Extraordinary Aid Application - SFY 2004

Division of Local Government Services Department of Community Affairs

<u>OPEN PUBLIC RECORDS DISCLAIMER:</u> The information disclosed in this application, including information disclosed in accompanying documents or other attachments submitted with or prior to submission of this application, is a government record pursuant to the Open Records Act (P.L. 2001, Chapter 404, N.J.S. 47:1A-1 et seq.).

General Instructions: This application must be completed in its entirety and submitted by August 18, 2003 for funding consideration under this program. Information contained in the application is subject to independent verification by DLGS. Refer to Local Finance Notice for additional information.

Name of Municipality:	County:	
Contract Person:	Title:	
Phone:	Fax:	_
I. Aid History		
List amount of Discretionary A	aid received for the last four years, if any:	
2003:	2002:	
2001:	2000:	
II. Aid Request		
How much aid is being request	ted for this year: \$	

An aid request does not constitute guarantee of receipt of any funds.

SFY 2004	Municipality:	County:

III. Submission Requirements

Without exception, the following items must be submitted with or prior to submission of this application. Indicate date of submission of each.

Item	Date Submitted
SFY 2003 Annual Financial Statement	
SFY 2002 Annual Audit	
SFY 2002 Audit Corrective Action Plan	
SFY 2004 Introduced Budget	

IV. Application Certification

The undersigned herewith certify that they have reviewed this application and, to the best of their ability find its contents to be true and that it accurately portrays the circumstances regarding the municipality's fiscal practices and need for financial assistance:

Official	Signature	Date
Mayor		
Governing Body Presiding Officer		
Chief Financial Officer		
Registered Municipal Accountant		

SFY 2004	Municipality:	County:
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- V. Explanation of Need for Extraordinary Aid
 - A. Explain the extraordinary circumstances that require the need for special municipal aid for FY 2004 in narrative terms. Detail the fiscal conditions that changed from the previous year that necessitate this request. Use additional sheets if necessary.

SFY 2004	Municipality:	County:	
	1 ,		

Section V – continued

B. Detail the steps the municipality has taken or plans to take to reduce the need for aid in for this and subsequent years. Include details about start-up and ongoing costs, staffing, potential for grants to offset costs, and estimated short and long term savings. Use additional pages if necessary.

C. If your municipality received Extraordinary Aid in prior year(s), that aid was conditioned on implementing the Fiscal Recovery Plan described in your application. Please describe the steps taken in accordance with that plan that show positive progress towards your non-reliance on Extraordinary Aid. Use additional pages if necessary.

	County:	 _
st be completed in its Actual FY 2002	entirety Actual FY 2003	Introduced FY 2004
%	%	
%	%	%
\$	\$	\$
		,
\$	\$	\$
Ψ	Ψ	Ψ
\$	\$	\$
	\$ \$ \$ \$ \$	st be completed in its entirety Actual FY 2002 Actual FY 2003

SF Y 2004	Municipality:		Coun	ty:		-
VI. FY 2004	Budget Information					
	_					
A. Year of la	itest revaluation/reass	sessment:	<u></u>			
B. Proposed	Budget - Cap Inform	nation				
		Item			Yes	No
		e ordinance adopted for	FY 2004?	0./		
	f yes: % that was used	ole going into FY 2004	\$	%		
	FY 2004 budget at ca		Ψ			
	NO, amount of rema		\$			
		nticipate use of a surplus	s waiver			
	eed the cap? yes, amount:		\$			
	=	ed to exceed the cap held				
		1				
Ар	propriation	SFY 2003 Expended	SFY 2004	Proposed	Amount o	† Increase
List all new f	full time positions plan	nned in SFY 2004				
Departme	nt/Agency	Position		Number	Dollar .	Amount

SFY 2004	Municipality:County:		
VIII. F	inancial Practices		
A. Exp	penditure controls and practices:		
	Question	Yes	No
1. Is an end	cumbrance system used for the current fund?		
2. Is an en	cumbrance system used for other funds?		
	eral ledger maintained for the current fund?		
	eral ledger maintained for other funds?		
	ncial activities largely automated?		
6. Does the	e municipality operate the general public assistance program?		
7. Are exp	enditures controlled centrally (yes) or de-centrally by department (no)?		
8. At any p	point during the year are expenditures routinely frozen?		
9. Has the	municipality adopted a cash management plan?		
10. Have an	ny negative findings in the prior year's audit report been corrected?		
D. Rio	k Management		
•	Question nicipality a member of a joint insurance fund?	Yes	No
If ye		Yes	No
If ye i.e., l	nicipality a member of a joint insurance fund? s, list the risks that are insured by a JIF: iability, workers, comp, health, etc.) nicipality self-insured for any risks (not through a JIF)?	Yes	No
If ye i.e., l 2. Is the mu If yes, lis 3. Is the mu	nicipality a member of a joint insurance fund? s, list the risks that are insured by a JIF: iability, workers, comp, health, etc.) nicipality self-insured for any risks (not through a JIF)?	Yes	No

SFY 2004	Municipality:	County:
SFY 2004	Municipality:	County:

VIII. Financial Practices (continued)

C. Salary and Employee Contract Information (when more than one bargaining unit for each category, use average)

Question	Police	Fire	Other Contractual	Non- Contract/Management
Year of last salary increase				
Average percentage increase	%	%	%	%
Last contract settlement date				
Contract expiration date				
Increases included in FY2004 Budget	%	%	%	%

D.	1. 2. 3.	Date of Does When	cement practices: of last tax sale: the municipality use was the last forecle ag 2004, on what dat	e the accelerate sure action to	tea tax sa aken or ta	ne program: ax assignment sale	e held:	
Е	Oth	or Eine	ancial Practices					
Ľ.	Oili	ici i ilia	metal I factices					
	1.		unt of interest on inv					
		Antic	ipated in 2004:		_			
	2.	List tl	he instruments in wl	hich idle fund	s are inve	ested:		
	3.	What	was the average ret	urn on investi	ments du	ring FY 2003:		
	4.	When	was the last time for	ee schedules v	vere revi	ewed and updated	l:	

- IX. Service Delivery
- A. List all services and the organization for which the municipality contracts with another government agency. Include all Interlocal Service Agreements, informal shared services, and memberships in cooperative purchasing program. Use additional sheets if necessary

B. List the services and the name of the organization which have been contracted or outsourced to private or non-profit organizations