**RESOLUTION 2024-43**

*Township of New Hanover*

*County of Burlington*

*State of New Jersey*

**RESOLUTION AUTHORIZING APPROVALS OF ASSURANCES AND CERTIFICATIONS FOR HISTORIC TRUST GRANT FOR GENERAL GODFREY HOUSE**

**WHEREAS,** the Chief Financial Officer’s Certification of Funds has certified that there are sufficient funds for such contract and is available and is designated from Historic Preservation Township Match Grant Account #G-01-41-826-000-001 in the amount of Ninety-nine Thousand Six Hundred Sixty Dollars ($99,504.00).

**NOW THEREFORE BE IT RESOLVED,** by the Township Committee of New Hanover Township, in the County of Burlington, State of New Jersey, authorizes Susan Jackson, Administrator/Clerk, to sign the assurances and acknowledges the certification for Historic Trust Grant for the General Godfrey House.

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
|  COMMITEE | YES | NO | NV | AB |  COMMITTEE | YES | NO | NV | AB |
| KOSHAK |  |  |  |  | SMITH |  |  |  |  |
| PAWLYZYN |  |  |  |  | PETERLA |  |  |  |  |
| MURPHY |  |  |  |  |  |  |  |  |  |
| MOTION |  | SECOND |  |
| X – INDICATES VOTE AB- ABSENT NV- NOT VOTING |

I hereby certify the foregoing to be a true copy of a resolution adopted by the Township of New Hanover, Burlington County, New Jersey at a regular meeting held on April 9, 2024.

 Susan D. Jackson, RMC

 Township Clerk

**Applicant Assurances\***

**(required)**

The applicant certifies the following:

1. The filing of this application has been approved by the governing body of the applicant
2. The facts, figures, and information contained in this application, including all attachments, are true and correct
3. Matching funds in the amount of $ **99,660** are currently available, or will be available to complete this project within the required time frame.
4. Any funds received will be expended in accord with the terms and conditions of N.J.A.C 5:101 and the grant agreement to be executed with the New Jersey Historic Trust
5. The individual signing this agreement has been authorized by the organization to do so on its behalf, and by his/her signature binds the organization to the statements and representations contained in the application

f. The organization agrees to abide by the time frame set forth in the grant guidelines.

Acting as duly authorized representative for the applicant organization, I am submitting this request for assistance from the New Jersey Historic Trust.

Signature of Individual Date

Typed Name and Title :