**Transitional Aid Application for Calendar Year 2025**

**and Fiscal Year 2026**

**Division of Local Government Services**

**Department of Community Affairs**

**General Instructions:** This application must be submitted in its entirety by March 7, 2025, for CY2025 applicants and September 29, 2025, for FY2026 applicants for funding consideration under this program. Information contained in the application is subject to independent verification by the Division of Local Government Services (DLGS). Refer to Local Finance Notice 2025-03 when preparing this applicationfor specific instructions and definitions and review the Submission Checklist on page 19 of this application and listed on page 7 of the Local Finance Notice.

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **Name of Municipality:** | | |  | | | | **County:** |  |
| **Contact Person:** | |  | | | | | **Title:** |  |
| **Phone:** |  | | | **Fax:** |  | **E-mail:** |  | |

I. Aid History

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

|  |  |  |
| --- | --- | --- |
| **FY2025 / CY2024** | **FY2024 / CY2023** | **FY2023 / CY2022** |
| $ | $ | $ |

II. Aid Request for Application Year: (All municipalities currently operating under a Transitional Aid Memorandum of Understanding (MOU) are advised that a decrease from prior year funding of 15% should be anticipated.)

|  |  |
| --- | --- |
| **Amount of aid requested for the Application Year:** | **$** |

*If not seeking a decrease, a letter from the Mayor is required. See Local Finance Notice 2025-03.*

**III. Submission Requirements**

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

|  |  |
| --- | --- |
| **Item** | **Date Submitted to DLGS** |
| 2025 Annual Financial Statement |  |
| 2024 Annual Audit |  |
| 2024 Corrective Action Plan |  |
| Application Year Introduced Budget |  |
| Budget Documentation Submitted to Governing Body |  |

IV. A. Application Certification

The undersigned herewith certify that they have reviewed this application and, individually, believe the contents to be true and accurately portray 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 an aid award is final and not subject to appeal.

|  |  |  |
| --- | --- | --- |
| **Official** | **Signature** | **Date** |
| Mayor/Chief Executive Officer |  |  |
| Governing Body Presiding Officer |  |  |
| Chief Financial Officer |  |  |
| Chief Administrative Officer |  |  |

**IV. B. Transitional Aid Recipients Applying in CY2025 / FY2026**

**Municipalities operating under a (MOU must certify that they are in substantial compliance with all conditions and requirements of the MOU.**

|  |  |  |
| --- | --- | --- |
| **Official** | **Signature** | **Date** |
| Mayor/Chief Executive Officer |  |  |
| Governing Body Presiding Officer |  |  |
| Chief Financial Officer |  |  |
| Chief Administrative Officer |  |  |

**V. A. Explanation of Need for Transitional Aid**

Explain the circumstances that warrant 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 would it jeopardize the fiscal integrity of the municipality?

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

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| --- | --- | --- | --- |
| Show: (1) specific, extraordinary revenue losses, but not as the aggregate of many revenues line items; and (2) specific, extraordinary increases in appropriations, but not as the aggregate of many appropriation line items. Describe the item in the cell below each entry. If applicable, indicate in the description of the extraordinary expenditure increase if the increase resulted from 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** | **2023 Value** | **2024 Value** | **Amount of Loss/Increase** |
|  |  |  |  |
| **Description:** |  | | |
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| **Description:** |  | | |
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| **Description:** |  | | |

**V. C. Actions to Reduce Future Need for Aid**

Detail the steps the municipality is taking to reduce the need for future aid. Include details about shared services and consolidation, long-term cost-cutting and enhanced revenue plans, the impact of new development, the potential for grants to offset costs, and estimated short and long-term annual savings.

