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**Gouveia, Susan**

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**From:** Masser, Michelle  
**Sent:** Tuesday, February 09, 2016 3:51 PM  
**To:** Harris, Laura; Greenbaum, Rob; Mount Olive Township Council  
**Cc:** Gouveia, Susan  
**Subject:** FW: 2016 CY Transitional Aid Application

CORRESPONDENCE

Michelle Masser  
Township Clerk  
PO Box 450  
204 Flanders Drakestown Road  
Budd Lake, NJ 07828  
clerk@mtolivetwp.org  
973-691-0900 X7291

-----Original Message-----

**From:** egg@dca.state.nj.us [mailto:egg@dca.state.nj.us]  
**Sent:** Tuesday, February 09, 2016 3:15 PM  
**To:** Masser, Michelle <clerkmichelle@mtolivetwp.org>  
**Subject:** 2016 CY Transitional Aid Application

Dear Municipal Clerk:

PLEASE SHARE THIS NOTICE WITH YOUR ELECTED OFFICIALS.

The Division has posted Local Finance Notice 2016-04 (<http://www.nj.gov/dca/divisions/dlgs/lfns/16/2016-04.pdf>) concerning the 2016 Transitional Aid Application Process for Calendar Year municipalities. This aid is only available to address financially distressed communities that have reached a point that without aid they will be unable to pay debt service or the costs of essential services. Aid comes with significant conditions including, but not limited to: the requirement to adopt a strict pay-to-play ordinance; the elimination of health care for all officers and employees other than those with full time status; a ban on certain travel and other discretionary costs; requirements to obtain State approvals for hires as well as for certain contracts and initiatives; and the imposition of a State Fiscal Monitor.

Calendar Year municipalities intending to apply for Transitional Aid should carefully review LFN 2016-04 (<http://www.nj.gov/dca/divisions/dlgs/lfn/16/2016-04.pdf>) and the CY 2016 Application ([http://www.nj.gov/dca/divisions/dlgs/resources/muni\\_st\\_docs/cy2016\\_transitional\\_aid\\_application.doc](http://www.nj.gov/dca/divisions/dlgs/resources/muni_st_docs/cy2016_transitional_aid_application.doc)) as soon as possible due to pertinent deadlines and be prepared to accept conditions immediately upon application due date.

Please note that this application is for CALENDAR YEAR municipalities only. The application for fiscal year municipalities will be available later in the year.

THIS NOTICE HAS BEEN SENT TO THE FOLLOWING OFFICIALS: Municipal Clerk, Chief Financial Officer

LFN 2016-4

February 9, 2016

Contact Information

Director's Office

V. 609.292.6613

F. 609.292.9073

Local Government Research

V. 609.292.6110

F. 609.292.9073

Financial Regulation  
and Assistance

V. 609.292.4806

F. 609.984.7388

Local Finance Board

V. 609.292.0479

F. 609.633.6243

Local Management Services

V. 609.292.7842

F. 609.633.6243

Authority Regulation

V. 609.984.0132

F. 609.984.7388

Mail and Delivery

101 South Broad St.

PO Box 803

Trenton, New Jersey

08625-0803

Web:

[www.nj.gov/dca/divisions/dlgs](http://www.nj.gov/dca/divisions/dlgs)

E-mail: [dlgs@dca.nj.gov](mailto:dlgs@dca.nj.gov)

Distribution

Elected Officials

Municipal Clerks

Municipal Chief Financial  
Officers

# Local Finance Notice

Chris Christie  
Governor

Kim Guadagno  
Lt. Governor

Charles A. Richman  
Commissioner

Timothy J. Cunningham  
Director

## Transitional Aid Application Process (Municipalities Operating on Calendar Year Only)

### MANDATORY NOTIFICATION OF INTENT TO APPLY AND MANDATORY ORIENTATION FOR NEW APPLICANTS

Any municipality operating on a calendar year basis that intends to apply for CY 2016 Transitional Aid to Localities (Transitional Aid) must notify the Division of Local Government Services (Division) by emailing the information set forth in the "Notice of Intent to Apply" to [dlgs@dca.nj.gov](mailto:dlgs@dca.nj.gov) by no later than February 19, 2016.

