

R2022-163

RESOLUTION AUTHORIZING THE TOWN OF PHILLIPSBURG, COUNTY OF WARREN, STATE OF NEW JERSEY TO APPLY TO THE NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS (NJDC) FOR A 2022 AMERICAN RESCUE PLAN FIREFIGHTER GRANT

WHEREAS, the Town of Phillipsburg will apply for a 2022 American Rescue Plan Firefighter Grant from the New Jersey Department of Community Affairs (NJDC) for much needed firefighting equipment including purchase of a washer extractor, express dryer, dosing pump, gloves, boots and SCBA;

WHEREAS, the purchase of the equipment will cost \$73,876 and the Town of Phillipsburg is requesting \$66,489 in 2022 American Rescue Plan Firefighter Grant funds and will provide a 10% match of \$7387 with local funds;

NOW, THEREFORE, BE IT RESOLVED

1. That the Town of Phillipsburg does hereby authorize the application for such a grant; and,
1. Recognizes and accepts that the Department may offer a lesser or greater amount and therefore, upon receipt of the grant agreement from the New Jersey Department of Community Affairs, does further authorize the execution of the grant agreement; and, also, upon receipt of the fully executed agreement from the Department, does further authorize the expenditure of funds pursuant to the terms of said agreement between the Town of Phillipsburg and the New Jersey Department of Community Affairs.

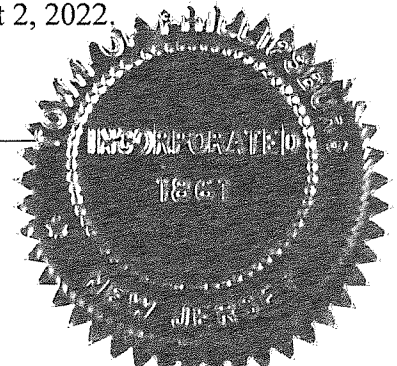
NOW THEREFORE, BE IT RESOLVED that the persons whose names, titles and signatures appear below are authorized to sign the application and that they or their successors in said titles are authorized to sign the agreement and any other documents in connection therewith:


Town Clerk

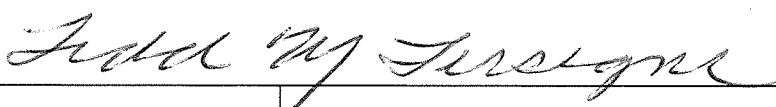

Mayor

I, Lorraine Loudenberg, Acting Municipal Clerk of the Town of Phillipsburg, County of Warren and State of New Jersey do hereby certify the foregoing to be a true and correct copy of a resolution adopted by Council at a meeting held on August 2, 2022.

AFFIX GOV'T, CORPORATE
OR NOTARY SEAL



American Rescue Plan Firefighter 2022
STATEMENT OF MAYOR/COUNTY OFFICIAL

I have reviewed and/or discussed the above proposed grant application with the Named Applicant and make the following statement:	
<input checked="" type="checkbox"/>	I am in support of this application and will work to integrate this service with others in this community, county and/or region.
COMMENTS	
I support the Town of Phillipsburg's 2022 American Rescue Plan Firefighter Grant application. The Town is requesting funds to purchase much needed equipment for our Fire Department which has been greatly impacted by the pandemic in the past few years. Once in use the equipment will increase safety and promote better health for the volunteer firefighters who put their own lives in danger to protect our community. Thank you for your consideration of this request.	
Signature of Mayor or County Official	
	
Name:	Todd M. Tersigni
Title:	Mayor
Address:	120 Filmore Street
Zip	08865
Mayor or County Officer	NJ
<input type="checkbox"/>	I will upload the attachment(s).

**New Jersey Department of Community Affairs
APPLICATION FOR GRANT FUNDS**

STANDARD GRANT COVER SHEET

2022-04989-0937

1. DCA Program to Which Applicant is Applying: American Rescue Plan Firefighter 2022			
2. Name of Applicant Agency Phillipsburg Town			
3. Street Address 120 Filmore Styreet			
City Phillipsburg	State New Jersey	Zip Code 08865-1698	County Warren
4. Official Contact Person Mr. Robert Bengivenga	Title Business Administrator		Phone number (908) 454-5500
5. Program Contact Person Mr. Robert Bengivenga	Title Business Administrator		Phone Number (908) 454-5500
6. Proposed Project/Grant Title Town of Phillipsburg ARP Firefighter Grant Program			
Program Type ARP Firefighter: Town of Phillipsburg			
7. Total Cost of the Project \$73,876	8. Requested Amount \$66,489	9. Funds from Other Sources \$7,387	
10. Project Location (if Different from Applicant Agency)			
Street Address 120 Filmore Street			
City Phillipsburg	State New Jersey	Zip 08865-2421	Room Number
11. Vendor Number 226002211-99	12. Employer ID 226002211	13. Tax Exempt ID 22-6002211	
14. Area(s) Benefiting: Town of Phillipsburg,			
15. Briefly describe the project for which you are seeking funds. for the purchase of much needed equipment to increase safety and promote better health for the members of the Phillipsburg Fire Department.			

16. a. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant?

Yes No

b. Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or task force which has regulatory or advising influence on the funding program? Yes No

If yes, please describe:

17. Fiscal Contact Person

Mr. Robert J Merlo

Title

Chief Financial Officer

Phone Number

(908) 454-5500

18. Agency Fiscal Year

1/1 to 12/31

19. Name of CPA Firm Appointed by Grantee

20. **Certification:** The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. The document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulation, and rules issued by the New Jersey Department of Community Affairs which include provisions described in grant applications instructions.

Name and Title of Applicant (Print)

Todd M. Tersigni, Mayor

Signature of Applicant



Date of Application