

Authority Budget of:

Monmouth County Improvement Authority

State Filing Year **2019**

For the Period:

August 1, 2019 to July 31, 2020

<https://co.monmouth.nj.us/page.aspx?ID=1553>

Authority Web Address



Division of Local Government Services

SUMMARY

Monmouth County Improvement Authority
 For the Period August 1, 2019 to July 31, 2020

	<i>FY 2020 Proposed Budget</i>					<i>FY 2018 Adopted Budget</i>		<i>\$ Increase (Decrease) Proposed vs. Adopted</i>	<i>% Increase (Decrease) Proposed vs. Adopted</i>
	<i>MCIA</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>N/A</i>	<i>Total All Operations</i>	<i>Total All Operations</i>		
REVENUES									
Total Operating Revenues	\$ 79,500	\$ -	\$ -	\$ -	\$ -	\$ 79,500	\$ 84,750	\$ (5,250)	-6.2%
Total Non-Operating Revenues	11,000	-	-	-	11,000	3,500	7,500	214.3%	
Total Anticipated Revenues	90,500	-	-	-	90,500	88,250	2,250	2.5%	
APPROPRIATIONS									
Total Administration	90,500	-	-	-	90,500	88,250	2,250	2.5%	
Total Cost of Providing Services	-	-	-	-	-	-	-	-	#DIV/0!
Total Principal Payments on Debt Service in Lieu of Depreciation	-	-	-	-	-	-	-	-	#DIV/0!
Total Operating Appropriations	90,500	-	-	-	90,500	88,250	2,250	2.5%	
Total Interest Payments on Debt	-	-	-	-	-	-	-	-	#DIV/0!
Total Other Non-Operating Appropriations	-	-	-	-	-	-	-	-	#DIV/0!
Total Non-Operating Appropriations	-	-	-	-	-	-	-	-	#DIV/0!
Accumulated Deficit	-	-	-	-	-	-	-	-	#DIV/0!
Total Appropriations and Accumulated Deficit	90,500	-	-	-	90,500	88,250	2,250	2.5%	
Less: Total Unrestricted Net Position Utilized	-	-	-	-	-	-	-	-	#DIV/0!
Net Total Appropriations	90,500	-	-	-	90,500	88,250	2,250	2.5%	
ANTICIPATED SURPLUS (DEFICIT)	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	#DIV/0!

Revenue Schedule

Monmouth County Improvement Authority
 For the Period August 1, 2019 to July 31, 2020

	FY 2020 Proposed Budget						FY 2018 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted	
	MCIA	N/A	N/A	N/A	N/A	N/A	Total All Operations	Total All Operations	All Operations	
							Total All Operations	All Operations	All Operations	
OPERATING REVENUES										
<i>Service Charges</i>										
Residential							\$ -	\$ -	\$ -	#DIV/0!
Business/Commercial							-	-	-	#DIV/0!
Industrial							-	-	-	#DIV/0!
Intergovernmental							-	-	-	#DIV/0!
Other							-	-	-	#DIV/0!
Total Service Charges	-	-	-	-	-	-	-	-	#DIV/0!	
<i>Connection Fees</i>										
Residential							-	-	-	#DIV/0!
Business/Commercial							-	-	-	#DIV/0!
Industrial							-	-	-	#DIV/0!
Intergovernmental							-	-	-	#DIV/0!
Other							-	-	-	#DIV/0!
Total Connection Fees	-	-	-	-	-	-	-	-	#DIV/0!	
<i>Parking Fees</i>										
Meters							-	-	-	#DIV/0!
Permits							-	-	-	#DIV/0!
Fines/Penalties							-	-	-	#DIV/0!
Other							-	-	-	#DIV/0!
Total Parking Fees	-	-	-	-	-	-	-	-	#DIV/0!	
<i>Other Operating Revenues (List)</i>										
Authority Financing Fees on Bonds Sold	79,500						79,500	84,750	(5,250)	-6.2%
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Type in (Grant, Other Rev)							-	-	-	#DIV/0!
Total Other Revenue	79,500						79,500	84,750	(5,250)	-6.2%
Total Operating Revenues	79,500						79,500	84,750	(5,250)	-6.2%
NON-OPERATING REVENUES										
<i>Other Non-Operating Revenues (List)</i>										
Type in							-	-	-	#DIV/0!
Type in							-	-	-	#DIV/0!
Type in							-	-	-	#DIV/0!
Type in							-	-	-	#DIV/0!
Type in							-	-	-	#DIV/0!
Total Other Non-Operating Revenue	-	-	-	-	-	-	-	-	-	#DIV/0!
<i>Interest on Investments & Deposits (List)</i>										
Interest Earned	11,000						11,000	3,500	7,500	214.3%
Penalties							-	-	-	#DIV/0!
Other							-	-	-	#DIV/0!
Total Interest	11,000						11,000	3,500	7,500	214.3%
Total Non-Operating Revenues	11,000						11,000	3,500	7,500	214.3%
TOTAL ANTICIPATED REVENUES	\$ 90,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,500	\$ 88,250	\$ 2,250	2.5%

**MONMOUTH COUNTY IMPROVEMENT AUTHORITY
FOR BUDGET YEAR 2019**

OTHER EXPENSES:

PROFESSIONAL SERVICES	
FINANCIAL ACCOUNTING	12,500
AUDIT	<u>15,000</u>
TOTAL PROFESSIONAL SERVICES:	<u>27,500</u>
ADVERTISING	750
INSURANCE	5,000
OFFICE EXPENSE:	
PRINTING	2,000
SUPPLIES	2,000
DUES & SUBSCRIPTIONS	<u>200</u>
TOTAL OFFICE EXPENSE:	<u>4,200</u>
TRAVEL, MEETING, AND SEMINARS	6,500
MISCELLANEOUS	<u>550</u>
TOTAL OTHER EXPENSES:	<u>44,500</u>

