

RESOLUTION #17-45

**RESOLUTION FOR OPEN PUBLIC MEETINGS
AND NEWSPAPER DESIGNATIONS**

BE IT RESOLVED by the Housing Authority of Gloucester County that in conformance with the Open Public Meetings Act of 1975, this Authority designates the following two (2) newspapers of general circulation in the County of Gloucester as the two newspapers for notification purposes of regular and special meetings of the Housing Authority of Gloucester County:

1. The South Jersey Times, 161 Bridgeton Pike, Mullica Hill, NJ
2. The Courier Post, 301 Cuthbert Boulevard, Cherry Hill, NJ 08002.

A copy of this Resolution shall be published in the South Jersey Times as required by law within ten days of its passage.

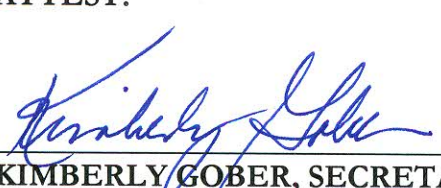
ADOPTED at the Annual Meeting of the Housing Authority of Gloucester County, held on the 26TH day of July, 2017

HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY:


WILLIAM W. BAIN, CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY

DATED: July 26, 2017

RESOLUTION #17-46

RESOLUTION OF THE

ANNUAL SCHEDULE OF MEETINGS

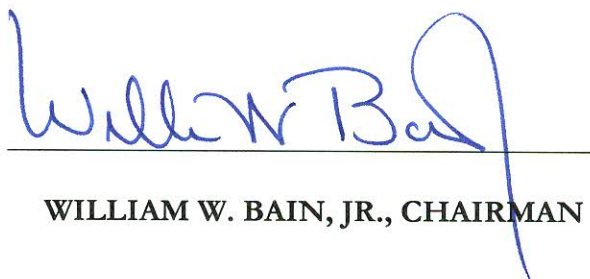
WHEREAS, it is the intention of the Housing Authority of Gloucester County to comply with the Open Public Meetings Act of 1975; and

NOW, THEREFORE, BE IT RESOLVED by the Housing Authority of Gloucester County that the attached schedule is declared to be the annual schedule of regular meetings of the Housing Authority of Gloucester County for the year commencing July 26TH 2017. Said schedule is declared in compliance with N.J.S.A. 10:4-18 and shall be posted and distributed in accordance with the requirements of N.J.S.A. 10:4-18.

ADOPTED at the Annual Meeting of the Housing Authority of Gloucester County, held on the 26TH of July, 2017.

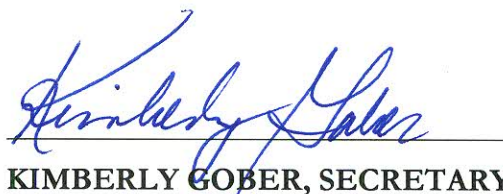
THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY:



WILLIAM W. BAIN, JR., CHAIRMAN

ATTEST:



KIMBERLY GOBER, SECRETARY

DATED: July 26TH , 2017

**THE HOUSING AUTHORITY
OF GLOUCESTER COUNTY**



HAGC ANNUAL SCHEDULE OF MEETINGS

2017-2018

Wednesday	August 23, 2017	4:30 P.M.
Wednesday	September 27, 2017	4:30 P.M.
Wednesday	October 25, 2017	4:30 P.M.
Monday	November 20, 2017	4:30 P.M.
Wednesday	December 27, 2017	4:30 P.M.
Wednesday	January 17, 2018	4:30 P.M.
Wednesday	February 28, 2018	4:30 P.M.
Wednesday	March 28, 2018	4:30 P.M.
Wednesday	April 25, 2018	4:30 P.M.
Wednesday	May 23, 2018	4:30 P.M.
Wednesday	June 27, 2018	4:30 P.M.
Wednesday	July 25, 2018	4:30 P.M.

RESOLUTION #17-47

RESOLUTION NAMING OFFICIAL DEPOSITORY

INVESTORS BANK

WHEREAS, it is necessary for the proper conduct of business that an official depository for the Housing Authority of Gloucester County be designated and named; and

WHEREAS, Investor's Bank, located at 600 Delsea Drive, Glassboro, New Jersey, 08028 is an approved banking corporation;

NOW, THEREFORE, BE IT RESOLVED by the Housing Authority of Gloucester County that the Investor's Bank, be and the same is hereby designated as an official depository of the Housing Authority of Gloucester County and that sums so deposited may be withdrawn upon a check, draft, or order of the Housing Authority of Gloucester County for the treasurer's account, to include capital account, trust account and other accounts;

BE IT FURTHER RESOLVED, that a certified copy of this Resolution be duly delivered to the proper officers of the Investor's Bank, as evidence of the Bank's authority to act in accordance herewith.

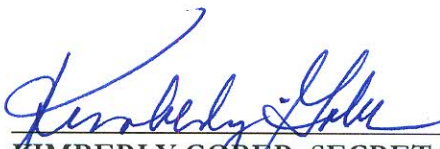
ADOPTED at the Annual Meeting of the Housing Authority of Gloucester County, held on the 26th day of July 2017.

HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY: 

WILLIAM W. BAIN, JR., CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY

DATED: July 26TH, 2017

RESOLUTION #17-48

RESOLUTION NAMING OFFICIAL DEPOSITORY

FULTON BANK

WHEREAS, it is necessary for the proper conduct of business that an official depository for the Housing Authority of Gloucester County be designated and named; and

WHEREAS, Fulton Bank, located at 100 Park Ave, Woodbury, New Jersey, 08096 is an approved banking corporation;

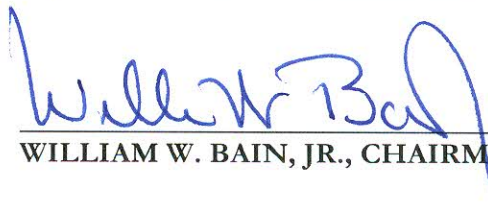
NOW, THEREFORE, BE IT RESOLVED by the Housing Authority of Gloucester County that the Fulton Bank, 100 Park Ave, Woodbury, New Jersey, 08096, be and the same is hereby designated as an official depository of the Housing Authority of Gloucester County and that sums so deposited may be withdrawn upon a check, draft, or order of the Housing Authority of Gloucester County for the treasurer's account, to include capital account, trust account and other accounts;

BE IT FURTHER RESOLVED, that a certified copy of this Resolution be duly delivered to the proper officers of the Fulton Bank, as evidence of the Bank's authority to act in accordance herewith.

