

2015 Morris County Flood Mitigation Program

CORE Application



Complete and submit with all required attachments to:
Jennifer McCulloch, Program Coordinator
Morris County Preservation Trust
P.O. Box 900
Morristown, NJ 07963-0900
Phone: 973-829-8120 Fax: 973-326-9025
E-mail: jmcculloch@co.morris.nj.us

For Morris County Use Only:

Date Rec'd: _____
Reviewer: _____

Municipality: _____

Contact Person, Title: _____

Work Phone: _____ E-mail: _____

Alternate Contact Person, Title: _____

Work Phone: _____ E-mail: _____

- Is this application the result of a nationally-declared disaster? Yes No

Disaster name and date: _____

- Has a **Letter of Intent (LOI)** been filed with the NJ State Police/FEMA?

Yes No Date: _____

Current Status: Pending Approved Rejected

- Has application been made to another funding agency?

Yes No *If Yes, please answer below.*

FEMA Yes No Date: _____

Current Status: Pending Approved Rejected

NJ-DEP - Blue Acres Yes No Date: _____

Current Status: Pending Approved Rejected

NJ-DEP - Green Acres Yes No Date: _____

Current Status: Pending Approved Rejected

- Has a Flood Acquisition Plan (FLAP) been developed for your municipality?

Yes No

Project Area Information (make copies of this page, as necessary)

Name of Project Area:

Address	Owner	Block	Lot	Value Estimate (assessed value)

Project Area Description (general location, flood events)

Funding / Cost Estimates

TOTAL PROJECT AREA COST \$ _____

Amount requested from Morris County (up to 75%) \$ _____

Municipal Match \$ _____

Source of these funds _____

Please note that Morris County's acquisition cost share and reimbursement of soft costs will not exceed 75%.

APPLICATION - Check List

Note: This checklist should be returned with your completed application.

- 1. _____ **Application Form**
- 2. _____ **Public Hearing Certification** (*template – page 4*)
- 4. _____ **Official Affidavit of Publication** from newspaper showing date of publication of advertisement (Morris County application must be mentioned in the advertisement)
- 5. _____ **Minutes from the Public Hearing** (portion pertaining to application only)
- 6. _____ **Municipal Resolution of Support** – authorizing submittal of this application (*template – page 5*)

I, _____ (name of authorized official), hereby certify to the best of my knowledge that the information provided within this Morris County Application Form is complete and true.

_____	_____
Signature of Mayor	Attest
Mayor of _____	_____
	Title of Attestor
_____	_____
Date	Date

Township of _____

**MUNICIPAL RESOLUTION OF SUPPORT
Morris County Flood Mitigation Program Application**

WHEREAS, the Township of _____ (“Township”) desires to acquire properties for the purpose of flood mitigation; and

WHEREAS the acquisitions consist of a total of (number in written form) (#) properties as follows in order of priority:

PROJECT AREA: _____

Priority Properties

1 – (address) - Block _____, Lot _____

2 – (address) - Block _____, Lot _____

Alternate Properties

3 – (address) - Block _____, Lot _____

4 – (address) - Block _____, Lot _____

WHEREAS the Township desires to apply for a grant through the Morris County Flood Mitigation Program for the funding of the acquisition of the listed properties with this application: and

WHEREAS the Township desires to authorize the execution and submission of said application to the Morris County Flood Mitigation Program and the acceptance of said funds in the event the Township is awarded the grant.

NOW, THEREFORE BE IT RESOLVED by the Governing body of the Township of _____, County of Morris, State of New Jersey as follows:

1. The Township of _____ hereby authorizes and endorses the application for a Morris County Flood Mitigation Grant for the acquisition of properties in the _____ Project Area; and
2. The Township Council hereby authorizes and directs the Business Administrator and/or Mayor to execute said application and together with all other appropriate officers, employees, and professionals of the Township are hereby authorized and directed to take any and all necessary steps to effectuate the purposes of this resolution;
3. The Township of _____ hereby authorizes the acceptance of said grant funds in the event the same is awarded; and
4. This resolution shall take effect immediately.

I, _____, Municipal Clerk of the Township of _____, do hereby certify the above to be a true and exact copy of a Resolution adopted by the Governing Body of the Township of _____ at their regular meeting held on _____.