

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: Family Resource Associates, Inc.
(PRINT)

Preparer's Name: Nancy Phalanukorn
(PRINT)

Signature: Nancy Phalanukorn May 3, 2024
(DATE)

Address: 210 Newman Springs Rd East
Red Bank, NJ 07701

Telephone No.: 732-747-5310

Fax No.: 732-747-1896

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

Contact Person: Nancy Phalanukorn

FEIN: [REDACTED]
(Federal Employee ID)

BRC: _____
(Business Registration Certificate)

APPLICATION FOR FUNDS

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

Supports and Services for Adults with a Disability

(Insert Service Modality being applied for above)

1. Name of Contractor Family Resource Associates, inc.				
2. Street Address 210 Newman Springs Rd. East, Red Bank,	City Red Bank	County Monmouth	State NJ	Zip Code 07701
3. Name and Title of Fiscal Contact Cindy Harrell			Telephone No. 732-747-5310, ext 113	
4. Name and Title of Director Nancy Phalanukorn			Telephone No. 732-747-5310, ext 112	
5. Name and Title of Program Manager Alexis Spektor, Program Director			Telephone No. 732-747-5310, ext 120	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations, if Applicable CARF	
7. Location of Proposed Project 210 Newman Springs Rd East,	City Red Bank	County Monmouth	State NJ	Zip Code 07701
8. Total Proposed Level of Service in 2023/2024 18,864 Units		9. Unit of Service Cost in 2023/2024 \$5.30/unit		
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		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

Unit = 1 hour direct contact for 144 people weekly,

COST OF PROJECT

14. Total Funds Requested **\$100,000**

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 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) Family Resource Associates, Inc. Nancy Phalanukorn, Exec. Director	SIGNATURE OF CONTRACTOR <i>Nancy Phalanukorn</i>	DATE OF APPLICATION <i>May 3, 2024</i>
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