

FORM 1A

FOR COUNTY USE ONLY
Approved: _____ YES _____ NO
Date: _____

STRATEGIC PLAN FOR FUNDING MUNICIPAL ALLIANCES

Grant Year: FY24 (July 1, 2023-June 30, 2024) Alliance Tier _____

APPLICANT MUNICIPALITY/IES: Hopewell Township	COUNTY: Mercer
ALLIANCE NAME: Hopewell Valley	ALLIANCE WEBSITE: www.hvalliance.org
ALLIANCE STREET ADDRESS: 201 Washington Crossing-Pennington Road TOWN: Titusville STATE: NJ ZIP: 08560	
TELEPHONE: (609) 737-4000 Ext. 4714	
ALLIANCE CHAIRPERSON: Dawn Marling STREET ADDRESS: 201 Washington Crossing-Pennington Road TOWN: Titusville STATE: NJ ZIP: 08560 EMAIL: dmarling@hopewelltp.org	ALLIANCE COORDINATOR: Heidi Kahme STREET ADDRESS: 12 Tanglewood Drive TOWN: Titusville STATE: NJ ZIP: 08560 EMAIL: hvmunicipalalliance@gmail.com
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY): / /	

A) Alliance DEDR Allocation \$ 9,467.00

B) Cash Match (must be 25% of DEDR Allocation) \$ 17,800.00

Hopewell Township \$14,000.00

Pennington Borough \$1,500.00

Hopewell Borough \$2,300.00

C) In-Kind Match (must be 75% of the DEDR Allocation) \$ 7,100.25

TOTAL ALLIANCE BUDGET (add A+ B+C) \$ 34,367.25

Hopewell Township

Michael Ruger, Mayor

*MUNICIPALITY

NAME/ MAYOR/Head of Governing Body

SIGNATURE

Pennington Borough

James Davy, Mayor

*MUNICIPALITY

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

Hopewell Borough

Paul Anzano, Mayor

*MUNICIPALITY

NAME/TITLE OF GOVERNING
BODY REPRESENTATIVE

SIGNATURE

Dawn Marling

ALLIANCE CHAIRPERSON

SIGNATURE

DATE

*** If a municipality is part of a consortium, a signature and resolution is required from all participating municipalities entering into the agreement. Signatures hereby accept all components of this grant including membership terms, Statement of Assurances and Fiscal Requirements.**