Start Year 2024

Fiscal Year

End Year 2024

Authority Budget of:

Monmouth County Bayshore Outfall Authority

State Filing Year

2024

For the Period:

January 1, 2024

to December 31, 2024

www.mcboanj.com Authority Web Address



Division of Local Government Services

2024 AUTHORITY BUDGET CERTIFICATION SECTION

FISCAL YEAR 2024

Monmouth County Bayshore Outfall Authority

AUTHORITY BUDGET

FISCAL YEAR: January 01, 2024 to December 31, 2024

For Division Use Only

CERTIFICATION OF APPROVED BUDGET

It is hereby certified that the approved Budget made a part hereof complies with the requirements of law and the rules and regulations of the Local Finance Board, and approval is given pursuant to N.J.S.A. 40A:5A-11.

State of New Jersey
Department of Community Affairs
Director of the Division of Local Government Services

| By: | Date: |
|------|---|
| CE | RTIFICATION OF ADOPTED BUDGET |
| | oted Budget made a part hereof has been compared with the approved a Division, and any amendments made thereto. This adopted Budget is endments and comparisons only. |
| | State of New Jersey |
| | Department of Community Affairs |
| Dire | ector of the Division of Local Government Services |
| By: | Date: |

2024 PREPARER'S CERTIFICATION

Monmouth County Bayshore Outfall Authority

AUTHORITY BUDGET

FISCAL YEAR: January 01, 2024 to December 31, 2024

It is hereby certified that the Authority Budget, including the Annual Budget and the Capital Budget/Program annexed hereto, represents the members of the governing body's resolve with respect to statute in that; all estimates of revenue are reasonable, accurate and correctly stated; all items of appropriation are properly set forth; and in form, and content, the budget will permit the exercise of the comptroller function within the Authority.

It is further certified that all proposed budgeted amounts and totals are correct. Also, I hereby provide reasonable assurance that all assertations contained herein are accurate and all required schedules are completed and attached.

| Preparer's Signature: | bayshoreoutfall@yahoo.com | |
|-----------------------|-----------------------------------|--|
| Name: | Barbara J. Vilanova | |
| Title: | Secretary | |
| Address: | P.O. Box 184 Belford, NJ 07718 | |
| Phone Number: | 732-495-2100 | |
| Fax Number: | 732-495-6808 | |
| E-mail Address: | bayshoreoutfall@yahoo.com | |

AUTHORITY INTERNET WEBSITE CERTIFICATION

| | Authority's Web Address: | www.mcboanj.com |
|----------|---|---|
| | The purpose of the website or webpage sha activities. N.J.S.A. 40A:5A-17.1 requires t | Internet website or a webpage on the municipality's or county's Internet website. If be to provide increased public access to the authority's operations and the following items to be included on the Authority's website at a boxes below to certify the Authority's compliance with N.J.S.A. |
| 7 | A description of the Authority's mission an | d responsibilities. |
| V | The budgets for the current fiscal year and | immediately preceding two prior years. |
| ✓ | (Similar information includes items such as | nancial Report (Unaudited) or similar financial information Revenue and Expenditure pie charts, or other types of charts, along with a public in understanding the finances/budget of the Authority). |
| V | The complete (all pages) annual audits (not two prior years. | the Audit Synopsis) for the most recent fiscal year and immediately preceding |
| / | The Authority's rules, regulations and office to the interests of the residents within the A | ial policy statements deemed relevant by the governing body of the Authority authority's service area or jurisdiction. |
| V | Notice posted pursuant to the "Open Public date, location and agenda of each meeting. | Meetings Act" for each meeting of the Authority, setting forth the time |
| 7 | The approved minutes of each meeting of the least three consecutive fiscal years. | he Authority including all resolutions of the board and their committees; for at |
| V | The name, mailing address, electronic mail supervision or management over some or a | address and phone number of every person who exercises day-to-day ll of the operations of the Authority. |
| <u> </u> | 1 1 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - | d any other person, firm, business, partnership, corporation or meration of \$17,500 or more during the preceding fiscal year Authority. |
| | | orized representative of the Authority that the Authority's website or the minimum statutory requirements of N.J.S.A. 40A:5A-17.1 as listed signifies compliance. |
| | Name of Officer Certifying Compliance: Title of Officer Certifying Compliance: Signature: | Michael C. Sachs Chairman bayshoreoutfall@yahoo.com |

2024 APPROVAL CERTIFICATION

Monmouth County Bayshore Outfall Authority

AUTHORITY BUDGET

FISCAL YEAR: January 01, 2024 to December 31, 2024

It is hereby certified that the Authority Budget, including all schedules appended hereto, are a true copy of the Annual Budget and Capital Budget/Program approved by resolution by the governing body Monmouth County Bayshore Outfall Authority, at an open public meeting held pursuant to N.J.A.C. 5:31-2.3, on October 16, 2023.

It is further certified that the recorded vote appearing in the resolution represents not less than a of the full membership of the governing body thereof.

| Officer's Signature: bayshoreoutfall@yahoo.com | | | |
|--|---------------------------|--|--|
| Name: | Barbara J. Vilanova | | |
| Title: | Secretary | | |
| | P.O. Box 184 | | |
| Address: | Belford, NJ 07718 | | |
| Phone Number: | 732-495-2100 | | |
| Fax Number: | 732-495-6808 | | |
| E-mail Address: | bayshoreoutfall@yahoo.com | | |

2024 AUTHORITY BUDGET RESOLUTION

Monmouth County Bayshore Outfall Authority FISCAL YEAR: January 01, 2024 to December 31, 2024

WHEREAS, the Annual Budget for Monmouth County Bayshore Outfall Authority for the fiscal year beginning January 01, 2024 and ending December 31, 2024 has been presented before the governing body of the Monmouth County Bayshore Outfall Authority at its open public meeting of October 16, 2023; and

WHEREAS, the Annual Budget as introduced reflects Total Revenues of \$2,155,838.00, Total Appropriations including any Accumulated Deficit, if any, of \$2,155,838.00, and Total Unrestriced Net Position planned to be utilized as funding thereof, of \$0.00; and

WHEREAS, the Capital Budget as introduced reflects Total Capital Appropriations of \$30,000.00 and Total Unrestricted Net Position planned to be utilized as funding thereof, of \$30,000.00; and

WHEREAS, the schedule of rents, fees and other charges in effect will produce sufficient revenues, together with all other anticipated revenues to satisfy all obligations to the holders of bonds of the Authority, to meet operating expenses, capital outlays, debt service requirements, and to provide for such reserves, all as may be required by law, regulation or terms of contracts and agreements; and

WHEREAS, the Capital Budget/Program, pursuant to N.J.A.C. 5:31-2, does not confer any authorization to raise or expend funds; rather it is a document to be used as part of the said Authority's planning and management objectives. Specific authorization to expend funds for the purposes described in this section of the budget must be granted elsewhere; by bond resolution, by a project financing agreement, by resolution appropriating funds from the Renewal and Replacement Reserve or other means provided by law.

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Monmouth County Bayshore Outfall Authority, at an open public meeting held on October 16, 2023 that the Annual Budget, including all related schedules, and the Capital Budget/Program of the) Monmouth County Bayshore Outfall Authority for the fiscal year beginning January 01, 2024 and ending December 31, 2024, is hereby approved; and

BE IT FURTHER RESOLVED, that the anticipated revenues as reflected in the Annual Budget are of sufficient amount to meet all proposed expenditures/expenses and all covenants, terms and provisions as stipulated in the said Authority's outstanding debt obligations, capital lease arrangements, service contracts, and other pledged agreements; and

BE IT FURTHER RESOLVED, that the governing body of the Monmouth County Bayshore Outfall Authority will consider the Annual Budget and Capital Budget/Program for Adoption on December 11, 2023.

| bayshoreoutfall@yahoo.com | 10/16/2023 |
|---------------------------|------------|
| (Secretary's Signature) | (Date) |

Governing Body Recorded Vote

| Member | Aye | Nay | Abstain | Absent |
|------------------------------|--------|-----|---------|--------|
| Michael C. Sachs, Chairman | X | | | |
| John T. Sodon, Vice-Chariman | X | | | |
| Harry Aumack | X | | | 2 |
| Paul Buccellato | X 1st. | | | |
| Mary Foley | X | | | |
| Roccod Impreveduto | | | | X |
| Michael Kalaka | X | | | |
| Albert Lewandowski | | | | X |
| Gus Toomey | X 2nd. | | | |
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2024 ADOPTION CERTIFICATION

Monmouth County Bayshore Outfall Authority

AUTHORITY BUDGET

FISCAL YEAR: January 01, 2024 to December 31, 2024

It is hereby certified that the Authority Budget and Capital Budget/Program annexed hereto is a true copy of the Budget adopted by the governing body of the Monmouth County Bayshore Outfall Authority, pursuant to N.J.A.C 5:31-2.3, on December 11, 2023.

| Officer's Signature: | bayshoreoutfall@yahoo.com | | | |
|----------------------|---------------------------|--------|--------------|--|
| Name: | Barbara J. Vilanova | | | |
| Title: | Secretary | | • | |
| | P.O. Box 184 | | | |
| Address: | Belford, NJ 07718 | | | |
| Phone Number: | 732-495-2100 | Fax: | 732-495-6808 | |
| E-mail address: | bayshoreoutfall@yah | oo.com | | |