The Mayor and Chief Administrative Officer of each municipality **not** currently receiving Transitional Aid and applying for 2016 aid **will be required to attend** a mandatory orientation meeting to discuss the application process and conditions of award. The meeting for CY 2016 applicants not currently receiving Transitional Aid will take place on March 4, 2016, at 2:00, in Conference Room 129 of the Department of Community Affairs located at 101 South Broad Street, Trenton. Orientation meeting attendance is not required for municipalities currently receiving Transitional Aid.

The application deadline will be March 21, 2016.

The application process for all applicants is described below.

#### NEW APPLICANTS

Any CY municipality that did not receive Transitional Aid in 2015 and that is applying for aid in 2016 shall agree to State oversight that begins on the application *due* date – not on the date of award, if any, of Transitional Aid. State oversight pursuant to this condition of application will terminate if no award is provided or if the application is withdrawn. Oversight upon application will be identical to standard conditions imposed on recipients of aid discussed in more detail below.

### **A. CY2016 New Applicants**

This Local Finance Notice (LFN) explains the criteria and application process for **CY 2016** municipalities to be considered for Transitional Aid. This aid is the only discretionary aid available for CY 2016 municipal budgets.

Aid will only be available to CY municipalities anticipating difficulties making payments toward nondiscretionary or critical obligations including, but not limited to, debt service, contractual obligations and payroll.

The application, evaluation and award process is rigorous and developed to apply to municipalities that have severe structural financial problems.

Applying for aid under this program is a declaration that the municipality is incapable of meeting its obligations and managing its finances without special state assistance, oversight and intervention. Receipt of aid will be conditioned on the municipality meeting the following requirements:

- Submitting to broad State controls over hiring, procurement, and other matters;
- Enacting or strengthening comprehensive pay-to-play ordinances;
- Performing reasonable revaluations or reassessments of property as required by law; and
- Submitting to such additional fiscal control measures as may be directed by the Division.

Applicants that receive aid will be required to sign a Memorandum of Understanding (MOU) with the Division acknowledging state controls and committing to compliance therewith.

A sample of the current [MOU is online](#). The terms of the MOU for the CY 2016 cycle may contain additional State conditions.

Only municipalities demonstrating substantial actions to become self-sufficient by increasing revenues or reducing costs will be awarded funds. Labor cost reductions and changes in service delivery are general preconditions for receipt of aid. Applications must show that the municipality has moved beyond planning for operational efficiency and has begun to reduce costs.

The application and introduced budget should reflect only funding for essential services. Budgets must eliminate discretionary spending funded by property taxes, such as discretionary accounts for elected officials, nonessential funding of non-profit agencies, and budgeting for non-essential personnel vacancies.

Additionally, applicants shall demonstrate that user fees have been established where reasonable and practicable for discretionary services so that taxpayers are not subsidizing nonessential programs.

### **B. CY 2015 Transitional Aid Recipients Applying in CY 2016**

Municipalities that received Transitional Aid in CY 2015 and are operating under an MOU through the end of 2015 will be eligible for early termination of the terms of the MOU if they sign an agreement not to apply for additional aid for CY 2016 and for the next two budget years. These municipalities are encouraged to contact the Director of the Division of Local Government Services to make application for early termination.

In addition, these municipalities, if applying for CY 2016 TA, must certify that they are in substantial compliance with all conditions and requirements of their 2015 MOU conditions, including, but not limited to, the following: establishment of a pay-to-play ordinance; elimination of longevity for employees not contractually entitled to longevity pay, and receipt of signed approval forms as required prior to hiring personnel and contracting with professional service vendors.

Finally, municipalities currently operating under a Transitional Aid MOU are advised that funding will likely decrease from last year. Requesting level or increased funding will be viewed as a failure to acknowledge the need to reduce reliance on Transitional Aid. Applicants seeking level or increased funding must include a letter from the Mayor addressing why they failed to reduce their need for funding.

The Division will consider reducing oversight provisions in the MOU for those municipalities requesting an amount of Transitional Aid for CY 2016 that reflects a reduction of at least 15% of aid provided in CY 2015.

### C. Eligibility to Apply

Applicants must meet the following minimum criteria in order to be considered for the award of funds under the Transitional Aid program.

