

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF LOCAL GOVERNMENT SERVICES

Pursuant to N.J.S.A. 40A:4-87 I hereby certify that the following resolution has been duly adopted by the Board of Chosen

Freeholders of: _____
Name of County Signature, Clerk of the Board of Chosen Freeholders

I hereby certify that _____ has realized or is in receipt of written notification of the state or
Name of County
federal monies cited in the following resolution, which meets all statutory requirements and will be included in the _____
Year
county budget.

Signature, Chief Financial Officer

Resolution Number: _____

Date of Adoption: _____

Revenue Source: _____ Amount: \$ _____

Appropriation Title: _____ Amount: \$ _____

Local Match - Source: _____ Amount: \$ _____

Approval is hereby given to the cited resolution adopted by the Board of Chosen Freeholders pursuant to N.J.S.A. 40A: 4-87

For Director, Division of Local Government Services

by: _____
Duly Appointed Designee Date Certified

THIS CERTIFICATION FORM MAY BE REPRODUCED
TO BE USED FOR STATE AND FEDERAL GRANTS ONLY

FOR DCA USE ONLY
Municode: _____
Doc. No. : _____