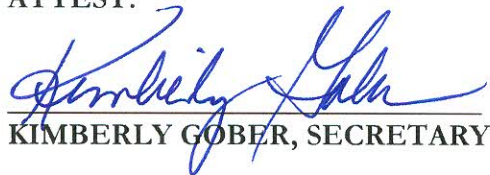
ADOPTED at the Annual Meeting of the Housing Authority of Gloucester County, held on the 26TH day of July 2017.

HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY:


WILLIAM W. BAIN, JR., CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY

DATED: JULY 26TH, 2017

RESOLUTION #17-49

RESOLUTION NAMING OFFICIAL DEPOSITORY

PARKE BANK

WHEREAS, it is necessary for the proper conduct of business that an official depository for the Housing Authority of Gloucester County be designated and named; and

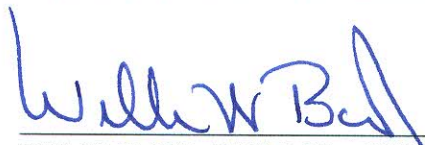
WHEREAS, Parke Bank, located at located at 601 Delsea Drive, Sewell, New Jersey, is an approved banking corporation;

NOW, THEREFORE, BE IT RESOLVED by the Housing Authority of Gloucester County that the Parke Bank, 601 Delsea Drive, Sewell, New Jersey, be and the same is hereby designated as an official depository of the Housing Authority of Gloucester County and that sums so deposited may be withdrawn upon a check, draft, or order of the Housing Authority of Gloucester County for the treasurer's account, to include capital account, trust account and other accounts;

BE IT FURTHER RESOLVED that a certified copy of this Resolution be duly delivered to the proper officers of the Parke Bank, as evidence of the Bank's authority to act in accordance herewith.

ADOPTED at the Annual Meeting of the Housing Authority of Gloucester County, held on the 26TH day of July, 2017

THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

: 
WILLIAM W. BAIN, JR., CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY

DATED: July 26th, 2017

RESOLUTION #17-50

RESOLUTION FOR RESTITUTION TO SLIP AND FALL VICTIM

DOUGLAS HEILER

WHEREAS, while visiting the offices of the Housing Authority of Gloucester County on February 10, 2017, Mr. Douglas Heiler did slip and fall in the foyer; and

WHEREAS, Mr. Douglas Heiler has requested a payment in full for his eye exam and glasses broken in the fall; and

WHEREAS, Mr. Heiler releases and gives up an and all claims and rights which he may have against HAGC related to the slip and fall incident on said date and is bound by this Release: and

WHEREAS, HAGC has agreed to pay Mr. Heiler the amount of \$327.95 in full payment while signing the release which is attached stating he will not seek any further payments.

ADOPTED at the Annual Meeting of the Housing Authority of Gloucester County, held on the 26TH day of July, 2017

HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY:


WILLIAM W. BAIN, CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY

DATED: July 26, 2017

Form PO 101

Rev. December 2016

(Previous Editions are Obsolete)

PURCHASE REQUISITION

(ATTACHMENT-D)

Please Complete All Applicable Areas - Type or Print Legibly

HOUSING AUTHORITY
of GLOUCESTER COUNTY

FINANCE DEPARTMENT

PERSON MAKING REQUEST KIMBERLY GOBER			DEPARTMENT ADMIN		DATE OF REQUEST 7/26/2017	ROUTING 1. <input checked="" type="checkbox"/> FINANCE DIRECTOR 2. <input type="checkbox"/> EXECUTIVE DIRECTOR 3. <input type="checkbox"/> PURCHASING DESK 4. <input type="checkbox"/> ACCOUNTS PAYABLE (When no P.O. is required)	
Check if Vendor <input type="checkbox"/> Requires a P.O.	Date Required ASAP	Order Placed with Vendor by <input checked="" type="checkbox"/>	RFP/IFB#	P.O. #	Contract #		

REQUESTED PURCHASE		✓ CHECK ONE: <input type="checkbox"/> ESTIMATE <input type="checkbox"/> ACTUAL			
A.	QUANTITY	ITEM (A Brief Description followed by: Model/Stock/Part numbers, color, size, if applicable)	LOCATION/PROJECT	UNIT COST	TOTAL COST
1.	1	REIMBURSEMENT FOR EYE EXAM AND REPLACEMENT GLASSES	HAGC	327.95	327.95
2.					
3.					
4.					
5.					
6.					
7.					
8.					

B. VENDOR NAME & ADDRESS DOUGLAS HEILER 29 GILBERT AVE WESTVILLE, NJ 08093		VENDOR CONTACT	ADDITIONAL ITEMS (SEE REVERSE SIDE OR ATTACH A SEPARATE SHEET)	
		VENDOR TELEPHONE & FAX #	C. SHIP TO or PICKUP:	SHIPPING
				TOTAL
				327.95

NOTICE:

ALL CONTRACTORS WORKING ON THE PREMISES MUST HAVE AND PROVIDE PROOF OF INSURANCE.
A NJ BUSINESS REGISTRATION CERTIFICATE IS MANDATORY FOR ALL JOBS COSTING \$3,150 AND OVER.
A NJ PUBLIC WORKS CONTRACTOR CERTIFICATE IS REQUIRED ON MAINTENANCE OF \$2,000 AND OVER.

