

**RESOLUTION**  
Of the  
**BOROUGH OF NEW PROVIDENCE**  
Resolution No. 2014-272

Council Meeting Date: 07-28-2014

Date Adopted: 07-28-2014

TITLE: RESOLUTION PROVIDING FOR THE INSERTION OF ANY SPECIAL ITEM OF REVENUE IN THE 2013 BUDGET PURSUANT OF N.J.S. 40A:4-87 CHAPTER 159, P.L. 1948

Councilperson Galluccio submitted the following resolution, which was duly seconded by Councilperson Madden.

WHEREAS, N.J.S. 40A:4-87 provides that the Director of the Division of Local Government Services may approve the insertion of any special item of revenue in the Budget of any county or municipality when such item shall have been made available by law and the amount thereof was not determined at the time of the adoption of the Budget; and

WHEREAS, said Director may also approve the insertion of any item of appropriation for equal amount.

NOW THEREFORE BE IT RESOLVED the Mayor and Borough Council of the Borough of New Providence, County of Union and State of New Jersey, hereby requests the Director of the Division of Local Government Service to approve the insertion of items of revenue, as listed below, in the Budget of 2014 in the sum of \$24,300.00, which items is now available as revenue from the Union County Community Development Block Grant Program.

BE IT FURTHER RESOLVED that a like sum, be and the same is hereby appropriated under the captions of:

<b>Senior Citizen High Risk Health Fair &amp; Health Care Program</b>	<b>\$ 5,000.00</b>
<b>Senior Social Services Program</b>	<b>\$ 9,300.00</b>
<b>Senior Center Window Replacement</b>	<b>\$ 10,000.00</b>

BE IT FURTHER RESOLVED that two (2) certified copies of this resolution be furnished to said Director of Local Government Services.

APPROVED, this 28<sup>th</sup> day of July, 2014.

## RECORD OF VOTE

	AYE	NAY	ABSENT	NOT VOTING
GALLUCCIO	X			
GENNARO	X			
KAPNER	X			
MADDEN	X			
MUÑOZ			X	
ROBINSON	X			
HERN			TO BREAK COUNCIL TIE VOTE	

I hereby certify that the above resolution was adopted at a meeting of the Borough Council held on the 28<sup>th</sup> day of July, 2014.

Wendi B. Barry, Borough Clerk

THIS GRANT AGREEMENT is made and entered into on September 1, 2014, by and between the County of Union, Elizabeth, New Jersey, Grantee, hereinafter referred to as the County, and the: *New Providence Senior Citizens Center*

Acct. #: D-12-56-814/055-919  
Planning Account #: 014-055

for *Window Replacement*

APPROVED FOR THE  
SUBGRANTEE BY:

hereinafter referred to as the subgrantee

\_\_\_\_\_  
Authorized Signatory

The Subgrantee agrees to operate a program under Title I of the Housing and Community Development Act of 1974, as amended, in accordance with the provisions of the GRANT AGREEMENT, the specific Scope of Services, General and Special Assurances and all other attachments hereto.

*J. BROOKE HERN*  
\_\_\_\_\_  
Name

*MAYOR*  
\_\_\_\_\_  
Title

ATTEST:

A. Obligation:

\_\_\_\_\_  
Name *WENDI B. BARRY*

1. The total amount of the CDBG grant is \$ 10,000

*BOROUGH CLERK*  
\_\_\_\_\_  
Title

2. These funds shall cover the period from *09/01/14* to *08/31/15*

\_\_\_\_\_  
Date

B. Modification:

APPROVED FOR THE  
COUNTY OF UNION BY:

All the terms of this agreement that apply to the Subgrantee shall also apply to any and all Subcontractors.

\_\_\_\_\_  
Alfred J. Faella, County Manager

*New Providence Senior Citizens Center*  
*360 Elkwood Ave.*  
*New Providence, NJ 07974*

ATTEST:

Attn:

\_\_\_\_\_  
Clerk

Ms. Maureen Parker  
Grants Coordinator

\_\_\_\_\_  
Date

APPROVED AS TO FORM:

\_\_\_\_\_  
County Attorney

**UNION COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
CD YEAR – F.Y. XXXX (40)**

**SCOPE OF SERVICE/CONTRACT INFORMATION**

**PROJECT:** Window Replacement  
**SUBGRANTEE:** New Providence Senior Citizens Center  
**ACCOUNT NO:** 014-055  
**GRANT AMOUNT:** \$10,000  
**SUBCOMMITTEE:** Facilities  
**CONTACT PERSON:** Ms. Maureen Parker  
**TITLE:** Grants Coordinator

**ADDRESS:** New Providence Senior Citizens Center  
360 Elkwood Ave.  
New Providence, NJ 07974

**TELEPHONE:** 908-464-4430  
**EMAIL:** mparker@newprov.org  
**FAX:** 908-665-9272

**CONTACT PERSON:** Ms. Peggy Brodeur  
**TITLE:** Senior Center Director  
**PROJECT SITE:** New Providence Senior Citizens Center

