

«Municode»

# REAP 2001 EZ FORM      New Jersey Regional Efficiency Aid Program Continuation Application Form

See General Instructions and refer to the REAP Local Government Application Notice when completing this application.

If you are a provider agency who now performs the service for a recipient, **do not complete this form**; your recipient unit must submit this form.

Name of Local Unit: \_\_\_\_\_ County: \_\_\_\_\_

Address: \_\_\_\_\_

Name of Coordinator: \_\_\_\_\_ Title: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail (if available): \_\_\_\_\_

Name of Chief Executive Officer: \_\_\_\_\_ Title: \_\_\_\_\_

**The following Shared Services were eligible for REAP in CY/FY 2000:** (Notes: Some service descriptions have been edited in length.)

Please correct preprinted information that is inaccurate. List only those service agreements entered into on or after July 1, 1997.)

Number	"x"	Description of Service	Expiration Date	2000 Total Budget	Service Relationship

For completing the above, please indicate those service agreements that are **no longer in effect as of the date of this filing**, by placing an **x** in the "x" column. For added new services that took effect in CY/FY 2000 or for omitted services not having applied for REAP credit last year, prepare and submit to the REAP Program a separate REAP 2001 Local Unit Tax Relief Application form.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

It is certified that on behalf of this local unit, that the above described service(s) continues to be provided on the basis of a written regional service agreement as required by P.L. 1999, c. 61, and the regional service agreement continues to result in a savings for the local unit in the costs of providing the services.

**Return this form by February 16, 2001 as follows:**

**For local units other than school districts:**

N.J. REAP Program  
101 South Broad Street  
PO Box 803 Trenton, New Jersey 08625-0803  
Fax: 609-633-6243  
Phone: 609-984-7764

**For school districts:**

NJ Department of Education  
REAP Program c/o Vince Yorkus  
PO Box 500  
Trenton, N.J. 08625-0500  
Fax: 609-292-6794  
Phone: 609-633-2454 or 609-292-3200

<b>Required Filing</b>
A copy of this form <b>must be filed</b> with the Municipal Assessor and the Chief Executive Officer of the local unit(s) that provide the service to your community or school district.