

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: Neighborhood Connections to Health, Inc
(PRINT)

Preparer's Name: Jenna Sistad, Executive Director
(PRINT)

Signature:  10/6/2026
(DATE)

Address: 597 Park Avenue, Suite C
Freehold, NJ 07728

Telephone No.: 908.783.3699

Fax No.: N/A

E-Mail Address: ncthnj@gmail.com
***** (This should be the email where Contracts would be sent) *****

Contact Person: Jenna Sistad

FEIN: 

(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)

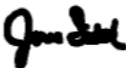
APPLICATION FOR FUNDS

COMMUNITY BASED SERVICE COORDINATION AND NAVIGATION

Neighborhood Connections to Health

1. Name of Contractor			
597 Park Avenue, Suite C		Freehold	Monmouth County
		New Jersey	07728
2. Street Address		City	County
Jenna Sistad, Executive Director		908-783-3699	
3. Name and Title of Fiscal Contact		Telephone No.	
Jenna Sistad, Executive Director		908-783-3699	
4. Name and Title of Director		Telephone No.	
Carly Trill, Program Manager		908-692-7338	
5. Name and Title of Program Manager		Telephone No.	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable
Greater Monmouth Area	Monmouth County		NJ <i>Various 077 Zips</i>
7. Location of Proposed Project	City	County	State Zip Code
44 residents/year		\$6,300: [\$280,000 Staff & Subcontractor Cost / 44]	
8. Total Proposed Level of Service in 2023/2024		9. Unit of Service Cost in 2023/2024	
10. Type of Agency (check one)			
☒ PRIVATE NON-PROFIT ☐ GOVERNMENT ☐ HOSPITAL ☐ Other (specify)			
11. If political subdivision, covered by NJ Civil Service Merit System?		12. Affirmative Action Plan	
☐ YES ☐ NO ☒ N/A		☒ 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: \$300,000.00			

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
Jenna Sistad, Executive Director		10/6/26