

**New Jersey Department of Community Affairs
Division of Local Government Services**

Budget Approval of a Solid Waste Collection District

(P.L. 2001, c. 126)

1. Please describe the services provided by the Solid Waste Collection District (SWCD) (i.e. collection, disposal, tipping fees, etc.):

2. What percent of your municipality is serviced by the district? _____98%_____
If you are requesting an expansion of the district, please provide a map showing the current district and the proposed expansion. Also explain the background, fiscal impact on the district's budget and reasons to expand the district (use additional sheets if necessary.)

3. If less than 100% of the municipality is in the district, what arrangements are made for the provision of trash removal to the balance of the municipality?

4. Are services provided by municipal employees or are they contractual? If contractual, please state the name of the vendor, contract period, services provided and maximum contract amount.

5. Do the employees of the District provide any other services in the municipality other than trash removal? If so, please explain.

2016
SOLID WASTE COLLECTION DISTRICT

Budget of the ___ Township _____ of _____ Aberdeen _____, County of _Monmouth_____ for the Fiscal Year 2016.

It is hereby certified that the Budget and Capital Budget annexed hereto and hereby made a part hereof is a true copy of the Budget and Capital Budget approved by resolution of the Governing Body on the _____ 15th _____ day of _____ March _____, 2016.

Certified by me, this ___ 15th _____ day of ___ March _____, 2016

Karen Ventura *Karen Ventura*
Clerk
1 Aberdeen Square, Aberdeen, NJ _____
Address

Address
732-583-4200 _____
Phone Number

It is hereby certified that the approved Budget annexed hereto and hereby made a part is an exact copy of the original on file with the Clerk of the Governing Body, that all additions are correct, all statements contained herein are in proof and the total of anticipated revenues equals the total of appropriations.

Certified by me, this _____ 15th _____ day of _____ March _____, 2016

Charles J. Fallon *Charles Fallon* _____ 1390 State Route 36 Suite 102 _____
Registered Municipal Accountant Address

Hazlet, NJ 07730 _____ 732-888-2070 _____
Address Phone Number

Certified by me, this _____ 15th _____ day of _____ March _____, 2016

Angela Morin *Angela Morin*
Chief Financial Officer

	DO NOT USE THESE SPACES	

<p align="center">CERTIFICATION OF ADOPTED BUDGET <i>(Do not advertise this Certification form)</i></p> <p>It is hereby certified that the amount to be raised by taxation for local purposes has been compared with the approved Budget previously certified by me and any changes required as a condition to such approval have been made. The adopted budget is certified with respect to the foregoing only.</p> <p align="center">STATE OF NEW JERSEY Department of Community Affairs Director of the Division of Local Government Services</p> <p>Dated: _____ By: _____</p>	<p align="center">CERTIFICATION OF APPROVED BUDGET</p> <p>It is hereby certified that the Approved Budget made part hereof complies with the requirements of law, and approval is given pursuant to N.J.S. 40A:4-79.</p> <p align="center">STATE OF NEW JERSEY Department of Community Affairs Director of the Division of Local Government Services</p> <p>Dated: _____ By: _____</p>
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COMMENTS OR CHANGES REQUIRED AS A CONDITION OF CERTIFICATION OF THE LOCAL FINANCE BOARD

The changes or comments which follow must be considered in connection with further action on this budget.

_____ of _____, County of _____

SOLID WASTE COLLECTION DISTRICT RESOLUTION

Section 1.

Solid Waste Collection District Budget of the ___Township___ of ___Aberdeen___, County of ___Monmouth___ for the Fiscal Year 2016

Be It Resolved, that the following statements of revenues and appropriations shall constitute the Solid Waste Collection District Budget for the year 2016;

Be It Further Resolved, that said Budget be published in the ___Asbury Park Press___ in the issue of ___March 30th___, 2016

The Governing Body of the ___Township___ of ___Aberdeen___ does hereby approve the following as the Budget for the year 2016:

RECORDED VOTE
(Insert last name)

Ayes { C/CANNON
C/HIRSCH
C/KELLEY
C/MARTUCCI
C/SWINDLE
DEP MAYOR MONTONE
MAYOR TAGLIARINI

Nays { NONE

Abstained { NONE

Absent { NONE

Notice is hereby given that the Budget and Tax Resolution was approved by the ___Governing Body___ of the ___Township___ of ___Aberdeen___, County of ___Monmouth___, on ___March 15th___, 2016.

