

**DIVISION OF LOCAL GOVERNMENT SERVICES**  
**SHARED SERVICES AGREEMENT**  
**COVER SHEET**

PROVIDER: Board of Chosen Freeholders COUNTY: Burlington

RECIPIENT: Bordentown City COUNTY: Burlington

BRIEF DESCRIPTION OF SERVICE:

Central Communications/"911" Calls
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EFFECTIVE DATE: Jul 8, 2015

EXPIRATION DATE: none provided

Please submit this cover sheet with shared service agreement either via email to [EGG@dca.state.nj.us](mailto:EGG@dca.state.nj.us) or hard copies may be mailed to the Division of Local Government Services at PO Box 803, Trenton, NJ 08625-0803. Mailed correspondence should be sent to the attention of Shared Services.

SHARED SERVICES AGREEMENT  
BETWEEN  
THE BOARD OF CHOSEN FREEHOLDERS  
OF THE COUNTY OF BURLINGTON  
AND  
CITY OF BORDENTOWN

THIS AGREEMENT made this 8th day of July, 2015, by and between the Board of Chosen Freeholders of the COUNTY OF BURLINGTON, a body corporate and politic of the State of New Jersey, having its principal offices located at 49 Rancocas Road, Mount Holly, NJ (hereinafter referred to as "County") and the City of Bordentown, in the County of Burlington, a municipal corporation of the State of New Jersey, having its principal offices located at 324 Farnsworth Avenue, Bordentown, Burlington County, New Jersey (hereinafter referred to as "Entity"); and

WITNESSETH:

WHEREAS, the County has been requested by the Entity to assume responsibility for Entity's Central Communications/"911 calls" through Burlington County, Public Safety Department, Division of Central Communications; and

WHEREAS, the County has determined that a combination of Entity's request will serve as a cost savings measure through this cost sharing arrangement between County and Entity; and

WHEREAS, the County believes that providing this service to Entity will result in no detriment to the County Central Communications system and will ultimately provide a benefit to all residents of Burlington County; and

WHEREAS, such accommodation can be made to Entity pursuant to these specific terms and conditions of this Agreement; and

WHEREAS, it is the desire of the Entity and the County to enter into this agreement in order to clearly define the responsibilities and obligations of the County and the Entity in connection with the project;

WHEREAS, in order to facilitate such Agreement and allow such use, the County received the approval of Entity's participation in this Shared Services Agreement through passage of Entity Resolution #2015-78 ( attached hereto as Schedule A) as authorization by Entity on July 13, 2015.

WHEREAS, the Entity has agreed to provide all indemnification and insurance requirements as requested by the County; and

WHEREAS, the County has consented to participate in this Shared Services Agreement as evidenced by the Freeholder Board's adoption of Resolution No. 2015-00425 as dated July 8, 2015 attached hereto as Schedule "B";

NOW, THEREFORE, and in consideration the County and the Entity agree as follows:

ENTITY RESPONSIBILITIES AND OBLIGATIONS

1. Entity shall provide all information and technological services to County as requested by County in order to facilitate a smooth transition of services from Entity to County.
2. Entity shall, upon request by County, provide at no charge needed facility space (within Entity's borders) to County, on an "as needed" basis, should County decide to rotate amongst facilities for Emergency Management, training, or other exercise purposes.
  - a. Entity shall, upon request by County, provide at no charge appropriate space on any Entity facility (i.e. roof, co-location on existing tower, water tower, etc.) for location of County equipment (i.e. antennae, dish, etc.) and/or provision of vacant space for construction by County of any needed tower, equipment, dish, etc. Provision of such space shall be made by Entity to County at no cost to County.
3. Entity shall provide such services, on an "as needed" basis to County at no additional cost or expense pursuant to this Agreement.
4. Entity shall indemnify and hold harmless the County from any and all claim, liability or loss suffered by Entity or by County or by third persons arising as a result of the implementation of the County assuming responsibility of Entity's Central Communications/911 calls including but not limited to reasonable attorneys fees and court costs provided that such claim, liability or loss does not result from the negligent nor tortuous acts or omissions of the County, or its employees, agents or subcontractors.
5. Entity shall provide proof of commercial/general liability showing the limits of Entity's insurance. Such certificate shall be issued to the Burlington County Risk Manager at 49 Rancocas Road, P.O. Box 6000, Mount Holly, New Jersey 08060.

6. The parties hereto may modify and/or amend the obligations and duties set forth in this agreement, by mutual consent, set down in writing and executed by both parties.

B. COUNTY RESPONSIBILITIES AND OBLIGATIONS

The County agrees to:

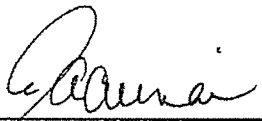
1. Take any and all actions necessary to assist Township with implementation of the referenced Shared Services Agreement.

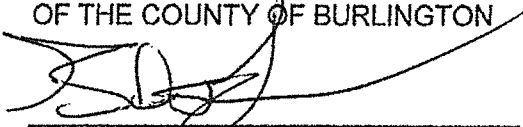
2. The County agrees to provide to the Entity routing of Central Communications/911 calls through the County's Office of Public Safety Services which processes shall be coordinated between the parties.

3. The parties hereto may modify and/or amend all obligations and duties set forth in this agreement, by mutual consent, set down in writing and executed by both parties.

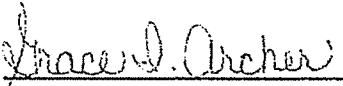
IN WITNESS WHEREOF, the parties have caused this agreement to be signed, attested and sealed by their respective and duly authorized officials on the date and year first written above.

