Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle October 2020-June 2025

FORM 1A

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

STRATEGIC PLAN FOR FUNDING MUNICIPAL ALLIANCES

Grant Year: July 1, 2021-June 30, 2022 (FY22) Alliance Tier 2

APPLICANT MUNICIPALITY/IES: Lindenwold	COUNTY: Camden
ALLIANCE NAME: Lindenwold Municipal Alliance	ALLIANCE WEBSITE: www.lindenwoldnj.gov
ALLIANCE STREET ADDRESS: 15 N. White Horse Pike TOWN: Lindenwold STATE: NJ ZIP: 08021	
TELEPHONE: (856) 783-2121 Ext. 239	FAX: (856) 782-9446
ALLIANCE CHAIRPERSON: Sandra Sinon STREET ADDRESS: 15 N. White Horse Pike TOWN: Lindenwold STATE: NJ ZIP: 08021 EMAIL: ssinon@lindenwold.net	ALLIANCE COORDINATOR: Capt. Michael Cavallaro STREET ADDRESS: 2001 Egg Harbor Rd TOWN: Lindenwold STATE: NJ ZIP: 08021 EMAIL: mcavallaro@lindenwoldpd.com
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY): 05 / 12 / 2021	

A) Alliance DEDR Allocation	$ 7,130.00
B) Cash Match (must be 25% of DEDR Allocation)	$ 1,782.50
C) In-Kind Match (must be 75% of the DEDR Allocation)	$ 5,347.50
TOTAL ALLIANCE BUDGET (add A+ B+C)	$ 14,260.00

*MUNICIPALITY	NAME/ MAYOR/Head of Governing Body	SIGNATURE
Lindenwold	Richard E. Roach Jr.	
Lindenwold	Dawn S. Thompson BA/CFO	
Sandra Sinon		

*MUNICIPALITY — NAME/TITLE OF GOVERNING BODY REPRESENTATIVE — SIGNATURE

*MUNICIPALITY — NAME/TITLE OF GOVERNING BODY REPRESENTATIVE — SIGNATURE

ALLIANCE CHAIRPERSON — SIGNATURE — DATE

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

Governor's Council on Alcoholism and Drug Abuse
Fiscal Grant Cycle July 2014-June 2019
FORM 1A

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

STRATEGIC PLAN FOR FUNDING MUNICIPAL ALLIANCES

Grant Year: FY21
(October 1, 2020 -June 30, 2021)

APPLICANT MUNICIPALITY/IES: **Borough of Lindenwold**	COUNTY: **Camden**
ALLIANCE NAME: **Lindenwold Municipal Alliance**	ALLIANCE WEBSITE: **www.lindenwoldnj.gov**
ALLIANCE STREET ADDRESS: 15 N. White Horse Pike TOWN: Lindenwold STATE: NJ ZIP: 08021	
TELEPHONE: (856) 783-2121 Ext. 239	FAX: (856) 782-9446
ALLIANCE CHAIRPERSON: Sandi Sinon STREET ADDRESS: 15 N. White Horse Pike TOWN: Lindenwold STATE: NJ ZIP: 08021 EMAIL: ssinon@lindenwold.net	ALLIANCE COORDINATOR: Captain Michael Cavallaro STREET ADDRESS: 2001 Egg Harbor Road TOWN: Lindenwold STATE: NJ ZIP: 08021 EMAIL: mcavallaro@lindenwoldpd.com
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY): 08/12/2020	

A) Alliance DEDR Allocation	$ 5, 126.65
B) Cash Match (must be 25% of DEDR Allocation)	$ 1, 281.66
C) In-Kind Match (must be 75% of the DEDR Allocation)	$ 3, 844.99
TOTAL ALLIANCE BUDGET (add A+ B+C)	$ 10, 253.33

*MUNICIPALITY	NAME/ MAYOR	SIGNATURE
Lindenwold	Richard E. Roach Jr.	
Lindenwold	Dawn S. Thompson, Business Admin/CFO	

*MUNICIPALITY — NAME/TITLE OF GOVERNING BODY REPRESENTATIVE — SIGNATURE

Sandra Sinon

ALLIANCE CHAIRPERSON — SIGNATURE — DATE

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