2024 ADOPTED BUDGET RESOLUTION

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

WHEREAS, the Annual Budget and Capital Budget/Program for the Monmouth County Bayshore Outfall Authority for the fiscal year beginning January 01, 2024 and ending December 31, 2024 has been presented for adoption before the governing body of the Monmouth County Bayshore Outfall Authority at its open public meeting of December 11, 2023; and

WHEREAS, the Annual Budget and Capital Budget as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services; and

WHEREAS, the Annual Budget presented for adoption reflects Total Revenues of \$2,155,838.00, Total Appropriations, including any Accumulated Deficit, if any, of \$2,155,838.00, and Total Unrestricted Net Position utilized of \$0.00; and

WHEREAS, the Capital Budget as presented for adoption reflect Total Capital Appropriations of \$30,000.00 and Total Unrestriced Net Position Utilized of \$30,000.00; and

NOW, THEREFORE BE IT RESOLVED, by the governing body of the Monmouth County Bayshore Outfall Authority at an open public meeting held on December 11, 2023 that the Annual Budget and Capital Budget/Program of the Monmouth County Bayshore Outfall Authority for the fiscal year beginning January 01, 2024 and ending December 31, 2024 is hereby adopted and shall constitute appropriations for the purposes stated; and

(Secretary's Signature)

BE IT FURTHER RESOLVED, that the Annual Budget and Capital Budget/Program as presented for adoption reflects each item of revenue and appropriation in the same amount and title as set forth in the introduced and approved budget, including all amendments thereto, if any, which have been approved by the Director of the Division of Local Government Services.

(Date)

| Member | Aye | Nay | Abstain | Absent |
|------------------------------|-----|-----|---------|--|
| Michael C. Sachs, Chairman | | | | |
| John T. Sodon, Vice-Chariman | | | | |
| Harry Aumack | | | | |
| Paul Buccellato | | | | The state of the s |
| Mary Foley | | | | |
| Roccod Impreveduto | | | | |
| Michael Kalaka | | | | |
| Albert Lewandowski | | | | |
| Gus Toomey | | | | |
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2024 AUTHORITY BUDGET NARRATIVE AND INFORMATION SECTION

2024 AUTHORITY BUDGET MESSAGE & ANALYSIS

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

Answer all questions below using the space provided. Do not attach answers as a separate document.

1. Complete a brief statement on the Fiscal Year 2024 proposed Annual Budget and make comparison to the Fiscal Year 2023 adopted budget for each Revenues and Appropriations. Explain any variances over +/-10% (as shown on budget pages F-2 and F-4) for each individual revenue and appropriation line item. Explanations of variances should include a description of the reason for the increase or decrease in the budgeted line item, not just an indication of the amount and percent of change. Upload any supporting documentation that will help explain the reason for the increase or decrease in the budgeted line item.

Interest earned is almost doubled due to the favorable interest rates. Our NJDEP Permit cost is estimated to be lower next year based on the parameters used for their calculation. Insurance is up 13.8% due to the NJUAJIF having a rate increase and not issuing dividends. The COPS line is increased due to increase in the costs of performing our slump block and outfall pipe inspections and the Authority is also going to bid a sludge removal project for our retention ponds. The total interest payment on debt has decreased because the bond series the Authority has left are down to the last year or two for payments. The overall budget is only a 4% increase for the year.

| 2. Describe the state of the local/regional economy and how it may impact the proposed Annual Budget, including the planned |
|---|
| Capital Program. |
| The economy currently has no direct impact on the Authority's proposed Annual or Capital Budget. |
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3. Describe the reasons for utilizing Unrestricted Net Position in the proposed Annual Budget (i.e. rate stabilization, debt service reduction, to balance the budget, etc.) If the Authority's budget anticipated a use of Unrestricted Net Position, this question must be answered.

The Authority is utilizing \$30,000 in order to minimize the rate increase to our customers, the Township of Middletown, Bayshore Regional Sewerage Authority and the Borough of Keansburg.

2024 AUTHORITY BUDGET MESSAGE & ANALYSIS

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

Answer all questions below using the space provided. Do not attach answers as a separate document.

| /A | | | |
|---|-------------------------|--|---|
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| ninate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | plain the funding plan to audit, it must provide a defi |
| ninate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | |
| ninate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | |
| ninate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | |
| inate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | |
| inate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | |
| ninate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | |
| ninate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | |
| or year's budgets (and funding is minate said deficit (N.J.S.A. 40A duction plan in response to this qu | :5A-12). If the Authori | | |
| ninate said deficit (N.J.S.A. 40A | :5A-12). If the Authori | | |

(Prepare a response to deficits in most recent audit report pertaining to Deficits to Unrestricted Net Position caused by recording Pension and Post-Employment Benefits liabilities as required by GASB 68 and GASB 75) and similar types of deficits in the audit report. How would these deficits be funded?

2024 AUTHORITY BUDGET MESSAGE & ANALYSIS

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

Answer the question below using the space provided.

6. Attach in FAST a schedule of the Authority's existing rate structure (connection fees, parking fees, service charges, etc.) if it has been changed since the prior year budget submission and a schedule of the proposed rate structure for the upcoming fiscal year. Explain any proposed changes in the rate structure and attach the resolution approving the change in rate structure, if applicable. (If no changes to fees or rates, indicate answer as "Rates Are Staying The Same".

| The rate schedule is adjusted annually based on our customer authorities most recent flows. Customers are billed based |
|--|
| on their annual flows. Estimated billing base on prior 12 months flows is used to calculate annual cost and then when the |
| calendar year is over and the actual flows are finalized for the year a billing adjustment is done for the exact flow. |
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AUTHORITY CONTACT INFORMATION FISCAL YEAR 2024

Please complete the following information regarding this Authority. $\underline{\textbf{All}}$ information requested below must be completed.

| Name of Authority: | Monmouth County Bayshore Outfall Authority | | | | |
|--------------------------------------|--|---------------------------|---|-------|--|
| Federal ID Number: | 221949477 | | | | |
| 4.1.1 | P.O.Box 184 | | | | |
| Address: | 200 Harbor Way | | | | |
| City, State, Zip: | Belford | NJ | 07718 | | |
| Phone: (ext.) | 732-495-2100 | 732-495-6808 | | | |
| Preparer's Name: | Barbara J. Vilanova | | TOTAL TOTAL CONTRACTOR | | |
| Preparer's Address: | P.O. Box 184 | | | | |
| City, State, Zip: | Belford | | NJ | 07718 | |
| Phone: (ext.) | 732-495-2100 | Fax: | 732-495 | | |
| E-mail: | bayshoreoutfall@yahoo.com | | | | |
| | | | THE COLUMN THE PROPERTY OF THE PARTY OF THE | | |
| Chief Executive Officer* | Michael C. Sachs, Chairman | | | | |
| *Or person who performs these functi | ions under another title. | | | | |
| Phone: (ext.) | 732-495-2100 | Fax: | 732-495 | -6808 | |
| E-mail: | bayshoreoutfall@yahoo.com | | | V | |
| | • | | | | |
| Chief Financial Officer* | Barbara J. Vilanova, Office M | lanager/Board Sec | cretary | | |
| *Or person who performs these functi | The second secon | | | | |
| Phone: (ext.) | 732-495-2100 | 732-495-2100 <i>Fax</i> : | | -6808 | |
| E-mail: | bayshoreoutfall@yahoo.com | | | | |
| N C A 1'' | [D. 1 A.W. | | | | |
| Name of Auditor: | Robert Allison | | | | |
| Name of Firm: Address: | Homan Frenia Allison | | | | |
| | 680 Hooper Ave. Bldg G Toms River | | To an | | |
| City, State, Zip: | | | NJ | 08753 | |
| Phone: (ext.) | 732-797-1333 | Fax: | 732-747 | -8844 | |

BALLISON@hfacpas.com

E-mail:

AUTHORITY INFORMATIONAL QUESTIONNAIRE

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

| 1. Provide the number of individuals employed as reported on the Authority's most | |
|---|--|
| recent Form W-3, Transmittal of Wage, and Tax Statement: | 19 |
| 2. Provide the amount of total salaries and wages reported on the Authority's most | |
| recent Form W-3, Transmittal of Wage, and Tax Statements: | \$ 567,555.88 |
| 3. Provide the number of regular voting members of the governing body: | 9 (5 or 7 per State statute, possibly more for regional authorities) |
| 4. Provide the number of alternate voting members of the governing body: | 0 (Maximum is 2) |
| 5. <u>Regional Authorities Only</u> - Did all individuals that were required to file a Financial because of their relationship with the Authority file the form as required? Check to see if individuals filed their FDS on the FDS webpage: https://www.nj.gov/dca. | Yes |
| If "no", provide a list of those individuals who failed to file a Financial Disclosure S | |
| their failure to file. | |
| 6. Does the Authority have any amounts receivable from current or former commissioners compensated employee? | s, officers, key employees, or the highest |
| If "yes", provide a list of those individuals, their position, the amount receivable, and a a | description of the amount due to the Authority. |
| 7. Was the Authority a party to a business transaction with one of the following parties: | |
| a. A current or former commissioner, officer, key employee, or highest compensated of | |
| b. A family member of a current or former commissioner, officer, key employee, or his | |
| c. An entity of which a current or former commissioner, officer, key employee, or high | hest compensated employee |
| (or family member thereof) was an officer or direct or indirect owner? | No |
| If the answer to any of the above is "yes", provide a description of the transaction includ | |
| key employee, or highest compensated employee (or family member thereof) of the Autho | |
| to the individual or family member; the amount paid; and whether the transaction was si | ubject to a competitive bid process. |
| 8. Did the Authority during the most recent fiscal year pay premiums, directly | |
| or indirectly, on a personal benefit contract*? | No |
| *A personal benefit contract is generally any life insurance, annuity, or endowment contr | ract that benefits, directly or indirectly, |
| the transferor, a member of the transferor's family, or any other person designated by the | |
| If "yes", provide a description of the arrangement, the premiums paid, and indicate the b | eneficiary of the contract. |
| 9. Explain the Authority's process for determining compensation for all persons listed on | Page N-4 Include whether the Authority's |

process includes any of the following: 1) review and approval by the commissioners or a committee thereof; 2) study or survey of compensation data for comparable positions in similarly sized entities; 3) annual or periodic performance evaluation; 4) independent

compensation consultant; and/or 5) written employment contract. Attach a narrative of your Authority's procedures for all

individuals listed on Page N-4 (2 of 2).

