

RESOLUTION 158-12

**RESOLUTION AUTHORIZING SUBMISSION OF AN APPLICATION
BY THE CLAYTON MUNICIPAL ALLIANCE FOR FUNDING FROM THE
GOVERNOR'S COUNCIL ON ALCOHOLISM AND DRUG ABUSE**

WHEREAS, the Mayor and Borough Council of the Borough of Clayton, County of Gloucester, State of New Jersey recognizes that the abuse of alcohol and drugs is a serious problem in our society amongst young persons of all ages; and

WHEREAS, the Mayor and Borough Council further recognize that it is incumbent upon not only public officials but upon the entire community to take action to prevent such abuses in our community; and

WHEREAS, the Mayor and Borough Council has applied for funding through the Governor's Council on Alcoholism and Drug Abuse through the County of Gloucester.

NOW, THEREFORE, BE IT RESOLVED by the Mayor and Borough Council of the Borough of Clayton, County of Gloucester, State of New Jersey hereby recognizes the following:

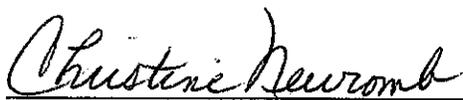
1. The Mayor and Council does hereby authorize submission of an application for the Clayton Municipal Alliance grant for the calendar year 2013 in the amount of \$10,122.00.
2. The Mayor and Council acknowledge the terms and conditions for administering the Municipal Alliance Grant, including the administrative and audit requirements.

BOROUGH OF CLAYTON



Thomas Bianco, Mayor

ATTEST:


Christine Newcomb, Municipal Clerk

CERTIFICATION

I, Christine Newcomb, Municipal Clerk do hereby certify the foregoing to be a true and exact copy of a resolution authorized by the Mayor and Council at the Regular Council meeting held on Thursday, August 9, 2012.


Christine Newcomb, Municipal Clerk



GCADA

*Governor's Council on
Alcoholism and Drug Abuse*

Municipality: Clayton

Municipal Summary (Provide a description of your municipality): Clayton is a very small municipality. They have their own high school, however recently there has been a decrease in enrollment.

Have your needs assessment priorities changed: No Yes _____
If yes, please provide updated Form 3 (Domain Priorities and Risk & Protective Factor pages)

Have your logic models changed? No Yes _____
If yes, please provide updated form 4 (Outcome Evaluation/Logic Model)

Please Provide a summary of program evaluations completed (*Include name of program, type of evaluation conducted and results*):

Date of Resolution (mm/dd/yy):

Approved by the County:

_____ YES _____ NO

Date: _____

FORM 1

APPLICATION FOR FUNDING MUNICIPAL ALLIANCES

Term Year: 2013

APPLICANT MUNICIPALITY/IES: Clayton	COUNTY: Gloucester
ALLIANCE NAME: TomBianco	ALLIANCE WEBSITE:
STREET ADDRESS: 125 N. Delsea Dr. TOWN: Clayton STATE: NJ ZIP: 08312	
TELEPHONE: (856) 881 Ext. 2882	FAX: ()
ALLIANCE CHAIRPERSON: Tom Bianco	ALLIANCE COORDINATOR: Sue Miller
ALLIANCE CONTACT EMAIL: www.claytonnj.com	DATE OF RESOLUTION AUTHORIZING THE APPLICATION (MM/DD/YYYY): / /

A) Alliance DEDR Allocation \$ 10,122.00

B) Cash Match \$ 2,503.00

C) In-Kind Match \$ 7,591.00

TOTAL ALLIANCE BUDGET
(add A+ B+C) \$ 20,244.00

Clayton

*MUNICIPALITY


Tom Bianco

NAME/ MAYOR

SIGNATURE

Clayton

*MUNICIPALITY

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

Clayton

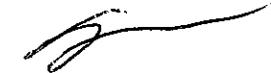
*MUNICIPALITY

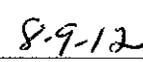
NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

