

RESOLUTION 2023-237
Town of Phillipsburg
County of Warren, State of New Jersey

**RESOLUTION AUTHORIZING THE TOWN OF PHILLIPSBURG TO APPLY
TO THE NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS (NJDCA)
FOR A FY 2024 AMERICAN RESCUE PLAN FIREFIGHTER SAFETY
PROGRAM GRANT**

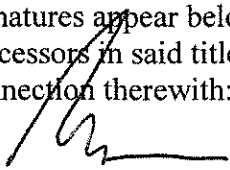
WHEREAS, the Town of Phillipsburg will apply for a FY 2024 American Rescue Plan Firefighter Safety Program Grant from the New Jersey Department of Community Affairs (NJDCA) for much needed turn out gear;

WHEREAS, the purchase of the equipment will cost \$74,747 and the Town of Phillipsburg is requesting \$67,273 in FY 2024 American Rescue Plan Firefighter Safety Program Grant funds and will provide a 10% match of \$7,474 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:



Matthew C. Hall, Acting Town Clerk



Todd M. Tersigni, Mayor

I, Matthew C. Hall, Acting Clerk of the Town of Phillipsburg, do hereby certify that the above is a true and complete copy of a resolution adopted by the Mayor and Council at a meeting held on December 5, 2023.

AFFIX GOV'T, CORPORATE
OR NOTARY SEAL

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

STANDARD GRANT COVER SHEET

2024-04989-0742


1. DCA Program to Which Applicant is Applying: American Rescue Plan Firefighter 2024			
2. Name of Applicant Agency Phillipsburg Town			
3. Street Address 120 Filmore Street			
City Phillipsburg	State New Jersey	Zip Code 08865-1698	County Warren
4. Official Contact Person Mr. Matthew C. Hall		Title Business Administrator	Phone number (908) 454-5500
5. Program Contact Person The Honorable Todd M. Tersigni		Title Mayor	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 \$74,746	8. Requested Amount \$67,272	9. Funds from Other Sources \$7,474	
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. To increase firefighter safety and insure the health and well-being of its firefighters, the Town of Phillipsburg is requesting DCA FY 2024 American Rescue Plan Firefighter Safety Grant funds to purchase turn out gear (coats and pants).			

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 12/4/2023

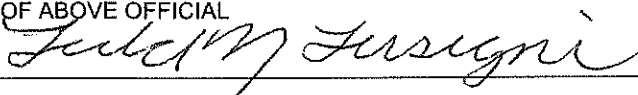
New Jersey Department of Community Affairs
APPLICATION FOR GRANT FUNDS

CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

In accordance to Federal Executive Order 12549, "Debarment and Suspension," the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. have not within a 3-year period preceding this application been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contract under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c. are not presently indicted or for otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph (b) of this certification; and
- d. have not within 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its subgrantees a certification that includes without modification paragraphs (a), (b), (c), (d), of this certification in accordance with Federal Executive Order 12549.

NAME OF AGENCY Town of Phillipsburg	
NAME AND TITLE OF OFFICIAL SIGNING FOR AGENCY Todd M. Tersigni, Mayor	
SIGNATURE OF ABOVE OFFICIAL 	DATE SIGNED 12-5-23
NOTE: The following document related to Debarment and Suspension as required by Federal regulations will be used as the basis for completion of this certification: List of <i>parties excluded</i> from Federal Procurement or Non-Procurement Programs. This document is distributed by U.S. General Services Administration, U.S. Printing Office, Washington, D.C. This document can be acquired from the Superintendent of Documents by calling (202) 783-3238.	

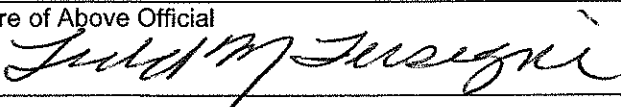
New Jersey Department of Community Affairs
APPLICATION FOR GRANT FUNDS

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge that:

- a. No grant funds awarded from State and/or Federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any grant, the making of any loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. This form can be found at the following website address: <http://www.hhs.gov/oagam/oam/opportunities/rfp0202/sf111.pdf>.
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Agency Town of Phillipsburg	
Name and Title of Official Signing for Agency Todd M. Tersigni, Mayor	
Signature of Above Official 	Date Signed 12-5-23

American Rescue Plan Firefighter 2024
STATEMENT OF MAYOR/COUNTY OFFICIAL

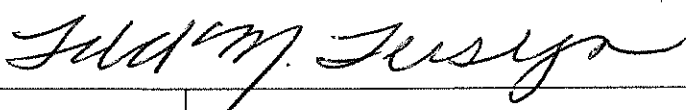
I have reviewed and/or discussed the above proposed grant application with the Named Applicant and make the following statement:

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 FY 2024 NJ DCA American Rescue Plan Firefighter Safety Program Grant application. The Town is requesting funds to purchase much needed equipment (turn out gear) for our Fire Department. 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

I will upload the attachment(s).