REASON FOR REQUEST	<input type="checkbox"/> REPLENISH STOCK <input type="checkbox"/> REPLACE PARTS <input checked="" type="checkbox"/> OTHER (explain):	<input type="checkbox"/> REPAIR EQUIPMENT <input type="checkbox"/> REPLACE EQUIPMENT	<input type="checkbox"/> RENOVATE UNIT <input type="checkbox"/> NEW EQUIPMENT	<input type="checkbox"/> RENEW SERVICE CONTRACT / POLICY <input type="checkbox"/> CONFERENCE / TRAINING / TRAVEL
REIMBURSEMENT DUE TO ACCIDENTAL FALL				

PLANNING	✓ CHECK ONE:	a. <input type="checkbox"/> PLANNED ROUTINE EXPENSE	b. <input type="checkbox"/> PLANNED NONROUTINE EXPENSE	c. <input checked="" type="checkbox"/> UNPLANNED																																																								
PROCUREMENT METHOD		✓ CHECK APPROPRIATE BOXES																																																										
A. <input type="checkbox"/> THIS IS AN EMERGENCY PURCHASE (NON-COMPETITIVE. SEE POLICY FOR DESCRIPTION)		<input type="checkbox"/> No <input checked="" type="checkbox"/> Yes, CLAIM FILED BY: PROVIDE COPIES OF ALL INSURANCE CLAIMS TO THE FINANCE DEPARTMENT.																																																										
B. <input checked="" type="checkbox"/> This Purchase will not exceed (in the aggregate) the New Jersey Statutory Limit of \$17,500.00. CHECK ONE BOX, 1 THRU 6		1. <input checked="" type="checkbox"/> WILL BE UNDER \$2,000.00 (REQUIRES 1 QUOTE). 2. <input type="checkbox"/> WILL BE FROM \$2,000.00 TO \$17,499.00 (3 QUOTES). 3. <input type="checkbox"/> SHALL BE PUBLICLY BID (IFB) (SEE POLICY) 4. <input type="checkbox"/> SHALL BE MADE BY COMPETITIVE PROPOSAL (RFP) (SEE POLICY) 5. <input type="checkbox"/> THIS IS A "PROPRIETARY" PURCHASE. (SEE POLICY) 6. <input type="checkbox"/> THIS IS A GOVERNMENT COOPERATIVE PURCHASE CONTRACT (ENTER NUMBER)																																																										
C. <input type="checkbox"/> This Purchase is expected to exceed the NJ Statutory Limit of \$17,500.00. CHECK ONLY 3, 4, 5 OR 6		COST ANALYSIS AND PROPOSED ALLOCATION 1. WAS COST/PRICE ANALYSIS DONE? <input type="checkbox"/> YES (attached) by: <input type="text"/> <input type="checkbox"/> No 2. <input type="checkbox"/> CHARGE SPECIFIC PROJECTS LISTED:																																																										
		APPROPRIATION CODES (FOR FINANCE USE ONLY) <table border="1"> <thead> <tr> <th>ITEM(s)</th> <th>FUND</th> <th>ACCOUNT</th> <th>SUB.</th> <th>C.C.</th> <th>PRJ.</th> <th>AMOUNT</th> </tr> </thead> <tbody> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> <tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr> </tbody> </table>			ITEM(s)	FUND	ACCOUNT	SUB.	C.C.	PRJ.	AMOUNT																																																	
ITEM(s)	FUND	ACCOUNT	SUB.	C.C.	PRJ.	AMOUNT																																																						
GOVERNMENT CONTRACT NO.:																																																												

Remarks: Please process. Check is not to be released until approved by HAGC Board of Commissioners and release is signed by Mr. Heiler. 1/2/17

AUTHORIZATION	REQUIRED	REQUIRED FOR ALL PURCHASES \$300 AND OVER.	REQUIRED FOR ALL PURCHASES \$2,000 AND OVER.
This Purchase is prudent & justified and the cost is reasonable.		Funds are available for this purchase.	
MANAGEMENT SIGNATURE	DATE	FINANCIAL OFFICER	DATE
		CONTRACTING OFFICER	
		DATE	
DENIED:		UNAVAILABLE FUNDS:	
		EXCEEDS BUDGET:	



55644 - Boscov's Optical
Deptford Mall
1750 Deptford Center Road
Deptford, NJ 08096
856 848-1409

COPY 1

Invoice Date: 02/11/2017
Receipt # 6454
Optician: Audrey K

Customer #3501
Douglas Heiler
29 Gilbert Ave
Westville NJ 08093

Promotion/Discount:
Boscov's - BSVISUNA- SunZone

	QTY	PRICE	DISCOUNT	COPAY	MEMBER OOP	INS ADJMNT	INS DISC	BENEFIT	CUSTOMER PAY
PROG PLAS POLAR BROWN	1	145.00	-120.00	0.00	25.00	0.00	0.00	0.00	25.00
PROG PLAS POLAR BROWN	1	145.00	-120.00	0.00	25.00	0.00	0.00	0.00	25.00
S 720	1	99.95	0.00	0.00	99.95	0.00	0.00	0.00	99.95
ZYL	1	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal:		389.95	-240.00	0.00	149.95	0.00	0.00	0.00	149.95

Promotion/Discount:
Boscov's - BSVISUNA- SunZone

	QTY	PRICE	DISCOUNT	COPAY	MEMBER OOP	INS ADJMNT	INS DISC	BENEFIT	CUSTOMER PAY
EYEWEAR PROTECTION PLAN	1	25.00	-5.00	0.00	20.00	0.00	0.00	0.00	20.00
Subtotal:		25.00	-5.00	0.00	20.00	0.00	0.00	0.00	20.00

COPAY: 0.00
MEMBER OOP: 169.95
SUBTOTAL: 169.95
TAX: 0.00

TOTAL: 169.95
Credit Card 169.95
TOTAL PAYMENTS: 169.95
CHANGE DUE: 0.00
BALANCE DUE: 0.00

Acknowledge Receiving my Eyewear Order

Date Delivered

Prescription eyewear is a custom order product and cannot be returned after delivery to the customer.
Every attempt will be made to ensure that our customers are fully satisfied with their purchase.



