Transitional Aid Application for Calendar Year 2015 Division of Local Government Services Department of Community Affairs

General Instructions: This application must be submitted in its entirety by March 16, 2015 for funding consideration under this program. Information contained in the application is subject to independent verification by the Division. Refer to Local Finance Notice 2015-4 when preparing this application for specific instructions and definitions, and review the Submission Checklist on Page 7.

Name of Municipality: Town of Harrison			County:	Hudson			
Contact Person: Paul J. Zarbetski			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 2014	CY 2013	CY 2012
\$ 1,950,000.	\$ 1,950,000.	\$ 1,950,000.

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.)

If not seeking a decrease, a letter from the Mayor is required. See Local Finance Notice 2015-4.

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
2014 Annual Financial Statement	2/6/15
2013 Annual Audit	9/15/14
2013 Corrective Action Plan	11/12/14
Application Year Introduced Budget	3/12/15
Budget Documentation Submitted to Governing Body	3/12/15

IV. Application Certification

The undersigned herewith certify that they he or she has reviewed this application and, to his or her knowledge, believe the contents to be accurate true and represent it accurately portrays the circumstances regarding the municipality's fiscal practices and need for financial assistance. By submitting the application, the municipality acknowledges that the law provides that the decision of the Director regarding aid awards is final and not subject to appeal.

Official	Signature	Date	
Mayor/Chief Executive Officer	Jan Do For	3/15/15	
Governing Body Presiding Officer	h lito dellalle		
Chief Financial Officer	Malaid & Livel 6 hotes	3/13/15	
L	- June June Prove	/	
	Page 1		

Application 1 cal. C1 2015 [Witherparity, Harrison (0)04] County, Hauson	Application Year: CY 2015	Municipality: Harrison (0904)	County: Hudson
--	---------------------------	-------------------------------	----------------

V-A. Explanation of Need for Transitional Aid

Explain the circumstances that require the need for Transitional Aid in narrative form. Include factors that result in a constrained ability to raise sufficient revenues to meet budgetary requirements, and if such revenues were raised, how it would substantially jeopardize the fiscal integrity of the municipality.

See Letter From Mayor James A. Fife

Application Year: CY 2015

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	2014 Value	2015 Value	Amount of Loss/Increase
· · · · · · · · · · · · · · · · · · ·	\$ 223,600	\$ 0.00	\$ 223,600 (Loss)
Description:	Due from Federal	Grants – One Shot Re	venue
	\$ 435,473	\$ 889,963	\$ 454,490 (Increase)
Description:	Offset to Utility de	ficit	
Description:			
Description:	·		
Description:			
Description:			
Description:			

Application Year: CY 2015	Municipality: Harrison (0904)	County: Hudson

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

Application Year: CY 2015	Municipality: Harrison	(0904)	County: Hudson
Application Teat. C1 2015	Manopunty. Hambon	(0)01)	County: IIuubon

V-D. Discussion of Health Benefits

Skip this section if using SHBP. If not using SHBP, explain why the health benefit plan being used is cheaper, or what reasons exist for failing to move to SHBP. Additionally, list all brokers (primary broker, all co-brokers, and sub-brokers) together with their compensation for the current and prior two fiscal years. Compensation must be disclosed in this section whether provided directly by the municipality or as a commission from the insurance provider. It is the municipality's right, and obligation, to determine whether the broker is compensated with commission in order to fully complete this section. If commissions are being earned, provide both how the commission is calculated (percentage of premium or selfinsurance) and the actual \$ value of the commission received in each year.

N/A – Entered SHBP August 1, 2013.

Application Y	ear: CY 2015	,
----------------------	--------------	---

.

				•			
							•
					•		
							i
		•					
							;
			· · · · · ·			· ·	
		·					
		·					
	,				·		
					·		
· · · · · · · · · · · · · · · · · · ·	, , , , , , , , , , , , , , , , , , , ,						
,					·		
	· · · · · · · · · · · · · · · · · · ·						
						,	
						<u>.</u>	

Amplication Voor CV 2015	Municipality Hamigan (0004)	County: Hudson
Application Year: CY 2015	Municipality: Harrison (0904)	County. Muuson

