

SIGNATURE PAGE

CC-16-2024

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: Visiting Nurse Association of Central Jersey, Inc.
(PRINT)

Preparer's Name: Colleen Nelson
(PRINT)

Signature: *Colleen Nelson* 4/25/24
(DATE)

Address: VNACJ Children & Family Health Institute
597 Park Avenue, Suite C, Freehold, NJ 07728

Telephone No.: 732-502-5158

Fax No.: _____

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

Contact Person: Colleen Nelson

FEIN: [REDACTED]

(Federal Employee ID)

BRC: _____
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

MENTAL HEALTH SERVICES AND RELATED SUPPORT SERVICES

NURSING OUTREACH FOR PERSONS LIVING WITH MENTAL ILLNESS

(Insert Service Modality being applied for above)

1. Name of Contractor Visiting Nurse Association of Central Jersey, Inc.				
2. Street Address 3600 Route 66: FL 4		City Neptune	County Monmouth	State NJ
3. Name and Title of Fiscal Contact Maria Shummette, Director Grants Finance		Telephone No. 732-224-6779		
4. Name and Title of Director Colleen Nelson, VP VNACJ Children & Family Health Institute		Telephone No. 732-768-6113		
5. Name and Title of Program Manager Robin McRoberts, Director Community Programs		Telephone No. 732-471-9301		
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations	
7. Location of Proposed Project 3600 Route 66; FL 4		City Neptune,	County Monmouth County,	State NJ
8. Total Proposed Level of Service in 2023/2024 400 Individuals		9. Unit of Service Cost in 2023/2024 \$200 per individual		
10. Type of Agency (check one) <input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		12. Affirmative Action Plan <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COST OF PROJECT				
14. Total Funds Requested		\$80,000		

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 Division of Behavioral Health 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) Colleen Nelson, VNACJ CFHI	SIGNATURE OF CONTRACTOR <i>Colleen Nelson</i>	DATE OF APPLICATION 4/25/24
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