AUTHORITY INFORMATIONAL QUESTIONNAIRE (CONTINUED)

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

| 10. Did the Authority pay for meals or catering during the current fiscal year | |
|--|--|
| If "yes", provide a detailed list of all meals and/or catering invoices for the and provide an explanation for each expenditure listed. | current fiscal year |
| 11 Didd. A.d. in Co. 1. | |
| 11. Did the Authority pay for travel expenses for any employee of individual If "yes", provide a detailed list of all travel expenses for the current fiscal year. | |
| 12. Did the Authority provide any of the following to or for a person listed o | |
| a. First class or charter travel | |
| b. Travel for companions | No No |
| c. Tax indemnification and gross-up payments | No |
| d. Discretionary spending account | No |
| e. Housing allowance or residence for personal use | No |
| f. Payments for business use of personal residence | No |
| g. Vehicle/auto allowance or vehicle for personal use | No |
| h. Health or social club dues or initiation fees | No No |
| i. Personal services (i.e. maid, chauffeur, chef) | No No |
| If the answer to any of the above is "yes", provide a description of the transc | |
| and the amount expended. | action including the name and position of the individual |
| and the amount expended. | |
| 13. Did the Authority follow a written policy regarding payment or reimburs | ament for avnences incurred by ampleyees |
| and/or commissioners during the course of Authority business and does that | policy require substantiation |
| of expenses through receipts or invoices prior to reimbursement? | Yes |
| If "no", attach an explanation of the Authority's process for reimbursing em | |
| (If your authority does not allow for reimbursements, indicate that in answer | ployees and commissioners for expenses. |
| (1) your authority does not allow for reinfoursements, that care that in answer | 7). |
| 14. Did the Authority make any payments to current or former commissioner | rs or employees for severance or termination? |
| If "yes", provide explanation, including amount paid. | No |
| y y - y - y - y - y - y - y - y - y - y | 140 |
| 15. Did the Authority make payments to current or former commissioners or | employees that were contingent upon |
| the performance of the Authority or that were considered discretionary bonus | ses? No |
| If "yes", provide explanation including amount paid. | 140 |
| y / / / / / / / / / / / / / / / / / / / | |
| 16. Did the Authority receive any notices from the Department of Environment | ental Protection or any other |
| entity regarding maintenance or repairs required to the Authority's systems to | hring them into compliance |
| with current regulations and standards that it has not yet taken action to reme | ediate? |
| If "yes", provide explanation as to why the Authority has not yet undertaken | the required maintenance or renairs and describe |
| the Authority's plan to address the conditions identified. | or required manuerance of repairs and describe |

AUTHORITY INFORMATIONAL QUESTIONNAIRE (CONTINUED)

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

17. Did the Authority receive any notices of fines or assessments from the Department of Environmental Protection or any other entity due to noncompliance with current regulations (i.e. sewer overflow, etc.)?

If "yes", provide description of the event or condition that resulted in the fine/assessment and indicate the amount of the fine/assessment.

AUTHORITY INFORMATIONAL QUESTIONNAIRE (CONTINUED)

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

Use the space below to provide clarification for any Questionnaire responses.

#9) Compensation for Commissioners and employees is determined using a salary resolution which is voted on and approved by the board. Employees are subject to periodic performance evaluations.

Commissioners are appointed but the Monmouth County Board of Commissioners.

#10) The Authority requires it's employees to attend quarterly safety meetings where they are provided lunch. The amounts for the quarterly meetings are as follows:

4th Quarter 2022 safety meeting/holiday luncheon\$428.891st Quarter 2023 safety meeting\$50.002nd Quarter 2023 safety meeting\$47.423rd Quarter 2023 safety meeting\$55.00

The Authority also had a retirement dinner for an employee of 29 years

\$500.00

AUTHORITY SCHEDULE OF COMMISSIONERS, OFFICERS, KEY EMPLOYEES HIGHEST COMPENSATED EMPLOYEES AND INDEPENDENT CONTRACTORS

Monmouth County Bayshore Outfall Authority

FISCAL YEAR: January 01, 2024 to December 31, 2024

Complete the attached table for all persons required to be listed per #1-4 below.

- 1) List all of the Authority's current commissioners and officers and amount of compensation from the Authority as defined below. Enter zero if no compensation was paid.
- 2) List all of the Authority's key employees and highest compensated employees other than a commissioner of officer as defined below and amount of compensation from the Authority.
- 3) List all of the Authority's former officers, key employees, and highest compensated employees who received more than \$100,000 in reportable compensation from the Authority during the most recent fiscal year completed.
- 4) List all of the Authority's former commissioners who received more than \$10,000 in reportable compensation from the Authority during the most recent fiscal year completed.
- **Commissioner**: A member of the governing body of the authority with voting rights. Include alternates for the purposes of this schedule.
- Officer: A person elected or appointed to manage the authority's daily operations at any time during the year, such as the chairperson, vice-chairperson, secretary, or treasurer. For the purposes of this schedule, treat the authority's top management official and top financial officer as officers, if applicable. A member of the governing body may be both a commissioner and an officer for the purposes of this schedule.
- Key Employee: An employee or independent contractor of the authority (other than a commissioner or officer) who meets
 a) The individual received reportable compensation from the authority and other public entities in excess of
 \$150,000 for the most recent fiscal year completed; and
 b) The individual has responsibilities or influence even the certificate and be a support of the certificate and the certificate are the certif
 - b) The individual has responsibilities or influence over the authority as a whole or has power to control or determine 10% or more of the authority's capital expenditures or operating budget.
- **Highest Compensated Employee:** One of the five highest compensated employees or independent contractors of the authority other than current commissioners, officers, or key employees whose aggregate reportable compensation from the authority and other public entities is greater than \$100,000 for the most recent fiscal year completed.
- Compensation: All forms of cash and non-cash payments or benefits provided in exchance for services, including salaries and wages, bonuses, severance payments, deferred payments, retirement benefits, fringe benefits, and other financial arrangements or transactions such as perosnal vehicles, meals, housing, personal, and family education benefits, below-market loans, payment of personal or family travel, entertainment, and personal use of the Authority's prperty. Compensation includes payments and other benefits provided to both employees and independent contractors in exchange for services.
- **Reportable Compensation** (Use the most recent W-2 available): The aggregate compensation that is reported (or required to be reported) on Form W-2, box 1 or 5, whichever amount is greater, and/or Form 1099-MISC, box 7, for the most recent calendar year ended 60 days before the start of the proposed budget year.

Monmouth County Bayshore Outfall Authority For the Period January 01, 2024 to December 31, 2024

