

**DIVISION OF LOCAL GOVERNMENT SERVICES**  
**SHARED SERVICES AGREEMENT**  
**COVER SHEET**

PROVIDER: Hamilton Township COUNTY: Mercer

RECIPIENT: Hopewell Township COUNTY: Mercer

BRIEF DESCRIPTION OF SERVICE:

Health Services

EFFECTIVE DATE: January 1, 2016

EXPIRATION DATE: December 31, 2016

Please submit this cover sheet with shared service agreement either via email to [EGG@dca.state.nj.us](mailto:EGG@dca.state.nj.us) or hard copies may be mailed to the Division of Local Government Services at PO Box 803, Trenton, NJ 08625-0803. Mailed correspondence should be sent to the attention of Shared Services.

**SHARED SERVICES AGREEMENT FOR HEALTH SERVICES**  
**TOWNSHIP OF HAMILTON & TOWNSHIP OF HOPEWELL**

January 1, 2016 to December 31, 2016

This Agreement made this **5th** day of **November, 2015**, by and between the **Township of Hamilton**, County of Mercer, a municipal corporation of the State of New Jersey, with principal offices located at 2090 Greenwood Avenue, P.O. Box 00150, Trenton, New Jersey 08650-0150; and the **Township of Hopewell**, County of Mercer, a municipal corporation of the State of New Jersey, with principal offices located at 201 Washington Crossing-Pennington Road, Titusville, New Jersey 08560;

***Witnesseth that:***

***Whereas***, the Township of Hopewell is responsible by law for the protection of public health and wishes to provide certain health services for its residents; and

***Whereas***, the Township of Hopewell desires to contract with the Township of Hamilton for provision of those health services; and

***Whereas***, the Township of Hamilton is agreeable to providing health services to the Township of Hopewell for a fee and upon certain specified conditions; and

***Whereas***, the *Uniform Shared Services and Consolidation Act, N.J.S.A. 40A:65-1, et seq.*, permits local units of this State to enter into a contract with any other local unit for the joint provision within their combined jurisdictions of any service which any party to the agreement is empowered to render within its own jurisdiction; and

***Whereas***, the Township of Hamilton and the Township of Hopewell have authorized and approved this Agreement by Resolution duly adopted pursuant to *N.J.S.A. 40A:65-1, et seq.*, of the *Uniform Shared Services and Consolidation Act*;

***Now, Therefore***, in consideration of the mutual agreements and covenants herein contained, the parties agree as follows:


1. **Scope of Services:** The Township of Hamilton agrees to provide to the Township of Hopewell, for the benefit of the residents of the Township of Hopewell, certain health services.
2. **Fees:** The fees payable by the Township of Hopewell to the Township of Hamilton for the performance of the services described in Paragraph One shall be as set forth in **Schedule A** annexed hereto.
3. **Billing and Payment:** The Township of Hamilton will issue monthly bills for services rendered to the Township of Hopewell. The bills will be issued by the fifteenth (15th) day of the succeeding month and will be payable within thirty (30) days of issuance.
4. **Liability:** The Township of Hamilton and the Township of Hopewell shall be responsible for acts of their own negligence consistent with the provisions of the *New Jersey Tort Claims Act, N.J.S.A. 59:1-1 et seq.*, arising out of or related to performance of any activity under the terms of this Agreement.
5. **Effective Date/Termination:** This Agreement shall be for twelve (12) months effective January 1, 2016 and ending December 31, 2016.
6. Each party shall notify the other in writing sixty (60) days before expiration of this agreement if it desires to continue services and negotiate a new contract for 2017.

**IN WITNESS WHEREOF**, the parties hereto have hereunto set their hands and seals on the respective dates indicated below:

TOWNSHIP OF HAMILTON


TOWNSHIP OF HOPEWELL


  
\_\_\_\_\_  
Kelly A. Yaede, Mayor

  
\_\_\_\_\_  
Kevin Kuchinski, Mayor

ATTEST:

ATTEST:

  
\_\_\_\_\_  
Eileen A. Gore, RMC, CMC  
Municipal Clerk

  
\_\_\_\_\_  
Laurie E. Gompf  
Municipal Clerk

Dated: 1/27/16

Dated: 1/19/16

# HAMILTON TOWNSHIP HEALTH SERVICES

## FEE SCHEDULE - 2016

### AVAILABLE SERVICES:

1. **Exposure Control Plan:** Tailored to fit your particular specifications, job descriptions, etc.

BBP Plan	\$275.00
TB Plan	\$275.00
Both Plans	\$475.00

2. **Bloodborne Pathogen/TB Training:**

- a. Includes all topics mandated by the PEOSHA regulations.
- b. Presented by a *Public Health Nurse* and *HIV Counselor/Health Educator*

Initial Training Session           -\$475.00 up to 30 employees  
  -\$ 7.00 each additional employee

Initial TB Training Only           -\$225.00 up to 30 employees  
  -\$ 5.00 each additional employee

Yearly Re-Training                 -\$275.00 up to 30 employees  
  -\$ 5.00 each additional employee

3. **Hepatitis B Vaccine:**

- a. Administered with physician's standing orders by Public Health Nurse.
- b. Includes Hepatitis B Vaccine, following CDC guidelines.

Hepatitis B Vaccine -               \$60.00/vaccination  
Twinrix (Hep A and Hep B) -       \$70.00/vaccination

4. **Mantoux Tuberculin Testing (PPD):**

- a. Administered with physician's standing orders by Public Health Nurse.
- b. Interpreted in 48 to 72 hours by a Public Health Nurse.