Tom Bianco

ALLIANCE CHAIRPERSON


SIGNATURE


DATE

*** If a municipality is part of a consortium, a signature is required from all participating municipalities entering into the agreement.**

FORM 2

MUNICIPAL ALLIANCE COMMITTEE MEMBERSHIP LIST

Alliance Name: Clayton

Term Year: 2013

INDIVIDUAL REPRESENTATIVE	MAILING ADDRESS AND E-MAIL	TERM	SECTOR
Tom Bianco	125 N. Delsea Dr. Clasyton	1	MAYOR/GOVERNING BODY
Dennis Marchei	125 N. Delsea Dr. Clasyton	1	CHIEF OF POLICE
Charles Simmons			PRESIDENT-SCHOOL BOARD
Cleve Byran			SUPERINTENDENT OF SCHOOLS
Debbie Marrera		1	STUDENT ASSISTANCE COORDINATOR
			PARENT-TEACHERS ASSOCIATION
			LOCAL TEACHERS BARGAINING UNIT
			LOCAL BUSINESSES
Karen McCay	125 N. Delsea Dr. Clasyton	1	LOCAL COURT SYSTEM
			LOCAL CIVIC ASSOCIATIONS
			FAITH BASED ORGANIZATIONS
			COUNTY OR MUNICIPAL YOUTH SERVICES COMMISSION
			LABOR UNIONS
			JUVENILE CONFERENCE COMMITTEE
			YOUTH
			PARENTS AND OTHERS DIRECTLY AFFECTED BY ATOD ABUSE OR JUVENILE DELINQUENCY
Elizabeth Cullin	Opal Ave. Clayton NJ		CONCERNED CITIZEN
Southwest Council	Glassboro		PREVENTION/TREATMENT ORGANIZATION
Charles Ferreli	111 N. Delsea Dr	1	SENIOR CITIZEN
Gloucester County Times	Broad St. Woodbury		MEDIA CONTACT

FORM 4B

OUTCOME EVALUATION REPORT

Complete one form for each Logic Model (Form 4A)

Alliance Name: Clayton County: Gloucester Term Year: 2013

Domain: School

Outcomes To Be Measured	Indicator Report (actual outcome)	Data Source	Collection Frequency
<i>Short term outcomes</i>			
Train teachers to be aware of A.T.O.D activity	Training and conversation with students	participation	
Talk to students besides school work if you are able		teachers taking time to get involved	meet with some students maybe a couple times a year
<i>Intermediate outcomes</i>			
Increase youth involvement and prepare for next step in life	asking questions about how they are doing or have activities in class around A.T.O.		
Increase attendance by 10%	Attendance sheets	students log sheet	
<i>Long-term outcomes</i>			
Having students becoming responsible adults	Having these students as adults being something positive	observation	

FORM 10

GRANT FUND MATCH SUMMARY PLAN

Alliance Name: Clayton

Term Year: 2013

Please provide a summary of your plan to meet the requirements of the following:

Cash Match Amount: 2,503

Municipal government donates cash match

Municipal Alliance fundraises cash match

Provide plan to **raise** cash match:

Dare - 600

Project Grad/Prom - 500

School Program - 150.00

Renasiance Program- 500

Comm Events - 250

Promotional items - 203

In-kind Match Amount: 7,592

Provide plan for in-kind:

Dare- 2,000

Project Graduation - 2,500

Community Events - 2,000

Elks/Peerleadership - 1,092

Additional Alliance Funds:

Program Income

Fundraised/Donations exceeding the required cash match

Please estimate the anticipated revenue and planned uses:

