

Township of Mount Olive
 TEMPORARY CAPITAL BUDGET

Whereas, the local capital budget for the year 2008 has not been adopted.

Whereas, it is desired to introduce a Capital Ordinance.

Now, Therefore Be It Resolved, by the governing body of the Township of Mt. Olive, County of Moore, that the following temporary capital budget amendment of be made:

RECORDED VOTE
 (Insert last names)

AYES ()
 ()
 ()

NAYS ()
 ()
 ()

ABSTAIN ()
 ()
 ABSENT ()

CAPITAL BUDGET (Current Year Action)
 20 08

1 PROJECT	2 PROJECT NUMBER	3 ESTIMATED TOTAL COST	4 AMOUNTS RESERVED IN PRIOR YEARS	5 PLANNED FUNDING SERVICES FOR CURRENT YEAR 20 <u>08</u>					6 TO BE FUNDED IN FUTURE YEARS
				5a 20 <u>08</u> Budget Appropriations	5b Improvement Fund	5c Capital Surplus	5d Grants in Aid and Other Funds	5e Debt Authorized	
<u>FLANNERS WELL #2</u>		<u>1,000,000</u>						<u>1,000,000</u>	
<u>TOTALS ALL PROJECTS</u>		<u>1,000,000</u>						<u>1,000,000</u>	

12 YEAR CAPITAL PROGRAM 20 08 - 20 13
 Anticipated PROJECT Schedule and Funding Requirement

2 PROJECT NUMBER	3 ESTIMATED TOTAL COST	4 ESTIMATED COMPLETION TIME	5 FUNDING AMOUNTS PER YEAR						
			Budget Year 20 <u>08</u>	20 <u>09</u>	20 <u>10</u>	20 <u>11</u>	20 <u>12</u>	20 <u>13</u>	
<u>FLANNERS WELL #2</u>	<u>1,000,000</u>	<u>1 year</u>	<u>1,000,000</u>						
<u>TOTALS ALL PROJECTS</u>	<u>1,000,000</u>		<u>1,000,000</u>						

10 YEAR CAPITAL PROGRAM 2008 - 2013

SUMMARY OF ANTICIPATED FUNDING SOURCES AND AMOUNTS

1 PROJECT	2 Estimated TOTAL COST	3 Budget Appropriations		4 Capital Improvement Fund	5 Capital Surplus	6 Grants in Aid And Other Funds	7 BONDS AND NOTES			
		Current Year 2008	Future Years				General	Self Liquidating	Assessment	School
FLANDERS WELL #2	1,000,000							1,000,000		
TOTAL ALL PROJECTS	1,000,000							1,000,000		

Be It Further Resolved that two certified copies of this resolution be filed forthwith in the Office of the Director of Local Government Services.

It is hereby certified that this is a true copy of a resolution creating the temporary capital budget section adopted by the governing body on the _____ day of _____, 20____.

Certified by me

(DATE)

MUNICIPAL CLERK

TRENTON, NEW JERSEY
APPROVED _____, 20____

DIRECTOR OF LOCAL GOVERNMENT SERVICES _____