PPD Administration -               \$5.00/employee

## **SCHEDULE A**

5. **BBP/TB Exposure Follow-Up:**

- a. Counseling and guidance provided to occupationally exposed employees.
- b. Conducted by Public Health Nurse and/or HIV Counselor.

BBP Investigation, Counseling & Guidance - \$ 75.00

BBP Exposure, Follow-up at 3 months and 6 months - \$150.00

Total for Exposure = \$225.00/employee

TB Exposure - \$175.00 per exposure plus \$55.00 if 2 follow-up PPD's are required

6. **Sexually Transmitted Disease (S.T.D.) Clinic Services:**

- a. Schedule is Monday and Thursday at the Hamilton Township Department of Health.
- b. Conducted by Public Health Nurses and S.T.D./HIV counselor(s).

STD Visit - \$25.00 per patient as per contract.

7. **Pneumonia/Flu:**

- a. Medicare subscribers - Township or Non-Township residents: NO FEE
- b. Township residents - Non-Medicare subscribers: \$10.00
- c. Non Township residents, Private Sector & Businesses: \$20.00

8. **Blood Lead Investigations:**

- a. Investigation and follow-up: \$60.00/hour

9. **Child Health Conferences:**

- a. Assessment, Counseling, Examination and Immunizations \$45.00/patient

10. **Health Education Services:**

- a. Assessment, Planning and Implementation \$50.00/hour

**For further information, contact:**

Jeffrey J. Plunkett, Health Officer (609) 890-3820

Giovanna Guarraggi, R.N., MSN, APN-BC, Supervisor of Public Health Nursing Services  
(609) 689-5562

Jill Belviso, PHN, R.N., BSN (609) 890-3827

TOWNSHIP OF HOPEWELL  
MERCER COUNTY, NEW JERSEY

RESOLUTION #16-14

A RESOLUTION AUTHORIZING A SHARED SERVICES AGREEMENT  
WITH THE TOWNSHIP OF HAMILTON FOR HEALTH SERVICES FOR 2016

WHEREAS, it is the desire of the Governing Body of the Township of Hopewell to contract with the Township of Hamilton for the provision of certain sexually transmitted disease (STD) clinic services for the term January 1, 2016 through December 31, 2016; and

WHEREAS, N.J.S.A. 40:8A-1 et seq. permits local units of the State to enter into a contract with any other local unit for the provision of any service which any party to the agreement is empowered to render within its own jurisdiction.

NOW, THEREFORE, BE IT RESOLVED, on this 19<sup>th</sup> day of January 2016, by the Township Committee of the Township of Hopewell, County of Mercer, State of New Jersey that the Mayor and Clerk be and hereby are authorized to enter into a Shared Services Agreement with the Township of Hamilton for certain health services for 2016. Said services shall be furnished and rendered by the Township of Hamilton pursuant to a contract, a copy of which is annexed hereto.

Date Adopted: January 19, 2016

CERTIFICATION

I HEREBY CERTIFY THE FOREGOING TO BE  
A TRUE COPY OF A Resolution ADOPTED  
BY THE HOPEWELL TOWNSHIP COMMITTEE  
AT A MEETING HELD

January 19, 2016

DATE

Laurie E. Gompf

LAURIE E. GOMPf, MUNICIPAL CLERK

TOWNSHIP OF HAMILTON  
 COUNTY OF MERCER, NEW JERSEY

RESOLUTION

No. 15 391

APPROVED AS TO FORM AND LEGALITY

FACTUAL CONTENTS CERTIFIED TO BY

\_\_\_\_\_  
 TOWNSHIP ATTORNEY

\_\_\_\_\_  
 TITLE

**RESOLUTION AUTHORIZING AND APPROVING 2016 SHARED SERVICES CONTRACT FOR HEALTH SERVICES BETWEEN THE TOWNSHIP OF HAMILTON AND THE TOWNSHIP OF HOPEWELL**

*Whereas* the Township of Hopewell desires to contract with the Township of Hamilton for provision of certain professional health clinic services for the period January 1, 2016 to December 31, 2016; and

*Whereas* the Township of Hamilton has agreed to provide certain health services to the Township of Hopewell for a fee; and

*Whereas* such agreements are authorized pursuant to N.J.S.A. 40A:65-1 et seq.; and

*Whereas* this contract is in the best interest of the Township of Hamilton;

*Now, Therefore, Be It Resolved* by the Council of the Township of Hamilton, in the County of Mercer and State of New Jersey, that the shared services contract between the Township of Hamilton and the Township of Hopewell for the provision of certain professional health clinic services is authorized and accepted and that the proper officials of the Township of Hamilton are authorized to execute said contract;

*Be It Further Resolved* that the contract shall take effect upon the adoption of the appropriate resolution by the Township of Hopewell and the execution of the contract by the parties in accordance with N.J.S.A. 40A:65-1 et seq.

32

15 391

ADOPTED BY COUNCIL ON

November 5, 2015

DATE

\_\_\_\_\_  
 PRESIDENT

\_\_\_\_\_  
 MUNICIPAL CLERK

RECORD OF VOTE						
COUNCIL	AYE	NAY	N.V.	A.B.	RES.	SEC.
KEVIN J. MEARA	✓					
EDWARD R. GORE	✓					
DAVID J. KENNY	✓					✓
ILEANA SCHIRMER	✓				✓	
DENNIS A. PONE	✓					

X - Indicates Vote A.B. - Absent N.V. - Not Voting RES. - Moved SEC. - Seconded