

**SIGNATURE PAGE**

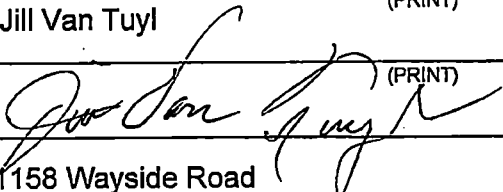
**CC-14-2024**

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: The Arc of Monmouth, Inc.

Preparer's Name: Jill Van Tuyl (PRINT)

Signature:  (PRINT) 5-7-2024 (DATE)


Address: 1158 Wayside Road  
Tinton Falls, NJ 07712

Telephone No.: 732-493-1919 ext. 773

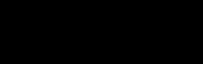
Fax No.: 732-493-0214

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

Contact Person: Phil Orlando

FEIN: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)


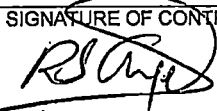
(Revised 2/2017)

**APPLICATION FOR FUNDS**

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

Community Health and Well-Being (Recreation)

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

1. Name of Contractor The Arc of Monmouth, Inc.				
2. Street Address	City	County	State	Zip Code
1158 Wayside Road	Tinton Falls	Monmouth	NJ	07712
3. Name and Title of Fiscal Contact Philip Orlando, Senior Director Finance & Accounting			Telephone No. 732-493-1919 ext. 200	
4. Name and Title of Director Robert Angel, Executive Director			Telephone No. 732-493-1919 ext. 150	
5. Name and Title of Program Manager Margie London, Recreation Manager			Telephone No. 732-493-1919 ext. 400	
6. Employer ID No. 	NJ State License No., if Applicable		Accreditations, if Applicable CARF, 3 year	
7. Location of Proposed Project	City	County	State	Zip Code
The Arc Center, 1158 Wayside Road, Tinton Falls, NJ 07712				
8. Total Proposed Level of Service in 2023/2024 \$1500.00		9. Unit of Service Cost in 2023/2024 \$113.49		
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	
<b>COST OF PROJECT</b>				
14. Total Funds Requested \$29,000		\$170,235		
<b>Certification:</b> 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) Robert Angel, Executive Director		SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION May 7, 2024	

**APPLICATION FOR FUNDS**

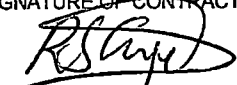
**COMMUNITY-BASED PROGRAMS AND SERVICES ADMINISTERED BY THE  
MONMOUTH COUNTY OFFICE OF MONMOUTH ACTS**

Community Health & Well Being (Individual and Family Services)

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

1. Name of Contractor <b>The Arc of Monmouth, Inc.</b>				
2. Street Address	City	County	State	Zip Code
1158 Wayside Road	Tinton Falls	Monmouth	NJ	07712
3. Name and Title of Fiscal Contact <b>Philip Orlando, Senior Director Finance &amp; Accounting</b>			Telephone No. <b>732-493-1919 ext. 200</b>	
4. Name and Title of Director <b>Robert Angel, Executive Director</b>			Telephone No. <b>732-493-1919 ext. 150</b>	
5. Name and Title of Program Manager <b>Kevin Maselli, Intake/Advocacy and Outreach Coordinator</b>			Telephone No. <b>732-493-1919 ext. 122</b>	
6. Employer ID No. <div style="background-color: black; width: 100px; height: 15px;"></div>	NJ State License No., if Applicable		Accreditations, if Applicable <b>CARF, 3 year</b>	
7. Location of Proposed Project	City	County	State	Zip Code
<b>Campus Parkway, 1345 Campus Parkway, Wall Twsp., Monmouth, NJ 07753</b>				
8. Total Proposed Level of Service in 2023/2024 <b>\$210</b>			9. Unit of Service Cost in 2023/2024 <b>\$409.27</b>	
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
<b>COST OF PROJECT</b>				
14. Total Funds Requested		<b>\$26,100                      \$85,989</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 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.


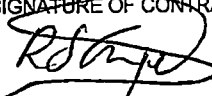
NAME AND TITLE OF CONTRACTOR (Print)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Robert Angel, Executive Director		May 7, 2024

**APPLICATION FOR FUNDS**

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

Community Health and Well-Being (Work Opportunity Center)

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

1. Name of Contractor <b>The Arc of Monmouth, Inc.</b>				
2. Street Address	City	County	State	Zip Code
1158 Wayside Road	Tinton Falls	Monmouth	NJ	07712
3. