_\_\_\_  
DATE \_\_\_\_\_

BY: \_\_\_\_\_ DATE \_\_\_\_\_  
Robert D. Parisi  
MAYOR

The aforementioned Agreement has been reviewed and approved as to form.

BY: \_\_\_\_\_ DATE \_\_\_\_\_  
County Counsel  
Office of County Counsel

BY: \_\_\_\_\_ DATE \_\_\_\_\_  
Anibal Ramos, Department Director  
Department of Citizen Services

BY: \_\_\_\_\_ DATE \_\_\_\_\_  
Maurice J. Brown, Director  
Division of Senior Services