

**SIGNATURE PAGE**


**CC-17-2024**

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: Boys & Girls Clubs of Monmouth County

Preparer's Name: Cindy Fagan, Grant Director (PRINT)

Signature:  (PRINT)


Address: 1201 Monroe Avenue, Asbury Park NJ 07712 (DATE) 4/29/24

Telephone No.: 732 775-7862


Fax No.: 732 775-4065

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

Contact Person: Cindy Fagan, Grant Director

FEIN: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)

(Revised 2/2017)

**APPLICATION FOR FUNDS**

Youth Based Innovation Proposal

**(Insert Service Modality being applied for above)**

1. Name of Contractor <b>Boys &amp; Girls Clubs of Monmouth County</b>				
2. Street Address	City	County	State	Zip Code
1201 Monroe Avenue	Asbury Park	Monmouth	NJ	07712
3. Name and Title of Fiscal Contact <b>Nicole Donadio, Finance Manager</b>			Telephone No. <b>732 775-7862</b>	
4. Name and Title of Director <b>Cindy Fagan, Grant Director</b>			Telephone No. <b>732 775-7862</b>	
5. Name and Title of Program Manager <b>Crystal Stephens, Director of Programming and Wellness</b>			Telephone No. <b>732 775-7862</b>	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable NJ Childcare License [REDACTED]		Accreditations <b>Boys &amp; Girls Clubs of America</b>	
7. Location of Proposed Project	City	County	State	Zip Code
1201 Monroe Avenue	Asbury Park	Monmouth	NJ	07712
8. Total Proposed Level of Service In 2023/2024 500	9. Unit of Service Cost in 2023/2024 \$223 per youth			
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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		12. Affirmative Action Plan <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO Submitted (copy can be supplied)	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	
<b>COST OF PROJECT</b>				
14. Total Funds Requested		<b>\$11,328</b>		

**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 Child and Youth 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) Douglas Eagles, Chief Executive Officer	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 4/29/24
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