

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

**FORM 1A**

**DMHAS YOUTH LEADERSHIP GRANT - MUNICIPAL ALLIANCES**

Year One Grant Term: 7/1/22 – 3/14/23

APPLICANT MUNICIPALITY/IES: West Orange	COUNTY: Essex
ALLIANCE NAME: West Orange Municipal Alliance	ALLIANCE WEBSITE: westorange.org
ALLIANCE STREET ADDRESS: 66 Main Street TOWN: West Orange STATE: NJ ZIP: 07052	
TELEPHONE: ( 973 ) 325-4105 Ext.	FAX: ( 973 ) 325-9853
ALLIANCE CHAIRPERSON: William Sullivan, JD STREET ADDRESS: Scarinci Hollenbeck, 1100 Valley Brook Avenue, PO Box 790 TOWN: Lyndhurst STATE: NJ ZIP: 07071 EMAIL: wcsullivanjr13@gmail.com	ALLIANCE COORDINATOR: Laura A. Van Dyke, LCSW STREET ADDRESS: 66 Main Street TOWN: West Orange STATE: NJ ZIP: 07052 EMAIL: lvandyke@westorange.org
DATE OF RESOLUTION AUTHORIZING THE STRATEGIC PLAN (MM/DD/YYYY): 05 /24 / 22	

DMHAS Grant Allocation

**\$ 7,621.51**

**No Cash Match or In-Kind Match is required to accept DMHAS Grant.**

West Orange

Mayor Parisi

\_\_\_\_\_  
\*MUNICIPALITY

\_\_\_\_\_  
NAME/ MAYOR/Head of Governing Body

\_\_\_\_\_  
SIGNATURE

West Orange

Susan McCartney, Council President

\_\_\_\_\_  
\*MUNICIPALITY

\_\_\_\_\_  
NAME/TITLE OF GOVERNING  
BODY REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
\*MUNICIPALITY

\_\_\_\_\_  
NAME/TITLE OF GOVERNING  
BODY REPRESENTATIVE

\_\_\_\_\_  
SIGNATURE

William Sullivan

\_\_\_\_\_  
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.**