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New Jersey Regional Efficiency Aid Program for CY 2001 Local Unit Tax Relief Application Form

Refer to the REDI & REAP Local Government Application Notice when completing this application.

Local Unit Information

Name of Local Unit:		County:	County:	
Address:				
Name of Coordinat	or:	Title:		
Phone:	Fax:	E-mail (if available):		
Name of Chief Exe	cutive Officer:			
Title				

List and sequentially number each service you are applying for REAP Aid in FY 2000:

Description of Service	

A separate REAP Service Application Form must be prepared for each service. Please make copies of the attached forms as necessary.

I hereby certify that the information on this REAP Program Local Unit Application Form is to the best of my knowledge, accurate and reliable.

Name of Chief Executive Officer/Coordinator:

Signature: _____

Date: _____

Return this form by February 16, 2001 to:

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

A copy of this form **must be filed** with the Municipal Assessor and the Chief Executive of the local unit(s) that **provide** the service to your community or school district.

REAP Service Application Form

(Refer to the REAP Application Information Notice when completing this form.)

If your agency provides the service to others, do not complete this form.

Your aid is based on the application of the local units to which you provide services. Please ensure that the local units to which you provide services apply and identify your government agency as the provider.

Pr	ogram #: Service Name:		
A.	Service Type: From the "Service Type" Listing, fill in the service type that best matches the specific service. If none matches, insert "Not Available."		
В.	. On what date (month and year) was the agreement originally executed?		
C.	• CY 2000 Retroactive eligibility:		
D.	CY 2000/FY 2001 total budget for the service: \$		
	Certification of REAP Qualification: a. Was the Service entered into as a "Regional Service agreement?" (See instructions) • Yes • No		
k	D. In what year does the agreement expire:		

- c. Has the Service resulted in savings in the costs of services? (See instructions)
 Yes
 No If the answer is no, the service is not eligible for REAP Aid. If yes, explain the savings below:
- F. Service Relationship:
 - Recipient

Name of Provider Agency:_____

Shared

If shared, name the provider service agencies and percentages here. Include your local unit's name and percentage of share. The total percentage of the shared service must equal 100%

(Send a copy of this completed application to each partner.)

Local Unit Name	Estimated Share %

Degree of Difficulty Assessment

Please refer to the "Degree of Difficulty Assessment" instruction form and keep it handy when completing this section. You must describe the issues (or insert "none" if there were none) and insert the appropriate letter from the "A-E" scale in the box to the right of the issue. Use the attached "Extension Form" if additional space is needed.

A=no or none, B= minor, C= some, D=significant, and E=major

Personnel Issues: benefits, employment, pay and seniority issues.....

Implementation Costs: Capital, operating, control or autonomy issues.....

Attitudes and Perceptions: Citizens, elected officials, staff.....

Agency Differences: governance, ordinance/regulations, service and geography logistics...

Degree of Difficulty Assessment Extension Form

Continue explanation of the issues here. Do not extend beyond the allocated space.

Personnel Issues: benefits, employment, pay and seniority issues

Implementation Costs: Capital, operating, control or autonomy issues

Attitudes and Perceptions: Citizens, elected officials, staff

Agency Differences: governance, ordinance/regulations, service and geography logistics