



# CITY OF PLAINFIELD


OFFICE OF COMMUNITY DEVELOPMENT  
515 WATCHUNG AVENUE  
PLAINFIELD, NEW JERSEY 07060  
(908) 753-3233 - FAX (908) 753-3535



**Alfred R. Restaino**  
DIRECTOR

## MEMORANDUM

To: Dan Williamson, Corporation Counsel

From: Al Restaino, Director, Office of Community Development 

Date: June 4, 2007

Subj: Resolution – Contracts – Safe Housing Transportation Program

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Annually the City receives funding, through Union County, to administer the Safe Housing Transportation Program (SHTP). The SHTP Program enables the City through a \$7,500 grant to provide senior citizens of Plainfield with a maximum of \$500 assistance to rehabilitate their homes.

The City received notification that an additional \$3,741 has become available for the same purpose. In order to effectuate the receipt of these funds the City must approve a resolution authorizing the Mayor to endorse to contracts. Accordingly, I have attached a resolution and supporting documentation for your review and for consideration by the City Council. Kindly present this matter at the June 18, 2007 City Council Agenda Fixing Session for consideration and for approval at the June 20, 2007 Regular City Council Meeting.

Should you have any questions or require additional information please contact me at extension 3233.

Thank you

**I HAVE REVIEWED THE  
ACCOMPANYING RESOLUTION AND  
ATTEST TO ITS ACCURACY**

\_\_\_\_\_  
Jennifer Wenson-Maier, Director  
Dept. of Public Works & Urban Development

**APPROVED FOR PLACEMENT  
ON COUNCIL AGENDA**

  
\_\_\_\_\_  
Marc Dashfield  
City Administrator

**RESOLUTION AUTHORIZING THE EXECUTION OF AN AMENDED CONTRACT AGREEMENT IN THE AMOUNT OF \$3,741.00 WITH THE COUNTY OF UNION DIVISION OF AGING, DEPARTMENT OF HUMAN SERVICES FOR FUNDING UNDER THE SAFE HOUSING AND TRANSPORTATION PROGRAM.**

**WHEREAS**, the County of Union Division of Aging, Department of Human Services requested proposals under the Safe Housing and Transportation Program (SHTP) of 2006; and

**WHEREAS**, through this process the City of Plainfield applied for and received approval for funding in the amount of Seven Thousand Five Hundred Dollars (\$7,500.00) for residential home repairs through this process; and

**WHEREAS**, these funds are designed to provide senior citizen households with a maximum grant of \$500 for minor home repairs; and

**WHEREAS**, the City received notification that an additional \$3,741 has become available through the recapture of un-expended funds by the County from other Union County agencies; and

**WHEREAS**, the non-federal cash match in the amount of \$39,298.00 has been satisfied by in kind staff services relating to the successful administration of this program; and

**WHEREAS**, the Certificate of Sufficiency of the Chief Financial Officer attached hereto is evidence that there is sufficient funding for the City's \$39,298.00 matching funds from the City of Plainfield.

**NOW THEREFORE, BE IT RESOLVED** that the Mayor is hereby authorized to execute the attached contract amendment with the County of Union Department of Human Services in the amount of \$3,741.00.


**BE IT FURTHER RESOLVED**, that a copy of this resolution and the executed contract be filed in the Office of the City Clerk.

Adopted by the City Council

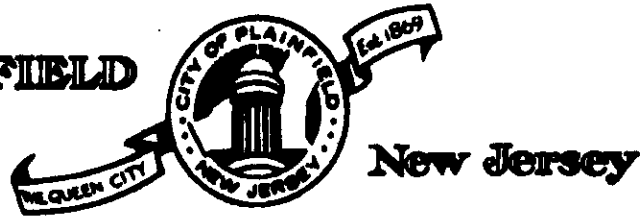
June 20, 2007

Approved as to form

Laddie Wyatt, City Clerk

  
Daniel Williamson, Esq.  
Corporation Counsel

**CITY OF PLAINFIELD**



P.O. Box 431  
515 Watchung Avenue  
Plainfield, N.J. 07061

## Certification of Matching Funds

I, Peter P. Sepelya, Jr., Chief Financial Officer of the City of Plainfield, do hereby certify that matching funds are available from the City of Plainfield's Matching funds budget account number 7-01-21-181-001-101 for the Union County Safe Housing Transportation Program in the amount of \$39,298.00.

Date: 6-5-07

Certified: Peter P. Sepelya, Jr.