**ADDRESS:** 15 East 4th Street  
New Providence, NJ 07974

**TELEPHONE:** 908-665-0046  
**EMAIL:** pbrodeur@newprov.org  
**FAX:** 908-665-6421

**CENSUS TRACT:**

**CONTRACT START DATE:** September 1, 2014    **CONTRACT FINISH DATE:** August 31, 2015

**PROJECT SUMMARY / DESCRIPTION:** (Provide a concise narrative / description in sufficient detail of what is to be accomplished during the forthcoming program year without exceeding the space provided. This is important as it will be used in the Grantee Performance Report which is submitted to HUD)

*Replacement of windows at Senior Center.*

**014-055**

**BUDGET**

**UNION COUNTY DEVELOPMENT REVENUE SHARING**

BUDGET CATEGORIES	U.C.COMMUNITY DEVELOPMENT SHARE	AGENCY MUNICIPAL SHARE	OTHER FEDERAL FUNDS	TOTAL PROGRAM BUDGET
1. Administrative Salary				\$0.00
2. Administrative Fringe				\$0.00
3. Rent				\$0.00
4. Heat				\$0.00
5. Telephone				\$0.00
6. Travel / Vehicle Maintenance				\$0.00
7. Office Supplies (consumable)				\$0.00
8. Meals (CD Staff)				\$0.00
9. Supplies (non-office)				\$0.00
10. Equipment (non-office)				\$0.00
11. Consultant				\$0.00
12. Architect / Engineer				\$0.00
13. Project Salary				\$0.00
14. Project Fringe				\$0.00
15. Project Costs	\$10,000.00			\$10,000.00
				\$0.00
<b>TOTAL</b>	\$10,000.00			\$10,000.00

THIS GRANT AGREEMENT is made and entered into on September 1, 2014, by and between the County of Union, Elizabeth, New Jersey, Grantee, hereinafter referred to as the County, and the: *Borough of New Providence*

Acct. #: D-12-56-814-245-919  
Planning Account #: 014-245

for *Senior Citizen Social Services Program*

APPROVED FOR THE  
SUBGRANTEE BY:

hereinafter referred to as the subgrantee

\_\_\_\_\_  
Authorized Signatory

The Subgrantee agrees to operate a program under Title I of the Housing and Community Development Act of 1974, as amended, in accordance with the provisions of the GRANT AGREEMENT, the specific Scope of Services, General and Special Assurances and all other attachments hereto.

*J. BROOKE HERD*  
\_\_\_\_\_  
Name

*MAYOR*  
\_\_\_\_\_  
Title

ATTEST:

A. Obligation:

\_\_\_\_\_  
Name *WENDI B. BARAV*

1. The total amount of the CDBG grant is \$ 9,300

*BOROUGH CLERK*  
\_\_\_\_\_  
Title

2. These funds shall cover the period from *09/01/14* to *08/31/15*

\_\_\_\_\_  
Date

B. Modification:

APPROVED FOR THE  
COUNTY OF UNION BY:

All the terms of this agreement that apply to the Subgrantee shall also apply to any and all Subcontractors.

\_\_\_\_\_  
Alfred J. Faella, County Manager

*Borough of New Providence*  
*360 Elkwood Ave*  
*New New Providence, NJ 07974*

ATTEST:

Attn:

\_\_\_\_\_  
Clerk

Ms. Peggy Brodeur  
Sr. Citizen Coordinator

\_\_\_\_\_  
Date

APPROVED AS TO FORM:

\_\_\_\_\_  
County Attorney

**UNION COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
CD YEAR – F.Y. XXXX (40)**

**SCOPE OF SERVICE/CONTRACT INFORMATION**

**PROJECT:** Senior Citizens Social Services Program  
**SUBGRANTEE:** Borough of New Providence  
**ACCOUNT NO:** 014-245  
**GRANT AMOUNT:** \$9,300  
**SUBCOMMITTEE:** Social Services  
**CONTACT PERSON:** Ms. Peggy Brodeur  
**TITLE:** Sr. Citizen Coordinator

**ADDRESS:** Borough of New Providence  
360 Elkwood Ave  
New Providence, NJ 07974

**TELEPHONE:** 908-665-0046  
**EMAIL:** prbrodeur@newprov.org  
**FAX:** 908-665-6421

**CONTACT PERSON:** Ms. Maureen Parker  
**TITLE:** Grants Coordinator  
**PROJECT SITE:** Borough of New Providence  
**ADDRESS:** 360 Elkwood Ave  
New Providence, NJ 07974  
**TELEPHONE:** 908-464-4430  
**EMAIL:** mparker@newprov.org  
**FAX:** 908-665-9272

**CENSUS TRACT:**

**CONTRACT START DATE:** September 1, 2014    **CONTRACT FINISH DATE:** August 31, 2015

**PROJECT SUMMARY / DESCRIPTION:** (Provide a concise narrative / description in sufficient detail of what is to be accomplished during the forthcoming program year without exceeding the space provided. This is important as it will be used in the Grantee Performance Report which is submitted to HUD)

Funds will be used to provide transportation services for the elderly, including payment of bus driver salaries and transportation related costs. Funds will be used to provide various cultural, educational, nutritional, medical, health related and recreational programs for seniors. Funds will be used to purchase supplies for programs as well as pay salaries.