Prior Year Adopted Revenue Schedule

Monmouth County Improvement Authority

FY 2018 Adopted Budget

	MCIA	N/A	N/A	N/A	N/A	N/A	Total All Operations	
OPERATING REVENUES								
<i>Service Charges</i>								
Residential							\$	-
Business/Commercial							-	
Industrial							-	
Intergovernmental							-	
Other							-	
Total Service Charges	-	-	-	-	-	-	-	
<i>Connection Fees</i>								
Residential							-	
Business/Commercial							-	
Industrial							-	
Intergovernmental							-	
Other							-	
Total Connection Fees	-	-	-	-	-	-	-	
<i>Parking Fees</i>								
Meters							-	
Permits							-	
Fines/Penalties							-	
Other							-	
Total Parking Fees	-	-	-	-	-	-	-	
<i>Other Operating Revenues (List)</i>								
Authority Financing Fees on Bonds Sold	84,750						84,750	
Type in (Grant, Other Rev)	-							
Type in (Grant, Other Rev)	-							
Type in (Grant, Other Rev)	-							
Type in (Grant, Other Rev)	-							
Type in (Grant, Other Rev)	-							
Type in (Grant, Other Rev)	-							
Type in (Grant, Other Rev)	-							
Type in (Grant, Other Rev)	-							
Type in (Grant, Other Rev)	-							
Total Other Revenue	84,750	-	-	-	-	-	84,750	
Total Operating Revenues	84,750	-	-	-	-	-	84,750	
NON-OPERATING REVENUES								
<i>Other Non-Operating Revenues (List)</i>								
Type in							-	
Type in							-	
Type in							-	
Type in							-	
Type in							-	
Type in							-	
Total Other Non-Operating Revenues	-	-	-	-	-	-	-	
<i>Interest on Investments & Deposits</i>								
Interest Earned	3,500						3,500	
Penalties	-							
Other	-							
Total Interest	3,500	-	-	-	-	-	3,500	
Total Non-Operating Revenues	3,500	-	-	-	-	-	3,500	
TOTAL ANTICIPATED REVENUES	\$ 88,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 88,250	

MONMOUTH COUNTY IMPROVEMENT AUTHORITY
FOR BUDGET YEAR 2018

OTHER EXPENSES:

PROFESSIONAL SERVICES	
FINANCIAL ACCOUNTING	12,500
AUDIT	<u>15,000</u>
TOTAL PROFESSIONAL SERVICES:	<u>27,500</u>
ADVERTISING	1,750
INSURANCE	5,000
OFFICE EXPENSE:	
PRINTING	2,000
TELEPHONE	1,250
SUPPLIES	2,000
DUES & SUBSCRIPTIONS	<u>200</u>
TOTAL OFFICE EXPENSE:	<u>5,450</u>
TRAVEL, MEETING, AND SEMINARS	4,000
MISCELLANEOUS	<u>550</u>
TOTAL OTHER EXPENSES:	<u>44,250</u>

Appropriations Schedule

Monmouth County Improvement Authority

For the Period August 1, 2019 to July 31, 2020

	FY 2020 Proposed Budget							FY 2018 Adopted Budget	\$ Increase (Decrease) Proposed vs. Adopted	% Increase (Decrease) Proposed vs. Adopted
	MCIA	N/A	N/A	N/A	N/A	N/A	Total All Operations	Total All Operations	All Operations	All Operations
	OPERATING APPROPRIATIONS									
<i>Administration - Personnel</i>										
Salary & Wages	\$ 42,725						\$ 42,725	\$ 40,750	\$ 1,975	4.8%
Fringe Benefits	3,275						3,275	3,250	25	0.8%
Total Administration - Personnel	46,000	-	-	-	-	-	46,000	44,000	2,000	4.5%
<i>Administration - Other (List)</i>										
See Attached List	44,500						44,500	44,250	250	0.6%
Type in Description							-	-	-	#DIV/0!
Type in Description							-	-	-	#DIV/0!
Type in Description							-	-	-	#DIV/0!
Miscellaneous Administration*							-	-	-	#DIV/0!
Total Administration - Other	44,500	-	-	-	-	-	44,500	44,250	250	0.6%
Total Administration	90,500	-	-	-	-	-	90,500	88,250	2,250	2.5%
<i>Cost of Providing Services - Personnel</i>										
Salary & Wages							-	-	-	#DIV/0!
Fringe Benefits							-	-	-	#DIV/0!
Total COPS - Personnel		-	-	-	-	-	-	-	-	#DIV/0!
<i>Cost of Providing Services - Other (List)</i>										
Type in Description							-	-	-	#DIV/0!
Type in Description							-	-	-	#DIV/0!
Type in Description							-	-	-	#DIV/0!
Type in Description							-	-	-	#DIV/0!
Miscellaneous COPS*							-	-	-	#DIV/0!
Total COPS - Other		-	-	-	-	-	-	-	-	#DIV/0!
Total Cost of Providing Services		-	-	-	-	-	-	-	-	#DIV/0!
Total Principal Payments on Debt Service in Lieu of Depreciation		-	-	-	-	-	-	-	-	#DIV/0!
Total Operating Appropriations	90,500	-	-	-	-	-	90,500	88,250	2,250	2.5%
NON-OPERATING APPROPRIATIONS										
Total Interest Payments on Debt		-	-	-	-	-	-	-	-	#DIV/0!
Operations & Maintenance Reserve		-	-	-	-	-	-	-	-	#DIV/0!
Renewal & Replacement Reserve		-	-	-	-	-	-	-	-	#DIV/0!
Municipality/County Appropriation		-	-	-	-	-	-	-	-	#DIV/0!
Other Reserves		-	-	-	-	-	-	-	-	#DIV/0!
Total Non-Operating Appropriations		-	-	-	-	-	-	-	-	#DIV/0!
TOTAL APPROPRIATIONS	90,500	-	-	-	-	-	90,500	88,250	2,250	2.5%
ACCUMULATED DEFICIT		-	-	-	-	-	-	-	-	#DIV/0!
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	90,500	-	-	-	-	-	90,500	88,250	2,250	2.5%
UNRESTRICTED NET POSITION UTILIZED										
Municipality/County Appropriation		-	-	-	-	-	-	-	-	#DIV/0!
Other		-	-	-	-	-	-	-	-	#DIV/0!
Total Unrestricted Net Position Utilized		-	-	-	-	-	-	-	-	#DIV/0!
TOTAL NET APPROPRIATIONS	\$ 90,500	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 90,500	\$ 88,250	\$ 2,250	2.5%

* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown below, then the line item must be itemized above.

5% of Total Operating Appropriations \$4,525.00 \$ - \$ - \$ - \$ - \$ - \$ - \$ 4,525.00

Prior Year Adopted Appropriations Schedule

Monmouth County Improvement Authority

FY 2018 Adopted Budget

	MCIA	N/A	N/A	N/A	N/A	N/A	Total All Operations
OPERATING APPROPRIATIONS							
<i>Administration - Personnel</i>							
Salary & Wages	\$ 40,750						\$ 40,750
Fringe Benefits	3,250						3,250
Total Administration - Personnel	44,000	-	-	-	-	-	44,000
<i>Administration - Other (List)</i>							
See Attached List	44,250						44,250
Type In Description							-
Type In Description							-
Type In Description							-
Miscellaneous Administration*							-
Total Administration - Other	44,250	-	-	-	-	-	44,250
Total Administration	88,250	-	-	-	-	-	88,250
<i>Cost of Providing Services - Personnel</i>							
Salary & Wages							-
Fringe Benefits							-
Total COPS - Personnel	-	-	-	-	-	-	-
<i>Cost of Providing Services - Other (List)</i>							
Type In Description							-
Type In Description							-
Type In Description							-
Type In Description							-
Miscellaneous COPS*							-
Total COPS - Other	-	-	-	-	-	-	-
Total Cost of Providing Services	-	-	-	-	-	-	-
Total Principal Payments on Debt Service in Lieu of Depreciation	-	-	-	-	-	-	-
Total Operating Appropriations	88,250	-	-	-	-	-	88,250
NON-OPERATING APPROPRIATIONS							
Total Interest Payments on Debt	-	-	-	-	-	-	-
Operations & Maintenance Reserve							-
Renewal & Replacement Reserve							-
Municipality/County Appropriation							-
Other Reserves							-
Total Non-Operating Appropriations	-	-	-	-	-	-	-
TOTAL APPROPRIATIONS	88,250	-	-	-	-	-	88,250
ACCUMULATED DEFICIT							-
TOTAL APPROPRIATIONS & ACCUMULATED DEFICIT	88,250	-	-	-	-	-	88,250
UNRESTRICTED NET POSITION UTILIZED							
Municipality/County Appropriation	-	-	-	-	-	-	-
Other							-
Total Unrestricted Net Position Utilized	-	-	-	-	-	-	-
TOTAL NET APPROPRIATIONS	\$ 88,250	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 88,250

* Miscellaneous line items may not exceed 5% of total operating appropriations shown below. If amount in miscellaneous is greater than the amount shown below, then the line item must be itemized above.

5% of Total Operating Appropriations	\$4,412.50	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ 4,412.50
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Debt Service Schedule - Principal

Monmouth County Improvement Authority

	<input checked="" type="checkbox"/>									
If Authority has no debt X this box		Adopted Budget Year 2018	Proposed Budget Year 2020	2021	2022	2023	2024	2025	Thereafter	Total Principal Outstanding
M/C/A		<i>Fiscal Year Ending in</i>								
Type in Issue Name										\$
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Total Principal										
N/A										
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Total Principal										
N/A										
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Total Principal										
N/A										
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Total Principal										
N/A										
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Type in Issue Name										
Total Principal										
TOTAL PRINCIPAL ALL OPERATIONS										
		\$	-	-	-	-	-	-	-	-
		\$	-	-	-	-	-	-	-	-

Indicate the Authority's most recent bond rating and the year of the rating by ratings service.

	<u>Moody's</u>	<u>Standard & Poors</u>
Bond Rating		
Year of Last Rating		

Net Position Reconciliation

Monmouth County Improvement Authority

For the Period August 1, 2019 to July 31, 2020

FY 2020 Proposed Budget

	MCIA	N/A	N/A	N/A	N/A	N/A	Total All Operations
	\$ 601,144						\$ 601,144
	601,144						601,144
	(3,675)						(3,675)

TOTAL NET POSITION BEGINNING OF LATEST AUDIT REPORT YEAR(1)
 Less: Invested in Capital Assets, Net of Related Debt (1)
 Less: Restricted for Debt Service Reserve (1)
 Less: Other Restricted Net Position (1)
 Total Unrestricted Net Position (1)
 Less: Designated for Non-Operating Improvements & Repairs
 Less: Designated for Rate Stabilization
 Less: Other Designated by Resolution
 Plus: Accrued Unfunded Pension Liability (1)
 Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1)
 Plus: Estimated Income (Loss) on Current Year Operations (2)
 Plus: Other Adjustments (attach schedule)

UNRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET

Unrestricted Net Position Utilized to Balance Proposed Budget
 Unrestricted Net Position Utilized in Proposed Capital Budget
 Appropriation to Municipality/County (3)
 Total Unrestricted Net Position Utilized in Proposed Budget

PROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR

Last issued Audit Report (4)

	\$ 597,469	\$	-	\$	-	\$	\$ 597,469
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- (1) Total of all operations for this line item must agree to audited financial statements.
- (2) Include budgeted and unbudgeted use of unrestricted net position in the current year's operations.
- (3) Amount may not exceed 5% of total operating appropriations. See calculation below.
 Maximum Allowable Appropriation to Municipality/County \$ 4,525 \$ - \$ - \$ - \$ - \$ 4,525
- (4) If Authority is projecting a deficit for any operation at the end of the budget period, the Authority must attach a statement explaining its plan to reduce the deficit, including the timeline for elimination of the deficit, if not already detailed in the budget narrative section.

Proposed Capital Budget

Monmouth County Improvement Authority

For the Period August 1, 2019 to July 31, 2020

Funding Sources

	Estimated Total Cost	Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
<i>MCI/A</i>						
Type in Description	\$ -					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
TOTAL PROPOSED CAPITAL BUDGET	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Enter brief description of up to four projects for each operation above. For operations with more than four budgeted projects, please attach additional schedules. Input total amount of all projects for the operation on single line and enter "See Attached Schedule" instead of project description.

5 Year Capital Improvement Plan

Monmouth County Improvement Authority

For the Period August 1, 2019 to July 31, 2020

Fiscal Year Beginning in

	Estimated Total	Current Budget					
	Cost	Year 2020	2021	2022	2023	2024	2025
<i>MCIA</i>							
Type in Description	\$ -	\$ -					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
<i>N/A</i>							
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
<i>N/A</i>							
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
<i>N/A</i>							
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
<i>N/A</i>							
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
<i>N/A</i>							
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Type in Description	-	-					
Total	-	-	-	-	-	-	-
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -

Project descriptions entered on Page CB-3 will carry forward to Pages CB-4 and CB-5. No need to re-enter project descriptions above.

5 Year Capital Improvement Plan Funding Sources

Monmouth County Improvement Authority

For the Period August 1, 2019 to July 31, 2020

Funding Sources

	Estimated Total Cost	Unrestricted Net Position Utilized	Renewal & Replacement Reserve	Debt Authorization	Capital Grants	Other Sources
<i>MCIA</i>						
Type in Description	\$ -					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
<i>N/A</i>						
Type in Description	-					
Type in Description	-					
Type in Description	-					
Type in Description	-					
Total	-	-	-	-	-	-
TOTAL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -
Total 5 Year Plan per CB-4	\$ -					
Balance check						

- If amount is other than zero, verify that projects listed above match projects listed on CB-4.

Project descriptions entered on Page CB-3 will carry forward to Pages CB-4 and CB-5. No need to re-enter project descriptions above.

Schedule of Health Benefits - Detailed Cost Analysis

Monmouth County Improvement Authority
 For the Period August 1, 2019 to July 31, 2020

	Annual Cost		# of Covered Members (Medical & Rx) Proposed Budget	Total Cost Estimate Proposed Budget	# of Covered Members Current Year	Annual Cost per Employee Current Year	Total Prior year Year Cost	\$ Increase (Decrease)	% Increase (Decrease)
	# of Covered Members (Medical & Rx) Proposed Budget	Annual Cost Estimate Proposed Budget							
Active Employees - Health Benefits - Annual Cost									
Single Coverage				\$			\$		#DIV/0!
Parent & Child				-			-		#DIV/0!
Employee & Spouse (or Partner)				-			-		#DIV/0!
Family				-			-		#DIV/0!
Employee Cost Sharing Contribution (enter as negative -)									#DIV/0!
Subtotal	0				0				#DIV/0!
Commissioners - Health Benefits - Annual Cost									
Single Coverage									#DIV/0!
Parent & Child									#DIV/0!
Employee & Spouse (or Partner)									#DIV/0!
Family									#DIV/0!
Employee Cost Sharing Contribution (enter as negative -)									#DIV/0!
Subtotal	0				0				#DIV/0!
Retirees - Health Benefits - Annual Cost									
Single Coverage									#DIV/0!
Parent & Child									#DIV/0!
Employee & Spouse (or Partner)									#DIV/0!
Family									#DIV/0!
Employee Cost Sharing Contribution (enter as negative -)									#DIV/0!
Subtotal	0				0				#DIV/0!
GRAND TOTAL	0			\$	0		\$	-	#DIV/0!

Is medical coverage provided by the SHBP (Yes or No)? (Place Answer in Box)

Is prescription drug coverage provided by the SHBP (Yes or No)? (Place Answer in Box)

Yes or No
Yes or No

Note: Remember to Enter an amount in rows for Employee Cost Sharing

2019

_____ Monmouth County Improvement Authority _____
(Name)

AUTHORITY BUDGET

FISCAL YEAR: FROM 8-1-19 TO 7-31-20

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to N.J.S.A. 40A:5A-11.

*State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services*

By: _____ Date: _____

CERTIFICATION OF ADOPTED BUDGET

It is hereby certified that the adopted Budget made a part hereof has been compared with the approved Budget previously certified by the Division, and any amendments made thereto. This adopted Budget is certified with respect to such amendments and comparisons only.

*State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services*

By: _____ Date: _____

2019 PREPARER'S CERTIFICATION

_____ Monmouth County Improvement Authority _____

(Name)

AUTHORITY BUDGET

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

It is hereby certified that the Authority Budget, including both the Annual Budget and the Capital Budget/Program annexed hereto, represents the members of the governing body's resolve with respect to statute in that: all estimates of revenue are reasonable, accurate and correctly stated; all items of appropriation are properly set forth; and in itemization, form and content, the budget will permit the exercise of the comptroller function within the Authority.