**Thank you for your purchase.
Please tell your friends.**



55644 - Boscov's Optical
Deptford Mall
1750 Deptford Center Road
Deptford, NJ 08096
856 848-1409

COPY 1

Invoice Date: 02/11/2017
Receipt # 6453
Optician: Audrey K

Customer #3501
Douglas Heiler
29 Gilbert Ave
Westville NJ 08093

Warranty Of: 9774

ORDER # 12073					MEMBER		INS	INS	CUSTOMER	
	QTY	PRICE	PROMOTION	DISCOUNT	COPAY	OOP	ADJMT	DISC	BENEFIT	PAY
PROG POLY HDV SOLARACTIV GRE	1	30.00		0.00	0.00	30.00	0.00	0.00	0.00	30.00
TEFLON CLEAR COAT	1	4.50		0.00	0.00	4.50	0.00	0.00	0.00	4.50
PROG POLY HDV SOLARACTIV GRE	1	30.00		0.00	0.00	30.00	0.00	0.00	0.00	30.00
TEFLON CLEAR COAT	1	4.50		0.00	0.00	4.50	0.00	0.00	0.00	4.50
SJ/BP 01	1	24.00		0.00	0.00	24.00	0.00	0.00	0.00	24.00
METAL	1	0.00		0.00	0.00	0.00	0.00	0.00	0.00	0.00
Subtotal:		93.00		0.00	0.00	93.00	0.00	0.00	0.00	93.00

COPAY: 0.00
MEMBER OOP: 93.00
SUBTOTAL: 93.00
TAX: 0.00

TOTAL: 93.00
Credit Card 93.00
TOTAL PAYMENTS: 93.00
CHANGE DUE: 0.00
BALANCE DUE: 0.00

Acknowledge Receiving my Eyewear Order

Date Delivered

Prescription eyewear is a custom order product and cannot be returned after delivery to the customer.
Every attempt will be made to ensure that our customers are fully satisfied with their purchase.



**Thank you for your purchase.
Please tell your friends.**



**DR R S. ABDALLA
OPTOMETRIC PHYSICIAN**

**1750 DEPTFORD CENTER
DEPTFORD, NJ 08096.
856 384 6125.
856 848 1409.**

**400 ROUTE 38 EAST
MOORESTOWN, NJ 08057
856 222 0500
856 222 0501**

RECEIPT FOR MEDICAL SERVICES:

PATIENT: DOUGLAS HEILER

<u>DATE:</u>	<u>PROCEDURE:</u>	<u>DIAGNOSIS:</u>	<u>UNITS:</u>	<u>COST:</u>
02//21/2017.	.EYE EXAM 92004.	MYOPIA H52.13	1.	\$65

.THANK YOU FOR YOUR PATRONAGE.....



RELEASE

This Release, dated this _____ day of _____, 2017, is given

BY the Releasor(s)

DOUGLAS K. HEILER

Referred to as "HEILER,"

TO

THE HOUSING AUTHORITY OF GLOUCESTER COUNTY and GLOUCESTER COUNTY
HOUSING DEVELOPMENT CORPORATION and POP MOYLAN URBAN
REDEVELOPMENT COMPANY

Referred to collectively as "HAGC."

1. Release. HEILER releases and gives up any and all claims and rights which HEILER may have against HAGC related to a slip and fall incident on February 10, 2017 at HAGC's offices located 100 Pop Moylan Boulevard, Deptford, New Jersey. This releases all claims, including those of which HEILER is not aware and those not mentioned in this Release. This Release applies to claims resulting from anything which has happened up to the date above.

2. Payment. HAGC shall pay to HEILER a total of \$ _____, in full payment for making this Release. HEILER agrees that HEILER will not seek anything further including any other payment from HAGC.

3. HEILER Bound. HEILER is bound by this Release. Anyone who succeeds to HEILER's rights and responsibilities is also bound. This Release is made for the benefit of HAGC and all that succeed to HAGC's rights and responsibilities.

4. Signatures. HEILER understands and agrees to the terms of this Release.

Witnessed or Attested by:

DOUGLAS K. HEILER

STATE OF NEW JERSEY, COUNTY OF

SS.

I CERTIFY that on _____,

DOUGLAS K. HEILER personally came before me and stated to my satisfaction that this person:

- (a) was the maker of the attached instrument; and
- (b) executed this instrument as his own act.

(Print name and Title below signature)

Signed and sworn to before me on (date)

(Print name and Title below signature)

RESOLUTION #17-51

**RESOLUTION AMENDING THE
EXPANDED HOUSING OPPORTUNITIES (EHO) PROGRAM POLICY
ELIGIBILITY AND OPERATIONAL POLICIES**

WHEREAS, the Housing Authority of Gloucester County developed and implemented an Expanded Housing Opportunities (EHO) Program in 1991; and the Housing Authority of Gloucester County subsequently purchased 12 single family dwellings in West Deptford Township; and

WHEREAS, the Housing Authority of Gloucester County wishes to revise the EHO Program Family Eligibility and Operational Policies; and

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Housing Authority of Gloucester County that revision to EHO Program Policies be and hereby is adopted; and

BE IT FURTHER RESOLVED that the Executive is hereby authorized to execute and file all necessary documentation for the attached revision for EHO Program Policies

ADOPTED at a Meeting of the Housing Authority of Gloucester County, held on the 26th day of July, 2017

HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY: 

WILLIAM W. BAIN, JR., CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY

DATED: JULY 26, 2017

SINGLE FAMILY DWELLING
EXPANDED HOUSING OPPORTUNITIES PROGRAM

FAMILY ELIGIBILITY AND OPERATIONAL POLICIES

The objective of the Expanded Housing Opportunities (EHO) Program is to house moderate income families in decent, safe, and sanitary housing. The Housing Authority of Gloucester County (The Authority) owns and manages the EHO housing which is intended to promote an environment for families which is conducive to healthful living and is based on nondiscrimination on the basis of race, color, national origin, age, sex, disability, religion or familial status.

The Authority's Public Housing Occupancy Policy (ACOP) will be used as guidance for topics not covered in this policy.

