

SIGNATURE PAGE

CC-14-2024

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: Community Solutions Alliance
(PRINT)

Preparer's Name: Susan Thiers
(PRINT)

Signature: Susan Thiers 5/3/24
(DATE)


Address: 106 Apple Street, Ste 107
Tinton Falls NJ 07724

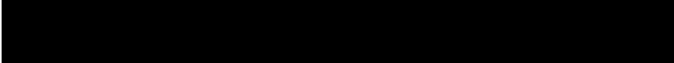
Telephone No.: 855-482-4060

Fax No.: 732 747-6222

E-Mail Address: S.Thiers@CSA-inc.org
*****(This should be the email where Contracts would be sent)*****

Contact Person: Susan Thiers

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

APPLICATION FOR FUNDS

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

□


(Insert Service Modality being applied for above)

1. Name of Contractor Community Solutions Alliance, Inc.			
2. Street Address 106 Apple Street Ste 107	City Tinton Falls	County Monmouth	State Zip Code NJ 07724
3. Name and Title of Fiscal Contact Lauren Measure		Telephone No. 732-747-5544	
4. Name and Title of Director Susan Thiers		Telephone No. 855-482-4060	
5. Name and Title of Program Manager		Telephone No.	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable NA	Accreditations, if Applicable NA	
7. Location of Proposed Project 106 Apple Street	City Tinton Falls	County Monmouth	State Zip Code NJ 07724
8. Total Proposed Level of Service in 2023/2024 500 clients (410 current)		9. Unit of Service Cost in 2023/2024 50	
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 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 **50,000.00**

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) Susan Thiers	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 05/04/2024
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