FORM 11

STATEMENT OF ASSURANCES

Term Year: 2013

1. The activities proposed herein will be conducted in compliance with the provisions of P.L. 1989,c. 51, and in accordance with state and Federal statutes, as well as regulations and policies promulgated by either the state or Federal government.
2. All proposed prevention/early intervention efforts have been coordinated with existing services and systems in the community and demonstrate strong linkages with existing alcoholism, drug abuse and related agencies and services.
3. The activities proposed herein identify and address identified risk factors.
4. The Municipal Alliance Committee has been consulted in the development of this application.
5. The proposed project is designed to be one component within a larger context of planning for alcoholism and drug abuse prevention, education and intervention in the community.
6. The proposal includes provisions for the training of key alliance members. The Municipal Alliance shall consult with the County Alliance Steering Subcommittee to plan such training.
7. The municipality has committed the necessary financial resources and administrative support to accomplish the activities proposed herein.
8. The municipality shall use the proposed funding to increase the level of funds that would, in the absence of such a grant, be made available by the municipality for the purposes described herein. In no case will funds supplant, or will efforts funded pursuant to section 2 of P.L. 1983, C.531 be duplicated.
9. The municipality shall provide data to the Governor's Council on Alcoholism and Drug Abuse for the purpose of evaluating the effectiveness of the projects funded by this grant program.
10. If the use of funds changes from the uses proposed herein, the municipality shall request a budget revision pursuant to guidelines established by the Governor's Council on Alcoholism and Drug Abuse and the County Alliance Steering Subcommittee.
11. The municipality shall keep such records and provide such information to the Governor's Council on Alcoholism and Drug Abuse and/or the County Alliance Steering Subcommittee as may be required for fiscal audit.
12. The municipality shall provide a plan to the County Alliance Steering Subcommittee to the use of unused or accrued portions of the grant. If such a plan is not presented and accepted, the municipality shall return those funds to the Governor's Council on Alcoholism and Drug Abuse.
13. The facts, figures and representations made in this application, including exhibits and attachments hereto, are true and correct to the best of my knowledge.

Representative of Municipal Governing Body:

_____	_____	_____	_____
Municipality	Name/Title	Signature	Date
_____	_____	_____	_____
Municipality	Name/Title	Signature	Date

Chairperson of Municipal Alliance Committee:

Thomas Bianco
Name


Signature

8-9-12
Date

FORM 12

FISCAL REQUIREMENTS

Term Year: 2013

In accepting this grant it is understood that the grantee agrees to abide by the following rules and conditions:

1. The applicant agrees to repay any portion of the amount granted which is not used for the purpose of the grant.
2. The applicant agrees to develop a comprehensive plan to provide matching funds equivalent to the amount of the award.
3. The applicant agrees to submit full and complete records on the manner in which the community intends to acquire matching funds in accordance with the Governor's Council on Alcoholism and Drug Abuse regulations.
4. The applicant agrees to submit detailed and accurate accounting of the expenditures to the funding source in accordance with the Governor's Council on Alcoholism and Drug Abuse regulations.
5. The applicant agrees to submit periodic reports of the progress made in accomplishing the purpose of the grant and the method adopted to satisfy the fundraising goals as requested by the Governor's Council on Alcoholism and Drug Abuse.
6. The applicant agrees not to use any of the funds to directly influence legislation or the outcome of an election or to undertake any activity for any purpose foreign to the purpose of this grant.
7. The applicant agrees to submit detailed and accurate accounting of all program income and fundraising activities associated with the Municipal Alliance to the funding source in accordance with Governor's Council on Alcoholism and Drug Abuse regulations.
8. In the event the applicant fails to generate matching funds at the end of the contract period, the applicant shall submit documentation explaining the failure.
9. At the end of the fiscal year in which this grant falls, the applicant shall submit a financial statement explaining its use as well as any statistics and narrative which will indicate what this grant has accomplished in accordance with the Governor's Council on Alcoholism and Drug Abuse regulations.
10. The municipality or lead municipality will maintain information required about cash and in-kind match.

Name/Title of Governing Representative

Signature

Name/Title of Governing Representative

Signature

Name/Title of Governing Representative

Signature

Name/Title of Governing Representative

Signature