1. FAMILY ELIGIBILITY

- a. The Authority will receive and process applications in a way that treats all applicants fairly and consistently. All registrants will be placed on the waiting list based on the date and time of application. The waiting list will be assembled in sequential order by date and time of registration, with annual income and bedroom size indicated.
- b. A local preference will be given to applicants, whose head, co-head, or spouse at the time of registration, are residents of, working, or hired to work in the operating jurisdiction of the Authority which is comprising of the following: Clayton Borough, Deptford Township, East Greenwich Township, Elk Township, Franklin Township, Glassboro Township, Greenwich Township, Harrison Township, Logan Township, Mantua Township, Monroe Township, National Park, Paulsboro, Swedesboro, Washington Township, West Deptford Township, Westville, Woodbury City, Woodbury Heights, Woolwich Township. The Authority must be able to obtain objective, third party documentation to support the local preference.
- c. Family income shall be between 50% and 80% of the H.U.D. determined median income for Gloucester County, New Jersey OR the family must have a Section 8 Housing Choice Voucher (S8 HCV).
- d. Applicant and Tenant families must supply any information that the Authority determines is necessary in the administration of the program. All information supplied by the family must be true and complete, and is subject to verification by the Authority.
- e. Families are subject to Eligibility Screening and Screening for Suitability of Tenancy as defined within the ACOP.
- f. Applicant families will be denied assistance and removed from the wait list for the reasons defined within the ACOP.
- g. Applicant and Tenant families are subject to the Authority's One Strike and You're Out Policy.

to determine if an increase is warranted.

- c. Rent may exceed 30% of tenant's adjusted income.
- d. The form of Lease and Lease Addendum shall be similar to lease utilized in the Authority's Public Housing 204-1 Program.
- e. Termination of occupancy shall be for cause consistent with N.J.S.A. 2A:18-61.1 et. seq. and the governing Lease Agreement.

5. TENANT CHARGES SHALL INCLUDE:

- a. Thirteen dollar (\$13.00) late charge for rent paid after the thirteenth day of the month.
- b. Ten dollar (\$10.00) bounced check charge for uncollected check.
- c. Actual costs of legal fees and court costs incurred by the Authority for the purpose of advising or preparing for or conduction an action for eviction of Tenant or collection of delinquent rent.
- c. Actual costs of repairs and replacement for tenant caused damage beyond normal wear and tear in accordance with established schedule.
- h. Excess utility use charge - water charges in excess of \$150.00 per year.

6. GRIEVANCE PROCEDURES

- a. Applicant and Tenant families are governed by the Authority's Grievance Procedure Policy.

RESOLUTION # 17-52

RESOLUTION AUTHORIZING ACC AMENDMENT FOR
CAPITAL FUND PROGRAM
NJ39P20450117 – FY 2017

WHEREAS, the Housing Authority of Gloucester County has prepared a five year modernization program for public housing projects NJ39P20450117; and

WHEREAS, the Housing Authority of Gloucester County has received from the United States Department of Housing and Urban Development a funding commitment and Annual Contributions Amendment for FY 2017, under Grant Number NJ39P20450117; and

WHEREAS, it is in the interest of the Housing Authority of Gloucester County to proceed with the modernization program, as well as other physical improvements to HAGC public housing properties in a timely manner for the benefit of the program and lower income residents:

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Housing Authority of Gloucester County that:

1. The ACC Amendment under Capital Fund Grant Number NJ39P20450117 is hereby approved.
2. The Executive Director is authorized to sign Form HUD-52840A, Capital Fund Program (CFP) Amendment.
3. The Executive Director is authorized to implement the program (NJ39P20450117) immediately.
4. The Executive Director is authorized to make technical adjustments to the program application and budget as may be required in accordance with federal requirements to expedite the program
5. The Executive Director is authorized to amend the Agency Plan consistent with the ACC Amendment.

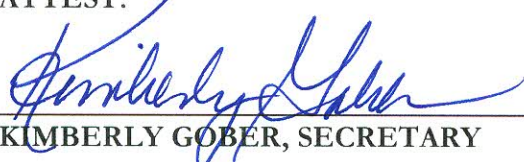
ADOPTED at a Meeting of the Housing Authority of Gloucester County, held on the 26th of July, 2017.

HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY: 

WILLIAM W. BAIN, JR., CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY

DATED: JULY 26, 2017

2017 Capital Fund

Capital Fund Program (CFP) Amendment To The Consolidated Annual Contributions Contract (form HUD-53012)

U.S. Department of Housing
and Urban Development
Office of Public and Indian Housing

Whereas, (Public Housing Authority) Gloucester County Housing Authority NJ204 (herein called the "PHA")
and the United States of America, Secretary of Housing and Urban Development (herein called "HUD") entered into Consolidated Annual Contributions
Contract(s) ACC(s) Number(s) NY1115 dated 4/19/1979

Whereas, HUD has agreed to provide CFP assistance, upon execution of this Amendment, to the PHA in the amount to be specified below for the purpose of assisting the PHA in carrying out development, capital and management activities at existing public housing projects in order to ensure that such projects continue to be available to serve low-income families. HUD reserves the right to provide additional CFP assistance in this FY to the PHA. HUD will provide a revised ACC Amendment authorizing such additional amounts.

\$ 339,720.00 for Fiscal Year 2017 to be referred to under Capital Fund Grant Number NJ39P20450117
PHA Tax Identification Number (TIN): On File DUNS Number: On File

Whereas, HUD and the PHA are entering into the CFP Amendment Number _____

Now Therefore, the ACC(s) is (are) amended as follows:

1. The ACC(s) is (are) amended to provide CFP assistance in the amount specified above for development, capital and management activities of PHA projects. This CFP Amendment is a part of the ACC(s).

2. The PHA must carry out all development, capital and management activities in accordance with the United States Housing Act of 1937 (the Act), 24 CFR Part 905 (the Capital Fund Final rule) published at 78 Fed. Reg. 63748 (October 24, 2013), as well as other applicable HUD requirements, except that the limitation in section 9(g)(1) of the Act is increased such that of the amount of CFP assistance provided for under this CFP amendment only, the PHA may use no more than 25 percent for activities that are eligible under section 9(e) of the Act only if the PHA's HUD-approved Five Year Action Plan provides for such use; however, if the PHA owns or operates less than 250 public housing dwelling units, such PHA may continue to use the full flexibility in section 9(g)(2) of the Act.