VI. Historical Fiscal Statistics

Item	2013	2014	Introduced Application Year
1. Property Tax/Budget Information			
Municipal tax rate	\$ 3.423	\$ 3.622	\$3.708
Municipal Purposes tax levy	\$ 17,191,823	\$ 18,239,543	\$18,641,283
Municipal Open Space tax levy	\$ N/A	\$ N/A	\$ N/A
Total general appropriations	\$ 40,897,674.	\$ 39,800,505.43	\$40,453,157.80
2. Cash Status Information			
% Of current taxes collected	99.95%	99.99%	ó %
% Used in computation of reserve	98.50%	98.50%	6 98.50%
Reserve for uncollected taxes	\$ 504,750	\$ 520,060	\$526,100
Total year end cash surplus	\$ 977,779	\$ 993,044	
Total non-cash surplus	\$ 22,442	\$ 21,987	
Year end deferred charges	\$ 219,000	\$ 146,000	
3. Assessment Data Assessed value (as of 7/1)	\$ 502,106,618	\$503,475,484	\$502,697,323
Average Residential Assessment	\$ 142,044	\$ 148,124	\$ 150,614
Number of tax appeals granted	51	16	
Amount budgeted for tax appeals	\$ 150,000	\$ 150,000	\$ 150,000
Refunding bonds for tax appeals	\$ N/A	\$ N/A	\$ N/A
Refunding bonds for tax appears	<i><i>(</i></i>1) 1		
4. Full time Staffing Levels Uniformed Police - Staff Number	38	38	38
Total S&W Expenditures	\$ 4,561,800	\$ 4,319,500	\$ 4,359,400
Uniformed Fire - Staff Number	29	29	29
Total S&W Expenditures	\$ 3,420,925	\$ 3,561,025	\$ 3,670,575
All Other Employees - Staff Number	77	77	77
Total S&W Expenditures	\$ 5,059,675	\$ 5,318,275	\$ 5,000,430
5. Impact of Proposed Tax Levy			Amount
Current Year Taxable Value			502,679,323
Introduced Tax Levy			18,641,283
Proposed Municipal Tax Rate 3.708	Average Res.	Value (#3 above)	150,614
Current Year Taxes on Average Residentia		·····	5,585
Prior Year Taxes on Average Residential			5,365
Proposed Increase in average residential ta			4.10%

Application Year: CY 2015 Municipality: Harrison (0904)

VII. **Application Year Budget Information**

- A. Year of latest revaluation/reassessment
- 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:

Appropriation

Deficit in Water/Sewer Budget

Other Bonds Payable Interest

Police Salaries & Wages

Fire Salaries & Wages

Bond Principal

C. List the five largest item appropriation increases:

Prior Year Actual

435,473

5,241,000

3,561,500

967,300.65

1,531,038

Department/Agency	Position	Number	Dollar Amount

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	See Attached	See Attached	See Attached	See Attached
	Projections	Projections	Projections	Projections	Projections
Second year	See Attached	See Attached	See Attached	See Attached	See Attached
	Projections	Projections	Projections	Projections	Projections
Third year	See Attached	See Attached	See Attached	See Attached	See Attached
	Projections	Projections	Projections	Projections	Projections

	Yes	No
	Х	
3.5%		
\$2,654,422.38		
		X
\$2,766,461.58		
		X
\$		

\$ Amount of

Increase

454,490

162,500

109,075

110,755

84,802

1986

Application Year

Proposed

889,963

5,403,500

3,670,575

1,615,840

1,078,056.00

Application Year: CY 2015	Municipality: Harrison (0904)	County: Hudson

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		
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	2015	2015	2015	
Average percentage increase	2.0%	2.0%	2.0%	%
Last contract settlement date	6/21/2013	6/21/2013	6/21/2013	
Contract expiration date	12/31/2015	12/31/2015	12/31/2015	

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

Action	Police	Fire	Other Contract	Non-Contract
Furloughs (describe below)				
Wage Freezes (describe below)		dig		
	. <u> </u>		···	
Layoffs (describe below)				Ì
Seele	tter from Mavo	r.lames Δ	Fife	

Application Year: CY 2015	Municipality: Harrison (0904)	County: Hudson
Application Teal. C1 2015	winnerpunty. Humson (0901)	County: 11445011

D. Tax Enforcement Practices:

Question	Yes	No
1. Did the municipality complete its accelerated tax sale by December 31, if included in	X	
2014 budget? If not, please include a letter from the tax collector explaining why he/she		
failed to complete the sale in a timely manner and what the impacts were on cash flow an	1	
lost investment earnings.		
2. When was the last foreclosure action taken or tax assignment sale held: Date	•	996
3. On what dates were tax delinquency notices sent out in 2014: Date	: 2/13 ; 5/1	2; 8/12;
	11/12	
4. Date of last tax sale: Date	: 12/	17/14

E. Specialized Service Delivery:

If the answer to either question is "Yes," provide (as an appendix) a cost justification of maintaining the service without changes.