A Hearing on the Budget and Tax Resolution will be held at ___1 Aberdeen Sq._____, on ___April 19_____, 2016 at ___730_ o'clock (P.M.) at which time and place objections to said Budget and Tax Resolution for the year 2016 may be presented by taxpayers or other interested persons.

EXPLANATORY STATEMENT

BUDGET MESSAGE

NOTE:

Sheet 3

MANDATORY MINIMUM BUDGET MESSAGE MUST INCLUDE A SUMMARY OF:

1. HOW THE "LEVY CAP" WAS CALCULATED. (Explain in words what the "LEVY CAP" means and show the figures.)
2. A SUMMARY BY FUNCTION OF THE APPROPRIATIONS THAT ARE SPREAD AMONG MORE THAN ONE OFFICIAL LINE ITEM

SOLID WASTE COLLECTION DISTRICT BUDGET

APPROPRIATIONS FOR SOLID WASTE COLLECTION DISTRICT		Appropriated								Expended 2015		
		for 2016		for 2015		for 2015 By Emergency Appropriation		Total for 2015 As Modified By All Transfers		Paid or Charged		Reserv ed
Deferred Charges:						XXXXXXXXXX	XX					XXXXXXXXXX
Emergency Authorizations						XXXXXXXXXX	XX					XXXXXXXXXX
						XXXXXXXXXX	XX					XXXXXXXXXX
						XXXXXXXXXX	XX					XXXXXXXXXX
STATUTORY EXPENDITURES:	XXXXXX	XXXXXXXXXX	XX	XXXXXXXXXX	XX	XXXXXXXXXX	XX	XXXXXXXXXX	XX	XXXXXXXXXX	XX	XXXXXXXXXX
Contribution to:												
Public Employees' Retirement System		25,050	00	25,428	78			25,428	78	25,428	78	
Social Security System (O.A.S.I.)		27,500	00	30,000	00			30,000	00	30,000	00	
Unemployment Compensation Insurance (N.J.S.A. 43:21-3 et. seq.)		1,200	00	1,200	00			1,200	00	1,200	00	
Deficits in Operations in Prior Years						XXXXXXXXXX	XX					XXXXXXXXXX
Surplus(General Budget)		350,000	00	320,000	00			320,000	00	320,000	00	
TOTAL SOLID WASTE COLLECTION DISTRICT APPROPRIATIONS		2,336,795	00	2,296,368	00	XXXXXXXXXX	XX	2,296,368	00	2,195,082	11	XXXXXXXXXX 101,28589

SECTION 2 - UPON ADOPTION FOR YEAR 2016

(Only to be Included in the Budget as Finally Adopted)

RESOLUTION

Be It Resolved by the _____ of the _____ that the budget hereinbefore set forth is hereby adopted and shall constitute an appropriation for the purposes stated of the sums therein set forth as appropriations, and authorization of the amount of: (a) \$ _____ (Item 2 below) for amount to be raised by taxation for Solid Waste Collection District.

RECORDED VOTE
(Insert last name)

Ayes {

Nays {

Abstained {

Absent {

SUMMARY OF REVENUES and APPROPRIATIONS

1. General Revenues		
Surplus Anticipated		
Miscellaneous Revenues Anticipated		
2. AMOUNT TO BE RAISED BY TAXATION FOR SOLID WASTE COLLECTION DISTRICT		
TOTAL REVENUES		
3. General Appropriations		
Operations		
Deferred Charges		
Statutory Expenditures		
Judgements		
Deficit in Operations in Prior Years		
Surplus (General Budget)		
TOTAL APPROPRIATIONS		

It is hereby certified that the within budget is a true copy of the budget finally adopted by resolution of the Governing Body on the _____ day of _____, 2016. It is further certified that each item of revenue and appropriation is set forth in the same amount and by the same title as appeared in the 2016 approved budget and all amendments thereto, if any, which have been previously approved by the Director of Local Government Services.

Certified by me this _____ day of _____, 2016 _____, Clerk.