It is further certified that all proposed budgeted amounts and totals are correct. Also, I hereby provide reasonable assurance that all assertions contained herein are accurate and all required schedules are completed and attached.

Preparer's Signature:			
Name:	Marion Masnick		
Title:	Secretary		
Address:	1 E. Main Street Freehold, NJ 07728		
Phone Number:	732-308-2975	Fax Number:	732-409-4821
E-mail address	Marion.Masnick@co.monmouth.nj.us		

2019 APPROVAL CERTIFICATION

_____ Monmouth County Improvement Authority _____
(Name)

AUTHORITY BUDGET

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

It is hereby certified that the Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body of the _____ Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on the day of _____, _____.

It is further certified that the recorded vote appearing in the resolution represents not less than a majority of the full membership of the governing body thereof.

Officer's Signature:			
Name:	Marion Masnick		
Title:	Secretary		
Address:	1 E. Main Street Freehold, NJ 07728		
Phone Number:	732-308-2975	Fax Number:	732-409-4821
E-mail address	Marion.Masnick@co.monmouth.nj.us		

INTERNET WEBSITE CERTIFICATION

Authority's Web Address: www.visitmonmouth.com (Monmouth County Improvement Authority)

All authorities shall maintain either an Internet website or a webpage on the municipality's or county's Internet website. The purpose of the website or webpage shall be to provide increased public access to the authority's operations and activities. N.J.S.A. 40A:5A-17.1 requires the following items to be included on the Authority's website at a minimum for public disclosure. Check the boxes below to certify the Authority's compliance with N.J.S.A. 40A:5A-17.1.

- A description of the Authority's mission and responsibilities
- Budgets for the current fiscal year and immediately preceding two prior years
- The most recent Comprehensive Annual Financial Report (Unaudited) or similar financial information (**Similar Information is such as PIE Charts, Bar Graphs etc. for such items as Revenues, Expenditures, and other information the Authority deems relevant to inform the public**)
- The annual audits of the most recent fiscal year and immediately two prior years
- The Authority's rules, regulations and official policy statements deemed relevant by the governing body of the authority to the interests of the residents within the authority's service area or jurisdiction
- Notice posted pursuant to the "Open Public Meetings Act" for each meeting of the Authority, setting forth the time, date, location and agenda of each meeting
- The approved minutes of each meeting of the Authority including all resolutions of the board and their committees; for at least three consecutive fiscal years
- The name, mailing address, electronic mail address and phone number of every person who exercises day-to-day supervision or management over some or all of the operations of the Authority
- A list of attorneys, advisors, consultants and any other person, firm, business, partnership, corporation or other organization which received any remuneration of \$17,500 or more during the preceding fiscal year for any service whatsoever rendered to the Authority.

It is hereby certified by the below authorized representative of the Authority that the Authority's website or webpage as identified above complies with the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as listed above. A check in each of the above boxes signifies compliance.

Name of Officer Certifying compliance Marion Masnick

Title of Officer Certifying compliance Secretary

Signature _____

2019 AUTHORITY BUDGET RESOLUTION

_____ Monmouth County Improvement Authority _____

(Name)

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

WHEREAS, the Annual Budget and Capital Budget for the _Monmouth County Improvement Authority for the fiscal year beginning, 8-1-19_ and ending, ___7-31-19___ has been presented before the governing body of the Monmouth County Improvement Authority at its open public meeting of ___8-1-19_____ ; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$ ___90,500_____, Total Appropriations, including any Accumulated Deficit if any, of \$ ___90,500_____ and Total Unrestricted Net Position utilized of _____-0-_____ ; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$ ___-0-_____ and Total Unrestricted Net Position planned to be utilized as funding thereof, of \$ _____-0-_____ ; and

WHEREAS, the schedule of rates, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for such reserves, all as may be required by law, regulation or terms of contracts and agreements; and

WHEREAS, the Capital Budget/Program, pursuant to N.J.A.C. 5:31-2, does not confer any authorization to raise or expend funds; rather it is a document to be used as part of the said Authority's planning and management objectives. Specific authorization to expend funds for the purposes described in this section of the budget, must be granted elsewhere; by bond resolution, by a project financing agreement, by resolution appropriating funds from the Renewal and Replacement Reserve or other means provided by law.

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Monmouth County Improvement Authority, at an open public meeting held on ___8-1-19_____ that the Annual Budget, including all related schedules, and the Capital Budget/Program of the Monmouth County Improvement Authority for the fiscal year beginning, _8-1-19___ and ending, _7-31-20___ is hereby approved; and

BE IT FURTHER RESOLVED, that the anticipated revenues as reflected in the Annual Budget are of sufficient amount to meet all proposed expenditures/expenses and all covenants, terms and provisions as stipulated in the said Authority's outstanding debt obligations, capital lease arrangements, service contracts, and other pledged agreements; and

BE IT FURTHER RESOLVED, that the governing body of the Monmouth County Improvement Authority will consider the Annual Budget and Capital Budget/Program for adoption on _____9-5-19_____.

(Secretary's Signature)

(Date)

Governing Body Member:	Recorded Vote			
	Aye	Nay	Abstain	Absent

2019 ADOPTION CERTIFICATION

_____ **Monmouth County Improvement Authority** _____
(Name)

AUTHORITY BUDGET

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

It is hereby certified that the Authority Budget and Capital Budget/Program annexed hereto is a true copy of the Budget adopted by the governing body of the Monmouth County Improvement Authority, pursuant to N.J.A.C. 5:31-2.3, on the ___ day of, _____, _____.