| Average Hours Per Week Dedicated to Position Chairman Chairman Commissioner Au X X X X X X X X X X X X X | 293,687.78 | \$ 47,762.24 \$ | S | .54 \$ 5,200.00 | \$ 240,725.54 | | | | Total: |
|--|-----------------------------------|--|---|--------------------|-------------------|---|----|-----------------------|----------------------|
| Average Yours | | \$ | | | | | | | |
| Average Hours Delicated to Del | | \$ | | | | | | | 34 |
| Average Hours Commissioner Table Delicated to Degradated Delicated | | \$ | | | | | | | 33 |
| Average Hours Average Hour | · | \$ | | | | | | | 82 |
| Average Hours Average Hour | | \$ | | | | | | | 3 51 |
| Average Hours Department of the per Week Page Hours Department of the per Week Page Hours Department of the per Week Page Hours Department Depa | | \$ | | | | | | | 80 |
| Avverage hours De Ray 1940 Compensation from the Dedicated to State Compensation from the Dedicated To Stat | | \$ | | | | | | | 29 |
| Average Hours of Sper Week per Week Dedicated to Jack Jack Jack Jack Jack Jack Jack Jack | | \$ | | | | | | | 180 |
| Average Hours 1 2 2 3 4 300.00 5 5 5 22,245.48 \$ 155 0016c Mgr/Secretary 38 X \$ 77,254.59 \$ 5.200.00 \$ 5 5 22,245.48 \$ 155 0016c Mgr/Secretary 38 X \$ 5 77,254.59 \$ 5.200.00 \$ 5 5 22,245.48 \$ 155 0016c Mgr/Secretary 38 X \$ 5 77,254.59 \$ 5 77,254.59 \$ 5 5 5 20.00 \$ 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 | | \$ | | | | | | | 27 |
| Average Hours 20 4 30 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | \$ | | | | | | | 26 |
| Average Hours Other (autoallowance, per Week Deficated to Salary) Stipend Bonus Deficated amount of other Deficated to Salary Stipend Bonus Deficated Other (autoallowance, per Week Deficated to Salary Stipend Bonus Deficated Deficated Other (autoallowance, per Week Deficated to Salary Stipend Bonus Deficated | | ₩. | | | | | | | 25 |
| Average Hours Declarated to Sept Week Declarated to Sept Week Sept Declarated to Sept Week Sept Sept Sept Sept Sept Sept Sept Sept | | \$ | | | | | | | 24 |
| Average Hours of the per Week per Week Dedicated to Ending the Chairman Title Position 2 X S 4,300.00 S - S - S - S - S - S - S - S - S - S | | * | | | | | | | 133 |
| Average Hours per Week Title Position A a parage Hours Dedicated to Chairman Chairman Commissioner X X X X X X X X X X X X X | | \$ | | | | | | | 22 |
| Average Hours Order Other (auto allowante, personante) Estimated amount of other | | \$ | | | | | | | 22 |
| Average Hours Per Week Position Position Position Title Position Positio | | \$ | | | | | | | 20 |
| Average Hours Average Hour | | \$ | | | | | | | .9 |
| Average Hours Average Hours Per Week Dedicated to Per Week Payment in lieu of Authority (health benefits, etc.) Pension, etc.) From Authority (health benefits, etc.) Pension, etc.) From Authority (health benefits, etc.) Pension, etc. | | 15. | | | | | | | 18 |
| Average Hours Dedicated to Ded | | 10 | | | | | | | 17 |
| Average Hours Average Hour | | 10. | | | | | | | 16 |
| Average Hours Per Week Title Position Commissioner X X X X X X X X X X X X X | | 10. | | | | | | | 15 |
| Average Hours Average Hour | | 10. | | | | | | | 14 |
| Average Hours Average Average Av | | 10. | | | | | | | 13 |
| Average Hours Average Hours Average Hours Per Week Per Week Filter Position Positio | | | | | | | | | 12 |
| Average Hours per Week per Week Chairman 10 X \$ 1,000.00 \$ - \$ - \$ Commissioner Commissioner Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 5 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 5 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 5 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 150 Commissioner X X \$ 4,300.00 \$ - \$ 1 | | 25,516.76 | | ₩. | | × | 38 | Office Mgr./Secretary | 11 Barbara Vilanova |
| Average Hours Average Hours Position Position Title Position Commissioner Commissioner Commissioner Commissioner X S 4,300.00 S S S S S S S S S | | 22,245.48 | | ÷S | | × | 40 | Operations Manager | 10 Edward Tuberion |
| Average Hours Average Hour | | | | ÷ | | | × | Commissioner | 9 Gus Toomey |
| Average Hours Average Hours Per Week Per Week Per Week Per Week Per Week Per Week Position | | 10 | | 4 | | | × | Commissioner | 8 Albert Lewandowski |
| Average Hours Average Hours Average Hours per Week Dedicated to Chairman Chairman Commissioner Commissioner Commissioner Average Hours Average Hou | | -10 | | \$ | | | × | Commissioner | 7 Michael Kalaka |
| Average Hours Average Hours Position Position Position Position Commissioner Commissioner Commissioner X X S 4,300.00 S S S S S S S S S | | 40 | | \$ | | | × | Commissioner | 6 Rocco Impreveduto |
| Average Hours per Week per Week Title Position 10 X \$ 5,000.00 \$ - \$ - \$ Commissioner X X \$ 4,300.00 \$ - \$ - \$ - \$ | | 10 | | \$ | | | × | Commissioner | 5 Mary Foley |
| Average Hours per Week per Week Joseph Josep | | ** | | \$ | | | × | Commissioner | 4 Paul Buccellato |
| Average Hours per Week per Week Dedicated to Dedicated to Chairman 10 X \$ 5,000.00 \$ - \$ - \$ - \$ | | 40 | | 43- | | | × | Commissioner | 3 Harry Aumack |
| Average Hours per Week per Week Dedicated to | | | | \$ | | | | Vice-Chairman | 2 John T. Sodon |
| Average Hours 의 경 의 의 의 이 Other (auto allowance, Estimated amount of other per Week 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의 의 | | | \$ | \$ | | | | Chairman | 1 Michael Sachs |
| | Total Compensation from Authority | Estimated amount of other compensation from the Authority (health benefits, pension, etc.) | Other (auto allowance, expense account, payment in lieu of health benefits, etc.) | | Base Salary/ Stip | Highest Compensated Key Employee Offlicer | | | Name |
| Reportable Compensation from | | | Authority (W-2/ 1099) | ompensation from A | Reportable C | Position | _ | | |

Schedule of Health Benefits - Detailed Cost Analysis Monmouth County Bayshore Outfall Authority

For the Period: January 01, 2024 to December 31, 2024

GRAND TOTAL Subtotal Employee Cost Sharing Contribution (enter as negative -) Family Employee & Spouse (or Partner) Parent & Child Single Coverage Employee & Spouse (or Partner) Retirees - Health Benefits - Annual Cost Subtotal Employee Cost Sharing Contribution (enter as negative -) Parent & Child Single Coverage Employee Cost Sharing Contribution (enter as negative -) Employee & Spouse (or Partner) Parent & Child Single Coverage Active Employees - Health Benefits - Annual Cost Family Commissioners - Health Benefits - Annual Cost Subtotal Family If no health benefits, check this box: (Medical & Rx) # of Covered Members Proposed Budget 9 Proposed Budget Proposed Budget Estimate per **Annual Cost** Employee 27,228.00 12,924.00 22,764.00 12,720.00 35,484.00 25,440.00 Estimate Total Cost 149,881.14 112,276.80 37,604.34 27,228.00 12,924.00 (35,011.20) 50,880.00 22,764.00 (2,547.66)35,484.00 38,160.00 **Current Year** (Medical & Rx) Employee Current # of Covered Members Annual Cost per Year 39,966.96 28,650.12 25,641.84 14,325.00 **Total Current** Year Cost 138,874.21 138,874.21 (41,334.95 39,966.96 85,950.36 25,641.84 28,650.00 \$ Increase (Decrease) 11,006.93 37,604.34 12,924.00 (35,070.36)27,228.00 26,597.41 (4,482.96) (2,547.66)(2,877.84)9,510.00 6,323.75 (Decrease) % Increase -15.3% -11.2% -11.2% -19.2% -40.8% 33.2% 7.9%

| S |
|---------|
| prescr |
| iption |
| drug c |
| overag |
| e prov |
| /ided k |
| by the |
| SHBP (|
| Yes or |
| No)? |
| |
| |
| |
| |
| |
| |
| No |
| |

Is medical coverage provided by the SHBP (Yes or No)?

No

Monmouth County Bayshore Outfall Authority For the Period: January 01, 2024 to December 31, 2024

Complete the below table for the Authority's accrued liability for compensated absences.

| Total liability for accumulated compensated absences at per most recent audit (this page only) \$ | | | | | | | Vilanova, Barbara | Tuberion, Edward | Roche, John | Dickie, Michael | Chrzan, Robert | Individuals Eligible for Benefit | | | | | If no accumulated absences, check this box: |
|---|--|--|--|--|--|--|-------------------|------------------|-------------|-----------------|----------------|----------------------------------|--------------------------|----------------------------------|--|-----------------|---|
| per most recent audit (this page only) | | | | | | | 100 | 200 \$ | 25 \$ | 200 \$ | 200 | Most Recent Audit | Compensated Absences per | Gross Days of Accumulated | | | |
| \$ 114,210.37 | | | | | | | \$ 14,866.10 | | | | \$ 24,152.93 | Liability | Absence | Compensated | Accrued | Dollar Value of | |
| | | | | | | | | | | | | App Lab Agr | or | | | | Legal Basis for Benefit |
| | | | | | | | × | × | × | × | \dashv | Res | | | A STATE OF THE STA | | sis for I |
| | | | | | | | | | | | | Indi Em _l Agr | olo | yme | ent | | Senefit |

Page N-6

Schedule of Shared Service Agreements

For the Period: January 01, 2024 to December 31, 2024 Monmouth County Bayshore Outfall Authority

If no shared services, check this box: \Box Enter the shared service agreements that the Authority currently engages in and identify the amount that is received/paid for those services.

| Name of Entity Providing Service | Name of Entity Receiving Service | Type of Shared Service Provided | Comments (Enter more specifics if needed) | Agreement Effective Date | Agreement End Date | Amount to be Received by/ Paid from Authority |
|----------------------------------|---|---|---|--------------------------------|-----------------------|--|
| Monmouth County | purchase of unleaded fuel sno removal chemicals, public wor Monmouth County Bayshore Outfall materials & supplies including Authority road and roadway materials | purchase of unleaded fuel snow removal chemicals, public works materials & supplies including road and roadway materials | Monmouth County bills MCBOA for the exact cost. | 8/21/2023 | 9/30//08/9 |) } } } } |
| Township of Middletown Sewerage | Monmouth County Bayshore Outfall | | | 01 571 5050 | 2/20/2020 | exacticost |
| Authority | Authority | purchase of unleaded fuel | TOMSA bills MCBOA for the exact cost. | 8/20/2007 | | exact cost |
| Monmouth County Bayshore Outfall | | First responders/monitors of the | | | | |
| Authority | Monmouth County Ferry Terminal | Belford Ferry Pump Station | | 3/25/2021 | 3/25/2031 | \$1,200.00 |
| | | | | | | |
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2024 AUTHORITY BUDGET FINANCIAL SCHEDULES SECTION

