

**APPLICATION FOR FUNDS**

**COMMUNITY-BASED PROGRAMS AND SERVICES ADMINISTERED BY THE  
MONMOUTH COUNTY OFFICE OF MONMOUTH ACTS**

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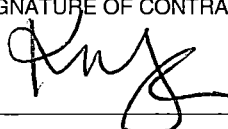
**(Insert Service Modality being applied for above)**

1. Name of Contractor Child Care Resources					
2. Street Address 3301C Route 66 PO Box 1234 Neptune		City Neptune	County Monmouth	State NJ	Zip Code 07754
3. Name and Title of Fiscal Contact Doug Goudward			Telephone No. 732-918-9901 ext 107		
4. Name and Title of Director Kim Perrelli			Telephone No. 732-918-9901 ext. 121		
5. Name and Title of Program Manager Kim Perrelli			Telephone No. 732-918-9901 ext.121		
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable N/A		Accreditations, if Applicable N/A		
7. Location of Proposed Project 3301C Route 66, Neptune, Monmouth County NJ		City Neptune	County Monmouth	State NJ	Zip Code 07753
8. Total Proposed Level of Service in 2023/2024 24			9. Unit of Service Cost in 2023/2024 Participating FCC Providers		
10. Type of Agency (check one) <input 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		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 100000

**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) Kim Perrelli, Executive Director	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 05/07/2024
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