1. The municipality received Transitional Aid during CY 2015. See #8 through 10 below for eligibility criteria for municipalities that did not receive Transitional Aid during CY 2015.
2. The budget must be introduced on, or before, March 18 2016. For the purposes of introduction only, municipalities may anticipate 85% of TA funds received in CY 2016. This level of funding is not a guarantee and is only permitted for the limited purposes of advancing a budget for introduction. The budget shall be subject to Division review (no local examination). Municipalities that have adopted their budgets are not eligible for aid.
3. The municipality must demonstrate reductions or limited increases in Salary and Wage (S&W) costs. The Division expects that the municipality shall have engaged with its unions and non-union employees to effectuate savings through reduced salary costs, reduced staffing levels, modified work rules, modified controllable benefits costs, or other efforts to mitigate S&W costs. Acceptance or reliance on the status quo of salary and wage costs will disqualify an applicant.
4. The levy in the introduced budget must contain a tax increase of no less than the maximum permitted by the levy cap workbook or 6%, whichever is less. It should be noted that this requirement is for planning purposes only and will not prohibit aid from being awarded allowing for a final budget with different levy.
5. The municipality must demonstrate severe fiscal distress that will result in a constrained ability to raise sufficient revenues to meet budgetary requirements. If such fiscal distress was created by the municipality (i.e., deliberately deferring costs, issuing debt with "balloon payments," or imprudently using one-time resources without taking steps to plan for the future loss of the revenue), the applicant's chance of success will be diminished substantially.

- Severe fiscal distress can be demonstrated by the presence of substantial structural or accumulated deficits, and/or limited ability to raise supplemental non-property tax revenues.
  - The “constrained ability” criteria must document why existing local revenues, including sewer fees, municipal court revenues, and property taxes cannot be raised to cover increased costs or offset reduced revenues. If available, other local revenue raising options must be implemented as part of the application.
  - Documented extraordinary demands for public safety appropriations can be used to supplement the lack of ability to raise revenues.
6. The budget must show spending restraint from CY 2015. This must include documented efforts to share public safety dispatch, code enforcement, public health services, and other services offered by neighboring municipalities, area boards of education, local authorities, or the county, if those costs are less than the current full cost of providing equivalent service. Municipalities should document demonstrated efforts to reduce energy costs, including bidding (individually or through a cooperative) for electricity and natural gas, and implementation of renewable energy systems.

The application must also include an explanation and documentation of all cost reduction efforts, including attempts explored, but not implemented, and why they were not achieved.

7. The municipality must provide an assessment of existing local revenues, including whether or not rates or collections can be increased, and a plan to implement potential changes.
8. For applicants not currently receiving TA, the municipality shall agree to introduce a model pay-to-play ordinance prior to March 18, 2016, pursuant to P.L. 2005, c.271, limiting the awarding of public contracts by the municipality or its agencies to business entities that have made a contribution pursuant to N.J.S.A. 19:44A-1 et seq. and restricting the contributions that the holders of a contract can make during the term of a contract. The ordinance shall be substantively identical to the Model Ordinance posted on the Division’s website.
9. For applicants not currently receiving TA, the municipal governing body shall adopt a resolution authorizing application to the Division and acknowledging that upon submission of the application, State oversight shall begin immediately and will be terminated only upon one of the following conditions: (1) the application for aid is withdrawn; (2) notice is received that no award of funds will be provided in CY 2016; or (3) supervision is memorialized pursuant to the terms of an MOU executed as a condition of grant award.
10. Applicants not currently receiving TA may apply if they meet criteria 2 through 9 above, **AND** must have suffered an extraordinary revenue loss or extraordinary appropriation increase (other than appropriation increases common to other municipalities).

### D. Application Requirements

Together with the application, the municipality shall provide to the Division in both hard copy and electronic format:

1. The budget documentation provided to the governing body in support of budget line items. The Division reserves the right to request additional budget documentation.
2. Current organizational charts showing budgeted positions and titles.
3. **\*For new applicants only\*** In Excel format, separate files for each of the last four years showing the name of each officer and employee of the municipality as of the first payroll period of the calendar year together with their annual salary, title, department, and date of hire.
4. If the municipality does not participate in the State Health Benefits Program, a written explanation as to why not and how much, if any, the municipality saves by not using the SHBP should be provided.
5. Debt service schedules for all municipal obligations, including municipally operated utilities; all listed by payment date.
6. A list of all motor vehicles owned or leased by the municipality (excluding construction equipment and fire apparatus); the agency assigned its use; if the vehicle is assigned to an individual, the name of the individual; and if the vehicle is used by the individual outside of the regular work day or taken home by the individual.
7. For Civil Service municipalities, a certified statement (part of the application form) from the head of personnel or human resources stating that the municipality has placed the names of all current civil service employees in CAMPS (County and Municipal Personnel System).
8. For applicants not currently receiving TA, the municipality must submit a resolution agreeing to State Supervision upon application {See #9 under "Eligibility to Apply"}.
9. The municipality's Chief Administrative Officer must provide a certification that copies of all active collective negotiation's agreements and the cost out of each have been delivered to PERC.

