

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 1, 2020-June 30, 2021

RESOLUTION 200-19

FORM 1B

WHEREAS, the Governor's Council on Alcoholism and Drug Abuse established the Municipal Alliances for the Prevention of Alcoholism and Drug Abuse in 1989 to educate and engage residents, local government and law enforcement officials, schools, nonprofit organizations, the faith community, parents, youth and other allies in efforts to prevent alcoholism and drug abuse in communities throughout New Jersey.

WHEREAS, The Borough Council of the Borough of Clayton, County of Gloucester, State of New Jersey recognizes that the abuse of alcohol and drugs is a serious problem in our society amongst persons of all ages; and therefore has an established Municipal Alliance Committee; and,

WHEREAS, the Borough Council further recognizes that it is incumbent upon not only public officials but upon the entire community to take action to prevent such abuses in our community; and,

WHEREAS, the Borough Council has applied for funding to the Governor's Council on Alcoholism and Drug Abuse through the County of Gloucester;

NOW, THEREFORE, BE IT RESOLVED by the Borough of Clayton, County of Gloucester, State of New Jersey hereby recognizes the following:

1. The Borough Council does hereby authorize submission of a strategic plan for the Clayton Municipal Alliance grant for fiscal year 2020 in the amount of:

DEDR	\$12,000.00
Cash Match	\$ 3,000.00
In-Kind	\$ 9,000.00
2. The Borough Council acknowledges the terms and conditions for administering the Municipal Alliance grant, including the administrative compliance and audit requirements.

APPROVED: _____


Thomas Bianco, Mayor

CERTIFICATION

I, Christine Newcomb, Municipal Clerk of the Borough of Clayton, County of Gloucester State of New Jersey, do hereby certify the foregoing to be a true and exact copy of a resolution duly authorized by the Borough Council on this 12th day of September, 2019


Christine Newcomb, Municipal Clerk

FORM 1A

FOR COUNTY USE ONLY
Approved: _____ YES _____ NO
Date: _____

STRATEGIC PLAN FOR FUNDING MUNICIPAL ALLIANCES

Grant Year: FY21 Tier 2

APPLICANT MUNICIPALITY/IES Clayton	COUNTY: Gloucester
ALLIANCE NAME Clayton Municipal Alliance	ALLIANCE WEBSITE: www.Claytonnj.com
ALLIANCE STREET ADDRESS: 125 N. Delsea Dr. TOWN: Clayton NJ STATE: NJ ZIP: 08312	
TELEPHONE: (856-881-2882) Ext.	FAX: (856) 881-
ALLIANCE CHAIRPERSON Tom Bianco STREET ADDRESS 125 N. Delsea Dr. TOWN: Clayton STATE: NJ ZIP: 08312 EMAIL: Tbianco@co.gloucester.nj.us	ALLIANCE COORDINATOR: Donna Nestore STREET ADDRESS: 125 N. Delsea Dr. TOWN: Clayton STATE: NJ ZIP: 08312 EMAIL: dnestore@claytonnj.com
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY): / /	

A) Alliance DEDR Allocation \$ 12,000

B) Cash Match (must be 25% of DEDR Allocation) \$ 3,000

C) In-Kind Match (must be 75% of the DEDR Allocation) \$ 9,000

TOTAL ALLIANCE BUDGET (add A+ B+C) \$ 24,000

Clayton

*MUNICIPALITY

Tom Bianco

NAME/ MAYOR

[Signature]

SIGNATURE

Clayton

*MUNICIPALITY

Darlene Vondran

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

Darlene Vondran

SIGNATURE

Clayton

*MUNICIPALITY

Tony Saban

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

[Signature]

SIGNATURE

Tom Bianco

[Signature]

SIGNATURE

9-12-19

DATE

ALLIANCE CHAIRPERSON

*** If a municipality is part of a consortium, a signature and resolution is required from all participating municipalities entering into the agreement. Signatures hereby accept all components of this grant including membership terms, Statement of Assurances and Fiscal Requirements.**