Transitional Aid Application for Calendar Year 2014 Division of Local Government Services Department of Community Affairs

General Instructions: This application must be submitted in its entirety by **March 14, 2014** for funding consideration under this program. Information contained in the application is subject to independent verification by DLGS. Refer to Local Finance Notice 2014-2 when preparing this application for specific instructions and definitions, and review the Submission Checklist on Page 7.

Name of Municipality:		lity: TO	WN O	F HARRISON		County:	HUDSON
Contact Person: Paul		Paul J. Z	arbetsl	αi		Title:	Town Clerk/Attorney
Phone:	973-268	-2447	Fax:	973-484-4571	E-mail:	pjzarbetsk	i@townofharrison.com

I. Aid History

List amount of Transitional Aid received for the last three years, if any:

CY 2013	CY 2012	CY 2011
\$1,950,000.00	\$1,950,000.00	\$4,500,000.00

II. Aid Request for Application Year: (All municipalities currently operating under a Transitional Aid MOU are advised that a decrease from prior year funding is likely.)

Amount of aid requested for the Application Year: \$1,950,000.00 (CMPTRA)	Amount of aid requested for the Application Year:	\$1,950,000.00 (CMPTRA)
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If not seeking a decrease, a letter from the Mayor is required. See Local Finance Notice 2014-2.

III. Submission Requirements

The following items must be submitted with, or prior to, submission of this application. Indicate date of submission of each.

Item	Date Submitted to DLGS
2013 Annual Financial Statement	03/03/14
2012 Annual Audit	10/16/13
2012 Corrective Action Plan	10/16/13
Application Year Introduced Budget	03/12/14
Budget Documentation Submitted to Governing Body	03/12/14

IV. Application Certification

The undersigned herewith certify that they have reviewed this application and, to the best of their ability, find its contents to be true and that it accurately portrays the circumstances regarding the municipality's fiscal practices and need for financial assistance. By submitting the within application, the municipality acknowledges the law provides that the Director's decision regarding aid awards is final and not subject to appeal.

Signature	Date	
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App	olication Year: CY 2014	Municipality: HARRISON	County: HUDSON
-A.	Explanation of Need for Tra	ansitional Aid	
	factors that result in a constraine	recumstances requiring the need for Traned ability to raise sufficient revenues to ues were raised, how it would substanti	meet budgetary
Se	e Letter from Mayor James A.	. Fife	

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V-B. Demonstration of Revenue Loss/Substantial Cost Increase

Show: (1) specific, extraordinary revenue losses, but not as the aggregate of many revenue line items; and (2) specific, extraordinary increases in appropriations, but not as the aggregate of many appropriation line items. Describe the item on the cell below each entry. If applicable, indicate in the description of the extraordinary increase in expenditure if the increase was the result of a policy decision made by the municipality (i.e. a back-loaded debt service schedule, deferred payment, costs associated with additional hires, etc.)

Revenue or Appropriation	2013 Value	2014 Value	Amount of Loss/Increase
	\$1,500,000	\$0.00	\$1,500.000 (Loss)
Description:	Reserve for Debt Service	e – One shot revenue	
	\$418,000	\$0.00	\$418,000 (Loss)
Description:	Developer Deficiency P	ayments - One shot r	evenue
	\$379,000	\$435,473	\$56,473 (Increase)
Description:	Offset to Utility deficit PVWC. Deficit subsidiz		
Description:		<u> </u>	

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V-C. Actions to Reduce Future Need for Aid

Detail the steps the municipality is taking to reduce the need for aid in the future. Include details about long-term cost cutting and enhanced revenue plans, impact of new development, potential for grants to offset costs, and estimated short and long-term annual savings. Use additional pages if necessary. (Items included in a Transition Plan submitted by a current recipient need not be repeated here.)

See Letter from Mayor James A. Fife				

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V-D. Discussion of Health Benefits

Skip this section if using the State Health Benefits Program (SHBP). If not using SHBP, explain why the health benefit plan being used is cheaper or other reasons that may exist for failing to move into SHBP.

