

ATLANTIC COUNTY MUNICIPAL JOINT INSURANCE FUND

RESOLUTION 2021 - 11

DESIGNATING THE EXECUTIVE DIRECTOR AS THE PUBLIC
AGENCY COMPLIANCE OFFICER IN ACCORDANCE WITH THE
AFFIRMATIVE ACTION REGULATIONS ISSUED BY THE
DEPARTMENT OF THE TREASURY

Whereas, the Atlantic County Municipal Joint Insurance Fund has been organized in accordance with the provisions of NJSA 40A:10 -36 et seq., and

Whereas, the participating Municipalities have made their respective designations of Commissioners who will collectively serve as the Governing Body of the Atlantic County Municipal Joint Insurance Fund, and

Whereas, the Atlantic County Municipal Joint Insurance Fund is a public agency with regard to the Local Public Contract Law and regulations governing the award of contracts by public agencies, and

Whereas, the Atlantic County Municipal Joint Insurance Fund is required to designate a Public Agency Compliance Officer in accordance with Affirmative Action regulations issued by the New Jersey Department of the Treasury.

Now, THEREFORE, BE IT RESOLVED by the Commissioners of the Atlantic County Municipal Joint Insurance Fund, assembled in public session on January 20, 2021, that the Executive Director shall be the Public Agency Compliance Officer for purposes of the Affirmative Action regulations issued by the New Jersey Department of the Treasury, and that communications to him may be addressed to

Paul A. Forlenza, MGA, RMC
Executive Director
Atlantic County Municipal Joint Insurance Fund
PO Box 488
Marlton, New Jersey 08053

Telephone: 856-446-9100
Facsimile: 856-446-9149

Be It Further Resolved that copies of this Resolution shall be provided to the Secretary, Executive Director and Solicitor of the Atlantic County Municipal Joint Insurance Fund and to the Affirmative Action Office in the New Jersey Department of the Treasury for their information and attention.

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This resolution was duly adopted by the Atlantic County Municipal Joint Insurance Fund at a public meeting held on January 20, 2021.

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BY: _____

[Handwritten signature]

CHAIRPERSON

ATTEST: _____

[Handwritten signature]

SECRETARY

DATE: _____

[Handwritten date: 1/20/21]