

**RESOLUTION - R-12-55**

**RESOLUTION OF THE TOWNSHIP OF SOUTH HARRISON  
REQUESTING THE DIRECTOR OF THE DIVISION OF  
LOCAL GOVERNMENT SERVICES TO AUTHORIZE THE  
INSERTION OF A SPECIAL ITEM OF REVENUE IN THE  
2012 BUDGET OF THE TOWNSHIP OF SOUTH HARRISON  
COUNTY OF GLOUCESTER STATE OF NEW JERSEY**

**WHEREAS**, pursuant to N.J.S.A. 40A:4-89, the Director of the Division of Local Government Services may approve the insertion of a special item of revenue in the budget of a municipality when such item is made available by law and the amount had not been determined at the time of adoption of the budget; and

**WHEREAS**, the Township of South Harrison, County of Gloucester, State of New Jersey, has been approved to receive a \$593.59 grant effective May 21, 2012 from the State of New Jersey Department of Courts; and

**WHEREAS**, said funds if approved will be added to the budget under the caption of "Alcohol Education, Rehabilitation and Enforcement Grant".

**NOW THEREFORE BE IT RESOLVED** by the Township Committee of the Township of South Harrison in the County of Gloucester, State of New Jersey as follows:

1. The Director of the Division of Local Government Services is hereby requested to approve the insertion of a special item of revenue in the budget of South Harrison Township, Gloucester County, New Jersey for the year 2012 which is now available to said Township under the State of New Jersey, Department of Courts – Alcohol Education Rehabilitation and Enforcement Grant in the amount of Five Hundred, Ninety-three Dollars and 59 cents (\$593.59) which sum was not available at the time of the adoption of the Municipal Budget.
2. The funds set forth above shall be appropriated under the budget caption "Alcohol Education Rehabilitation and Enforcement Grant".
3. Two (2) certified copies of this Resolution will be forwarded to the Division of Local Government Services for review and approval.

Adopted at a regular meeting of the Township Committee of the Township of South Harrison held on the 13<sup>th</sup> day of June 2012.

Attest:

\_\_\_\_\_  
James McCall, Mayor

\_\_\_\_\_  
Nancy E. Kearns, RMC  
Municipal Clerk

**CERTIFICATION**

I hereby certify the above to be a true copy of a resolution adopted by the Township Committee of the Township of South Harrison at a regular meeting held on the 13<sup>h</sup> day of June 2012.

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Nancy E. Kearns, RMC  
Municipal Clerk

Information Only

# South Harrison Township

www.southharrison-nj.org



## *Finance Office*

P.O. Box 113, Harrisonville, NJ 08039  
856-769-3737

June 13, 2012

Director  
NJ Div. of Local Government Services  
101 South Broad St. – CN 803  
Trenton, NJ 08625-0803

**RE: South Harrison Township, Gloucester County**

To Whom it May Concern:

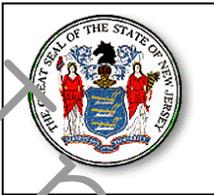
Pursuant to NJSA 40A:4-87, enclosed you will find a Chapter 159 Budget Amendment Form for the 2012 Alcohol Education Rehabilitation and Enforcement Grant.

Should you have any questions, please do not hesitate to contact me at 856-769-3737 ext 122.

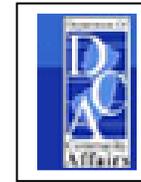
Thank you for giving this matter your attention.

Sincerely,

Christie Ehret  
CFO



STATE OF NEW JERSEY  
 DEPARTMENT OF COMMUNITY AFFAIRS  
 DIVISION OF LOCAL GOVERNMENT SERVICES



Pursuant to N.J.S.A. 40A:4-87, I hereby certify that the following resolution has been duly adopted by the governing body of: South Harrison

Name of Municipality

Clerk's Signature

I hereby certify that South Harrison Township has realized, or is in written notification of the State or Federal monies cited in the following resolution, which meets all statutory requirements, and will be included in the 2012 municipal budget.

Year

Signature, Chief Financial Officer

Resolution Number: R12-

Date of Adoption: 6/13/12

Revenue Title: Alcohol Education Rehabilitation and Enforcement Grant Amount: \$ 593.59

Appropriation Title: Courts - SW Amount: \$ 593.59

Local Match – Source: \_\_\_\_\_ Amount: \$ 0

Approval is hereby given to the cited resolution adopted by the governing body Pursuant to N.J.S.A. 40A:4-87.

For Director, Division of Local Government Services

by: \_\_\_\_\_

Duly Appointed Designee

Date Certified

THIS CERTIFICATION FORM MAY BE REPRODUCED  
 TO BE USED FOR STATE AND FEDERAL GRANTS ONLY

FOR DCA USE ONLY
Municode: _____
Doc. No.: _____