

**RESOLUTION**  
Of the  
**BOROUGH OF NEW PROVIDENCE**  
Resolution No. 2015-313

Council Meeting Date: 08-24-2015

Date Adopted: 08-24-2015

TITLE: RESOLUTION PROVIDING FOR THE INSERTION OF ANY SPECIAL ITEM OF REVENUE IN THE 2015 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 Kapner.

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 2015 in the sum of \$32,800.00, 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 Citizen Social Services Program</b>	<b>\$ 7,800.00</b>
<b>Senior Center Restroom Rehabilitation</b>	<b>\$20,000.00</b>

BE IT FURTHER RESOLVED that this resolution be furnished to said Director of Local Government Services.

APPROVED, this 24<sup>TH</sup> day of August, 2015.

RECORD OF VOTE

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

I hereby certify that the above resolution was adopted at a meeting of the Borough Council held on the 24<sup>th</sup> day of August, 2015.

Wendi B. Barry, Borough Clerk

THIS GRANT AGREEMENT is made and entered into on September 1, 2015, 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-12-56-815-247-919  
Planning Account #: 015-247

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for *Senior Citizen High Risk Health Care Program & Fair*

APPROVED FOR THE  
SUBGRANTEE BY:

hereinafter referred to as the subrecipient

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

The Subrecipient 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.

ALLEN MORGAN  
Name

MAYOR  
Title

ATTEST:

A. Obligation:

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

1. The total amount of the CDBG grant is \$ 5,000

CLERK  
Title

2. These funds shall cover the period from *09/01/15* to *08/31/16*

\_\_\_\_\_  
Date

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B. Modification:

APPROVED FOR THE  
COUNTY OF UNION BY:

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

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

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

ATTEST:

Attn:

\_\_\_\_\_  
Clerk

Ms. Janice Gironda  
New Providence PHN

\_\_\_\_\_  
Date

APPROVED AS TO FORM:

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

**UNION COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
CD YEAR – F.Y. 2015 (41)**

**SCOPE OF SERVICE/CONTRACT INFORMATION**

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

**SUBGRANTEE:** Borough of New Providence

**ACCOUNT NO:** 015-247

**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, 2015    **CONTRACT FINISH DATE:** August 31, 2016

**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.

015-247

**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

THIS GRANT AGREEMENT is made and entered into on September 1, 2015, 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-12-56-815-245-919  
Planning Account #: 015-245

for *Senior Citizens Social Services Program*

APPROVED FOR THE  
SUBGRANTEE BY:

hereinafter referred to as the subrecipient

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

The Subrecipient 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.

ALLEN MORGAN,  
Name

MAYOR  
Title

A. Obligation:

ATTEST:

1. The total amount of the CDBG grant is \$ 7,800

\_\_\_\_\_  
Name WENDI B BARRY

2. These funds shall cover the period from 09/01/15 to 08/31/16

CLERK  
Title

\_\_\_\_\_  
Date

B. Modification:

APPROVED FOR THE  
COUNTY OF UNION BY:

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

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

ATTEST:

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

\_\_\_\_\_  
Clerk

Attn:

\_\_\_\_\_  
Date

Ms. Tzu-Lin Toner  
Director of Community Activities

APPROVED AS TO FORM:

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

**UNION COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
CD YEAR – F.Y. 2015 (41)**

**SCOPE OF SERVICE/CONTRACT INFORMATION**

**PROJECT:** Senior Citizens Social Services Program

**SUBGRANTEE:** Borough of New Providence

**ACCOUNT NO:** 015-245

**GRANT AMOUNT:** \$7,800

**SUBCOMMITTEE:** Social Services

**CONTACT PERSON:** Ms. Tzu-Lin Toner  
**TITLE:** Director of Community Activites

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

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

**CONTACT PERSON:** Ms. Tzu-Lin Toner  
**TITLE:** Director of Community Activites

**PROJECT SITE:** Borough of New Providence

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

**TELEPHONE:** 908-464-4430  
**EMAIL:** ttoner@newprov.org

**FAX:** 908-665-9272

**CENSUS TRACT:**

**CONTRACT START DATE:** September 1, 2015    **CONTRACT FINISH DATE:** August 31, 2016

**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 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. Also will provide transportation services for the elderly.

**015-245**

**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	\$7,800.00			\$7,800.00
				\$0.00
<b>TOTAL</b>	\$7,800.00			\$7,800.00

THIS GRANT AGREEMENT is made and entered into on September 1, 2015, 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-12-56-815-037-919  
Planning Account #: 015-037

for *Senior Center Restroom Rehabilitation*

APPROVED FOR THE  
SUBRECIPIENT BY:

hereinafter referred to as the subrecipient

The Subrecipient 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.

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

ALLEN MORGAN, JR  
Name

MAYOR  
Title

A. Obligation:

ATTEST:

1. The total amount of the CDBG grant is \$ 20,000

\_\_\_\_\_  
Name WENDI B BARRY

2. These funds shall cover the period from 09/01/15 to 08/31/16

CLERK  
Title

\_\_\_\_\_  
Date

B. Modification:

APPROVED FOR THE  
COUNTY OF UNION BY:

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

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

ATTEST:

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

\_\_\_\_\_  
Clerk

Attn:

\_\_\_\_\_  
Date

Ms. Tzu-Lin Toner  
Director of Community Activities

APPROVED AS TO FORM:

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

**UNION COUNTY  
COMMUNITY DEVELOPMENT BLOCK GRANT PROGRAM  
CD YEAR – F.Y. XXXXI (41)**

**SCOPE OF SERVICE/CONTRACT INFORMATION**

**PROJECT:** Restroom Renovations Project  
**SUBGRANTEE:** Borough of New Providence  
**ACCOUNT NO:** 015-037  
**GRANT AMOUNT:** \$20,000  
**SUBCOMMITTEE:** Facilities  
**CONTACT PERSON:** Ms. Tzu-Lin Toner  
**TITLE:** Director of Community Activities

**ADDRESS:** Borough of New Providence  
360 Elkwood Ave  
New Providence, NJ 07094

**TELEPHONE:** 908-908-665-0046  
**EMAIL:** ttoner@newprov.org  
**FAX:** 908-665-9272

**CONTACT PERSON:** Ms. Tzu-Lin Toner  
**TITLE:** Director of Community Activities

**PROJECT SITE:** Senior Center

**ADDRESS:** 15 E. 4<sup>th</sup> Street  
New Providence, NJ 07094

**TELEPHONE:** 908-665-0046

**EMAIL:** ttoner@newprov.org

**FAX:** 908-665-9272

**CENSUS TRACT:**

**CONTRACT START DATE:** September 1, 2015    **CONTRACT FINISH DATE:** August 31, 2016

**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)

New Providence Senior Citizens Center Restroom Rehabilitation

015-037

**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	\$20,000.00			\$20,000.00
				\$0.00
<b>TOTAL</b>	\$20,000.00			\$20,000.00