These steps should demonstrate initiatives taken to bring structural balance to the municipality’s finances and shall include, but are not limited to, the following:

Use additional pages if necessary*.*

* Efforts to bring economic development to the municipality; and
* A plan to constrain or reduce staffing costs through collective negotiation, attrition, consolidation, restructuring, or other personnel actions; and
* A plan to eliminate, reduce, or constrain the costs of non-essential services and activities; and
* A plan to maximize recurring revenues, including, as appropriate, updating fees, fines, and penalties; maximizing enforcement of delinquencies; and selling surplus land and property; and
* A plan to address findings contained in various audits, investigations, and reports with respect to the municipality, including municipal audits, applicable State Comptroller and State Auditor reports and audits, federal program audits, and other audits as identified by the Director.

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**V. D. Discussion of Health Benefits**

Skip this section if using SHBP. If not using SHBP, explain why the municipality’s current health benefits plan is cheaper or what other reasons exist to reject this alternative. Additionally, list all brokers (primary broker or risk manager, 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 a commission. If commissions are being earned, provide both how the commission is calculated (percentage of premium or self-insurance) and the actual dollar value of the commission paid each year.

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VI. Historical Fiscal Statistics

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Item** | **2023** | | **2024** | **Introduced**  **Application Year** |
| **A.** **Property Tax/Budget Information** | | | | | |
|  | Municipal tax rate | | $ | $ | $ |
|  | Municipal Purposes tax levy | | $ | $ | $ |
|  | Municipal Open Space tax levy | | $ | $ | $ |
|  | Total general appropriations | | $ | $ | $ |
|  |  | |  |  |  |
| **B.** **Cash Status Information** | | |  |  |  |
|  | % Of current taxes collected | | % | % | % |
|  | % Used in the computation of reserve | | % | % | % |
|  | Reserve for uncollected taxes | | $ | $ | $ |
|  | Total year-end cash surplus | | $ | $ |  |
|  | Total non-cash surplus | | $ | $ |  |
|  | Year-end deferred charges | | $ | $ |  |
|  |  | |  |  |  |
| **C.** **Assessment Data** | | |  |  |  |
|  | Assessed value (as of January 10) | | $ | $ | $ |
|  | Average residential assessment | | $ | $ | $ |
|  | Number of tax appeals granted | |  |  |  |
|  | Amount budgeted for tax appeals | | $ | $ | $ |
|  | Refunding bonds for tax appeals | | $ | $ | $ |
|  |  | |  |  |  |
| **D.** **Staffing Levels** | | |  |  |  |
|  | Total Number of Sworn Police - | |  |  |  |
|  | Total S&W Expenditures | | $ | $ | $ |
|  | Class 2 and Class 3 Officers | |  |  |  |
|  | Total S&W Expenditures | |  |  |  |
|  | Uniformed Fire – Staff Number | |  |  |  |
|  | Total S&W Expenditures | | $ | $ | $ |
|  | Number of Other Full-time Employees | |  |  |  |
|  | Total S&W Expenditures | | $ | $ | $ |
|  | Number of Other Part-time Employees | |  |  |  |
|  | Total S&W Expenditures | |  |  |  |

E. Impact of Proposed Tax Levy

|  |  |  |  |
| --- | --- | --- | --- |
|  | | | **Amount** |
| Current Year Taxable Value | | |  |
| Introduced Tax Levy | | |  |
| Proposed Municipal Tax Rate |  | Average res. value |  |
| Current Year Taxes on average residential value | | |  |
| Prior Year Taxes on average residential value | | |  |
| Proposed increase in average residential taxes | | |  |

VII. Application Year Budget Information

|  |  |
| --- | --- |
| 1. **Year of latest revaluation/reassessment**   1. Most current equalized ratio |  |
|  |

1. **Proposed Budget – Appropriation Cap Information Item**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  |  |  | **Yes** | **No** |
| 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 the use of a waiver to exceed the appropriation cap? |  |  |  |
|  | If YES, the amount: | $ |  |  |

1. **List the five largest item appropriation increases:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Appropriation** | **Prior Year Actual** | **Application Year Proposed** | **$ Amount of Increase** |
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1. **List all new property tax-funded full-time positions planned in the Application Year:**