Officer's Signature:			
Name:	Marion Masnick		
Title:	Secretary		
Address:	1 E. Main Street Freehold, NJ 07728		
Phone Number:	732-308-2975	Fax Number:	732-409-4821
E-mail address	Marion.Masnick@co.monmouth.nj.us		

2019 ADOPTED BUDGET RESOLUTION

_____ Monmouth County Improvement Authority _____

(Name)

AUTHORITY

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

WHEREAS, the Annual Budget and Capital Budget/Program for the Monmouth County Improvement Authority for the fiscal year beginning August 1, 2019 and ending, July 31, 2020 has been presented for adoption before the governing body of the Monmouth County Improvement Authority at its open public meeting of ____ 9-5-19 ____; and

WHEREAS, the Annual Budget and Capital Budget as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services; and

WHEREAS, the Annual Budget as presented for adoption reflects Total Revenues of \$ ____ 90,500 _____, Total Appropriations, including any Accumulated Deficit, if any, of \$ ____ 90,500 _____ and Total Unrestricted Net Position utilized of \$ ____ -0- _____; and

WHEREAS, the Capital Budget as presented for adoption reflects Total Capital Appropriations of \$ ____ -0- ____ and Total Unrestricted Net Position planned to be utilized of \$ ____ -0- ____; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Monmouth County Improvement Authority, at an open public meeting held on ____ 9-5-19 ____ that the Annual Budget and Capital Budget/Program of the Monmouth County Improvement Authority for the fiscal year beginning, 8-1-19 and, ending, 7-31-20 is hereby adopted and shall constitute appropriations for the purposes stated; and

BE IT FURTHER RESOLVED, that the Annual Budget and Capital Budget/Program as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services.

(Secretary's Signature)

(Date)

Governing Body
Member:

Recorded Vote

Aye

Nay

Abstain

Absent

2019 AUTHORITY BUDGET

Narrative and Information Section

2019 AUTHORITY BUDGET MESSAGE & ANALYSIS

Monmouth County Improvement Authority
(Name)

AUTHORIT-Y BUDGET

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-19

Answer all questions below. Attach additional pages and schedules as needed.

1. Complete a brief statement on the 2019/2019-2020 proposed Annual Budget and make comparison to the 2018/2018-2019 adopted budget for each operation. Explain any variances over +/-10% (**As shown on budget page F-4 explain the reason for changes for each appropriation changing more than 10%**) for each line item by operation. Explanations of variances should include a description of the reason for the increase/decrease in the budgeted line item, not just an indication of the amount and percent of the change. Attach any supporting documentation that will help to explain the reason for the increase/decrease in the budgeted line item. For example, if anticipated service charges have increased 15% due to an increase in rates, provide a copy of the resolution authorizing the rate increase. **Advertising decrease in line with actual expenditures.**

2. Complete a brief statement on the impact the proposed Annual Budget will have on Anticipated Revenues, especially service charges and on the general purpose/component unit financial statements. Explain significant increases or decreases, if any. An increase or decrease is considered significant if it is over +/-10% (**As shown on budget page F-2 explain reason for change for each revenue changing more than 10%**) from the current year adopted budget. **The MCIA has no service charge but only a finance charge when financing deals are completed. Interest increased due to interest rate increase with Ocean First Bank. Telephone reimbursement was eliminated. Travel meetings and Seminars increased due to attendance at NJAC Conference in addition to the NJ State League of Municipalities.**

3. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned Capital Budget/Program. **The MCIA has no Capital Budget and as a financing vehicle only, there will be no impact on the budget.**

4. Describe the reasons for utilizing Unrestricted Net Position in the proposed Annual Budget, i.e. rate stabilization, debt service reduction, to balance the budget, etc. If the Authority's budget anticipates a use of Unrestricted Net Position, this question must be answered. **N/A**

5. Identify any sources of funds transferred to the County/Municipality as a budget subsidy or a shared service and explain the reason for the transfer (i.e.: to balance the County/Municipality budget, etc.). **The MCIA and the County have operated under a Shared Service Agreement since 2009 for accounting and record keeping services at a fee of \$12,500 annually.**

6. The proposed budget must not reflect an anticipated deficit from 2019/2019-2020 operations. If there exists an accumulated deficit from prior years' budgets (and funding is included in the proposed budget as a result of a prior deficit) explain the funding plan to eliminate said deficit (N.J.S.A. 40A:5A-12). If the Authority has a net deficit reported in its most recent audit, it must provide a deficit reduction plan in response to this question. **(Prepare a response to deficits caused by the implementation of GASB 68)**
N/A

7. Attach a schedule of the Authority's existing rate structure (connection fees, parking fees, service charges, etc.) **if it has been changed since the prior year budget submission** and a schedule of the

proposed rate structure for the upcoming fiscal year. Explain any proposed changes in the rate structure and attach the resolution approving the change in the rate structure, if applicable.

The MCIA is charging a one-time, up-front financing fee as the Local Finance Board recommended which is a rate of .125% of the deal. There will be no change to the rate structure for 2019.

AUTHORITY CONTACT INFORMATION

2019

Please complete the following information regarding this Authority. All information requested below must be completed.