### E. Other Conditions

- New applicants should not assume the receipt of aid. Municipal governing bodies applying for aid should take actions and plan accordingly, including the advancement of a levy referendum if appropriate, to prepare for the possibility of not receiving aid.
- After the application is submitted, the Mayor, Chief Administrative Officer, and Chief Financial Officer shall participate in a telephone conference call or an in-person meeting, as scheduled by Division of Local Government Services staff to discuss the application.
- The Division reserves the right to request additional information during the application review process.
- By submitting the application, the municipality acknowledges that pursuant to law, the decision of the Director regarding aid awards is final and not subject to appeal.

The Division must receive applications and related material, including introduced budgets, for CY 2016 by March 21, 2016. Award decisions are expected to be made as soon as possible thereafter, so that municipalities may plan for a levy cap referendum if necessary.

The application can be downloaded from the Division website. Contact the Division at dlgs@dca.nj.gov with any questions.

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Approved: Timothy J. Cunningham, Director

### Table of Web Links

Page	Shortcut text	Internet Address
2	Online MOU	<a href="http://www.nj.gov/dca/divisions/dlgs/resources/muni_st_docs/cy2013_generic_mou.doc">http://www.nj.gov/dca/divisions/dlgs/resources/muni_st_docs/cy2013_generic_mou.doc</a>
4	Model Ordinance	<a href="http://www.nj.gov/dca/divisions/dlgs/resources/muni_st_docs/pay_to_play_ordinance-contractor.doc">http://www.nj.gov/dca/divisions/dlgs/resources/muni_st_docs/pay_to_play_ordinance-contractor.doc</a>
5	Downloadable Application	<a href="http://www.nj.gov/dca/divisions/dlgs/resources/muni_st_docs/cy2016_transitional_aid_application.doc">http://www.nj.gov/dca/divisions/dlgs/resources/muni_st_docs/cy2016_transitional_aid_application.doc</a>

## Appendix A

### Instructions for Completing the Transitional Aid Application Form

Complete the application in its entirety. Use the criteria for application in section B of this Notice to determine if the municipality is eligible to even apply. The Division will review the form for eligibility and will reject forms that do not meet the criteria.

**Application:**

1. The application is designed to be filled out using Microsoft Word.
2. The application and all associated material must be submitted through two hard copies with original signatures, as well as an electronically signed document.
3. Fields will expand if additional room is needed to complete an item; it is permitted for pages to be added if text continues to an extra page.

**Submission Checklist:**

- Signed and certified application
- Copy of introduced budget, Annual Financial Statement and budget documentation
- Organization charts
- Copies of current labor contracts
- Copies of salary ordinance/resolutions and any contracts of non-union affiliated individuals
- Debt service schedules for all municipal obligations, including municipally operated utilities; all listed by payment date
- For prior recipients requesting level or increased funding, a letter from the Mayor explaining why they failed to reduce their need for funding
- For new applicants, a governing body resolution authorizing application and agreeing to State supervision immediately upon filing of the application.

**Submission Instructions:**

- E-mail electronic forms to [dlgs@dca.nj.gov](mailto:dlgs@dca.nj.gov), with “<name of municipality> Transitional Aid Application” in the subject line.
- Submit one copy of the signed application form and any printed documents to:  
Transitional Aid Program  
Division of Local Government Services  
101 South Broad Street  
PO Box 803  
Trenton, NJ 08625-0803

Contact the Division at [dlgs@dca.nj.gov](mailto:dlgs@dca.nj.gov) with any questions. Please put “Transitional Aid Question” in the subject line.

**Notice of Intent to Apply - Transitional Aid Program  
CY 2016  
Division of Local Government Services  
Department of Community Affairs**

Complete this form if the municipality is considering applying for financial assistance under the Transitional Aid program for CY 2016. Submission of the form is non-binding and does not require a municipality to submit a formal application. It is for informational and planning purposes only.

