

FORM 1A

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

STRATEGIC PLAN FOR FUNDING MUNICIPAL ALLIANCES

Grant Year: July 1, 2020-June 30, 2021)

Alliance Tier 3

APPLICANT MUNICIPALITY/IES: West Orange	COUNTY: Essex
ALLIANCE NAME: West Orange Municipal Alliance	ALLIANCE WEBSITE:
ALLIANCE STREET ADDRESS: 66 Main Street TOWN: West Orange STATE: NJ ZIP: 07052	
TELEPHONE: (973) 325-4105 Ext.	FAX: (973) 325-9853
ALLIANCE CHAIRPERSON: William Sullivan, JD STREET ADDRESS: Scarinci Hollenbeck, 1100 Valley Brook Avenue, PO Box 790 TOWN: Lyndhurst STATE: NJ ZIP: 07071 EMAIL: wcsullivanjr13@gmail.com	ALLIANCE COORDINATOR: Laura A. Van Dyke, LCSW STREET ADDRESS: 66 Main Street TOWN: West Orange STATE: NJ ZIP: 07052 EMAIL: lvandyke@westorange.org
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY): 12/18 / 2019	

A) Alliance DEDR Allocation \$ 48,079.09

B) Cash Match (must be 25% of DEDR Allocation) \$ 12,019.77

C) In-Kind Match (must be 75% of the DEDR Allocation) \$ 36,059.32

TOTAL ALLIANCE BUDGET (add A+ B+C) \$ 96,158.18

West Orange

Robert D. Parisi

*MUNICIPALITY

NAME/ MAYOR/Head of Governing Body

SIGNATURE

*MUNICIPALITY

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

*MUNICIPALITY

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

William Sullivan

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.**