

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: Catholic Charities, Diocese of Trenton
(PRINT)

Preparer's Name: Marlene Lao'-Collins, Executive Director
(PRINT)

Signature: *Marlene Lao Collins* 4-10-24
(DATE)

Address: 383 West State Street
Trenton, NJ 08618

Telephone No.: 609-394-5181

Fax No.: 609-695-6978

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

Contact Person: Marlene Lao'-Collins

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)


(Revised 2/2017)

APPLICATION FOR FUNDS

Trauma Bases Outpatient Services
(Insert Service Modality being applied for above)

1. Name of Contractor Catholic Charities, Diocese of Trenton				
2. Street Address	City	County	State	Zip Code
383 West State Street	Trenton	Mercer	NJ	08618
3. Name and Title of Fiscal Contact Debbra H. Elko, MBA Assoc. Ex. Dir. of Fiscal Affairs			Telephone No. 609-394-5181 x1172	
4. Name and Title of Director Caryn Hirsch, Assoc. Serv. Area Director of CFS			Telephone No. 609-394-5181 x2129	
5. Name and Title of Program Manager Melissa Boege, Program Director Monmouth CFS			Telephone No. 609-394-5181 x7101	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
<div style="background-color: black; width: 100px; height: 15px;"></div>				
7. Location of Proposed Project	City	County	State	Zip Code
145 Maple Avenue	Red Bank	Monmouth	NJ	07701
8. Total Proposed Level of Service in 2023/2024		9. Unit of Service Cost in 2023/2024		
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 checked="" type="checkbox"/> YES <input 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		\$60,000		

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 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) Marlene Lao-Collins Executive Director	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 4-10-24
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