

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 Morris 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

Table with 6 main columns: PROJECT, PROJECT NUMBER, ESTIMATED TOTAL COST, AMOUNTS RESERVED IN PRIOR YEARS, PLANNED FUNDING SERVICES FOR CURRENT YEAR 2008 (sub-columns: 5a Budget Appropriations, 5b Improvement Fund, 5c Capital Surplus, 5d Grants in Aid and Other Funds, 5e Debt Authorized), TO BE FUNDED IN FUTURE YEARS. Row 1: ACQUISITION OF BLUE ATLAS, 1,878,000, 1,878,000. Row 2: TOTALS ALL PROJECTS, 1,878,000, 1,878,000.

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

Table with 5 main columns: PROJECT NUMBER, ESTIMATED TOTAL COST, ESTIMATED COMPLETION TIME, FUNDING AMOUNTS PER YEAR (sub-columns: Budget Year 2008, 2009, 2010, 2011, 2012, 2013). Row 1: ACQUISITION OF BLUE ATLAS, 1,878,000, 1,878,000. Row 2: TOTALS ALL PROJECTS, 1,878,000, 1,878,000.

6 YEAR CAPITAL PROGRAM <sup>-2-</sup> 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 20 <u>08</u>	Future Years				General	Self Liquidating	Assessment	School
ACQUISITION OF BLUE ATLAS	1,878,000					1,878,000				
TOTAL ALL PROJECTS	1,878,000					1,878,000				

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