File the Notice **no later than February 19, 2016**.

In addition, the Mayor or Chief Administrative Officer of potential CY 2016 applicants (provided they are not currently recipients of Transitional Aid), **must attend the orientation meeting at 2:00 pm on March 4, 2016** at 101 South Broad Street, Room 129, Trenton.

Name of Municipality:				County:	
Contact Person:				Title:	
Phone:		Fax:		E-mail:	

Submit the Notice by email ([dlgs@dca.nj.gov](mailto:dlgs@dca.nj.gov)) with the subject line: "TA Notice of Intent," or mailing it to:

Transitional Aid Program  
Division of Local Government Services  
PO Box 803  
Trenton, NJ 08625-0803

**Transitional Aid Application for Calendar Year 2016**  
**Division of Local Government Services**  
**Department of Community Affairs**

**General Instructions:** This application must be submitted in its entirety by March 21, 2016 for funding consideration under this program. Information contained in the application is subject to independent verification by the Division. Refer to Local Finance Notice 2016-4 when preparing this application for specific instructions and definitions, and review the Submission Checklist on Page 7 of the Local Finance Notice.

<b>Name of Municipality:</b>		<b>County:</b>	
<b>Contact Person:</b>		<b>Title:</b>	
<b>Phone:</b>		<b>Fax:</b>	
		<b>E-mail:</b>	

**I. Aid History**

List amount of Transitional Aid received for the last three years, if any:

CY 2015	CY 2014	CY 2013
\$	\$	\$

**II. Aid Request for Application Year:** (All municipalities currently operating under a Transitional Aid MOU are advised that a decrease from prior year funding is likely.)

<b>Amount of aid requested for the Application Year:</b>	\$
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*If not seeking a decrease, a letter from the Mayor is required. See Local Finance Notice 2016-4.*

**III. Submission Requirements**

The following items must be submitted with, or prior to, submission of this application. Indicate date of submission of each.

Item	Date Submitted to DLGS
2015 Annual Financial Statement	
2014 Annual Audit	
2014 Corrective Action Plan	
Application Year Introduced Budget	
Budget Documentation Submitted to Governing Body	

Application Year: CY 2016	Municipality:	County:
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**IV. Application Certification**

The undersigned herewith certify that they he or she has reviewed this application and, to his or her knowledge, believe the contents to be accurate true and represent it accurately portrays the circumstances regarding the municipality's fiscal practices and need for financial assistance. By submitting the application, the municipality acknowledges that the law provides that the decision of the Director regarding aid awards is final and not subject to appeal.

Official	Signature	Date
Mayor/Chief Executive Officer		
Governing Body Presiding Officer		
Chief Financial Officer		
Chief Administrative Officer		

**V-A. Explanation of Need for Transitional Aid**

Explain the circumstances that require the need for Transitional Aid in narrative form. Include factors that result in a constrained ability to raise sufficient revenues to meet budgetary requirements, and if such revenues were raised, how it would substantially jeopardize the fiscal integrity of the municipality.

**V-B. Demonstration of Revenue Loss/Substantial Cost Increase**

Show: (1) specific, extraordinary revenue losses, but not as the aggregate of many revenue line items; and (2) specific, extraordinary increases in appropriations, but not as the aggregate of many appropriation line items. Describe the item on the cell below each entry. If applicable, indicate in the description of the extraordinary increase in expenditure if the increase was the result of a policy decision made by the municipality (i.e. a back-loaded debt service schedule, deferred payment, costs associated with additional hires, etc.)

Revenue or Appropriation	2015 Value	2016 Value	Amount of Loss/Increase
<b>Description:</b>			

**V-C. Actions to Reduce Future Need for Aid**

Detail the steps the municipality is taking to reduce the need for aid in the future. Include details about long-term cost cutting and enhanced revenue plans, impact of new development, potential for grants to offset costs, and estimated short and long-term annual savings. Use additional pages if necessary. (Items included in a Transition Plan submitted by a current recipient need not be repeated here.)

