2016 REQUEST FOR BUDGET

Marie Taylor
Tax Collector
Cert No. T-1538

Angela Morin
Chief Financial Officer
Cert No. N-0438

Charles J. Fallon
Registered Municipal Accountant
Cert No. 506

Lee Cohen, Esq
Municipal Attorney
Lic No.

Official Mailing Address of the Solid Waste Collection District

Township of Aberdeen
1 Aberdeen Square
Aberdeen, NJ 07747

Fax #: 732-583-7204
Telephone #: 732-583-4200

Connie Kelly 12/31/19
Arthur Hirsch 12/31/19

Pursuant to Public Law 2002, Chapter 126 - N.J.S.A. 40:66-10 is amended to read: "any municipality which operates a "Solid Waste Collection District" as of December 31, 1989, shall determine the amount of money necessary for the support of the solid waste collection district. The amount so determined shall become part of the municipal budget and subject to approval by the director."

Please attach this completed budget form to your 2016 Solid Waste Budget Resolution and mail to:

Director, Division of Local Government Services
Department of Community Affairs
P.O. Box 803
Trenton, NJ 08625

Sheet A
3. If less than 100% of the municipality is in the district, what arrangements are made for the provision of trash removal to the balance of the municipality?

4. Are services provided by municipal employees or are they contractual? If contractual, please state the name of the vendor, contract period, services provided and maximum contract amount.

5. Do the employees of the District provide any other services in the municipality other than trash removal? If so, please explain.

Sheet B
CERTIFICATION OF ADOPTED BUDGET

It is hereby certified that the amount to be raised by taxation for local purposes has been compared with the approved Budget previously certified by me and any changes required as a condition to such approval have been made. The adopted budget is certified with respect to the foregoing only.

STATE OF NEW JERSEY
Department of Community Affairs
Director of the Division of Local Government Services

Dated: ____________________________  By: ____________________________

CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the Approved Budget made part hereof complies with the requirements of law, and approval is given pursuant to N.J.S. 40A:4-79.

STATE OF NEW JERSEY
Department of Community Affairs
Director of the Division of Local Government Services

Dated: ____________________________  By: ____________________________
RECORDED VOTE
(Insert last name)

Ayes { C/HIRSCH
       C/KELLEY
       C/MARTUCCI
       C/SWINDLE
       DEP MAYOR MONTONE
       MAYOR TAGLIARINI

Nays { NONE

Abstained { NONE

Absent { NONE

Notice is hereby given that the Budget and Tax Resolution was approved by the ___ Governing Body ___ of the ___ Township ___
of ___ Aberdeen _______________________, County of ___ Monmouth _____________, on ___ March 15th _________________, 2016.

A Hearing on the Budget and Tax Resolution will be held at ___ 1 Aberdeen Sq. ________________, on ___ April 19 _____________, 2016 at ___ 730 _ o’clock (P.M.) at which time and place objections to said Budget and Tax Resolution for the year 2016 may be presented by taxpayers or other interested persons.

Sheet 2
NOTE:

MANDATORY MINIMUM BUDGET MESSAGE MUST INCLUDE A SUMMARY OF:
1. HOW THE "LEVY CAP" WAS CALCULATED. (Explain in words what the "LEVY CAP" means and show the figures.)
2. A SUMMARY BY FUNCTION OF THE APPROPRIATIONS THAT ARE SPREAD AMONG MORE THAN ONE OFFICIAL LINE ITEM
### SOLID WASTE COLLECTION DISTRICT

<table>
<thead>
<tr>
<th>Description</th>
<th>Amount</th>
</tr>
</thead>
<tbody>
<tr>
<td>Amount to be Raised by Taxation for Support of Solid Waste Collection District</td>
<td>2,316,795 00</td>
</tr>
<tr>
<td>Total - Solid Waste Collection District Revenues</td>
<td>2,336,795 00</td>
</tr>
</tbody>
</table>

*Sheet 4*
<table>
<thead>
<tr>
<th>Employee Group Health Insurance</th>
<th>205,000.00</th>
<th>165,000.00</th>
<th>195,000.00</th>
<th>195,000.00</th>
<th>00.00</th>
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<td>Description</td>
<td>Amount 1</td>
<td>Amount 2</td>
<td>Amount 3</td>
<td>Amount 4</td>
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<tr>
<td>Social Security System (O.A.S.I.)</td>
<td>27,500.00</td>
<td>30,000.00</td>
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<tr>
<td>Unemployment Compensation Insurance (N.J.S.A. 43:21-3 et. seq.)</td>
<td>1,200.00</td>
<td>1,200.00</td>
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<tr>
<td>Deficits in Operations in Prior Years</td>
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<tr>
<td>Surplus(General Budget)</td>
<td>350,000.00</td>
<td>320,000.00</td>
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<tr>
<td>TOTAL SOLID WASTE COLLECTION DISTRICT APPROPRIATIONS</td>
<td>2,336,795.00</td>
<td>2,296,368.00</td>
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</table>
### TOTAL REVENUES

3. General Appropriations

<table>
<thead>
<tr>
<th>Operations</th>
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<tbody>
<tr>
<td>Deferred Charges</td>
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<tr>
<td>Statutory Expenditures</td>
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<tr>
<td>Judgements</td>
<td></td>
</tr>
<tr>
<td>Deficit in Operations in Prior Years</td>
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</tr>
<tr>
<td>Surplus (General Budget)</td>
<td></td>
</tr>
</tbody>
</table>

### TOTAL APPROPRIATIONS

It is hereby certified that the within budget is a true copy of the budget finally adopted by resolution of the Governing Body on the ________ day of ________, 2016. It is further certified that each item of revenue and appropriation is set forth in the same amount and by the same title as appeared in the 2016 approved budget and all amendments thereto, if any, which have been previously approved by the Director of Local Government Services.

Certified by me this ________ day of ________, 2016 __________________________, Clerk.

Sheet 7