N/A – Entered SHBP August 1, 2013.				
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Application Year: CY 2014	Municipality: HARRISON	County: HUDSON
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VI. Historical Fiscal Statistics

Item

2012 2013 Introduced Application Year

Property Tax/Budget Information
 Municipal tax rate
 Municipal Purposes tax levy
 Municipal Open Space tax levy

Total general appropriations

\$3.143	\$3.423	\$3.682
\$15,745,004	\$17,191,823.	\$18,536,503.
\$N/A	\$N/A	\$N/A
\$39,394,383	\$40,897,674.	\$39,361,230

2. Cash Status Information

% Of current taxes collected % Used in computation of reserve Reserve for uncollected taxes Total year end cash surplus Total non-cash surplus Year end deferred charges

99.74%	99.95%		9/0
93.18%	98.50%		98.50%
\$724,400	\$504,750	\$524,520.	
\$905,661	\$977,779		
\$11,084	\$22,442		
\$292,000	\$219,000		

3. Assessment Data

Assessed value (as of 7/1)
Average Residential Assessment
Number of tax appeals granted
Amount budgeted for tax appeals
Refunding bonds for tax appeals

\$500,863,542	\$502,106,618	\$503,475,484
\$140,995.00	\$142,044	\$142,044
45	51	
\$175,000.00	\$150,000	\$150,000
\$N/A	\$N/A	\$N/A

4. Full time Staffing Levels

Uniformed Police - Staff Number
Total S&W Expenditures
Uniformed Fire - Staff Number
Total S&W Expenditures
All Other Employees - Staff Number
Total S&W Expenditures

38	38	38
\$4,211,300.	\$4,261,800.	\$4,319,500
29	29	29
\$3,599,500.	\$3,420,925.	\$3,561,025
76	77	77
\$4,970,400	\$5,059,675	\$5,318,275

5. Impact of Proposed Tax Levy

Amount

Current Year Taxable Value			503,475,484
Introduced Tax Levy			18,536,503.
Proposed Municipal Tax Rate 3.682 . Average Res. Value (#4 above)			142,044
Current Year Taxes on Average Residential Value (#4 above)			5,191
Prior Year Taxes on Average Residential Value			4,826
Proposed Increase in average residential taxes			7.57%

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Application Year: CY 2014	Municipality: HARRISON	County. HODSON
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VII. Application Year Budget Information

A. Year of latest revaluation/reassessment

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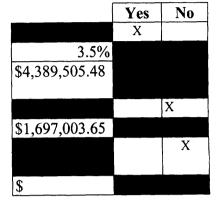
B. Proposed Budget - Appropriation Cap Information

Item

- 1. Was an appropriation cap index rate ordinance adopted last year?

 If YES: % that was used
- 2. Amount of appropriation cap bank available going into this year
- 3. Is the Application Year budget at (appropriation) cap? If NO, amount of remaining balance
- 4. Does the Application Year anticipate use of a waiver to exceed the appropriation cap?

If YES, amount:



C. List the five largest item appropriation increases:

Appropriation	Prior Year Actual	Application Year Proposed	\$ Amount of Increase
Public Works Salaries & Wages	1,155,400.	1,315,000	159,600
Fire Salaries & Wages	3,420,925.	3,561,500.	140,575
Fire Hydrant Service	18,000.	98,000.	80,000.
Snow Removal (S&W / OE)	200,000	300,000	100,000.
Deficit in Water Sewer Budget	379,000.	435,473.	56,473.

D. List all new property tax funded full-time positions planned in the Application Year:

Department/Agency	Position	Number	Dollar Amount
Public Works	Laborer	4	120,000.

E. Display projected tax levies, local revenues (not grants), anticipated (gradually reduced)
Transitional Aid, total salary and wages, and total other expenses projected for the three postapplication years:

	Tax Levy	Local Revenues	Transitional Aid	Total S&W	Total OE
First year	See Attached Projections	See Attached Projections	See Attached Projections	See Attached Projections	See Attached Projections
Second year	See Attached Projections	See Attached Projections	See Attached Projections	See Attached Projections	See Attached Projections
Third year	See Attached Projections	See Attached Projections	See Attached Projections	See Attached Projections	See Attached Projections

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VIII. Financial Practices

A. Expenditure controls and practices:

	Question	Yes	No
1.	Is an encumbrance system used for the current fund?	X	
2.	Is an encumbrance system used for other funds?	X	
3.	Is a general ledger maintained for the current fund?	X	
4.	Is a general ledger maintained for other funds?	X	
5.	Are financial activities largely automated?	X	
6.	Does the municipality operate the general public assistance program?		X
7.	Are expenditures controlled centrally (Yes) or de-centrally by dept. (No)?	X	
8.	At any point during the year are expenditures routinely frozen?	X	
9.	Has the municipality adopted a cash management plan?	X	
10.	Have all negative findings in the prior year's audit report been corrected?		X
	If not, be prepared to discuss why not in your application meeting.		