Name of Authority:	Monmouth County Improvement Authority		
Federal ID Number:	22-2775492		
Address:	1 East Main Street		
City, State, Zip:	Freehold	NJ	07728
Phone: (ext.)	732-308-2975	Fax:	732-409-4821

Preparer's Name:	Marion Masnick		
Preparer's Address:	1 East Main Street		
City, State, Zip:	Freehold	NJ	07728
Phone: (ext.)	732-308-2975	Fax:	732-409-4821
E-mail:	Marion.Masnick@co.monmouth.nj.us		

Chief Executive Officer:	N/A		
Phone: (ext.)		Fax:	
E-mail:			

Chief Financial Officer:	N/A		
Phone: (ext.)		Fax:	
E-mail:			

Name of Auditor:	Robert A. Hulsart		
Name of Firm:	Robert A. Hulsart		
Address:	2807 Hurley Pond Road, Suite 100		
City, State, Zip:	Wall	NJ	07719
Phone: (ext.)	732-681-4990	Fax:	732-280-8888
E-mail:	rahmonmouth.com		

AUTHORITY INFORMATIONAL QUESTIONNAIRE

_____ Monmouth County Improvement Authority _____

(Name)

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

Answer all questions below completely and attach additional information as required.

- 1) Provide the number of individuals employed in (Use Most Recent W-3 Available 2017 or 2018) as reported on the Authority's Form W-3, Transmittal of Wage and Tax Statements: 0
- 2) Provide the amount of total salaries and wages as reported on the Authority's Form W-3, (Use Most Recent W-3 Available 2017 or 2018) Transmittal of Wage and Tax Statements: 0
- 3) Provide the number of regular voting members of the governing body: 5
- 4) Provide the number of alternate voting members of the governing body: 0
- 5) Did any person listed on Page N-4 have a family or business relationship with any other person listed on Page N-4 during the current fiscal year? NO If "yes," attach a description of the relationship including the names of the individuals involved and their positions at the Authority.
- 6) Did all individuals that were required to file a Financial Disclosure Statement for the current fiscal year (Most Recent Filing that March 31, 2018 or 2019 deadline has passed 2018 or 2019) because of their relationship with the Authority file the form as required? (Checked to see if individuals actually filed at <http://www.state.nj.us/dca/divisions/dlgs/resources/fds.html> before answering) YES If "no," provide a list of those individuals who failed to file a Financial Disclosure Statement and an explanation as to the reason for their failure to file.
- 7) Does the Authority have any amounts receivable from current or former commissioners, officers, key employees or highest compensated employees? NO If "yes," attach a list of those individuals, their position, the amount receivable, and a description of the amount due to the Authority.
- 8) Was the Authority a party to a business transaction with one of the following parties:
 - a. A current or former commissioner, officer, key employee, or highest compensated employee? NO
 - b. A family member of a current or former commissioner, officer, key employee, or highest compensated employee? NO
 - c. An entity of which a current or former commissioner, officer, key employee, or highest compensated employee (or family member thereof) was an officer or direct or indirect owner? NOIf the answer to any of the above is "yes," attach a description of the transaction including the name of the commissioner, officer, key employee, or highest compensated employee (or family member thereof) of the Authority; the name of the entity and relationship to the individual or family member; the amount paid; and whether the transaction was subject to a competitive bid process.
- 9) Did the Authority during the most recent fiscal year pay premiums, directly or indirectly, on a personal benefit contract? A personal benefit contract is generally any life insurance, annuity, or endowment contract that benefits, directly or indirectly, the transferor, a member of the transferor's family, or any other person designated by the transferor. NO If "yes," attach a description of the arrangement, the premiums paid, and indicate the beneficiary of the contract.
- 10) Explain the Authority's process for determining compensation for all persons listed on Page N-4. Include whether the Authority's process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent compensation consultant; and/or 5) written employment contract. **Attach a narrative of your Authority's procedures for all employees.**
- 11) Did the Authority pay for meals or catering during the current fiscal year? YES If "yes," attach a detailed list of all meals and/or catering invoices for the current fiscal year and provide an explanation for each expenditure listed.

- 12) Did the Authority pay for travel expenses for any employee or individual listed on Page N-4? YES If "yes," ***attach a detailed list of all travel expenses for the current fiscal year and provide an explanation for each expenditure listed.***
- 13) Did the Authority provide any of the following to or for a person listed on Page N-4 or any other employee of the Authority:
- a. First class or charter travel NO
 - b. Travel for companions NO
 - c. Tax indemnification and gross-up payments NO
 - d. Discretionary spending account NO
 - e. Housing allowance or residence for personal use NO
 - f. Payments for business use of personal residence NO
 - g. Vehicle/auto allowance or vehicle for personal use NO
 - h. Health or social club dues or initiation fees NO
 - i. Personal services (i.e.: maid, chauffeur, chef) NO
- If the answer to any of the above is "yes," attach a description of the transaction including the name and position of the individual and the amount expended.*
- 14) Did the Authority follow a written policy regarding payment or reimbursement for expenses incurred by employees and/or commissioners during the course of Authority business and does that policy require substantiation of expenses through receipts or invoices prior to reimbursement? YES If "no," ***attach an explanation of the Authority's process for reimbursing employees and commissioners for expenses. (If your authority does not allow for reimbursements indicate that in answer)***
- 15) Did the Authority make any payments to current or former commissioners or employees for severance or termination? NO If "yes," ***attach explanation including amount paid.***
- 16) Did the Authority make any payments to current or former commissioners or employees that were contingent upon the performance of the Authority or that were considered discretionary bonuses? NO If "yes," ***attach explanation including amount paid.***
- 17) Did the Authority comply with its Continuing Disclosure Agreements for all debt issuances outstanding by submitting its audited annual financial statements, annual operating data, and notice of material events to the Municipal Securities Rulemaking Board's Electronic Municipal Marketplace Access (EMMA) as required? N/A If "no," ***attach a description of the Authority's plan to ensure compliance with its Continuing Disclosure Agreements in the future. (If no bonded Debt answer is Not Applicable)***
- 18) Did the Authority receive any notices from the Department of Environmental Protection or any other entity regarding maintenance or repairs required to the Authority's systems to bring them into compliance with current regulations and standards that it has not yet taken action to remediate? NO If "yes," ***attach explanation as to why the Authority has not yet undertaken the required maintenance or repairs and describe the Authority's plan to address the conditions identified.***
- 19) Did the Authority receive any notices of fines or assessments from the Department of Environmental Protection or any other entity due to noncompliance with current regulations (i.e.: sewer overflow, etc.)? NO If "yes," ***attach a description of the event or condition that resulted in the fine or assessment and indicate the amount of the fine or assessment.***

RESPONSES FOR PAGE N-3

Question 10 The MCIA compensates the Secretary only. Salary was agreed to by the Commissioners and is increased with a Cost of Living increase equal to the increase given by the County of Monmouth. The County of Monmouth processes the pay for the MCIA and issues the W-2 under its Tax ID#.