SUMMARY

Monmouth County Bayshore Outfall Authority For the Period: January 01, 2024 to December 31, 2024

| | | | | | | | | | \$ Increase | % Increase |
|---|--------------|----------|-----------------|-------------------------------|-----------------|-----------------|--------------|---|--|-------------------------|
| | | | | | | | | F-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | (Decrease) | (Decrease) |
| | | | FY 2024 | FY 2024 Proposed Budget | d Budget | | | FY ZUZ3 Adopted Budget | Proposed vs. Adopted | Proposed vs. Adopted |
| | Water | Water | Operation #3 | Operation Operation Operation | Operation #F | Operation #6 | Total All | Total All | The state of the s | |
| REVENUES | | | | | | 2 | Operations | Operations | All Operations All Operations | All Operations |
| Total Operating Revenues | \$ 2,140,838 | , «S- | | , * | δ. | ψ, | \$ 2,140,838 | \$ 2,064,879 | \$ 75,959 | 3.7% |
| Total Non-Operating Revenues | 15,000 | | | ' | | , | 15,000 | 8,000 | 7,000 | 87.5% |
| Total Anticipated Revenues | 2,155,838 | 1 | | | | , | 2,155,838 | 2,072,879 | 82,959 | 4.0% |
| APPROPRIATIONS | | | | | | | | | | |
| Total Administration | 280,244 | • | í | , | | , | 280,244 | 274,498 | 5,746 | 2.1% |
| Total Cost of Providing Services | 1,550,663 | , | , | 9 | | , | 1,550,663 | 1,439,231 | 111,432 | 7.7% |
| Total Principal Payments on Debt Service in Lieu of Depreciation | 183,049 | , | , | | • | , | 183,049 | 179,387 | 3,662 | 2.0% |
| Total Operating Appropriations | 2,013,956 | • | | , | , | , | 2,013,956 | 1,893,116 | 120,840 | 6.4% |
| Total Interest Payments on Debt Total Other Non-Operating Appropriations | 41,882 | , , | | , , | | | 41,882 | 69,763 | (27,882) (10,000) | -40.0% |
| Total Non-Operating Appropriations | 141,882 | , | | , | e | | 141,882 | 179,763 | (37,882) | -21.1% |
| Accumulated Deficit | , | 1 | | | 1 | | 1 | | | #DIV/0! |
| Total Appropriations and Accumulated Deficit | 2,155,838 | , | | , | | | 2,155,838 | 2,072,879 | 82,959 | 4.0% |
| Less: Total Unrestricted Net Position Utilized | | | , | | | , | | | 1 | #DIV/0! |
| Net Total Appropriations | 2,155,838 | | | , | | , | 2,155,838 | 2,072,879 | 82,959 | 4.0% |
| ANTICIPATED SURPLUS (DEFICIT) | \$ | \$ | \$ | , \$ | · • | ٠, | \$ | \$ | \$ | #DIV/0! |

Revenue Schedule

Monmouth County Bayshore Outfall Authority For the Period: January 01, 2024 to December 31, 2024

| | 656'78 \$ | 678,270,2 \$ | 2,155,838 | \$ - ! | \$ - | \$ - | \$ - | \$ - | \$ 888'551'7 \$ | C20124211 G2111101111 |
|----------------|-------------------------|--------------|------------|--|--------------|--------------|--------------|---------|-----------------|--|
| 8 | 000'L | 000'8 | 000'ST | - | - 1 | - | - | - | \$ 5°752°838 \$ | Total Non-Operating Revenues AL ANTICIPATED REVENUES |
| #DIA\C | 174 | - | - | - | - | - | - | | - 000 31 | Total Interest |
| #DIA\ | | | - | | | | | | | ther Total Interest |
| #DIA\(| 123 | - | - | | | | | | | enalties |
| #DIA\ | 100 | | | | | | | | | terest Earned |
| | | | | | | | | | | est on Investments & Deposits (List) |
| 3 | 000'L | 000'8 | 12,000 | | = | - | - | | 000'ST | Total Other Non-Operating Revenue |
| /AIG# | - | * | - | | | | | | | d = item 0 = if = odtO lete1 |
| #DIA\ | (-1) | | - | | | | | | | |
| #DIA\ | 1.50 | - | - | | | | | | | |
| #DIA\(| | | | | | | | | | |
| #DIA\(| | | - | | | | | | | |
| 3 | 000'L | 000,8 | 000'ST | | | | | | 000'ST | Interest Earned |
| | | | | W = Similar Si | | | | | | er Non-Operating Revenues (List) |
| | | | | | | | | | | I-OPERATING REVENUES |
| | 6S6'SZ | 678,4879 | 2,140,838 | 2 | - | | | - | 2,140,838 | Total Operating Revenues |
| laran | - | 116,200 | 116,200 | | - | - | | - | 116,200 | Total Other Revenue |
| #DIA\ | - 1 | - | | | | | | | | 4 - 10 1441 |
| /NIG# | | | 7 | | | | | | | |
| #DIA\ | - | - | 974 | | | | | | | |
| /NIG# | - | - | - | | | | | | | |
| /ΛΙ Ω # | | - | - | | | | | | | |
| /NIO# | 5 | - | - | | | | | | | |
| /NIG# | | - | - | | | | | | | |
| /NIG# | 3 | - | | | | | | | | |
| #DIA\ | 6 | - | - | | | | | | | |
| | | 1,200 | 1,200 | | | | | | 1,200 | First Responder Shared Service Ag. |
| | | 112,000 | 112,000 | | | | | | 000'STT | Sale Solar Energy Renewable credits |
| /AIG# | | | | | | | | | | er Operating Revenues (List) |
| #DIA\ | - | | - | - | - | - | - | - | | Total Parking Fees |
| /AIG# | - | - | 42 | | | | | | | Ther |
| #DIA | | | | | | | | | | seizlenal/renalties |
| /AIG# | | - | | | | | | | | ermits |
| | | | | - | | | | | | Sieters |
| #DIA | - | 7- | - | | - | | - | - | | king Fees |
| /AIG# | - | - | - | | | | | | | Total Connection Fees |
| #DIA | 15 II | | 12 | E E WEST | | | | | 6 = 11 | 1947C |
| NIO# | - | - | 4 | | | | | | | ntergovernmental |
| #DIA | (#) | - | 12 | | | | | | | ndustrial |
| AIO# | (A) | | - | | | | | | | leionemo/ssenisu8 |
| | | | | | | 7 | | | | ?esidential |
| | 6S6'SL | 649'846'T | 2,024,638 | - | - | - | | | 2,024,638 | inection Fees |
| #DI/ | - | - | - | | | | | | 3 034 639 | Total Service Charges |
| | 656'54 | 6L9'876'T | 2,024,638 | | | | | | oco'+70'7 | 19ther |
| #DIA | ie. | - | - | | | | | | 2,024,638 | ntergovernmental |
| #DI/ | 8 5 8 | - 10 | - | | | | | | | nata i anni a can i a |
| #DI/ | - \$ | - \$ | - \$ | | | | | | | Business/Commercial |
| | | | | | | | | | | eine seine s |
| | | | 2 | | | | | | | vice Charges |
| 19qO IIA | All Operations | Operations | Operations | Operation #6 | Operation #5 | Operation #4 | Operation #3 | Water | Water | ERATING REVENUES |
| | | IIA letoT | IIA listoT | percent room produced | | | C# 14-1540 | 2040//(| 1016\M | |
| qopA | bətqobA | 196bu8 | | | ıəbpn | broposed B | 707 14 | | | |
| - 2 10 10 100 | | | | | | | /17 | | | |
| (Decre | (Decrease) Proposed vs. | bətqobA | | | | | | | | |

Prior Year Adopted Revenue Schedule

Monmouth County Bayshore Outfall Authority

| 6/8,270,2 \$ | | | | | \$ - | | SEUNEVER REVENUES |
|--------------|--------------|--------------|--|--------------|-------|------------------|--|
| 8,000 | - | - 7 | | | - | 000,8 | Total Non-Operating Revenues |
| | | - | - | - | _ | - | Total Interest |
| | | | | | | | Other |
| | | | | | | | Penalties |
| | | | | | | *** | Interest Earned |
| 000,8 | 3 | - | | | | 000'8 | Other Non-Operating Revenues terest on Investments & Deposits |
| - | | | | | | 000 8 | Other Mon-Operating Revenues |
| - | | | | | | | |
| | | | | | | | |
| - | | | | | | | |
| - | | | | | | | |
| 000,8 | | | | | | 000,8 | Interest Earned |
| | | | | | | | ther Non-Operating Revenues (List) |
| 678,430,2 | | - |)= | | | | ON-OPERATING REVENUES |
| 002'911 | - | | 7- | 12 | - | 678,450,2 | Total Operating Revenues |
| - | 1 | | | | - | 116,200 | Total Other Revenue |
| - | | | | | | | |
| - | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | • | | | |
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| ±3 | | | | | | | |
| | | | | | | | |
| 1,200 | | | | | | 1,200 | First responder shared services Ag. |
| 000'STT | | | | | | 000'STT | Sale-Solar Energy Renewable Credits |
| ri | | | - | | | CHARLES SERVICES | ther Operating Revenues (List) |
| | T | | - | - | - | - | Total Parking Fees |
| | | | | | | | Other |
| | | | | | | | Fines/Penalties |
| | | | | | | | Meters Permits |
| | | | | | | | arking Fees |
| | - | = | a de la companya de l | - | - | | Total Connection Fees |
| | | | | | | | Other |
| | | | | | | | Intergovernmental |
| | | | | | | | laintsubnl |
| | | | | | | | Business/Commercial |
| | | | | | | | Residential |
| Z9′8⊅6′T | - | _ | | | | | səəA noitɔənno |
| 0.0 } | | W . | | - | - | 649'876'T | Lotal Service Charges |
| ∠9'8⊅6'τ | | | | | | C10'0+C/T | Other |
| | | | | | | 649'876'T | Intergovernmental |
| | | | | | | | business/commercial |
| \$ | | | | | | | Business/Commercial |
| | | | | | | - | ervice Charges Residential |
| | | | | | | | OPERATING REVENUES |
| Operations | Operation #6 | Operation #5 | Operation #4 | Operation #3 | Water | Water | . STING PLINE BUILDING |
| IIA lstoT | | | | | | | |

