Township of Mt Olive

TEMTORARY CAPITAL BUDGET

Whereas, the local capital budget for the year 2014 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 2014 be made:

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

CAPITAL BUDGET (Current Year Action)
20 14

1 PROJECT	2 PROJECT NUMBER	3 ESTIMATED TOTAL COST	4 AMOUNTS RESERVED IN PRIOR YEARS	PLANNED FUNDING SERVICES FOR CURRENT YEAR 20 14					6 TO BE FUNDED IN FUTURE YEARS
				5a 20 14 Budget Appropriations	5b Improvement Fund	5c Capital Surplus	5d Grants in Aid and Other Funds	5e Debt Authorized	
VARIOUS TB IMPS		150,000			7500			142500	
PURCHASE OF DUMP TRUCK		(150,000)			(7500)			(142500)	
TOTALS ALL PROJECTS		-0-			-0-			-0-	

6 YEAR CAPITAL PROGRAM 20 14 - 20 19
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 14	20 15	20 16	20 17	20 18	20 19
VARIOUS TB IMPS		150,000		150,000					
PURCHASE OF TRUCK		(150,000)		(150,000)					
TOTALS ALL PROJECTS		-0-		-0-					

6 YEAR CAPITAL PROGRAM 2014 - 2019

SUMMARY OF ANTICIPATED FUNDING SOURCES AND AMOUNTS

1 PROJECT	2 Estimated TOTAL COST	3 Budget Appropriations		4 Capital Improvement Fund	5 Capital Surplus	6 Grants in Aid And Other Funds	7 BONDS AND NOTES			
		Current Year 20___	Future Years				General	Self Liquidating	Assessment	School
VARIOUS TB IMPS	150,000			7000			142000			
PURCHASE OF MUCL	$100,000			$7000			$142000			
TOTAL ALL PROJECTS	-0-			-0-			-0-			

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