[Empty text box for detailing actions to reduce future need for aid]



### VI. Historical Fiscal Statistics

Item	2014	2015	Introduced Application Year
<b>1. Property Tax/Budget Information</b>			
Municipal tax rate	\$	\$	\$
Municipal Purposes tax levy	\$	\$	\$
Municipal Open Space tax levy	\$	\$	\$
Total general appropriations	\$	\$	\$

<b>2. Cash Status Information</b>			
% Of current taxes collected	%	%	%
% Used in computation of reserve	%	%	%
Reserve for uncollected taxes	\$	\$	\$
Total year end cash surplus	\$	\$	
Total non-cash surplus	\$	\$	
Year end deferred charges	\$	\$	

<b>3. Assessment Data</b>			
Assessed value (as of 1/10)	\$	\$	\$
Average Residential Assessment	\$	\$	\$
Number of tax appeals granted			
Amount budgeted for tax appeals	\$	\$	\$
Refunding bonds for tax appeals	\$	\$	\$

<b>4. Full time Staffing Levels</b>			
Uniformed Police - Staff Number			
Total S&W Expenditures	\$	\$	\$
Uniformed Fire - Staff Number			
Total S&W Expenditures	\$	\$	\$
All Other Employees - Staff Number			
Total S&W Expenditures	\$	\$	\$

### 5. Impact of Proposed Tax Levy

	Amount
Current Year Taxable Value	
Introduced Tax Levy	
Proposed Municipal Tax Rate	Average Res. Value ( #4 above)
Current Year Taxes on Average Residential Value (#4 above)	
Prior Year Taxes on Average Residential Value	
Proposed Increase in average residential taxes	

**VII. Application Year Budget Information**

A. Year of latest revaluation/reassessment

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A1. Most current equalized ratio

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B. Proposed Budget – Appropriation Cap Information

**Item**

1. Was an appropriation cap index rate ordinance adopted last year?  
If YES: % that was used
2. Amount of appropriation cap bank available going into this year
3. Is the Application Year budget at (appropriation) cap?  
If NO, amount of remaining balance
4. Does the Application Year anticipate use of a waiver to exceed the appropriation cap?  
If YES, amount:

	Yes	No
%		
\$		
\$		
\$		

C. List the five largest item appropriation increases:

Appropriation	Prior Year Actual	Application Year Proposed	\$ Amount of Increase

D. List all new property tax funded full-time positions planned in the Application Year:

Department/Agency	Position	Number	Dollar Amount

E. Display projected tax levies, local revenues (not grants), anticipated (gradually reduced) Transitional Aid, total salary and wages, and total other expenses projected for the three post-application years:

	Tax Levy	Local Revenues	Transitional Aid	Total S&W	Total OE
<b>First year</b>					
<b>Second year</b>					
<b>Third year</b>					

**VIII. Financial Practices**

A. Expenditure controls and practices:

Question	Yes	No
1. Is an encumbrance system used for the current fund?		
2. Is an encumbrance system used for other funds?		
3. Is a general ledger maintained for the current fund?		
4. Is a general ledger maintained for other funds?		
5. Are financial activities largely automated? If so, please identify system being used.		
6. Does the municipality operate the general public assistance program?		
7. Are expenditures controlled centrally (Yes) or de-centrally by dept. (No)?		
8. At any point during the year are expenditures routinely frozen?		
9. Has the municipality adopted a cash management plan?		
10. Have all negative findings in the prior year's audit report been corrected? If not, be prepared to discuss why not in your application meeting.		

B. Risk Management: Indicate ("x") how each type of risk is insured.

Coverage	JIF/HIF	Self	Commercial
General liability			
Vehicle/Fleet liability			
Workers Compensation			
Property Coverage			
Public Official Liability			
Employment Practices Liability			
Environmental			
Health	SHBP		

C. 1) Salary and Employee Contract Information (when more than one bargaining unit for each category, use average):

Question	Police	Fire	Other Contract	Non-Contract
Year of last salary increase				
Average total cost percentage increase	%	%	%	%
Last contract settlement date				
Contract expiration date				

2) Explain, if any, actions that have been taken or are under consideration for the Application Year:

Action	Police	Fire	Other Contract	Non-Contract
Furloughs (describe below)				
Wage Freezes (describe below)				
Layoffs (describe below)				

**D. Tax Enforcement Practices:**

Question	Yes	No
1. Did the municipality complete its accelerated tax sale by December 31, if included in 2015 budget? If not, please include a letter from the tax collector explaining why he/she failed to complete the sale in a timely manner and what the impacts were on cash flow and lost investment earnings.		
2. When was the last foreclosure action taken or tax assignment sale held: <span style="float:right">Date:</span>		
3. On what dates were tax delinquency notices sent out in 2015: <span style="float:right">Date:</span>		
4. Date of last tax sale: <span style="float:right">Date:</span>		

**E. Specialized Service Delivery:**

If the answer to either question is "Yes," provide (as an appendix) a cost justification of maintaining the service without changes.

