TOWNSHIP of MT OLIVE
TEMPORARY CAPITAL BUDGET

Whereas, the local capital budget for the year 2013 has not been adopted.

Whereas, it is desired to Introduce a Capital Ordinance.

Now, Therefore Be It Resolved, by the Twp Council of the Twp of Mt Olive, County of Morris that the following temporary capital budget amendment of _____ be made:

RECORDED VOTE (Insert last names) — AYES ( ) — NAYS ( ) — ABSTAIN ( ) — ABSENT ( )

CAPITAL BUDGET (Current Year Action)
20 13

1 PROJECT	2 PROJECT NUMBER	3 ESTIMATED TOTAL COST	4 AMOUNTS RESERVED IN PRIOR YEARS	PLANNED FUNDING SERVICES FOR CURRENT YEAR 20 13					6 TO BE FUNDED IN FUTURE YEARS
				5a 20 13 Budget Appropriations	5b Improvement Fund	5c Capital Surplus	5d Grants in Aid and Other Funds	5e Debt Authorized	
VARIOUS CAPITAL IMPROVEMENTS		1318000			65900			1252100	
TOTALS ALL PROJECTS		1318000			65900			1252100	

6 YEAR CAPITAL PROGRAM 20 13 - 20 18
Anticipated PROJECT Schedule and Funding Requirement

	2 PROJECT NUMBER	3 ESTIMATED TOTAL COST	4 ESTIMATED COMPLETION TIME	5 FUNDING AMOUNTS PER YEAR					
				Budget Year 20 13	20 14	20 15	20 16	20 17	20 18
VARIOUS CAPITAL IMPROVEMENTS		1318000		1318000					
TOTALS ALL PROJECTS		1318000		1318000					

6 YEAR CAPITAL PROGRAM 2013 - 2018

SUMMARY OF ANTICIPATED FUNDING SOURCES AND AMOUNTS

1 PROJECT	2 Estimated TOTAL COST	3 Budget Appropriations Current Year 2013	3 Budget Appropriations Future Years	4 Capital Improvement Fund	5 Capital Surplus	6 Grants in Aid And Other Funds	7 BONDS AND NOTES General	7 BONDS AND NOTES Self Liquidating	7 BONDS AND NOTES Assessment	7 BONDS AND NOTES School
VARIOUS CAPITAL										
IMPROVEMENTS	1318000			165900			1252100			
TOTAL ALL PROJECTS	1318000			165900		$	1252100			

Be It Further Resolved that two certified copies of this resolution be filed forthwith in the Office of the Director of Local Government Services.

It is hereby certified that this is a true copy of a resolution creating the temporary capital budget section adopted by the governing body on the _____ day of _____, 20 ____.

Certified by me

_____
(DATE)

_____
MUNICIPAL CLERK

TRENTON, NEW JERSEY
APPROVED _____, 20 ____

_____
DIRECTOR OF LOCAL GOVERNMENT SERVICES

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