Question 11 The MCIA held a Breakfast Seminar for municipalities to detail upcoming programs.

Total Cost: \$1,389.30

Question 12 Chairman A. Richard Gatto attended the New Jersey League of Municipalities Conference and the New Jersey Association of Counties Conference.

Total Cost: \$1,163.35

Commissioner Gregory Buontempo attended the New Jersey League of Municipalities Conference and the New Jersey Association of Counties Conference.

Total Cost: 1,238.26

**AUTHORITY SCHEDULE OF COMMISSIONERS, OFFICERS, KEY EMPLOYEES,
HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS**

Monmouth County Improvement Authority

(Name)

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

Complete the attached table for all persons required to be listed per #1-4 below.

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority and any other public entities as defined below. Enter zero if no compensation was paid. NONE
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner or officer as defined below and amount of compensation from the Authority and any other public entities. NONE
- 3) List all of the Authority's former officers, key employees and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed. NONE
- 4) List all of the Authority's former commissioners who received more than \$10,000 in reportable compensation from the Authority and any other public entities during the most recent fiscal year completed. NONE

Commissioner: A member of the governing body of the authority with voting rights. Include alternates for purposes of this schedule.

Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial official as officers. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.

Key employee: An employee or independent contractor of the authority (other than a commissioner or officer) who meets both of the following criteria:

- a) The individual received reportable compensation from the authority and other public entities in excess of \$150,000 for the most recent fiscal year completed; and
- b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.

Highest compensated employee: One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.

Compensation: All forms of cash and non-cash payments or benefits provided in exchange for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as personal vehicles, meals, housing, personal and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's property. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.

Reportable compensation: (Use the Most Recent W-2 available 2017 or 2018). The aggregate compensation that is reported (or is required to be reported) on Form W-2, box 1 or 5, whichever amount is greater, and/or Form 1099-MISC, box 7, for the most recent calendar year ended 60 days before the start of the proposed budget year. For example, for fiscal years ending December 31, 2019, the most recent W-2 and 1099 should be used 2018 or 2017 (60 days prior to start of budget year is November 1, 2018, with 2017 being the most recent calendar year ended), and for fiscal years ending June 30, 2019, the calendar year 2018 W-2 and 1099 should be used (60 days prior to start of budget year is May 1, 2018, with 2018 being the most recent calendar year ended).

Other Public Entity: Any municipality, county, local authority, fire district, or other government unit, regardless of whether it is related in any way to the Authority either by function or by physical location.

2019 AUTHORITY BUDGET

Financial Schedules Section

2019

(Name)

MONMOUTH COUNTY IMPROVEMENT

AUTHORITY

CAPITAL

BUDGET/
PROGRAM

PROGRAM

2019 CERTIFICATION OF AUTHORITY CAPITAL BUDGET/PROGRAM

_____ **Monmouth County Improvement Authority** _____
(Name)

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

It is hereby certified that the Authority Capital Budget/Program annexed hereto is a true copy of the Capital Budget/Program approved, pursuant to N.J.A.C. 5:31-2.2, along with the Annual Budget, by the governing body of the _____ Authority, on the _____ day of _____, _____.

OR

It is hereby certified that the governing body of the Monmouth County Improvement Authority have elected **NOT** to adopt a Capital Budget /Program for the aforesaid fiscal year, pursuant to N.J.A.C. 5:31-2.2 for the following reason(s): _

The MCIA is a **financing vehicle** only. _____

Officer's Signature:			
Name:	Marion Masnick		
Title:	Secretary		
Address:	1 East Main Street Freehold, NJ 07728		
Phone Number:	732-308-2975	Fax Number:	732-409-4821
E-mail address	Marion.Masnick@co.monmouth.nj.us		

2019 CAPITAL BUDGET/PROGRAM MESSAGE

_____ Monmouth County Improvement Authority _____

(Name)

FISCAL YEAR: FROM: 8-1-19 TO: 7-31-20

1. Has each municipality or county affected by the actions of the authority participated in the development of the capital plan and reviewed or approved the plans or projects included within the Capital Budget/Program?
2. Has each capital project/project financing been developed from a specific capital improvement plan or report; does it include full lifecycle costs; and is it consistent with appropriate elements of Master Plans or other plans in the jurisdiction(s) served by the authority?
3. Has a long-term (10-20 years) infrastructure needs assessment or other capital plan with a horizon beyond six years been prepared?
4. Describe the projected impact of the proposed capital projects, including impact on the schedule of rates, fees, and service charges and the impact on current and future year's schedules.
5. Please indicate which capital projects/project financings are being undertaken in the Metropolitan or Suburban Planning Areas as defined in the State Development and Redevelopment Plan.
6. Please indicate which capital projects/project financings are being undertaken within the boundary of a State Planning Commission-designated Center and/or Endorsed Plan and if the project was included in the Plan Implementation Agenda for that Center/Endorsed Plan.

Add additional sheets if necessary.