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| --- | --- | --- | --- |
| **Department/Agency** | **Position** | **Number** | **Dollar Amount** |
|  |  |  |  |
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1. **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 post-application years**:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | **Tax Levy** | **Local Revenues** | **Transitional Aid** | **Total S&W** | **Total OE** |
| **First year** |  |  |  |  |  |
| **Second year** |  |  |  |  |  |
| **Third year** |  |  |  |  |  |

VIII. Financial Practices

1. **Expenditure controls and practices**:

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

1. **Risk Management: Indicate (“x”) how each type of risk is insured**.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Coverage** | | **JIF/HIF** | **Self** | **Commercial** |
| General Liability | |  |  |  |
| Vehicle/Fleet Liability | |  |  |  |
| Workers Compensation | |  |  |  |
| Property Coverage | |  |  |  |
| Public Official Liability | |  |  |  |
| Employment Practices Liability | |  |  |  |
| Environmental | |  |  |  |
| Health Benefits | **SHBP** |  |  |  |
|  |

1. **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 |  |  |  |  |
| Average total cost percentage increase | % | % | % | % |
| Last contract settlement date |  |  |  |  |
| Contract expiration date |  |  |  |  |

**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) |  |  |  |  |
|  | | | | |
| Layoffs (describe below) |  |  |  |  |
|  | | | | |

1. **Tax Enforcement Practices**:

|  |  |  |
| --- | --- | --- |
| **Question** | **Yes** | **No** |
| 1. Did the municipality complete its accelerated tax sale by December 31, if included in the 2025 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 and lost investment earnings. |  |  |
| 2. When was the last foreclosure action taken or tax assignment sale held? Date: |  | |
| 3. On what dates were tax delinquency notices sent out in 2024? Date: |  | |
| 4. Date of last tax sale? Date: |  | |

1. **Specialized Service Delivery**:

If the answer to either question is “Yes,” provide (as an appendix) a cost justification for 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). |  |  |
| The municipality provides rear-yard solid waste collection through the budget. |  |  |

1. **Other Financial Practices**

1. Amount of interest on investment earned in:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 2023 | $ | 2024 | $ | Anticipated Application Year: | $ |

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

|  |  |
| --- | --- |
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| --- | --- |
| 3. What was the average return on investments during 2024? | % |
| 4. Left Blank Intentionally |  |
| 5. The name and firm of the municipality’s auditor? |  |
| 6. When was the last time the municipality changed auditors? |  |

1. **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** |
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1. **Tax Abatements.** Please provide a detailed discussion of any short-term or long-term tax abatements that are currently in place or are currently being negotiated, including the following information:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Project Name/Property** | **Type of Project** | **2024 PILOT Billing** | **2024 Assessed Value** | **2024 Taxes If Billed in Full at 2023 Total Tax Rate** | **Term of Tax Abatement** |
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IX. A. List actions that limited Salary and Wage costs: i.e., layoffs, furloughs, freezes, contract concessions, etc.

(See item C-3 in the Local Finance Notice for details.)

|  |  |  |  |
| --- | --- | --- | --- |
| **S&W Line Item** | **Prior Year Actual** | **Application Year Proposed** | **Explanation of Change** |
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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.

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| --- | --- | --- | --- |
| **Line Item** | **Prior Year Actual** | **Application Year Proposed** | **Explanation of Change** |
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IX. C. Evaluate existing local revenues as to whether the rates or collections can be increased or imposed, and if so, how changes will be

implemented.