# COUNTY OF UNION

DEPARTMENT OF HUMAN SERVICES

*Frank L. Guzzo, Director*

**BOARD OF  
CHOSEN FREEHOLDERS**

ALEXANDER MIRABELLA  
*Chairman*

BETTE JANE KOWALSKI  
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City Of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060

Enclosed please find four (4) copies of the contract 06-APC-103 Mod#1 for the period 01/01/06 to 12/31/06. The Authorized Signature and Title and The Attest Signature must be on all four copies. If your agency is Corporation please affix your Corporation Seal to the contract.

Prompt processing for the signature is necessary in order for immediate submittal to the County Manager's Office for approval and signature. Please return the copy of the contract to this office as soon as possible to the attention of:

Mrs. Alice Gillman, Bureau Chief  
Contracts/IMU  
Division of Internal Control  
U.C. Department of Human Services  
Administration Building  
Elizabeth, New Jersey 07207

If there are any questions, please do not hesitate to contact me at (908) 527-4832.

Very truly yours,

Alice J. Gillman  
Bureau Chief  
Contracts/IM

**DIVISION OF INTERNAL CONTROL**

Elizabethtown Plaza

Elizabeth, NJ 07207

(908) 527-4800

fax (908) 558-6680

www.ucnj.org

*We're Connected to You!*

**THE COUNTY OF UNION**  
**DEPARTMENT OF HUMAN SERVICES**

THIS CONTRACT IS MADE AND ENTERED INTO BY  
THE BOARD OF CHOSEN FREEHOLDERS OF THE COUNTY OF  
UNION, REFERRED TO AS THE COUNTY, AND

City Of Plainfield

HEREINAFTER REFERRED TO AS THE PROVIDER.  
THE PROVIDER AGREES TO OPERATE ITS PROGRAMS IN  
ACCORDANCE WITH THE PROVISIONS OF THIS CONTRACT  
THIS CONTRACT CONSISTS OF THIS SIGNATURE SHEET,  
AND SUCH GENERAL AND SPECIAL INFORMATION AND  
ASSURANCES WHICH ARE INCLUDED HEREIN.

**CONTRACT NUMBER**

**06-APC-103 Mod#1**

**SERVICE DELIVERY AREA**

**The County Of Union  
Elizabeth, NJ 07207**

**PROVIDER**

**City Of Plainfield  
515 Watchung Avenue  
Plainfield NJ 07060**

**MODIFICATION**

- 1 THIS MODIFICATION INCREASES  
THE FUNDS PREVIOUSLY OBLIGATED BY  
**\$3,741.00**
2. TOTAL FUNDS OBLIGATED BY THE COUNTY IN  
ACCORDANCE WITH THE CONTRACT, FOR THE  
REIMBURSEMENT OF COSTS ARE NOT TO EXCEED  
**\$11,241.00**
3. THESE FUNDS COVER THE PERIOD OF  
**1/1/2006 To 12/31/2006**
- 4 ALL TERMS, OTHER THAN THOSE LISTED IN THE  
MODIFICATION, REMAIN THE SAME AND CONTINUE  
IN FULL FORCE.

Approved by Provider

Authorized Signature

**Sharon Robinson-Briggs, Mayor**

Attest Signature

**Laddie Wyatt, City Clerk**

Approved for the LWIA

**GEORGE W. DEVANNEY  
COUNTY MANAGER  
ATTEST**

by CLERK OF THE BOARD

**APPROVED AS TO FORM**

**APPROPRIATION NUMBER(S)**

**G-02-06-499-416**

**734**

**\$3,741.00**

COUNTY ATTORNEY

**IDENTIFICATION/SUMMARY PAGE**

**CONTRACT #: 06-APC-103**

TYPE OF ORGANIZATION: PUBLIC AGENCY  PRIVATE AGENCY

APPLICANT AGENCY (Name, Address, Zip Code):

**City of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060**

PROJECT DIRECTOR: (Name, Title, Department, Address, Zip Code):

**Al Restanio, Director  
Division of Planning & CD  
City of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060**

TELEPHONE NUMBER: **(908) 753-3229**

PAYEE (Specify to Whom checks should be sent - Name, Title, and Address):

**City of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060**

NAME, TITLE, ADDRESS OF OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT AGENCY:

**Sharon Robinson-Briggs, Mayor  
City of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060**

CONTRACT DATES: **01/01/06 - 12/31/06**

TOTAL CONTRACT AMOUNT: **\$7,500.00**

---

A. TOTAL PROJECT COSTS:	<b>\$ 42,464.00</b>
B. LOCAL NON-FEDERAL PARTICIPATION:	<b>\$ 31,223.00</b>
C. FUNDS CONTRACTED (Line A minus line B):	<b>\$ 11,241.00</b>
D. PROJECTED VOLUNTARY DONATIONS:	<b>\$ 50.00</b>

All donations are to be used to expand contracted services within the contract year.