Page F-3

Appropriations Schedule

Monmouth County Bayshore Outfall Authority For the Period: January 01, 2024 to December 31, 2024

| %0°7 | 656,28 \$ | \$ 2,072,879 | 858,221,2 | \$ - | \$ - 5 | \$ - <u>.</u> | - | | A seeleests | = |
|---------------|----------------|---|--------------------|--------------|---------------|---------------|--------------|-------|---------------------------|---|
| #DIA\0i | - | - | - | <u> </u> | - | , - | | \$ - | | SNOITAIR908994 TAN JATO |
| #DIA\0i | 14 | - | - | 7 | | | | | - | Total Unrestricted Net Position Utilized |
| #DIA\0i | - | (4) | - | - | - | - | - | | | Her |
| | | | | | | | | | | unicipality/County Appropriation |
| d.C | 656'78 | 678,270,2 | 2,155,838 | - | - | 120 | - | 7. | 2,155,838 | MRESTRICTED NET POSITION UTILIZED |
| | | | | | | | | | 2 155 030 | EFICIT |
| #DIA\0i | - | | - | 1 | | | | | | TAL APPROPRIATIONS & ACCUMULATED |
| D.A. | 656'78 | 678,270,2 | 2,155,838 | | - | - | - | - | 2,155,838 | COMULATED DEFICIT |
| 1.12- | (288,78) | E9L'6LT | 741,882 | 4 | - | | - | | 741,882 | ZNOTAIRAORA ANTON |
| #DIA\0i | 721 | - | - | | | | | | COOLVI | anoiteirqonqqA gniteraqO-noN letoT |
| #DIA\0i | - | | | | | | | | | ther Reserves |
| 0.001- | (000'OT) | 000'0T | 2 | | | | | | | norisipality/County Appropriation |
| 0.0 | | 000'00T | 100,000 | | | | | | 100,000 | suewal & Replacement Reserve |
| 0.01- | (288,72) | E9L'69 | 788'T# | - | 2 | - | - | | 788'T | otal Interest Payments on Debt perations & Maintenance Reserve |
| | | | | | | | | | C88 17 | |
| 4.9 | 120,840 | 911'868'1 | 2,013,956 | - | - | - | - | | 2,013,956 | Total Operating Appropriations ON-OPERATING APPROPRIATIONS |
| 2.0 | 3,662 | 78E,971 | 6t0'E8T | - | - | - | - | - | 640,681 | Depreciation Applead Populations |
| | | | | | | | | | 000 601 | otal Principal Payments on Debt Service in Lieu |
| Z.T | 111,432 | 1,439,231 | £99'055'T | - | - | - | | - | E99'055'T | Total Cost of Providing Services Total Principal Payments on Dobt Services |
| 14.0 | 000'46 | 804,469 | 804,167 | | | - | - | - | 804,167 | Total COPS - Other |
| 42.7 | 000'STT | 804,692 | 384,408 | | | | | | 804,48E | Miscellaneous COPS* |
| B.EI | 000,8 | 000'85 | 000'99 | | | | | | 000'99 | Insurance |
| 0.0 | - | 73,000 | 000'EZ | | | | | | 000,87 | Outside Lab costs & lab supplies |
| 8.2- 8.81- | (000'22) | 000'ZIT | 000'56 | | | | | | 000'56 | NJDEP Permits |
| | (000 7) | 000'227 | 173,000 | | | | | | 173,000 | Utilities/Phones |
| 1.5 | 764,432 | 244,823 | | | | | | | | ost of Providing Services - Other (List) |
| ı.T | 194,91 | 050,872 | ZSZ'6SZ TIS'Z6Z | - | - | • | - | - | SSZ, 627 | Total COPS - Personnel |
| T- | (050'5) | £77,834 | 777, TO | | | | | | 112,792 | Fringe Benefits |
| - 75 | 1000 1) | CLL SSV | VVL 19V | | | | | | ₽₽ ८ '₹9₽ | Salary & Wages |
| 2.5 | 9t/S | 864,472 | 780,244 | | | | | | | lannostad - essiviad paibivord to teo |
| 1" | 00Z'T | OSZ'TOT | 103,450 | | - | - | - | - | 780,244 | noitestainimbA latoT |
| .0 | - | 1012100 | 1030100 | 1 | - | - | - | - | 103,450 | Total Administration - Other |
| 0.0 | - | 000'01 | 000 τ | | | | | | 000'T | Miscellaneous Administration* |
| 0.0 | | 000'4 | 00001 | | | | | | 000'0τ | səznəqx3 əvitatizinimbA |
| 0.0 | - | 054'ī | 000 Z 05Z'T | | | | | | 000′∠ | Subscription, Dues & Seminars |
| .2. | 00Δ'τ | 000,28 | 007,88 | | | | | | 1,750 | Payroll Processing |
| | | *************************************** | 002 68 | | 7000 | | | | 007,88 | Professional Services |
| .2. | 900'0 | 172,748 | 76L'9LT | - | - | - | -1 | | | dministration - Other (List) |
| .ε | 0EZ'T | 969'67 | 975,326 | | | | - | - | ₱6 ८ ′9 ८ Т | Jennosta9 - noitettainimbA latoT |
| T. | ZTE'Z \$ | \$ 153,152 | 697,221 | | | | | | 21,326 | Fringe Benefits |
| | | | | ' L | | | | | \$ 175,469 | Salary & Wages |
| | | | | | | | | | | lannos199 - Personnel |
| All Operatio | All Operations | Operations | Operations | Operation #6 | Operation #5 | Operation #4 | C# Honorod- | | | DPERATING APPROPRIATIONS |
| | 1000000 | IIA latoT | IIA IstoT | 3# 5400000 | 3# aniteren() | Att goits ago | Operation #3 | Water | Water | |
| bətqobA | bətqobA | 196png | | | าวคิกก | besodord A | 707 1 1 | | | |
| broposed v | Proposed vs. | FY 2023 Adopted | | | tenhiis | Proposed by | EX 303 | | | |

Page F-4

AUTHORITY PROPOSED APPROPRIATIONS AUTHORITY PAGE

Monmouth County Bayshore Outfall Authority

For the Period: January 01, 2024 to December 31, 2024

Use the space below to provide further detail of any Appropriations listed on "F-4 Appropriations (Proposed)"

| | | | | | | 4 |
|--------------|---------------|--------------|--------------|---------------------------------------|-------------|-----------------------------------|
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| 1 | | | | | 130,000,051 | sbno9 noitnetention Ponds |
| | | | | | 00.000,02 | swobniV |
| | | | | | 00.000,02 | VST Cathodic Repairs Belford |
| | | | | | 00.000,02 | Slump Block/Outfall - Inspections |
| | | | | | 00.000,24 | ump Station Repairs |
| | | | | | 00.002,82 | seilgqu2 noistest grant |
| | | | | | 00.802,13 | Solar System Maintenance/Repairs |
| | | | | , , , , , , , , , , , , , , , , , , , | 15,000.00 | lesel Fuel |
| | | | | | 00.000,6 | |
| | | | | | | /ehicle Repairs & Gas |
| | | | | | 00.000,8 | Quarterly Meter Calibrations |
| Operation #6 | Operation #5 | +# Horaniada | CU HOLE IS A | | 00.000,2 | acility Maintenance |
| Onergiton HC | 2# noitnaan() | Operation #4 | Operation #3 | Water | Water | :mətl ənil |

