

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: Navicore Solutions, Inc.
(PRINT)

Preparer's Name: Lauren Lovett
(PRINT)

Signature: _____ 09/25/2026
(DATE)

Address: 200 US Highway 9
Manalapan, NJ 07726

Telephone No.: 732-409-6281

Fax No.: _____

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

Contact Person: Lauren Lovett

FEIN: ██████████
(Federal Employee ID)

BRC: ██████████
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

COMMUNITY BASED SERVICE COORDINATION AND NAVIGATION

1. Name of Contractor Navicore Solutions, Inc.				
2. Street Address	City	County	State	Zip Code
200 US Highway 9	Manalapan	Monmouth	NJ	07726
3. Name and Title of Fiscal Contact			Telephone No.	
Todd Suler			732-409-6281 ext. 80312	
4. Name and Title of Director			Telephone No.	
Diane Gray			732-409-6281 ext. 80406	
5. Name and Title of Program Manager			Telephone No.	
Kimberly Cole			732-409-6281 ext. 80455	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable	
	N/A		Council on Accreditation (COA)	
7. Location of Proposed Project	City	County	State	Zip Code
200 US Highway 9	Manalapan	Monmouth	NJ	07726
8. Total Proposed Level of Service in 2023/2024		9. Unit of Service Cost in 2023/2024		
150 N/A		\$ 2,000 N/A		
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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Diane Gray, COO	<i>Diane Gray</i>	09/25/2026