

WEST DEPTFORD TOWNSHIP

RESOLUTION # 249

RESOLUTION OF THE TOWNSHIP OF WEST DEPTFORD AUTHORIZING THE SUBMISSION OF A STRATEGIC PLAN FOR THE WEST DEPTFORD TOWNSHIP MUNICIPAL ALLIANCE GRANT FOR FISCAL YEAR 2018

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019
FORM 1B

WHEREAS, the Governor's Council on Alcoholism and Drug Abuse established the Municipal Alliances for the Prevention of Alcoholism and Drug Abuse in 1989 to educate and engage residents, local government and law enforcement officials, schools, nonprofit organizations, the faith community, parents, youth and other allies in efforts to prevent alcoholism and drug abuse in communities throughout New Jersey.

WHEREAS, The Township Committee of the Township of West Deptford, County of Gloucester State of New Jersey recognizes that the abuse of alcohol and drugs is a serious problem in our society amongst persons of all ages; and therefore has an established Municipal Alliance Committee; and,

WHEREAS, the Township Committee further recognizes that it is incumbent upon not only public officials but upon the entire community to take action to prevent such abuses in our community; and,

WHEREAS, the Township Committee has applied for funding to the Governor's Council on Alcoholism and Drug Abuse through the County of Gloucester.

NOW, THEREFORE, BE IT RESOLVED by the Township of West Deptford, County of Gloucester, State of New Jersey hereby recognizes the following:

1. The Township Committee does hereby authorize submission of a strategic plan for the West Deptford Township Municipal Alliance grant for fiscal year 2018 in the amount of:

DEDR	<u>\$19,920.00</u>
Cash Match	<u>\$ 4,980.00</u>
In-Kind	<u>\$14,940.00</u>

2. The Township/ Committee acknowledges the terms and conditions for administering the Municipal Alliance grant, including the administrative compliance and audit requirements.

APPROVED: _____

Denice DiCarlo
DENICE DICARLO, Mayor

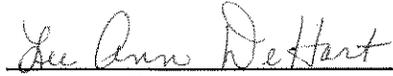
Attest:

Lee Ann DeHart

Lee Ann DeHart, Acting Municipal Clerk

CERTIFICATION

I, Lee Ann DeHart, Municipal Clerk of the Township of West Deptford, County of Gloucester, State of New Jersey, do hereby certify the foregoing to be a true and exact copy of a resolution duly authorized by the Township Committee on this 5th day of October, 2016.



Lee Ann DeHart, Acting Municipal Clerk

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019

FOR COUNTY USE ONLY	
Approved:	
_____ YES	_____ NO
Date:	

FORM 1A

STRATEGIC PLAN FOR FUNDING MUNICIPAL ALLIANCES

Grant Year: July 2018

APPLICANT MUNICIPALITY/IES West Deptford	COUNTY: Gloucester
ALLIANCE NAME: West Deptford Municipal Alliance	ALLIANCE WEBSITE: www.westdeptford.com
ALLIANCE STREET ADDRESS: 400 Crown Point Rd.,	
TOWN: West Deptford	STATE: NJ ZIP: 08086
TELEPHONE: 856-845-4004	FAX: 856-384-3066-
ALLIANCE CHAIRPERSON: Judy Johnson	ALLIANCE COORDINATOR: John Chambers
STREET ADDRESS: 400 Crown Point Rd.	STREET ADDRESS: 400 Crown Point Rd.
TOWN: West Deptford STATE: NJ ZIP: 08090	TOWN: West Deptford STATE: NJ ZIP: 08090
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY):	

A) Alliance DEDR Allocation	\$19,920.00
B) Cash Match (must be 25% of DEDR Allocation)	\$4,980.00
C) In-Kind Match (must be 75% of the DEDR Allocation)	\$14,940.00
TOTAL ALLIANCE BUDGET (add A + B + C)	\$39,840.00

West Deptford

Denice DiCarlo
NAME/MAYOR

Denice DiCarlo
SIGNATURE

*MUNICIPALITY

West Deptford

Deborah Turner-Fox
NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

Deborah Turner-Fox
SIGNATURE

*MUNICIPALITY

West Deptford

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

*MUNICIPALITY

John Chambers

John Chambers
SIGNATURE

10/12/14
DATE

ALLIANCE CHAIRPERSON

*** If a municipality is part of a consortium, a signature and resolution is required from all participating municipalities entering into the agreement. Signatures hereby accept all components of this grant including membership terms, Statement of Assurances and Fiscal Requirements.**

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019

FOR COUNTY USE ONLY	
Approved:	_____ YES _____ NO
Date:	

FORM 1A

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West Deptford

*MUNICIPALITY

Denice DiCarlo
NAME/MAYOR

Denice DiCarlo
SIGNATURE

West Deptford

*MUNICIPALITY

Deborah Turner-Fox
NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

Deborah Turner-Fox
SIGNATURE

West Deptford

*MUNICIPALITY

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

John Chambers

ALLIANCE CHAIRPERSON

John Chambers
SIGNATURE

10/12/16
DATE

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