3. The PHA has a HUD-approved Capital Fund Five Year Action Plan and has complied with the requirements for reporting on open grants through the Performance and Evaluation Report. The PHA must comply with 24 CFR 905.300 of the Capital Fund Final rule regarding amendment of the Five Year Action Plan where the PHA proposes a Significant Amendment to the Capital Fund Five Year Action Plan.

4. For cases where HUD has approved a Capital Fund Financing Amendment to the ACC, HUD will deduct the payment for amortization scheduled payments from the grant immediately on the effective date of this CFP Amendment. The payment of CFP funds due per the amortization scheduled will be made directly to a designated trustee within 3 days of the due date.

5. Unless otherwise provided, the 24 month time period in which the PHA must obligate this CFP assistance pursuant to section 9(j)(1) of the Act and 48 month time period in which the PHA must expend this CFP assistance pursuant to section 9(j)(5) of the Act starts with the effective date of this CFP amendment (the date on which CFP assistance becomes available to the PHA for obligation). Any additional CFP assistance this FY will start with the same effective date.

6. Subject to the provisions of the ACC(s) and paragraph 3, and to assist in development, capital and management activities, HUD agrees to disburse to the PHA or the designated trustee from time to time as needed up to the amount of the funding assistance specified herein.

7. The PHA shall continue to operate each public housing project as low-income housing in compliance with the ACC(s), as amended, the Act and all HUD regulations for a period of twenty years after the last disbursement of CFP assistance for modernization activities for each public housing project or portion thereof and for a period of forty years after the last distribution of CFP

assistance for development activities for each public housing project and for a period of ten years following the last payment of assistance from the Operating Fund to each public housing project. However, the provisions of Section 7 of the ACC shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the PHA to HUD which arose in connection with any public housing project(s) under the ACC(s) and which is not eligible for forgiveness, and provided further that, no disposition of any project covered by this amendment shall occur unless approved by HUD.

8. The PHA will accept all CFP assistance provided for this FY. If the PHA does not comply with any of its obligations under this CFP Amendment and does not have its Annual PHA Plan approved within the period specified by HUD, HUD shall impose such penalties or take such remedial action as provided by law. HUD may direct the PHA to terminate all work described in the Capital Fund Annual Statement of the Annual PHA Plan. In such case, the PHA shall only incur additional costs with HUD approval.

9. Implementation or use of funding assistance provided under this CFP Amendment is subject to the attached corrective action order(s).
(mark one): ☐ Yes ☐ No

10. The PHA is required to report in the format and frequency established by HUD on all open Capital Fund grants awarded, including information on the installation of energy conservation measures.

11. If CFP assistance is provided for activities authorized pursuant to agreements between HUD and the PHA under the Rental Assistance Demonstration Program, the PHA shall follow such applicable statutory authorities and all applicable HUD regulations and requirements.
For total conversion of public housing projects, the provisions of Section 7 of the ACC shall remain in effect for so long as HUD determines there is any outstanding indebtedness of the PHA to HUD which arose in connection with any public housing project(s) under the ACC(s) and which is not eligible for forgiveness, and provided further that, no disposition or conversion of any public housing project covered by these terms and conditions shall occur unless approved by HUD. For partial conversion, the PHA shall continue to operate each non-converted public housing project as low-income housing in accordance with paragraph 7.

12. CFP assistance provided as an Emergency grant or a Safety and Security grant shall be subject to a 12 month obligation and 24 month expenditure time period. CFP assistance provided as a Natural Disaster grant shall be subject to a 24 month obligation and 48 month expenditure time period. The start date shall be the date on which such funding becomes available to the PHA for obligation. The PHA must record the Declaration(s) of Trust within 60 days of the effective date or HUD will recapture the funds.

The parties have executed this CFP Amendment, and it will be effective on 8/16/2017. This is the date on which CFP assistance becomes available to the PHA for obligation.

U.S. Department of Housing and Urban Development By _____ Date: _____	PHA (Executive Director or authorized agent) By _____ Date: _____
Title _____	Title _____

RESOLUTION #17-53

RESOLUTION AUTHORIZING EXECUTION OF CONTRACT FOR
TRASH REMOVAL SERVICES

CONTRACT TERM: SEPTEMBER 1, 2017 – AUGUST 31, 2018

CARINO PARK APARTMENTS

WHEREAS, the Housing Authority of Gloucester County has need for Trash Removal Services at Carino Park Apartments, 100 Chestnut Street, Williamstown, New Jersey; and

WHEREAS, the Housing Authority of Gloucester County has solicited quotes for Trash Removal Services through public advertisement; and

WHEREAS, the Housing Authority of Gloucester County reviewed the quotes received; and

WHEREAS, the lowest responsible quote for such services is with, **GOLD MEDAL ENVIRONMENTAL** at a rate of \$520.00 per month, total annual compensation amount of \$6240.00 and is proper and responsive to the specifications;

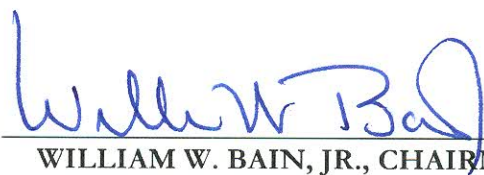
NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Housing Authority of Gloucester County that the contract with **GOLD MEDAL ENVIRONMENTAL** be and is hereby approved; and

IT IS FURTHER RESOLVED that the Executive Director be and is hereby authorized to execute a contract for Trash Removal Services, in accordance with the quote received .