Service	Yes	No
Sworn police or firefighters are used to handle emergency service call-taking and dispatch (in lieu of civilians)		
The municipality provides rear-yard solid waste collection through the budget		

**F. Other Financial Practices**

1. Amount of interest on investment earned in:

2014	\$	2015	\$	Anticipated Application Year:	\$
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2. List the instruments in which idle funds are invested:


- 3. What was the average return on investments during 2015?
- 4. Left Blank Intentionally
- 5. The name and firm of the municipality's auditor?
- 6. When was the last time the municipality changed auditors?

	%

G. Status of Collective Negotiation (Labor) Agreements: List each labor agreement by employee group, contract expiration date, and the status of negotiations of expired contracts.

Employee Group	Expiration Date	Status of Negotiations of Expired Agreement

H. Tax Abatements. Please provide a detailed discussion of any short-term or long-term tax abatements that are currently in place or are currently being negotiated including the following information:

Project Name/Property	Type of Project	2015 PILOT Billing	2015 Assessed Value	2015 Taxes If Billed in Full at 2015 Total Tax Rate	Term of Tax Abatement









Application Year: CY 2016	Municipality: _____ County: _____
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**Section XI – Impact of Limited or No Aid Award**

Describe in complete detail the actual impact if aid is not granted for the current fiscal year; **this priority setting requires that the municipality will maintain a minimum level of essential services.** List the appropriate category of impact if the aid is not received. Rank each item from both lists as to the order in which elimination will take place. If across the board cuts will be made, indicate under service. **For rank order purposes, consider the two sections as one list. The cuts outlined here are one that the municipality is committing to make if they do not receive aid.**

Rank Order	Department	# of Layoffs	Effective Date	2014 Full Time Staffing	2015 Full Time Staffing	\$ Amount to be Saved

If services will be reduced, describe the service, impact and cost savings associated with it.

Rank Order	Service	Cost Savings	Impact on Services

**XII. Agreement to Improve Financial Position of Municipality**

If aid is granted, the municipality will be required to submit to certain reporting conditions and oversight as authorized by law and a new Memorandum of Understanding will need to be signed. Please mark each box below indicating that the applicant understands, and agrees to comply with these broad reporting and oversight provisions.

	Yes	No
1. Allow the Director of Local Government Services to assign management, financial, and operational specialists to assess your municipal operations.	<input type="checkbox"/>	<input type="checkbox"/>
2. Implement actions directed by the Director to address the findings of Division staff.	<input type="checkbox"/>	<input type="checkbox"/>
3. Enter into a new Memorandum of Understanding and comply with all its provisions, without exception.	<input type="checkbox"/>	<input type="checkbox"/>

**XIII. Certification of Past Compliance for Municipalities Currently Operating Under a Transitional Aid MOU:**

The undersigned certify that the municipality is in substantial compliance with the conditions and requirements of the 2015 MOU and is moving in good faith to correct those area of noncompliance that have been identified, including, but not limited to, the following: establishment of a pay to play ordinance; termination of longevity pay for officers and employees not contractually entitled to longevity pay; termination of health benefits for part time officers and employees; receipt of signed approval forms as required prior to hiring personnel and contracting with professional service vendors.

Mayor: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_

**XIV. CAMPS Certification (County and Municipal Personnel System - Civil Service municipalities only)**

For Civil Service municipalities, the undersigned, being knowledgeable thereof, hereby certify that the municipality has placed the names of all current civil service employees in NJ "CAMPS".

Human Resources or Personnel Director: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Application Year: CY 2016	Municipality:	County:
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**XV. CERTIFICATION OF APPLICATION FOR TRANSITIONAL AID**

The undersigned acknowledges the foregoing requirements with which the municipality must comply in order to receive aid as outlined above. In addition, included with this application is a copy (printed or electronic) of the budget documentation that supports the budget calculation that was provided to the governing body.

Mayor: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_ Date: \_\_\_\_\_