

RESOLUTION NO. 2019- 542

A RESOLUTION AUTHORIZING THE SUBMISSION OF A STRATEGIC PLAN FOR THE VINELAND MUNICIPAL ALLIANCE GRANT FOR FISCAL YEAR 2021.

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; and

WHEREAS, The City Council of the City of Vineland, County of Cumberland, 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 City 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 City Council has applied for funding to the Governor's Council on Alcoholism and Drug Abuse through the County of Cumberland;

NOW, THEREFORE, BE IT RESOLVED by the City of Vineland, County of Cumberland, State of New Jersey hereby recognizes the following:

1. The City Council does hereby authorize submission of a strategic plan for the Vineland Municipal Alliance grant for fiscal year 2021 in the amount of:

DEDR	\$57,358.00
Cash Match	\$14,339.50
In-Kind	\$43,018.50

2. The City Council acknowledges the terms and conditions for administering the Municipal Alliance grant, including the administrative compliance and audit requirements.

Adopted:

President of Council

ATTEST:

City Clerk



Memorandum

To: Robert Dickenson, Business Administrator

From: Miranda Falkowski, Vineland Municipal Alliance Coordinator

CC: Wanda Reid
Regina Lopez
Emma Lopez, Assistant Health Officer

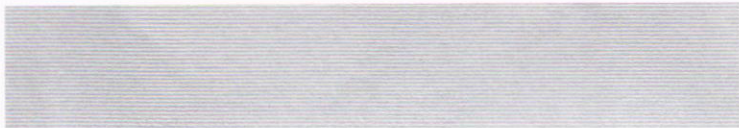
Date: December 10, 2019

Re: Vineland Municipal Alliance FY 2021 Grant

Attached is the revised resolution for the FY 2021 Vineland Municipal Alliance. I kindly request that the resolution be placed on the next council meeting agenda.

Once the resolution is completed, I will also need Form 1A signatures to submit with the grant.

Thank you.



FORM 1A

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

STRATEGIC PLAN FOR FUNDING MUNICIPAL ALLIANCES

Grant Year: July 2020- June 2021 Alliance Tier 3

APPLICANT MUNICIPALITY/IES: Vineland	COUNTY: Cumberland
ALLIANCE NAME: Vineland Municipal Alliance	ALLIANCE WEBSITE: www.vldhealth.org
ALLIANCE STREET ADDRESS: 640 E. Wood Street TOWN: Vineland STATE: NJ ZIP: 08360	
TELEPHONE: (856) 794-4000 Ext. 4257	FAX: (856) 405-4608
ALLIANCE CHAIRPERSON: Michael Pantalone STREET ADDRESS: 1751 S. Main Road TOWN: Vineland STATE: NJ ZIP: 08360 EMAIL: mipantalone@comcast.net	ALLIANCE COORDINATOR: Miranda Falkowski STREET ADDRESS: 640 E. Wood Street TOWN: Vineland STATE: NJ ZIP: 08360 EMAIL: mfalkowski@vinelandcity.org
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY): / /	

A) Alliance DEDR Allocation	\$ 57,358.00
B) Cash Match (must be 25% of DEDR Allocation)	\$ 14,339.50
C) In-Kind Match (must be 75% of the DEDR Allocation)	\$ 43,018.50
TOTAL ALLIANCE BUDGET (add A+ B+C)	\$ 114,716.00

Vineland	Anthony Fanucci/ Mayor	
_____ *MUNICIPALITY	_____ NAME/ MAYOR/Head of Governing Body	_____ SIGNATURE

Vineland	Paul Spinelli/ Council President	
_____ *MUNICIPALITY	_____ NAME/TITLE OF GOVERNING BODY REPRESENTATIVE	_____ SIGNATURE

_____ *MUNICIPALITY	_____ NAME/TITLE OF GOVERNING BODY REPRESENTATIVE	_____ SIGNATURE
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Michael Pantalone		
_____ ALLIANCE CHAIRPERSON	_____ SIGNATURE	_____ DATE

*** 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.**