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| --- | --- | --- | --- | --- |
| **Local Revenues and services provided through the General/Current Fund** | **Check if services are provided** | **Are fees charged to cover the costs of the program?** | **If fees do not cover costs, what is the subsidy amount?** | **If there is a subsidy, explain why fees cannot be increased to reduce or eliminate the subsidy.** |
| Recreation Programs |  |  |  |  |
| Sewer Fees |  |  |  |  |
| Water Fees |  |  |  |  |
| Swimming Pool |  |  |  |  |
| Uniform Construction Code |  |  |  |  |
| Uniform Fire Code |  |  |  |  |
| Land Use Fees |  |  |  |  |
| Parking Fees |  |  |  |  |
| Beach Fees |  |  |  |  |
| Insert other local fees below: |  |  |  |  |
| Land Use Escrow Fees for In-House Staff |  |  |  |  |
| Land Use Escrow Fees for Independent Contractors |  |  |  |  |
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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 programs, and private (commercial) or non-profit organizations.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Type of Service** | **Name of Contracted Entity** | **Estimated Amount of Contract** | **Estimated Savings** | **Year Last Negotiated**  ***(as applicable)*** |
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Section XI. Impact of Limited or No Aid Award

Describe (in detail) the impact of not being granted aid for the current fiscal year. Essential service needs should be given priority. 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 ones the municipality will make without a grant of aid.

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Rank Order | Department | # Of Layoffs | Effective Date | 2023 Full-Time Staffing | 2024 Full-Time Staffing | $ Amount to be Saved |
|  |  |  |  |  |  |  |
|  |  |  |  |  |  |  |
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If services will be reduced, describe the service, impact, and associated cost savings.

|  |  |  |  |
| --- | --- | --- | --- |
| Rank Order | Service | Cost Savings | Impact on Services |
|  |  |  |  |
|  |  |  |  |
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**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 MOU 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 DLGS to assign management, financial, and operational specialists to assess your municipal operations. |  |  |
| 1. Implement actions directed by the Director to address the findings of DLGS staff. |  |  |
| 1. Enter into a new MOU and comply with all its provisions without exception. |  |  |

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

The undersigned certifies that the municipality is in substantial compliance with the conditions and requirements of the 2024 MOU and is operating in good faith to correct those areas of noncompliance that have been identified.

Mayor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_

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 listed the names of all current civil service employees in NJ “CAMPS.”

Human Resources or Personnel Director: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_

**XV. CERTIFICATION OF APPLICATION FOR TRANSITIONAL AID**

The undersigned acknowledges that the municipality must comply with the foregoing requirements to receive Transitional Aid. In addition, included with this application is a copy (printed or electronic) of the budget documentation supporting the budget calculation that was provided to the governing body.

Mayor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Chief Financial Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

Chief Administrative Officer: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_

**APPENDIX A**

**Submission Checklist:**

* Signed and certified application.
* Copy of introduced budget, Annual Financial Statement, and budget documentation.
* Organization charts.
* Copies of current labor contracts.
* Copies of salary ordinances/resolutions and any contracts of non-union affiliated individuals.
* Debt service schedules for all municipal obligations, including municipally operated utilities, all listed by payment date.
* For prior recipients requesting level or increased funding, a letter from the Mayor explaining why they failed to reduce their need for funding.
* For new applicants, a governing body resolution authorizing the application and agreeing to State supervision immediately upon filing the application.
* A list of all motor vehicles owned or leased by the municipality (excluding construction equipment and fire apparatus); the agency assigned to its use; if the vehicle is assigned to an individual, the name of the individual; and if the vehicle is used by the individual outside of the regular workday or taken home by the individual.
* A certification that copies of all active collective negotiation agreements and the cost-out of each have been delivered to PERC. Support documentation regarding the cost-out method must also be provided.
* List of all existing shared service agreements.
* List of documented efforts to share municipal services, including public safety dispatch, code enforcement, public health services, and other services offered by neighboring municipalities, area boards of education, local authorities, or the county, if those costs are less than the current full cost of providing equivalent service.

**Submission Instructions:**

* E-mail electronic forms to [dlgs-ta@dca.nj.](mailto:dlgs@dca.nj.)gov, with “<name of municipality> Transitional Aid Application” in the subject line.
* Submit one copy of the signed application form and any printed documents to:

Transitional Aid Program

Division of Local Government Services

101 South Broad Street

PO Box 803

Trenton, NJ 08625-0803