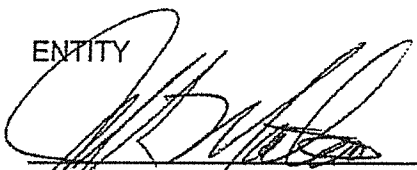
(SEAL)

Attest:   
Eve A. Cullinan  
County Administrator

BOARD OF CHOSEN FREEHOLDERS  
OF THE COUNTY OF BURLINGTON  
By:   
Bruce D. Gargano  
Freeholder Director

(SEAL)

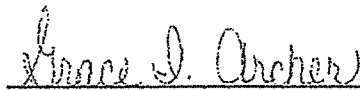
Attest:   
Grace I. Archer, RMC  
City Clerk

ENTITY  
By:   
Joseph R. Malone III  
Mayor

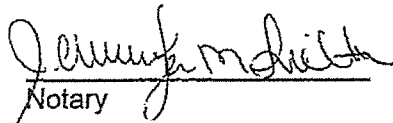
STATE OF NEW JERSEY        )

COUNTY OF BURLINGTON    )

BE IT REMEMBERED, that on this 13<sup>th</sup> day of July, 2015 before me the subscriber, personally appeared Grace I. Archer, by me duly sworn on his/her oath depose and make proof to my satisfaction, that he/she is the City Clerk of the Entity in the County of Burlington, the Entity named in the within instrument; that Grace I. Archer, is the City Clerk of said Entity; that the execution as well as the making of this instrument has been duly authorized by a proper resolution of the Board of Commissioners of said Entity; that deponent well knows the official seal of said Entity; and the official seal affixed to said instrument signed and delivered by said City Clerk, as and for his/her voluntary act and deed and as for the voluntary act and deed of said Entity, in presence of deponent, who thereupon subscribed her name thereto as witness.

  
\_\_\_\_\_  
Grace I. Archer, RMC  
City Clerk

Sworn and Subscribed to  
Before me this 13<sup>th</sup> day  
of July 2015.

  
\_\_\_\_\_  
Notary

JENNIFER M. SMITH  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 6/27/2017

STATE OF NEW JERSEY )  
  ) <sup>ss</sup>  
COUNTY OF BURLINGTON )

I certify that on May 4, 2015, Eve Cullinan personally became before me and this person acknowledged under oath, to my satisfaction that:

- (a) This person is the County Administrator for the Burlington County Board of Chosen Freeholder, the corporate body named in this document;
- (b) This person is the attesting witness to the signing of this document by the proper official who is Bruce D. Garpan the Freeholder/Director of the Burlington County Board of Chosen Freeholders;
- (c) This document was signed and delivered by the Burlington County Board of Chosen Freeholders as its voluntary act duly authorized by a proper resolution;
- (d) This person knows the proper seal of the Burlington County Board of Chosen Freeholders which was affixed to this document; and
- (e) This person signed this proof to attest to the truth of these facts.

Eve A. Cullinan  
Eve A. Cullinan  
COUNTY ADMINISTRATOR

Sworn and Subscribed to

Before me this 4 day  
of May, 2015

Barbara M. Quick

BARBARA M. QUICK  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires May 1, 2019



THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the polici(es) must be endorsed. IF SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER  
Conner Strong & Buckelew Companies, I  
MEL/JIF Underwriting Unit  
9 Campus Drive, Suite 16  
Parsippany, NJ 07054

CONTACT NAME: MEL Underwriting Service Center  
PHONE (A/C, No Ext): FAX (A/C, No Ext) (732) 736-5274  
EMAIL ADDRESS: MELUnderwritingSvcCtr@connerstrong.com

INSURED  
City of Bordentown  
324 Farnsworth Avenue  
Bordentown, NJ 08505

INSURERS AFFORDING COVERAGE  
INSURER A: BURLINGTON COUNTY MUNICIPAL JOINT INSURANCE FU  
INSURER B: MUNICIPAL EXCESS LIABILITY JOINT INSURANCE FUND  
INSURER C:  
INSURER D:  
INSURER E:

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED, NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES, LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INS LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YY)	POLICY EXP (MM/DD/YY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIAB <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR	N		BUR151101-91	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 300,000 DAMAGE TO RENTED PREMISES (Ea Occurrence) \$ MED. EXP. (Any one person) \$ PERSONAL & ADV. INJURY \$ GENERAL AGGREGATE \$ PRODUCTS-COMP/OP AGG. \$
	GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> Policy <input type="checkbox"/> Project <input type="checkbox"/> LOC						COMBINED SINGLE LIMIT (EA accident) \$ 300,000 BODILY INJURY (Per Person) \$ BODILY INJURY (Per Accident) \$ PROPERTY DAMAGE (Per accident) \$
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> ALL OWNED <input type="checkbox"/> NON-OWNED <input checked="" type="checkbox"/> HIRED AUTOS <input type="checkbox"/>	N		BUR151101-91	1/1/2015	1/1/2016	EACH OCCURRENCE \$ 4,700,000 AGGREGATE \$ 4,700,000
B	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	N		MEL01150187	1/1/2015	1/1/2016	
A	WORKERS' COMPENSATION AND EMPLOYERS LIABILITY ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	BUR151101-91	1/1/2015	1/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 2,000,000 E.L. DISEASE - EA EMPLOYEE \$ 2,000,000 E.L. DISEASE - POLICY LIMIT \$ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (attach ACORD 101, Additional Remarks Schedule, if more space is required ANY ALTERATIONS WILL VOID THIS CERTIFICATE. Evidence of insurance as respects to Shared Services Agreement for Emergency Asphalt Paving Contract (CEG-15-0024)

CERTIFICATE HOLDER

County of Burlington  
Board of Chosen Freeholders  
49 Rancocas Rd., PO Box 6000  
Mt. Holly, NJ 08060

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Joseph Hudnott*