B. Risk Management: Indicate ("x") how each type of risk is insured.

Coverage		JIF/HIF	Self	Commercial
General liability		X		
Vehicle/Fleet liability		X		
Workers Compensation		X		
Property Coverage		X		
Public Official Liability		X		
Employment Practices Liability		X	1.446	
Environmental		X		
Health	SHBP X			

C. 1) Salary and Employee Contract Information (when more than one bargaining unit for each category, use average):

Question	Police	Fire	Other Contract	Non-Contract
Year of last salary increase	2014	2014	2014	
Average percentage increase	1.5%	1.5%	1.5%	%
Last contract settlement date	06/21/2013	06/21/2013	06/21/2013	
Contract expiration date	12/31/2015	12/31/2015	12/31/2015	

2) Explain, if any, actions taken or under consideration for the Application Year:

Action	Police	Fire	Other Contract	Non-Contract
Furloughs (describe below)				
Wage Freezes (describe below)				
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Layoffs (describe below)				
See Letter from Mayor James A. Fi	fe			

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D. Tax Enforcement Practices:				
	Question		Yes	No
1. Did the municipality complete its a	ccelerated tax sale by December 31, if in	ncluded in	X	
2013 budget? If not, please include a	letter from the tax collector explaining v	why he/she		
failed to complete the sale in a timely	manner and what the impacts were on c	ash flow and		
lost investment earnings.	· · · · · · · · · · · · · · · · · · ·			
2. When was the last foreclosure action	199	6		
3. On what dates were tax delinquency	y notices sent out in 2013:	Date:	2/19,5/15,8	/14,11/13
4. Date of last tax sale:		Date:	12/18	/13
E. Specialized Service Delivery:				
If the answer to either question is 'maintaining the service without ch	'Yes," provide (as an appendix) a cost ju anges.	stification of		
	Service	v	os No	

Service	Yes	No
Sworn police or firefighters are used to handle emergency service call-taking and dispatch (in lieu of civilians)		X
The municipality provides rear-yard solid waste collection through the budget		X

F. Other Financial Practices

1. Amount of interest on investment earned in:

2012	\$3,508.08	2013	\$3,250.23	Anticipated Application Year:	\$2,500.
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2. List the instruments in which idle funds are invested:

New Jersey Cash Management	
Various Approved Checking Accounts	
Various Approved Certificated of Deposits	

3. What was the average return on investments during CY 2013?

Joseph J. Faccone, Samuel Klein and Company, CPA's

30 Plus Years

- 4. Left Blank Intentionally
- 5. The name and firm of the municipality's auditor?
- 6. When was the last time the municipality changed auditors?

G. Status of Collective Negotiation (Labor) Agreements: List each labor agreement by employee group, contract expiration date, and the status of negotiations of expired contracts.

Employee Group	Expiration Date	Status of Negotiations of Expired Agreement
Harrison Civil Service Association	12/31/2015	
Harrison Fire Benevolent Association	12/31/2015	
Harrison Police Benevolent Association 22/22A	12/31/2015	

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Harrison Department Heads Association	12/31/2015	
Harrison Police Chief	12/31/2015	

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IX-A. List all actions limiting Salary and Wage costs: i.e., layoffs, furloughs, freezes, contract concessions, etc. (See item C-3 in Local Finance Notice for details)

S&W Line Item	Prior Year Actual	Application Year Proposed	Explanation of Change
See Letter from Mayor James A. Fife			
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IX-B. List any actions limiting or reducing Other Expense costs: i.e., reductions, changes, or elimination of services, procurement efficiencies or restraint. Include changes in spending policies that reduce non-essential spending.

Line Item	Prior Year Actual	Application Year Proposed	Explanation of Change
See Letter from Mayor James A. Fife			
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IX-C. Evaluate existing local revenues as to whether or not the rates or collections can be increased or imposed, and if so, how changes will be implemented.

