

DHSS Home >> Office of Local Public Health

## Registration of Local Boards of Health in New Jersey

### 1. Name of Municipality (Boro, Twp., City): **CLARK** County: Union County

Name of Mayor: **SALVATORE BONACCORSO**

Name of Municipal Clerk: **EDITH MERKEL**

Address: **430 WESTFIELD AVE.**

City: **CLARK, NJ** Zip Code: **07066**

Phone: **(732)388-3600** Fax: **(732)388-2490**

Email: [NOGONOWSKI@HOTMAIL.COM](mailto:NOGONOWSKI@HOTMAIL.COM)

### 2. \*Form of Government:

Mayor and Council

Council and Manager

Other

### 3. \*Optional Municipal Charter Law:

- N.J.S.A. 26:3-1, states that there shall be a board of health in every municipality in this State, except that any municipality operating under the Optional Municipal Charter Law (Faulkner Act) is not required to establish a separate and independent board of health. In these cases, a municipal governing body is authorized to act as the Local Board of Health.
- Was your municipality incorporated as a plan of government under the Optional Municipal Charter Law (Faulkner Act)? (If you are unsure, please check with your municipal clerk and/or mayor's office.)

Yes No

### 4. \*Type of Board of Health (check one):

**a. Autonomous** Board of Health: an independent policy making body which has authority to adopt or repeal municipal health ordinances.

**b. Advisory Board of Health**: monitors public health issues within its jurisdiction, but only in an advisory capacity on behalf of municipal mayor and governing body.

**c. Municipal Governing Body** serves as the Board of Health.

**d. Regional Health Commission Membership with No Municipal Board of Health (\*).**

**e. County Board of Health Membership with No Municipal Board of Health (\*).**

**f. No Board Of Health**

**\*IMPORTANT:** If your municipality belongs to a Regional Health Commission or County Board of Health but still maintains its own local board of health; you must also check a., b., or c. above.

### 5. \*Number of Board Members

- How many board members are there in this municipality? **7**

### 6. Education and Training

- How many board members have participated in education/training on one or more public health issues in the last year? **01**
- How many board members have participated in education/training on public health policy development in the last year? **0**

## 7. Board Meetings

- Frequency of meetings (e.g. monthly, bi-annually, annually, etc.): **BI-MONTHLY**
- Schedule (e.g., first Monday of each month, etc.): **FIRST AND THIRD MONDAYS**
- Time (e.g., 8-10p.m): **7:30P.M.-COMPLETION**
- Location: **MUNICIPAL BLDG**

## 8. \*Annual Public Health Budget

- Direct Services, etc.: **\$86,500.00**
- Contract Services, etc.: **\$27,100.00**
- TOTAL BUDGET: **\$113,600.00**

## 9. \*Provider Local Health Department

- Name of Provider Local Health Department: **CLARK HEALTH DEPARTMENT**
- Name of Health Officer: **NANCY RAYMOND**

## 10. Form Completed By:

- \*Name: **NANCY RAYMOND**
- \*Title: **HEALTH OFFICER**
- Date: **02/10/2012**

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### Member1:

Name: **ANGEL ALBANESE**  
Address: **33 VICTORIA DRIVE**  
City: **CLARK, NJ** Zip Code: **07066**  
Phone: **(732)388-3600** Fax: **(732)388-1241**  
[Email: CLERK@OURCLARK.COM](mailto:CLERK@OURCLARK.COM)  
Original Appointment Date: **01/01/2009**  
Length of Term (years): **4**  
Current Appointment Date: **01/01/2005**  
Elected Officer: President Vice-President Secretary

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### Member2:

Name: **ALVIN BARR**  
Address: **42 MALVERN DRIVE**  
City: **CLARK, NJ** Zip Code: **07066**  
Phone: **(732)388-3600** Fax: **(732)388-1241**  
[Email: CLERK@OURCLARK.COM](mailto:CLERK@OURCLARK.COM)  
Original Appointment Date: **01/01/2009**  
Length of Term (years): **4**  
Current Appointment Date: **01/01/2005**  
Elected Officer: President Vice-President Secretary