**014-245**

**BUDGET**

**UNION COUNTY DEVELOPMENT REVENUE SHARING**

BUDGET CATEGORIES	U.C.COMMUNITY DEVELOPMENT SHARE	AGENCY MUNICIPAL SHARE	OTHER FEDERAL FUNDS	TOTAL PROGRAM BUDGET
1. Administrative Salary				\$0.00
2. Administrative Fringe				\$0.00
3. Rent				\$0.00
4. Heat				\$0.00
5. Telephone				\$0.00
6. Travel / Vehicle Maintenance				\$0.00
7. Office Supplies (consumable)				\$0.00
8. Meals (CD Staff)				\$0.00
9. Supplies (non-office)				\$0.00
10. Equipment (non-office)				\$0.00
11. Consultant				\$0.00
12. Architect / Engineer				\$0.00
13. Project Salary				\$0.00
14. Project Fringe				\$0.00
15. Project Costs	\$9,300.00			\$9,300.00
				\$0.00
<b>TOTAL</b>	\$9,300.00			\$9,300.00



**UNION COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
CD YEAR – F.Y. XXXX (40)**

**SCOPE OF SERVICE/CONTRACT INFORMATION**

**PROJECT:** Senior Citizen High Risk Health Care Program & Fair

**SUBGRANTEE:** Borough of New Providence

**ACCOUNT NO:** 014-247

**GRANT AMOUNT:** \$5,000

**SUBCOMMITTEE:** Social Services

**CONTACT PERSON:** Ms. Janice Gironda  
**TITLE:** New Providence PHN

**ADDRESS:** Borough of New Providence  
360 Elkwood Ave  
New Providence, NJ 07974

**TELEPHONE:** 908-743-1049  
**EMAIL:** [jgironda@newprov.org](mailto:jgironda@newprov.org)  
**FAX:** 908-665-9272

**CONTACT PERSON:** Ms. Janice Gironda

**TITLE:** New Providence PHN

**PROJECT SITE:** Borough of New Providence

**ADDRESS:** 360 Elkwood Ave  
New Providence, NJ 07974

**TELEPHONE:** 908-743-1049

**EMAIL:** [jgironda@newprov.org](mailto:jgironda@newprov.org)

**FAX:** 908-665-9272

**CENSUS TRACT:**

**CONTRACT START DATE:** September 1, 2014    **CONTRACT FINISH DATE:** August 31, 2015

**PROJECT SUMMARY / DESCRIPTION:** (Provide a concise narrative / description in sufficient detail of what is to be accomplished during the forthcoming program year without exceeding the space provided. This is important as it will be used in the Grantee Performance Report which is submitted to HUD)

The New Providence Health Department provides many programs & services for the residents of the community. In particular there are many services and screenings programs geared for the high risk senior population. These programs are developed with a Senior Coordinator and are given with the assistance of local professionals and organizations including hospitals. The programs are given year round mainly at the Senior Center, they are well publicized and attended. Funds will be spent on the health fair, cholesterol, blood glucose screenings, presentations, guest speakers, equipment and supplies, educational videos and refreshments.

**014-247**

**BUDGET**

**UNION COUNTY DEVELOPMENT REVENUE SHARING**

BUDGET CATEGORIES	U.C.COMMUNITY DEVELOPMENT SHARE	AGENCY MUNICIPAL SHARE	OTHER FEDERAL FUNDS	TOTAL PROGRAM BUDGET
1. Administrative Salary				\$0.00
2. Administrative Fringe				\$0.00
3. Rent				\$0.00
4. Heat				\$0.00
5. Telephone				\$0.00
6. Travel / Vehicle Maintenance				\$0.00
7. Office Supplies (consumable)				\$0.00
8. Meals (CD Staff)				\$0.00
9. Supplies (non-office)				\$0.00
10. Equipment (non-office)				\$0.00
11. Consultant				\$0.00
12. Architect / Engineer				\$0.00
13. Project Salary				\$0.00
14. Project Fringe				\$0.00
15. Project Costs	\$5,000.00			\$5,000.00
				\$0.00
<b>TOTAL</b>	\$5,000.00			\$5,000.00