

RESOLUTION # 2023-44

Whereas, the Deptford Township Fire District #1
(formal name of organization)

desires to apply for and obtain a grant from the New Jersey Department of Community Affairs

for approximately \$ 67,320.00 to carry out a project to purchase
(dollar amount of request)

Self contained Breathing Apparatus (SCBA) for the Deptford Fire
(briefly describe the project)

Dept. firefighters + ensure 100% of our interior operational personnel
has NFPA compliant + safe equipment
Be it therefore RESOLVED,

1) that the Deptford Township Fire District #1
(formal name of organization)


does hereby authorize the application for such a grant; and,

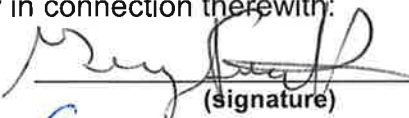
2) recognizes and accepts that the Department may offer a lesser or greater amount and therefore, upon receipt of the grant agreement from the New Jersey Department of Community Affairs, does further authorize the execution of any such grant agreement; and also, upon receipt of the fully executed agreement from the Department, does further authorize the expenditure of funds pursuant to the terms of the agreement between

Deptford Township Fire District #1
(formal name of organization)

and the New Jersey Department of Community Affairs.

Be it further RESOLVED, that the persons whose names, titles, and signatures appear below are authorized to sign the application, and that they or their successors in said titles are authorized to sign the agreement, and any other documents necessary in connection therewith:


(signature)
Michael J. White
(type or print name)
Chairman
(title)


(signature)
George Frank
(type or print name)
Board Secretary
(title)

CERTIFICATION:

I, Donna M. Scally, the Admin Clerk
(name of Board Secretary / Government Clerk) (title of position - Board Secretary or Government Clerk)

of Deptford Township Fire District #1
(formal name of organization)

hereby certify that at a meeting of the Board of Directors / Governing Body held on 12/6/23
(meeting date)

the RESOLUTION was duly adopted.




(Signature of Secretary of the Board of Directors or Government Clerk)

**New Jersey Department of Community Affairs
APPLICATION FOR GRANT FUNDS**

STANDARD GRANT COVER SHEET

2024-04989-0604

1. DCA Program to Which Applicant is Applying: American Rescue Plan Firefighter 2024			
2. Name of Applicant Agency Deptford Fire Department			
3. Street Address 1370 Delsea DR			
City Deptford	State New Jersey	Zip Code 08096-3262	County Gloucester
4. Official Contact Person Mr. Robert Andrew Burkhardt Jr		Title Battaion Chief	Phone number (856) 848-3098
5. Program Contact Person Ms. Ashley M Duggan		Title Grant Writer	Phone Number (856) 848-3098
6. Proposed Project/Grant Title Deptford Fire Department SCBA Grant Application			
Program Type ARP Firefighter: Deptford Fire Department			
7. Total Cost of the Project \$74,800	8. Requested Amount \$67,320		9. Funds from Other Sources \$7,480
10. Project Location (if Different from Applicant Agency)			
Street Address 1370 Delsea Drive			
City Deptford	State New Jersey	Zip 08096-1939	Room Number
11. Vendor Number		12. Employer ID 222386425	13. Tax Exempt ID
14. Area(s) Benefiting: Gloucester County,			
15. Briefly describe the project for which you are seeking funds. to purchase Self-Contained Breathing Apparatus (SCBA) for the Deptford Fire Department firefighters and ensure 100% of our interior operational personnel has NFPA compliant and safe equipment.			

16. a. Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant?

Yes No

b. Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or task force which has regulatory or advising influence on the funding program? Yes No

If yes, please describe:

17. Fiscal Contact Person

Miss Donna Scally

Title

Finance Officer

Phone Number

(856) 848-3098

18. Agency Fiscal Year

3/23 to 3/22

19. Name of CPA Firm Appointed by Grantee

20. **Certification:** The applicant certifies that to the best of his/her knowledge and belief all data supplied in this application and attachments are true and correct. The document has been duly authorized by the governing body of the applicant and further understands and agrees that any grant received as a result of this application shall be subject to the grant conditions and other policies, regulation, and rules issued by the New Jersey Department of Community Affairs which include provisions described in grant applications instructions.

Name and Title of Applicant (Print)

James Spade, Battalion Chief

Signature of Applicant

James Spade

Date of Application

12/6/23