DIVISION OF LOCAL GOVERNMENT SERVICES
APPLICATION FORM FOR APPROVAL TO APPOINT/RE-APPOINT
A PRIVATE ENTITY TO SERVE AS MUNICIPAL CHIEF FINANCE OFFICER
PURSUANT TO N.J.A.C. 5:32-2.5

Please submit this application to the Division of Local Government Services, c/o Certification Unit, 101 South Broad Street, P.O. Box 803, Trenton, NJ 08625-0803 or via email at dlgs@dca.nj.gov with the subject heading “Approval for Private Entity as Temporary CFO”. Should your responses to any of the questions below require additional space, please include attached sheets as necessary and label which number the response corresponds with. Pursuant to N.J.A.C. 5:32-2.5, the Director may request additional information before making a determination on the application. If necessary, your signatory will be contacted directly.

Application is for: Appointment ________ Re-Appointment ________

1. Please provide a detailed description of good faith efforts made to directly hire an individual holding a municipal finance officer certificate or enter into a shared services agreement with another municipality for chief financial officer services. For direct hiring, the municipality shall provide an explanation of the hiring and interview process:

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*Provide as an attachment the salary range for the position and a list of all candidates who submitted resumes.

2. Please provide the name of the private entity selected by the municipality, including the name and business addresses of all owners of any percentage interest:

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3. Please provide the address for the New Jersey office for the private entity’s business:

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4. Please provide the name and license number of each certified municipal finance officer on the private entity’s staff, all licenses and certifications held by same, a description of each individual’s experience in municipal finance, and any details regarding disciplinary action to which the individual may have been subject, whether by the Division of Local Government Services or any other administrative or licensing body:

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5. Have any staff members who will be fulfilling duties of the chief financial officer undergone recent background checks and judgement searches? Do any such staff members have criminal records, or any pending criminal or civil matters? If yes, please explain.

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6. Please provide the names of all other municipalities, if any, for which the private entity has contracted to temporarily perform the duties of a chief municipal finance officer:

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7. Do private entity staff have any known or potential conflicts of interest under the Local Government Ethics Law? If yes, please explain.

8. Please name the individual(s) who will be tasked with supervision of any work performed by the private entity on behalf of the municipality (this individual must be currently licensed by the Division of Local Government Services as a municipal finance officer):

For municipalities seeking approval to re-appoint a private entity to a second consecutive one-year term, please provide an explanation of the following, if appropriate:

9. Any repeat comments on the most recent Annual Audit, attributable to the office of chief financial officer:

10. Complaints against the office of chief financial officer from a member of the public or other persons that are of a serious nature, such as those involving potential, ongoing, or prior litigation:
I, the undersigned, certify on behalf of the governing body or chief executive officer of __________
____________________________________ (name of municipality) that the information contained in
this document is, to the best of my knowledge, true and accurate and that if this application is
approved, the contract between the municipality and the private entity will meet the requirements
of N.J.A.C. 5:35-2.5(b)(6) and that the private entity will make best efforts to comply with
N.J.A.C. 5:35-2.5(b)(9) as it pertains to a cybersecurity best practices framework.

____________________________________
Signature

_____________________________
Date

____________________________________
Print Name

____________________________________
Title