STATE OF NEW JERSEY DEPARTMENT OF COMMUNITY AFFAIRS DIVISION OF LOCAL GOVERNMENT SERVICES

Freeholders of:	Name of County			
	Name of County	Signatu	re, Clerk of the Board of Chosen	ı Freeholders
I hereby certify that	Name of County	has realized	d or is in receipt of written n	otification of the state of
	Name of County			
ederal monies cited in the	following resolution, which n	neets all statutory re	equirements and will be inc	eluded in theYear
county budget.				1001
			Signature, Chief Fina	ıncial Officer
Resolution Number:				
Date of Adoption:				
out of Adoption.				
Revenue Source:			Amount: \$	
Appropriation Title:			Amount: \$	
ocal Match - Source:			Amount: \$	
Approval is hereby given to	the cited resolution adopted	by the Board of Ch	osen Freeholders pursuant	to N.J.S.A. 40A: 4-87
For Directo	or, Division of Local Government	ment Services		
by:				
	Duly Appointed Design	gnee	Date Certified	
	THIS CERTIFICATIO	N FORM MAY BE	EREPRODUCED	FOR DCA USE O
	TO BE USED FOR STA			
				Municode:

Doc. No. : __