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### Member3:

Name: **RICHARD KAZANOWSKI**  
Address: **219 EAST LANE**  
City: **CLARK, NJ** Zip Code: **07066**  
Phone: **(732)388-3600** Fax: **(732)388-1241**  
[Email: CLERK@OURCLARK.COM](mailto:CLERK@OURCLARK.COM)  
Original Appointment Date: **01/01/2007**  
Length of Term (years): **4**  
Current Appointment Date: **01/01/2011**  
Elected Officer: President Vice-President Secretary

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**Member4:**

Name: **FRANK MAZZARELLA**  
Address: **1 FAIRVIEW RD**  
City: **CLARK, NJ** Zip Code: **07066**  
Phone: **(732)388-3600** Fax: **(732)388-1241**  
[Email: CLERK@OURCLARK.COM](mailto:CLERK@OURCLARK.COM)  
Original Appointment Date: **01/01/2003**  
Length of Term (years): **4**  
Current Appointment Date: **01/01/2011**  
Elected Officer: President Vice-President Secretary

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**Member5:**

Name: **PATRICK O'CONNOR**  
Address: **26 KENT PLACE**  
City: **CLARK, NJ** Zip Code: **07066**  
Phone: **(732)388-3600** Fax: **(732)388-1241**  
[Email: CLERK@OURCLARK.COM](mailto:CLERK@OURCLARK.COM)  
Original Appointment Date: **11/08/2004**  
Length of Term (years): **4**  
Current Appointment Date: **01/01/2011**  
Elected Officer: President Vice-President Secretary

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**Member6:**

Name: **BRIAN TOAL**  
Address: **116 DORSET DRIVE**  
City: **CLARK, NJ** Zip Code: **07066**  
Phone: **(732)388-3600** Fax: **(732)388-1241**  
[Email: CLERK@OURCLARK.COM](mailto:CLERK@OURCLARK.COM)  
Original Appointment Date: **01/01/2003**  
Length of Term (years): **4**  
Current Appointment Date: **01/01/2011**  
Elected Officer: President Vice-President Secretary

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**Member7:**

Name: **SHEILA WHITING**  
Address: **5 ORCHARD TERRACE**  
City: **CLARK, NJ** Zip Code: **07066**  
Phone: **(732)388-3600** Fax: **(732)388-1241**  
[Email: CLERK@OURCLARK.COM](mailto:CLERK@OURCLARK.COM)  
Original Appointment Date: **01/01/2005**  
Length of Term (years): **4**  
Current Appointment Date: **01/01/2009**  
Elected Officer: mi President Vice-President Secretary

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\*Required fields

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 For Clark Health Dept  
 Calendar Year 2011

The following information will be sent to  
 The NJ Department of Health and Senior Services.

Glossary of Terms

Fund Sources		Amount
A	Local Tax Dollars	114000
B	Public Health Priority Funding	0
C	State Dollars	0
D	Federal Dollars	0
E	Fines and Fees	0
F	All Other Sources	0
	Total	114000

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Department of Health and Senior Services  
 P. O. Box 360, Trenton, NJ 08625-0360  
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**For Clark Health Dept  
for Calendar Year 2011**

The following information will be sent to the NJ Department of Health and Senior Services.

Position	Number of Full Time Employees		Number of Part Time Employees		Total
	Total	Contractual	Total	Contractual	
	A	B	C	D	
A Health Officer	1	0	0	0	1
B Other manager/director	0	0	0	0	0
C Public Health Nurse	0	0	0	1	1
D Graduate Nurse	0	0	0	0	0
E Other nurse	0	0	0	0	0
F Physician	0	0	0	0	0
G REHS	1	0	0	0	1
H Other inspector	0	0	0	0	0
I Epidemiologist	0	0	0	0	0
J Health Educator	0	0	0	1	1
K Health Planner	0	0	0	0	0
L Information Technology	0	0	0	0	0
M Other professional	0	0	0	0	0
N Administrative/clerical	0	0	0	0	0
Total	2	0	0	2	4

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