Prior Year Adopted Appropriations Schedule

Monmouth County Bayshore Outfall Authority

FY 2023 Adopted Budget

| OTAL NET APPROPRIATIONS | \$ | \$ 648'740'7 | \$ - | - | 5 - 5 | \$ - \$ | | \$ 2,072,872 |
|---|----|--------------------|------------------------------|-----|-------|---------|---|----------------------|
| Total Unrestricted Net Position Utilized | - | - | = | - | - | | - | |
| ther | | | | | | | | |
| noripality/County Appropriation | | - | | - | - | - | - | |
| NRESTRICTED NET POSITION UTILIZED | | | | | | | | 101-101- |
| EFICIT | | 678,270,2 | - | - 5 | - | - | - | 2,072,872 |
| OTAL APPROPRIATIONS & ACCUMULATED | | | | | | | | |
| CCUMULATED DEFICIT | | | | | | | | 10/7/0/7 |
| 2NOITAIR40R49A JATO | | 678,270,2 | - | - | - | | - | 78,270,2 |
| Total Non-Operating Appropriations | | £91,671 | - | - | - | - | - | 92'62T |
| урыет Везегуез | | | | | | | | |
| Nunicipality/County Appropriation | | | | | | | | 00/07 |
| enewal & Replacement Reserve | | 000'01 | | | | | | 00'01 |
| perations & Maintenance Reserve | | 000'001 | | | | | | 00'00τ |
| otal Interest Payments on Debt | | £9L'69 | - | - | - | - | | 94'69 |
| SNOITAIRG APPROPRISTIONS | | | | | | | | |
| Total Operating Appropriations | | 911,898,1 | - | - | - | - | - | 11,893,1 |
| of Depreciation | - | 186,971 | - | - | - | - | | 88,671 |
| otal Principal Payments on Debt Service in Lieu | n | | | | | | | C7'CC+'T |
| Total Cost of Providing Services | | 1,439,231 | - | _ | - | | | 1,439,23 |
| Total COPS - Other | | 804,469 | - | 7. | - | _ | | 04'469 |
| Miscellaneous COPS* | | 804,692 | | | | | | 00 ' 897 |
| Insurance | | 000'85 | | | | | | |
| Outside Lab costs & lab supplies | | 73,000 | | | | | | 00,87 |
| NIDEP Permits | | 117,000 | | | | | | 00'211 |
| Utilities/Phones | | 000,771 | and the second second second | | | | | 177,00 |
| Cost of Providing Services - Other (List) | | | | | | | | 70'++1 |
| Total COPS - Personnel | | 528,447 | - | * | - | - | _ | 28,447 28,447 |
| Fringe Benefits | | 278,050 | | | | | | ∠∠'99 1 ⁄ |
| Salary & Wages | | £77,884 | | | | | | .L 33V |
| Cost of Providing Services - Personnel | | | | | | _ | - | 54,472 |
| noitertzinimbA letoT | | 864,472 | - | - | | _ | - | GZ'TOT |
| Total Administration - Other | | 101,750 | - | _ | - | | | 00'T |
| *noisestainimbA auo ansllaceilon | L | 000'τ | | | | | | 00'01 |
| Administrative Expenses | | 000'01 | | | | | | 00'4 |
| Subscriptions, Dues, Seminars | | 000'Z | | | | | | 16'T |
| Payroll Processing | | OSZ'T | | | | | | 00,28 |
| Professional Services | | 000,28 | | | | | | 0 00 |
| Administration - Other (List) | | | | | | | | 172,77 |
| Total Administration - Personnel | | 172,748 | - | 2.4 | | | Г | S'67 |
| Fringe Benefits | | 965'6 1 | | | | | | \$ 173,12 |
| Salary & Wages | \$ | 123,152 | | | | | | 5 |
| Administration - Personnel | | | | | | | | |
| OPERATING APPROPRIATIONS | | | | | | | | Operations |

Page F-5

\$

\$ 08.229,46 \$

5% of Total Operating Appropriations

08.223,49

SUOITAIRA PRIOR YEAR ADOPTED APPROPRIATIONS APPROPRIATION DETAIL PAGE

Monmouth County Bayshore Outfall Authority

FY 2023 Adopted Budget

Use the space below to provide further detail of any Appropriations listed on "F-5 Appropriations (PY Adopted)"

| | T' | | | | T | |
|---|--|---|--------------|--------|--|----------------------------------|
| *************************************** | | | | | | 1 |
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| | | | | | | |
| | | | | | 00.000,00 | Valve Replacement Union Beach |
| | | | | | 00.000,22 | Jevomaß bna? llattu |
| | | | | | 00.000,02 | Window Replacement |
| | | | | | 00.000,24 | oump Station Repairs |
| | | | | | 23,200.00 | sailquo Supplies |
| | | | | | 00.802,10 | Solar System Maintenance/Repairs |
| | | | | | 00.000,21 | lau lasaiC |
| | | | | | 00.000,6 | Vehicle Repairs & Gas |
| | | | | | 00.000,8 | Quarterly Meter Calibrations |
| | | | | | 00.000,2 | |
| Operation #6 | Operation #5 | Operation #4 | Operation #3 | Water | THE RESERVE THE PERSON NAMED IN COLUMN 2 IS NOT THE OWNER. | Facility Maintenance |
| | | *# ; ********************************* | CH GO!TOYOUO | 101n/M | Water | ruə ltəm: |

Debt Service Schedule - Principal

Monmouth County Bayshore Outfall Authority

Water
SERIES 2005
SERIES 2011 TOTAL PRINCIPAL ALL OPERATIONS Operation #6 Operation #5 Total Principal
Operation #4 Operation #3 Water If Authority has no debt, check this box: Total Principal Total Principal Total Principal Total Principal Total Principal Date of Local Finance Board Approval 2023 (Adopted Budget) 179,387 145,000 179,387 34,387 2024 (Proposed Budget) 183,049 33,049 150,000 183,049 S 2025 185,000 \$ 185,000 25,000 160,000 Fiscal Year Ending in 2026 165,000 \$ 165,000 165,000 2027 2028 2029 Thereafter s Total Principal
Outstanding S 533,049 533,049 475,000 58,049

Indicate the Authority's most recent bond rating and the year of the rating by ratings service.

Moody's

Bond Rating Year of Last Rating

N/A

N/A N/A

Standard & Poors

N/A

Page F-6

Debt Service Schedule - Interest

Monmouth County Bayshore Outfall Authority

Total Interest Payments
TOTAL INTEREST ALL OPERATIONS Operation #6 Operation #5 Operation #4 Water Operation #3 Water SERIES 2005 SERIES 2011 If Authority has no debt, check this box: **Total Interest Payments Total Interest Payments Total Interest Payments** Total Interest Payments **Total Interest Payments** s 2023 (Adopted Budget) 69,763 27,376 39,325 69,763 3,062 2024 (Proposed Budget) 41,882 41,882 19,663 20,031 2,188 S 2025 Fiscal Year Ending in 11,187 \$ 1,094 10,093 11,187 2026 6,251 \$ 6,251 6,251 2027 S 2028 2029 Thereafter Total Interest Payments Outstanding 59,320 3,282 36,375 59,320 19,663

Net Position Reconciliation

Monmouth County Bayshore Outfall Authority

For the Period: January 01, 2024 to December 31, 2024

TOTAL NET POSITIO

FY 2024 Proposed Budget

| | | | | Lecon | 19900 | | |
|--|-----------------|-------|-----------|------------------------------|-----------|----------|--------------|
| | | | Operation | Operation Operation Operatio | Operation | Operatio | Total All |
| | Water | Water | #3 | #4 | #5 | n #6 | Operations |
| OTAL NET POSITION BEGINNING OF LATEST AUDIT REPORT YEAR(1) | \$ 5,161,151 | | | | | | \$ 5,161,151 |
| Less: Invested in Capital Assets, Net of Related Debt (1) | 3,272,547 | | | | | | 3,272,547 |
| Less: Restricted for Debt Service Reserve (1) | 172,875 | | | | | | 172,875 |
| Less: Other Restricted Net Position (1) | 272,376 | | | | | | 272,376 |
| Total Unrestricted Net Position (1) | 1,443,353 | ı | - | 1 | , | | 1,443,353 |
| Less: Designated for Non-Operating Improvements & Repairs | | | | | | | 4 |
| Less: Designated for Rate Stabilization | | | | | | | |
| Less: Other Designated by Resolution | | | | | | | |
| Plus: Accrued Unfunded Pension Liability (1) | | | | | | | |
| Plus: Accrued Unfunded Other Post-Employment Benefit Liability (1) | | | | | | | |
| Plus: Estimated Income (Loss) on Current Year Operations (2) | | | | | | | , |
| Plus: Other Adjustments (attach schedule) | | | | | | | |
| NRESTRICTED NET POSITION AVAILABLE FOR USE IN PROPOSED BUDGET | 1,443,353 | ı | 1 | ï | 1 | 1 | 1,443,353 |
| Unrestricted Net Position Utilized to Balance Proposed Budget | 1 | , | ı | 1 | 1 | 1 | 1 |
| Unrestricted Net Position Utilized in Proposed Capital Budget | 30,000 | 1 | , | | | ľ | 30,000 |
| Appropriation to Municipality/County (3) | Ĺ | | | 1 | 1 | , | , |
| Total Unrestricted Net Position Utilized in Proposed Budget | 30,000 | - | - | - | 1 | 1 | 30,000 |
| ROJECTED UNRESTRICTED UNDESIGNATED NET POSITION AT END OF YEAR | | | | | | | |
| ast issued Audit Report (4) | \$ 1,413,353 \$ | | \$ - | \$ - | \$ - | <i></i> | \$ 1,413,353 |
| | | | | | | | 11 |

⁽¹⁾ Total of all operations for this line item must agree to audited financial statements.

Last issued Audit Re PROJECTED UNREST **UNRESTRICTED NET**

Maximum Allowable Appropriation to Municipality/County 100,698 \$

including the timeline for elimination of the deficit, if not already detailed in the budget narrative section. (4) If Authority is projecting a deficit for any operation at the end of the budget period, the Authority must attach a statement explaining its plan to reduce the deficit,

⁽²⁾ Include budgeted and unbudgeted use of unrestricted net position in the current year's operations.

