

**DIVISION OF LOCAL GOVERNMENT SERVICES**  
**SHARED SERVICES AGREEMENT**  
**COVER SHEET**

LEAD AGENCY: \_\_\_\_\_ COUNTY: \_\_\_\_\_

LEAD AGENCY CONTACT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

RECIPIENT: \_\_\_\_\_ COUNTY: \_\_\_\_\_

RECIPIENT CONTACT: \_\_\_\_\_ E-MAIL: \_\_\_\_\_

BRIEF DESCRIPTION OF SERVICE:

- NEW AGREEMENT
- RENEWAL AGREEMENT
- ADDITIONAL SERVICES UNDER EXISTING AGREEMENT

EFFECTIVE DATE: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

**ESTIMATED COST SAVINGS OVER TERM OF AGREEMENT: \$** \_\_\_\_\_

**by Chief Financial Officer:** \_\_\_\_\_

Signature of Chief Financial Officer

Please submit this cover sheet and the following information:

- Adopted Resolution (signed and certified)
- Fully Executed Shared Service Agreement (signed by Lead Agency & recipient(s))

**Please complete the cover sheet and together with all necessary documents submit in PDF format to [sharedservices@nj.gov](mailto:sharedservices@nj.gov) An incomplete submission will be returned to the Lead Agency for additional information. In the subject line of the email, please include the name of the shared service. Thank you.**