ADOPTED at the Regular Meeting of the Housing Authority of Gloucester County, held on the 26th of July, 2017


HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY:



WILLIAM W. BAIN, JR., CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY
DATED: JULY 26TH, 2017

FORM PO 102

Rev. Nov. 2015
(Previous Editions are Obsolete)

QUOTATION SHEET

(ATTACHMENT-B)
Please Print or TypeHOUSING AUTHORITY
of GLOUCESTER COUNTY
FINANCE DEPARTMENT

LOCATION OF NEED

CARINO PARK

(ATTACH WRITTEN QUOTES AND APPLICABLE CATALOG SHEETS)

NOTE: A MINIMUM OF 3 QUOTES ARE REQUIRED FOR PURCHASES OVER \$2,000.

REQUESTED PURCHASE (use multiple lines when necessary)	DESCRIBE ITEM(S) or SERVICE	QUOTE # 1 (Enter Vendor Info Below)	QUOTE # 2 (Enter Vendor Info Below)	QUOTE # 3 (Enter Vendor Info Below)	QUOTE # 4 (Enter Vendor Info Below)
Trash Removal 9/1/17 - 8/31/18		6,204.00	7,200.00		
Extra container pick up		80.00	100.00		
Shipping and Handling Charges (if any)					
COLUMN TOTAL		6,284.00	7,300.00	-	-
TOTAL					

# 1	VENDOR					VENDOR CONTACT		TELEPHONE	
	GOLD MEDAL Environmental							215-727-7000	
	ADDRESS					CITY		ST	ZIP
	1770 HURFFVILLE ROAD					SEWELL		NJ	08080
	DATE OF QUOTE	TYPE	VERBAL	CATALOG	WRITTEN / EMAIL	VENDOR MODEL/CATALOG NO.		DATE AVAILABLE	
	6/23/17				X				
# 2	VENDOR					VENDOR CONTACT		TELEPHONE	
	WASTE MANAGEMENT OF NEW JERSEY, INC.					LARRY		800-869-5566	
	ADDRESS					CITY		ST	ZIP
	107 SILVIA STREET					EWING		NJ	08628
	DATE OF QUOTE	TYPE	VERBAL	CATALOG	WRITTEN / EMAIL	VENDOR MODEL/CATALOG NO.		DATE AVAILABLE	
					X				
# 3	VENDOR					VENDOR CONTACT		TELEPHONE	
	ADDRESS					CITY		ST	ZIP
	DATE OF QUOTE					VENDOR MODEL/CATALOG NO.		DATE AVAILABLE	
	TYPE					WRITTEN / EMAIL			
# 4	VENDOR					VENDOR CONTACT		TELEPHONE	
	ADDRESS					CITY		ST	ZIP
	DATE OF QUOTE					VENDOR MODEL/CATALOG NO.		DATE AVAILABLE	
	TYPE					WRITTEN / EMAIL			

SELECTED VENDOR

#1 GOLD MEDAL Environmental

WAS A COST ESTIMATE REQUESTED? BY WHOM?
NO YES (Copy Attached)

CLASSIFICATION OF PURCHASE (IF LESS THAN 3 QUOTES ARE PROVIDED)

- ☐ EMERGENCY PURCHASE
☐ NJ STATE GVT CONTRACT
☐ VALUE REQUIRES ONLY ONE
☐ SINGLE SOURCE ITEM

OTHER:

REMARKS:

Specs sent to 14 companies; 2 supplied quotes

COPIES PROCURED BY: MGMT. APPROVED BY: FINANCIAL OFFICER: APPROVING OFFICER SIGNATURE: DATE:

Lisa Butler 6/26/17

RESOLUTION #17-54

RESOLUTION AUTHORIZING EXECUTION OF CONTRACT FOR
TRASH REMOVAL SERVICES
CONTRACT COMMENCING: SEPTEMBER 1, 2017 TO AUGUST 31, 2018
DEPTFORD PARK APARTMENTS

WHEREAS, the Housing Authority of Gloucester County has need for Trash Removal Services at Deptford Park Apartments, 120 Pop Moylan Blvd, Deptford, NJ ; and

WHEREAS, the Housing Authority of Gloucester County has solicited quotes for Trash Removal Services through public advertisement; and

WHEREAS, the Housing Authority of Gloucester County reviewed the quotes received; and

WHEREAS, the lowest responsible quote for such services is with, **GOLD MEDAL ENVIRONMENTAL** at a rate of \$480.00 per month with a total compensation of **\$5760.00 plus \$80 for an additional container pick up** and is proper and responsive to the specifications;

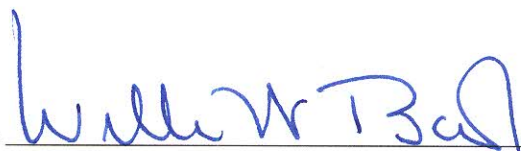
NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Housing Authority of Gloucester County that the contract with **GOLD MEDAL ENVIRONMENTAL** be and is hereby approved.

IT IS FURTHER RESOLVED that the Executive Director be and is hereby authorized to execute a contract for Trash Removal Services, in accordance with the quote received .

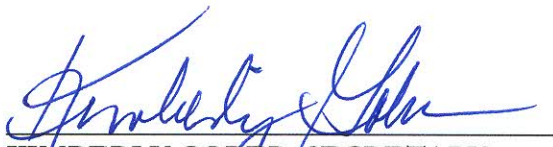
ADOPTED at the Regular Meeting of the Housing Authority of Gloucester County, held on the 26th of July, 2017

HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY:


WILLIAM W. BAIN, JR., CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY
DATED: JULY 26TH, 2017

FORM PO 102

Rev. Nov. 2015
(Previous Editions are Obsolete)

QUOTATION SHEET

(ATTACHMENT-B)
Please Print or TypeHOUSING AUTHORITY
of GLOUCESTER COUNTY
FINANCE DEPARTMENT

LOCATION OF NEED

DEPTFORD PARK

(ATTACH WRITTEN QUOTES AND APPLICABLE CATALOG SHEETS)

NOTE: A MINIMUM OF 3 QUOTES ARE REQUIRED FOR PURCHASES OVER \$2,000.