Local Revenues and services provided though the General/Current Fund	Check if services is provided	Are fees charged to cover the costs of the program?	If fees do not cover costs, what is the amount of subsidy?	If there is a subsidy, explain why fees cannot be increased to reduce or eliminate subsidy.
Recreation programs	✓	Yes		
Sewer Fees	✓	Separate Utility		
Water Fees	✓	Separate Utility		
Swimming Pool				
Uniform Construction Code	✓	Yes		
Uniform Fire Code	✓	Yes		
Land Use Fees	✓	Yes		
Parking Fees	✓	Yes		
Beach Fees				
Insert other local fees below:				

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X. Service Delivery

List all services the municipality contracts to another organization: i.e., shared services with another government agency, including formal and informal shared services, memberships in cooperative purchasing program, private (commercial), or non-profit organization.

Service	Name of Contracted Entity	Estimated Amount of Contract	Year Last Negotiated (as applicable)
Garbage Disposal	Cali Carting	\$459,000 Per Year	2012 (2013- 2017)
Animal Control	Hudson County Animal	\$22,000	2013
Health Agency Services	Town of West New York – Health Department	\$35,000	2013
Emergency Medical Services	Monmouth Ocean Hospital Service Corp. (MONOC)	-0-	2013

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Section XI - Impact of Limited or No Aid Award

Describe in complete detail the impact if aid is not granted for the current fiscal year; this priority setting requires that the municipality will maintain a minimum level of essential services. List the appropriate category of impact if the aid is not received. Rank each item from both lists as to the order in which elimination will take place. If across the board cuts will be made, indicate under service. For rank order purposes, consider the two sections as one list. The municipality is committing to the cuts outlined below if they do not receive aid.

Rank Order	Department	# of Layoffs	Effective Date	2011 Full Time Staffing	2012 Full Time Staffing	\$ Amount to be Saved
	See Letter from Mayor James A. Fife					

If services will be reduced, describe the service, impact and cost savings associated with it.

Rank Order	Service	Cost Savings	Impact on Services
	See Letter from Mayor James A. Fife		

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XII. Agreement to Improve Municipal Financial Position

If aid is granted, the municipality will be required to submit to certain reporting conditions and oversight as authorized by law and a new Memorandum of Understanding to be signed by the municipality. Please mark each box below indicating that the applicant understands, and agrees to comply with these broad reporting and oversight provisions.

		Yes	No
1.	Allow the Director of Local Government Services to assign management,	X	
	financial, and operational specialists to assess your municipal operations.	1	
2.	Implement actions directed by the Director to address the findings of Division staff.	X	
3.	Enter into a new Memorandum of Understanding and comply with all its provisions, without exception.	X	
		1	1

XIII. Certification of Past Compliance for Municipalities Currently Operating Under a Transitional Aid MOU:

The undersigned certify that the municipality is in substantial compliance with the conditions and requirements of the 2013 MOU and is moving in good faith to correct those area of noncompliance that have been identified, including, but not limited to, the following: establishment of a pay to play ordinance; termination of longevity pay for officers and employees not contractually entitled to longevity pay; termination of health benefits for part time officers and employees; receipt of signed approval forms as required prior to hiring personnel and contracting with professional service vendors.

Mayor: Janes A	P. Tik	Date	: 3/13/14
Chief Financial Officer:	alia V. Arai Da	Mty Date	: 3/13/14
Chief Administrative Officer:	M	Date	: 3/13/14
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XIV. CAMPS Certification (County and Municipal Personnel System - Civil Service municipalities only)

For Civil Service municipalities, the undersigned, being knowledgeable thereof, hereby certify that the municipality has placed the names of all current civil service employees in NJ "CAMPS".

Human Resources or Personnel Director:

Chief Financial Officer:

Date: 3/13/17

Date: 3/13/17

Application Year: CY 2014	Municipality: HARRISON	County: HUDSON

XV. CERTIFICATION OF APPLICATION FOR TRANSITIONAL AID

The undersigned acknowledges the foregoing requirements with which the municipality must comply in order to receive aid as outlined above. In addition, included with this application is a copy (printed or electronic) of the budget documentation that supports the budget calculation that was provided to the

governing body.

Mayor: ___

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Chief Administrative Officer:

Chief Financial Officer

Date: _

Date: 3/13/1

Date: _