⁽³⁾ Amount may not exceed 5% of total operating appropriations. See calculation below

FISCAL YEAR 2024

Monmouth County Bayshore Outfall Authority (Authority Name)

2024 AUTHORITY CAPITAL BUDGET/PROGRAM

2024 CERTIFICATION OF AUTHORITY CAPITAL BUDGET / PROGRAM

Monmouth County Bayshore Outfall Authority

(Authority Name)

Fiscal Year: January 01, 2024 to December 31, 2024

| Check the box for the applicable statement below: |
|--|
| ☑ It is hereby certified that the Authority Capital Budget/Program annexed hereto is a true copy of |
| the Capital Budget/Program approved, pursuant to N.J.A.C. 5:31-2.2, along with the Annual Budget, of |
| governing body of the Monmouth County Bayshore Outfall Authority, on October 16, 2023. |
| ☐ It is hereby certified that the governing body of the Monmouth County Bayshore Outfall Authority elected NOT to adopt and Capital Budget/Program for the aforesaid fiscal year, pursuant to N.J.A.C. 5:31-2.2, along with the Annual Budget by the governing body of the Monmouth County Bayshore for the following reason(s): |

| Officer's Signature: | bayshoreoutfall@yahoo.com |
|----------------------|---------------------------|
| Name: | Barbara J. Vilanova |
| Title: | Secretary |
| . 11 | P.O. Box 184 |
| Address: | Belford, NJ 07718 |
| Phone Number: | 732-495-2100 |
| Fax Number: | 732-495-6808 |
| E-mail Address: | bayshoreoutfall@yahoo.com |

2024 CAPITAL BUDGET/PROGRAM MESSAGE

Monmouth County Bayshore Outfall Authority

Fiscal Year: January 01, 2024 to December 31, 2024

Answer all questions below using the space provided.

| 1. Has each municipality or county affected by the actions of the authority participated in the development of the careviewed or approved the plans or projects included within the Capital Budget/Program (this may include the government). | apital plan and |
|---|--|
| certain officials, such as planning boards, Construction Code Officials) as to these projects? | Yes |
| 2. Has each capital project/project financing been developed from a specific capital improvement plan or report; does it include lifecycle costs; and is it consistent with the appropriate elements of Master Plans or other plans in the jurisdiction(s) served by the authority? | Yes |
| | Yes |
| 3. Has a long-term (5 years or more) infrastructure needs and other capital items (Vehicles, Equipment) needs assessment been prepared? | No |
| 4. If amounts are on Page CB-3 in the column Debt Authorizations, indicate the primary source of funding the debt Debt Authorizations (example - rate increase). | service for the |
| | |
| 5. Please indicate which capital projects/project financings are being undertaken in the Metropolitan or Suburban P as defined in the State Development and Redevelopment Plan. | lanning Areas |
| N/A | |
| | |
| 6. Please indicate which capital projects/project financings are being undertaken within the boundary of a State Plan designated Center and/or Endorsed Plan and if the project was included in the Plan Implementation Agenda for that Plan. | nning Commission- c Center/Endorsed |
| N/A | |
| | |
| | |

Proposed Capital Budget

Monmouth County Bayshore Outfall Authority

For the Period: January 01, 2024 to December 31, 2024

| | | | | | Fu | nding Sources | | |
|------------------------------|----------|----------|---------|-------------|-------------|---------------|-----------------------|------------|
| | | | | | Renewal & | | | |
| | Estimate | | | ricted Net | Replacement | Debt | | Other |
| | Co | st | Positio | on Utilized | Reserve | Authorization | Capital Grants | Sources |
| Water | | | | | | | | |
| Miscellaneous | \$ | 30,000 | \$ | 30,000 | | | | |
| | | 7- | | | | | | |
| | | - | | | | | | |
| Tabel | | | | | | | | |
| Total <i>Water</i> | - | 30,000 | | 30,000 | - | - | _ | - |
| water | 1 | | | | | | | |
| | | - | | | | | | |
| | | - | | | | | | |
| | | - | | | | | | |
| Total | | | | | | | | |
| Operation #3 | | | | - | _ | - | | - |
| Operation #3 | | | | | | | | |
| | | - | | | | | | |
| | | 2 | | | | | | |
| | | - | | | | | | |
| Tatal | | - | | | | | | |
| Total | - | | | = | _ | - | | - |
| Operation #4 | _ | | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | _ | | | | | | |
| Total | | _ | | - | | _ | - | - |
| Operation #5 | | | | | 000 V | | | |
| | | | | | | | | |
| | | - | | | | | | |
| | | - | | | | | | |
| | | | | | | | | |
| Total | | - | | _ | _ | _ | - | _ |
| Operation #6 | | | | 110 | | | | |
| | 142 | - I | | | | | | K. Charles |
| | | - | | | | | | |
| | | - | | | | | | |
| | | - | | | | | | |
| Total | | | | - | - | - | - | |
| OTAL PROPOSED CAPITAL BUDGET | \$: | 30,000 | \$ | 30,000 | \$ - | \$ - | \$ - \$ | |

Enter brief description of up to four projects for each operation above. For operations with more than four budgeted projects, please utilize the additional pages. Input total amount of all projects for the operation on single line and enter "See Additional Pages" instead of project description.

5 Year Capital Improvement Plan

Monmouth County Bayshore Outfall Authority

For the Period: January 01, 2024 to December 31, 2024

Fiscal Year Ending in **Estimated Total** 2024 (Proposed Cost **Budget)** 2025 2026 2027 2028 2029 Water Miscellaneous 180,000 \$ 30,000 \$ 30,000 \$ 30,000 \$ 30,000 \$ 30,000 \$ 30,000 Vehicle Purchase 30,000 30,000 Total 210,000 30,000 30,000 60,000 30,000 30,000 30,000 Water Total Operation #3 Total Operation #4 Total Operation #5 Total Operation #6 Total TOTAL \$

30,000

\$ 30,000

60,000 \$

30,000 \$

30,000

30,000

210,000

\$

5 Year Capital Improvement Plan Funding Sources

Monmouth County Bayshore Outfall Authority

For the Period: January 01, 2024 to December 31, 2024

| | | | | | Funding Sources | | | | | | | | | |
|----------------------------|---|--------------|-------|--------------|---|-----------|---------------|----------------|--|--|--|--|--|--|
| | | - 1 | | | | enewal & | | | | | | | | |
| | Esti | mated Total | | stricted Net | | placement | Debt | | | | | | | |
| Africa | - | Cost | Posit | ion Utilized | | Reserve | Authorization | Capital Grants | Other Sources | | | | | |
| Nater | 7, | 400.000 | 4 | 00.000 | 4 | | | | | | | | | |
| Miscellaneous | \$ | 180,000 | \$ | 90,000 | \$ | 90,000 | | | | | | | | |
| Vehicle Purchase | | 30,000 | | | | 30,000 | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total | | 210,000 | | 90,000 | | 120,000 | - | - | | | | | | |
| Vater | - | | | | | | | | - Marie - Mari | | | | | |
| 4 | | 14.5 | | | | | alk | | | | | | | |
| | | | | | | | | | | | | | | |
| | | 1 - | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total | | | | - | | - | E L | | 7- | | | | | |
| peration #3 | _ | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total | | | | - | | - | | - | | | | | | |
| peration #4 | -1 | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | | |
| Total | | | | | | | | | | | | | | |
| peration #5 | *************************************** | | 7 | _ | William The State of the State | - | | - | ş- | | | | | |
| peration no | | | | | | | | | | | | | | |
| | | _ | | | | | | | | | | | | |
| | | _ | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Total | | - | · · | - | | - | _ | | | | | | | |
| peration #6 | | | | | v))::::::::::::::::::::::::::::::::::: | | | | | | | | | |
| | | = | | | | | | 90 - WE | | | | | | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| | | - | | | | | | | | | | | | |
| Total | | _ | | - | | | =2 | | - | | | | | |
| OTAL | \$ | 210,000 | \$ | 90,000 | \$ | 120,000 | \$ - | \$ - | \$ - | | | | | |
| Total 5 Year Plan per CB-4 | \$ | 210,000 | | | 100 | | | | | | | | | |

Annual List of Change Orders Approved Pursuant to N.J.A.C. 5:30-11

| For each change order listed at the newspaper notice required by N.J. If you have not had a change of 5-Dec-23 | The following is a complete lis please consult N.J.A.C. 5:30-11.1 et s | Contracting Unit: |
|---|---|--|
| For each change order listed above, submit with introduced budget a copy of the governing body resolution authorizing the change order and an Affidavit of Publication for the newspaper notice required by N.J.A.C. 5:30-11.9(d). (Affidavit must include a copy of the newspaper notice.) If you have not had a change order exceeding the 20 percent threshold for the year indicated above, please check here S-Dec-23 Date Clerk/Secretary to the Governing Body | The following is a complete list of all change orders which caused the originally awarded contract price to be exceeded by more than 20 percent. For regulatory details please consult N.J.A.C. 5:30-11.1 et seq. Please identify each change order by name of the project. | Monmouth County Bayshore Outfall Authority |
| please check here Barbara J. Vilanova Clerk/Secretary to the Governing Body | se to be exceeded by more than 20 per | Year Ending: |
| der and an Affidavit of Publication for and certify below. J. Vilanova the Governing Body | rcent. For regulatory details | December 31, 2022 |

Appendix to Budget Document