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:

2013 \$3,250.23 2014	\$ 3,248.	Anticipated Application Year:	\$ 1,000
----------------------	-----------	----------------------------------	----------

2. List the instruments in which idle funds are invested:

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

0.10%

Joseph J. Faccone

30 Plus Years

CPA's

Samuel Klein and Company,

- 3. What was the average return on investments during SF2014?
- 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	

Application Year: CY 2015

Municipality: Harrison (0904)

County: Hudson

Harrison Police Benevolent Associations 22/22A	12/31/2015	
Harrison Department Heads Association	12/31/2015	
Harrison Police Chief	12/31/2015	

.

Application Year: SFY 2015Municipality: Harrison (0904)County: Hudson	
---	--

IX-A. List actions that limited 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	Prior Year Actual Year Proposed Explanation of Change	
See Letter from Mayor James A. Fife			
·			
· · · · · · · · · · · · · · · · · · ·			
······································			、
)			

Application Year: SFY 2015Municipality: Harrison (0904)County: Hudson

IX-B. List actions that limited or reduced 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	Line Item Prior Year Application Explanation of Change Actual Proposed		Explanation of Change
See Letter from Mayor James A. Fife			
· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	
······································			
			·
	· · · · · · · · · · · · · · · · · · ·		

Application Year: SFY 2015	Municipality: Harrison (0904)	County: Hudson

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	✓	*** See Below		
Water Fees	-	*** See Below		
Swimming Pool			·	
Uniform Construction Code	 ✓ 	Yes		
Uniform Fire Code	 ✓ 	Yes		· · · · · · · · · · · · · · · · · · ·
Land Use Fees	✓ .	Yes		
Parking Fees	✓	Yes		
Beach Fees			· · · · · · · · · · · · · · · · · · ·	· ·
Insert other local fees below:				
Water/Sewer Utility Fees	***	Yes	\$890K	Temporary structural deficit due to 2007 debt restructuring. Our current rates are commensurate/higher than surrounding towns. Raising rates in excess of 30% for a temporary deficit is not feasible.

Application Year: SFY 2015	Municipality: Harrison (0904)	County: Hudson
----------------------------	-------------------------------	----------------

X. Service Delivery

List all services that 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	2012 (2013- 2017) 2014 2013 2014	
Animal Control Services	Hudson County Animal Control	\$ 22,000		
Health Agency Services	Town of West New York – Health Department	\$ 35,000		
Emergency Medical Services	Monmouth Ocean Hospital Service Corp. (MONOC)	\$-0-		
· · · · · · · · · · · · · · · · · · ·				
	· ·			
	· · · · · · · · · · · · · · · · · · ·			
	· ·			
			· · · · · · · · · · · · · · · · · · ·	

Application Year: SFY 2015	Municipality: Harrison (0904)	County: Hudson

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 cuts outlined here are one that the municipality is committing to make if they do not receive aid.

Rank Order	Department	# of Layoffs	Effective Date	2013 Full Time Staffing	2014 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		

Application Year: SFY 2015	Municipality: Harrison (0904)	County: Hudson

XII. Agreement to Improve Financial Position of Municipality

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 will need to be signed. 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, financial, and operational specialists to assess your municipal operations.	X	
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	

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 2014 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.

Date: Mayor: Chief Financial Officer: Date: Date Chief Administrative Officer:

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 analoges in NJ "CAMPS".

Date: Human Resources or Personnel Director: Date: 3 anu Chief Financial Officer:

Application Year: SFY 2015Municipality: Harrison (0904)	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: Kap CI: Tite	Date: $\frac{3}{15}/15$
Chief Financial Officer: / and / hind & hit	Date: 3/13/15
Chief Administrative Officer:	Date: 3/13/15