REQUESTED PURCHASE (use multiple lines when necessary)	QUOTE # 1 (Enter Vendor Info Below)	QUOTE # 2 (Enter Vendor Info Below)	QUOTE # 3 (Enter Vendor Info Below)	QUOTE # 4 (Enter Vendor Info Below)
Trash Removal 9/1/17 - 8/31/18	5,760.00	7,200.00		
Extra container pick up	80.00	100.00		
Shipping and Handling Charges (if any)				
COLUMN TOTAL	5,840.00	7,300.00	-	-
TOTAL				

# 1	VENDOR GOLD MEDAL Environmental				VENDOR CONTACT		TELEPHONE 215-727-7000	
	ADDRESS 1770 HURFFVILLE ROAD				CITY SEWELL		ST NJ	ZIP 08080
	DATE OF QUOTE 6/23/17	TYPE	VERBAL	CATALOG	WRITTEN / EMAIL X	VENDOR MODEL/CATALOG NO.		DATE AVAILABLE
# 2	VENDOR WASTE MANAGEMENT OF NEW JERSEY, INC.				VENDOR CONTACT LARRY		TELEPHONE 800-869-5566	
	ADDRESS 107 SILVIA STREET				CITY EWING		ST NJ	ZIP 08628
	DATE OF QUOTE	TYPE	VERBAL	CATALOG	WRITTEN / EMAIL X	VENDOR MODEL/CATALOG NO.		DATE AVAILABLE
# 3	VENDOR				VENDOR CONTACT		TELEPHONE	
	ADDRESS				CITY		ST	ZIP
	DATE OF QUOTE	TYPE	VERBAL	CATALOG	WRITTEN / EMAIL X	VENDOR MODEL/CATALOG NO.		DATE AVAILABLE
# 4	VENDOR				VENDOR CONTACT		TELEPHONE	
	ADDRESS				CITY		ST	ZIP
	DATE OF QUOTE	TYPE	VERBAL	CATALOG	WRITTEN / EMAIL	VENDOR MODEL/CATALOG NO.		DATE AVAILABLE

SELECTED VENDOR

#1 GOLD MEDAL Environmental

WAS A COST BENEFIT ANALYSIS DONE?

NO ☐YES (Copy Attached) ☐

BY WHOM?

CLASSIFICATION OF PURCHASE (IF LESS THAN 3 QUOTES ARE PROVIDED)

☐ EMERGENCY PURCHASE
☐ NJ STATE GVT CONTRACT
☐ VALUE REQUIRES ONLY ONE
☐ SINGLE SOURCE ITEM

OTHER:

REMARKS:

Specs sent to 14 companies; 2 supplied quotes

QUOTES PROCURED BY

MGMT APPROVED (if diff)

FINANCIAL OFFICER

APPROVING OFFICER SIGNATURE

DATE

Lisa Butler 6/26/17

RESOLUTION #17-55

RESOLUTION AWARDING AN INCREASE TO

**BROOKE GROUP, LLC CONTRACT
FOR CAMP SALUTE**

FOR THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

WHEREAS, the Housing Authority of Gloucester County has previously authorized a proposal to retain the financial services of the Brooke Group LLC; and

WHEREAS, the **BROOKE GROUP, LLC** supplied the lowest bid and pursuant to the directions of the Department of Housing and Urban Development, the Housing Authority of Gloucester County found it in their best interest to retain the services of the BROOKE GROUP, LLC; and

WHEREAS, the Executive Director of GHA would like the authority to increase the contract amount an additional \$3000.00 due to exceeding the amount of services under the original contract.

NOW, THEREFORE, BE IT RESOLVED by the Board of Commissioners of the Housing Authority of Gloucester County, that the Executive Director is hereby authorized to negotiate, execute and sign a contract to provide these Services for an additional \$3000.00.


ADOPTED at the Annual Meeting of the Board of Commissioners on the 26th of July, 2017.

THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY: 

WILLIAM W BAIN, JR., CHAIRMAN

ATTEST:


KIMBERLY GOBER, SECRETARY

DATED: JULY 26, 2017

RESOLUTION #17-56

THE HOUSING AUTHORITY OF GLOUCESTER COUNTY
RESOLUTION AUTHORIZING AWARD OF CONTRACT
THE REPAIR OF AIR HANDLERS
AS WELL AS THE CLEAN-OUT OF AIR DUCTS
MAZZA MECHANICAL, LLC

WHEREAS, the Administrative Offices in the Nancy J. Elkins building are in need of repairs to the HVAC System; and

WHEREAS, Quotes were properly requested and received in March of 2017; and

WHEREAS, In accordance with the Lease between HAGC (tenant) and Pop Moylan Urban Redevelopment, LLC, (landlord), this expense is paid by the tenant; and

WHEREAS, the scope of work includes:

- Supplying and installing 1 new condenser fan motor and capacitor for Unit #2
- Supply and install a new thermostat for Unit #1
- Supply chemical and mechanical cleaning of all 6 condensing units.
- Separate both rows of coils to clean between them and reassemble unit
- Supply and install 3 new Outdoor Air Damper Actuators for Units #2, #3, and #4
- Start up and test all equipment


WHEREAS, the most responsible quote was received from Mazza Mechanical in the amount of **\$4,864.00.**

NOW, THEREFORE, BE IT RESOLVED by the HOUSING AUTHORITY OF GLOUCESTER COUNTY, that the Contract with MAZZA MECHANICAL be acknowledged and approved in the amount of **\$4864.00.**

IT IS FURTHER RESOLVED that the Executive Director of the Housing Authority of Gloucester County is hereby authorized to execute a contract for HVAC repairs at the Administrative Offices of the Nancy J. Elkins building in accordance with the tabulation attached hereto.

ADOPTED at the ANNUAL MEETING of THE HOUSING AUTHORITY OF GLOUCESTER COUNTY, held on the 26th day of July, 2017.

THE HOUSING AUTHORITY OF GLOUCESTER COUNTY

BY: 

WILLIAM W. BAIN, JR. CHAIRMAN

ATTEST:



KIMBERLY GOBER, SECRETARY

DATED: JULY 26TH , 2017