

**BOROUGH OF RED BANK
COUNTY OF MONMOUTH**

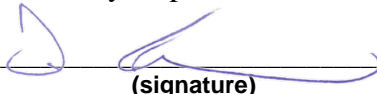
RESOLUTION NO. NP23-44

**RESOLUTION AUTHORIZING THE RED BANK DEPARTMENT OF RECREATION TO
APPLY FOR FUNDS FROM THE NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS
UNDER THE FY2024 RECREATIONAL OPPORTUNITIES FOR INDIVIDUALS WITH
DISABILITIES (ROID) GRANT PROGRAM FOR THE RED BANK CLASSIC 5K:
ACCESSIBILITY EQUIPMENT PROJECT**

WHEREAS, the Borough of Red Bank desires to apply for and obtain a grant from New Jersey Department of Community Affairs for approximately \$825.00 to carry out a project to provide an accessible push chair for individuals with disabilities to be able to participate in the Red Bank Classic 5K. Upon a resident's request the push chair will be made available for other Borough recreation events.

WHEREAS, the Borough of Red Bank wishes to request \$825.00 from the New Jersey Department of Community Affairs Recreational Opportunities for Individuals with Disabilities (ROID) grant program and pledges a 20% cash match of \$165.00;


BE IT THEREFORE RESOLVED that the Borough of Red Bank does hereby authorize the application for such a grant; and, recognizes and accepts that the Department may offer a lesser or greater amount and therefore, upon receipt of the grant agreement from the New Jersey Department of Community Affairs, does further authorize the execution of any such grant agreement; and also, upon receipt of the fully executed agreement from the Department, does further authorize the expenditure of funds pursuant to the terms of the agreement between the Borough of Red Bank and the New Jersey Department of Community Affairs.


(signature)
Laura Reinertsen
(type or print name)
Borough Clerk
(title)

(signature)
Darren McConnell
(type or print name)
Interim Borough Administrator
(title)

CERTIFICATION:

I, Laura Reinertsen, the Municipal Clerk of the Borough of Red Bank hereby certify that at a meeting of the Board of Directors / Governing Body held on August 10, 2023, the above *RESOLUTION* was duly adopted.

	MOVED	SECONDED	AYES	NAYS	ABSTAIN	ABSENT	<div>I hereby certify that the above Resolution was adopted by the Borough Council of the Borough of Red Bank, In the County of Monmouth at a Meeting held on August 10, 2023.</div> <div> Laura Reinertsen. Borough Clerk</div>
Councilmember Bonatakis			x				
Councilmember Cassidy			x				
Councilmember Facey-Blackwood		x	x				
Councilmember Forest			x				
Councilmember Jannone			x				
Councilmember Triggiano	x		x				
Mayor Portman			x				
ON CONSENT AGENDA	Yes	x		No			

**New Jersey Department of Community Affairs
APPLICATION FOR GRANT FUNDS**

STANDARD GRANT COVER SHEET

2024-05157-0050

1. DCA Program to Which Applicant is Applying: Recreational Opportunities for Individuals with Disabilities 2024			
2. Name of Applicant Agency Red Bank Borough			
3. Street Address 90 Monmouth Street			
City Red Bank	State New Jersey	Zip Code 07701-1285	County Monmouth
4. Official Contact Person Lt. Darren McConnell		Title Lieutenant	Phone number (732) 530-2777
5. Program Contact Person Mr. Peter Blanos		Title Grants Consultant	Phone Number (973) 226-3329
6. Proposed Project/Grant Title The Red Bank Classic 5K Equipment Expansion Project			
7 Total Cost of the Project \$1,200	8. Requested Amount \$1,000		9. Funds from Other Sources \$200
10. Project Location (if Different from Applicant Agency) *See Program Component Cover Sheet			
11. Vendor Number 216001051-99		12. Employer ID 216001051	13. Tax Exempt ID
14. Area(s) Benefiting: *See Program Component Cover Sheet			
15. Briefly describe the project for which you are seeking funds. For the purchase of a push chair to increase the inclusivity of the Red Bank Classic 5k and other physically intense recreation opportunities in the Borough.			

16. a. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant?

☐ Yes ☒ No

b. Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or task force which has regulatory or advising influence on the funding program? ☐ Yes ☒ No
If yes, please describe:

17. Fiscal Contact Person

Mr. Robert W. Swisher

Title

Chief Financial Officer

Phone Number

(908) 789-9300

21. Agency Fiscal Year

1/1 to 12/31

22. Name of CPA Firm Appointed by Grantee

Fallon & Company

23. Certification: The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. The document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulation, and rules issued by the New Jersey Department of Community Affairs which include provisions described in grant applications instructions.

Name and Title of Applicant (Print)

DARREN McCOUNELL, BUS. ADMIN.

Signature of Applicant



Date of Application

8/4/23


**New Jersey Department of Community Affairs
APPLICATION FOR GRANT FUNDS**

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge that:

- a. No grant funds awarded from State and/or Federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any grant, the making of any loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any grant, loan, or cooperative agreement.
- b. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions. This form can be found at the following website address: <http://www.hhs.gov/oag/opa/opportunities/rfp0202/sf111.pdf>.
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Name of Agency Borough of Red Bank	
Name and Title of Official Signing for Agency Darren McConnell, Interim Borough Administrator	
Signature of Above Official 	Date Signed 8/4/22

**New Jersey Department of Community Affairs
APPLICATION FOR GRANT FUNDS**

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City Red Bank	State New Jersey	Zip Code 07701-1285	County Monmouth
4. Official Contact Person Lt. Darren McConnell		Title Lieutenant	Phone number (732) 530-2777
5. Program Contact Person Mr. Peter Blanos		Title Grants Consultant	Phone Number (973) 226-3329
6. Proposed Project/Grant Title The Red Bank Classic 5K Equipment Expansion Project			
7 Total Cost of the Project \$990	8. Requested Amount \$825	9. Funds from Other Sources \$165	
10. Project Location (if Different from Applicant Agency) *See Program Component Cover Sheet			
11. Vendor Number 216001051-99	12. Employer ID 216001051	13. Tax Exempt ID	
14. Area(s) Benefiting: *See Program Component Cover Sheet			
15. Briefly describe the project for which you are seeking funds. For the purchase of a push chair to increase the inclusivity of the Red Bank Classic 5k and other physically intense recreation opportunities in the Borough.			

16. a. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b. Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or task force which has regulatory or advising influence on the funding program? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If yes, please describe:		
17. Fiscal Contact Person Mr. Thomas Seaman		18. Title Chief Financial Officer
19. Phone Number (732) 530-2742		20. Name of CPA Firm Appointed by Grantee Fallon & Company
21. Agency Fiscal Year 1/1 to 12/31	22. Name of CPA Firm Appointed by Grantee Fallon & Company	
23. Certification: The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. The document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulation, and rules issued by the New Jersey Department of Community Affairs which include provisions described in grant applications instructions.		
Name and Title of Applicant (Print) Darren McConnell, Interim Borough Administrator		Date of Application