PROJECT CODE: 102

## DEFINITIONS

# 1 **Residential Maintenance:** A service provided by a volunteer or paid staff person for intermittent household and / or yard care to eligible older persons whose health and safety are threatened because they cannot perform these services by themselves and / or are at risk of institutional placement.

(1 Unit = 1 Hour)

Target Population: Minority: 21 Impoverished: 18 Frail: 11 Vulnerable: 13

	DEFINITION STATE CODE / TYPE OF SERVICE	Level of Service	Number of Clients	Cost per Service
#1	<b>211 Residential Maintenance</b>	<b>144</b>	<b>23</b>	<b>\$11,241.00</b>

PAYMENT WILL BE MADE UPON SUBMISSION OF THE APPROPRIATE DOCUMENTATION AND A PROPERLY COMPLETED UNION COUNTY VOUCHER TO THE DIVISION OF INTERNAL CONTROL.

**SHTP-COST REIMBURSEMENT - PROJECT BUDGET    CONTRACT #: 06-APC-103**

**PROJECT CODE: 102**

<b>CATEGORIES</b>	<b>Contract Budget</b>	<b>Mod#1</b>	<b>Revised Budget</b>	<b>Cash Non Federal Match</b>	<b>Total Project</b>
1. PERSONNEL (TITLE, NUMBER, % OF TIME)					
Director 5%                   (104 hours / year)	0	0	0	4,500	4,500
Asst. Director 29%       (598 hours / year)	0	0	0	18,983	18,983
<b>1. PERSONNEL TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$23,483</b>	<b>\$23,483</b>
2. FRINGE BENEFITS (all categorical percentages must be noted)					
FICA                           7.65%					
W.C.                           1.39%					
U.I.                            0.00%					
PENSION                       6.97%					
HEALTH                       13.95%					
OTHER                         3.00%					
MAXIMUM FRINGE					
<b>2. FRINGE BENEFITS TOTAL                   32.96%</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,740</b>	<b>\$7,740</b>
3. CONSULTANT & CONTRACT SERVICES					
Repairs and / or Maintenance projects to senior residents 60 years of age or older.	7,500	3,741	11,241	0	11,241
	0	0	0	0	0
<b>3. CONSULTANT &amp; CONTRACT SERVICES TOTAL</b>	<b>\$7,500</b>	<b>\$3,741</b>	<b>\$11,241</b>	<b>\$0</b>	<b>\$11,241</b>
4. TRAVEL (Staff Only, Include Training)					
	0	0	0	0	0
<b>4. TRAVEL TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
5. BUILDING SPACE [Cost x Space x #Months]					
	0	0	0	0	0
<b>5. BUILDING SPACE TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
6. PRINTING & OFFICE SUPPLIES					
	0	0	0	0	0
<b>6. PRINTING &amp; OFFICE SUPPLIES TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
7. EQUIPMENT PURCHASES					
7	0	0	0	0	0
	0	0	0	0	0
<b>7. EQUIPMENT TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
8. OTHER COSTS (List In Detail)					
	0	0	0	0	0
	0	0	0	0	0
<b>8. OTHER COSTS TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL DIRECT COSTS CATEGORIES 1-8</b>	<b>\$7,500</b>	<b>\$3,741</b>	<b>\$11,241</b>	<b>\$31,223</b>	<b>\$42,464</b>



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**PROVIDER**

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Approved by Provider

Authorized Signature

Sharon Robinson-Briggs, Mayor

Attest Signature

Laddie Wyatt, City Clerk

Approved for the LWIA

GEORGE W. DEVANNEY  
COUNTY MANAGER  
ATTEST

by CLERK OF THE BOARD

**APPROVED AS TO FORM**

**APPROPRIATION NUMBER(S)**

G-02-06-499-416	734	\$3,741.00
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COUNTY ATTORNEY

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Attest Signature

**Laddie Wyatt, City Clerk**

Approved for the LWIA

**GEORGE W. DEVANNEY  
COUNTY MANAGER  
ATTEST**

by CLERK OF THE BOARD

**APPROVED AS TO FORM**

COUNTY ATTORNEY

**APPROPRIATION NUMBER(S)**

<b>G-02-06-499-416</b>	<b>734</b>	<b>\$3,741.00</b>
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APPLICANT AGENCY (Name, Address, Zip Code):

