

SIGNATURE PAGE

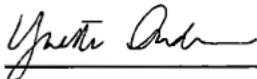
CC-11-2027

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.**

Company Name: MTN Organization, Inc
(PRINT)

Preparer's Name: Yvette Anderson
(PRINT)

Signature: 
(DATE)

Address: 25 Westlake Court
Jackson, NJ 08527

Telephone No.: 732-207-4588

Fax No.: 888-281-6434

E-Mail Address: Yvette@mtnorganization.org
***** (This should be the email where Contracts would be sent) *****

Contact Person: Yvette Anderson

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

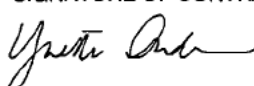
(Revised 2/2017)

APPLICATION FOR FUNDS

COMMUNITY BASED SERVICE COORDINATION AND NAVIGATION

1. Name of Contractor MTN Organization, Inc				
2. Street Address 25 Westlake Court	City Jackson	County Ocean	State NJ	Zip Code 07728
3. Name and Title of Fiscal Contact Yvette Anderson Executive Director			Telephone No. 732-207-4588	
4. Name and Title of Director Yvette Anderson Executive Director			Telephone No. 732-207-4588	
5. Name and Title of Program Manager Reggie Anderson Program Manager			Telephone No. 908-413-6181	
6. Employer ID No. 	NJ State License No., if Applicable N/A		Accreditations, if Applicable N/A	
7. Location of Proposed Project 41 Center Street, Suite 104 Freehold,	City Monmouth	County NJ	Zip Code 07728	
8. Total Proposed Level of Service in 2023/2024 60 Unduplicated Households during 2027		9. Unit of Service Cost in 2023/2024 \$5,000 per household (300,000 divided by 60)		
10. Type of Agency (check one) ☒ PRIVATE NON-PROFIT ☐ GOVERNMENT ☐ HOSPITAL ☐ Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System? ☐ YES ☐ NO ☒ N/A		12. Affirmative Action Plan ☐ YES ☐ NO		13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? ☐ YES ☒ NO
COST OF PROJECT				
14. Total Funds Requested \$300,000				

Certification: The undersigned assures, declares, and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of the Contractor and the services described herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants which include provisions described in the grant application. In addition, the undersigned gives permission to the Department of Human Services to contact State, County and Federal agencies as well as charitable funding sources to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make available to the Division upon request, the organization's budget and fiscal audit.

NAME AND TITLE OF CONTRACTOR (Print) Yvette Anderson Executive Director	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 10/1/2026
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