**City of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060**

PROJECT DIRECTOR: (Name, Title, Department, Address, Zip Code):

**Al Restanio, Director  
Division of Planning & CD  
City of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060**

TELEPHONE NUMBER: **(908) 753-3229**

PAYEE (Specify to Whom checks should be sent - Name, Title, and Address):

**City of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060**

NAME, TITLE, ADDRESS OF OFFICIAL AUTHORIZED TO SIGN FOR APPLICANT AGENCY:

**Sharon Robinson-Briggs, Mayor  
City of Plainfield  
515 Watchung Avenue  
Plainfield, NJ 07060**

CONTRACT DATES: **01/01/06 - 12/31/06**

TOTAL CONTRACT AMOUNT: **\$7,500.00**

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A. TOTAL PROJECT COSTS:	<b>\$ 42,464.00</b>
B. LOCAL NON-FEDERAL PARTICIPATION:	<b>\$ 31,223.00</b>
C. FUNDS CONTRACTED (Line A minus line B):	<b>\$ 11,241.00</b>
D. PROJECTED VOLUNTARY DONATIONS:	<b>\$ 50.00</b>

All donations are to be used to expand contracted services within the contract year.

PROJECT CODE: 102

DEFINITIONS

# 1 **Residential Maintenance:** A service provided by a volunteer or paid staff person for intermittent household and / or yard care to eligible older persons whose health and safety are threatened because they cannot perform these services by themselves and / or are at risk of institutional placement.

(1 Unit = 1 Hour)

Target Population: Minority: 21 Impoverished: 18 Frail: 11 Vulnerable: 13

	DEFINITION STATE CODE / TYPE OF SERVICE	Level of Service	Number of Clients	Cost per Service
#1	<b>211 Residential Maintenance</b>	<b>144</b>	<b>23</b>	<b>\$11,241.00</b>

PAYMENT WILL BE MADE UPON SUBMISSION OF THE APPROPRIATE DOCUMENTATION AND A PROPERLY COMPLETED UNION COUNTY VOUCHER TO THE DIVISION OF INTERNAL CONTROL.

**SHTP-COST REIMBURSEMENT - PROJECT BUDGET    CONTRACT #: 06-APC-103**

**PROJECT CODE: 102**

<b>CATEGORIES</b>	<b>Contract Budget</b>	<b>Mod#1</b>	<b>Revised Budget</b>	<b>Cash Non Federal Match</b>	<b>Total Project</b>
1. PERSONNEL (TITLE, NUMBER, % OF TIME Director 5%                   (104 hours / year) Asst. Director 29%       (598 hours / year)	0 0	0 0	0 0	4,500 18,983	4,500 18,983
<b>1. PERSONNEL TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$23,483</b>	<b>\$23,483</b>
2. FRINGE BENEFITS (all categorical percentages must be noted) FICA                               7.65% W.C.                                1.39% U.I.                                 0.00% PENSION                         6.97% HEALTH                         13.95% OTHER                             3.00% MAXIMUM FRINGE					
<b>2. FRINGE BENEFITS TOTAL                   32.96%</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$7,740</b>	<b>\$7,740</b>
3. CONSULTANT & CONTRACT SERVICES Repairs and / or Maintenance projects to senior residents 60 years of age or older.	7,500 0	3,741 0	11,241 0	0 0	11,241 0
<b>3. CONSULTANT &amp; CONTRACT SERVICES TOTAL</b>	<b>\$7,500</b>	<b>\$3,741</b>	<b>\$11,241</b>	<b>\$0</b>	<b>\$11,241</b>
4. TRAVEL (Staff Only, Include Training)	0	0	0	0	0
<b>4. TRAVEL TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
5. BUILDING SPACE [Cost x Space x #Months]	0	0	0	0	0
<b>5. BUILDING SPACE TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
6. PRINTING & OFFICE SUPPLIES	0	0	0	0	0
<b>6. PRINTING &amp; OFFICE SUPPLIES TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
7. EQUIPMENT PURCHASES	0	0	0	0	0
7	0	0	0	0	0
<b>7. EQUIPMENT TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
8. OTHER COSTS (List In Detail)	0 0	0 0	0 0	0 0	0 0
<b>8. OTHER COSTS TOTAL</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>
<b>TOTAL DIRECT COSTS CATEGORIES 1-8</b>	<b>\$7,500</b>	<b>\$3,741</b>	<b>\$11,241</b>	<b>\$31,223</b>	<b>\$42,464</b>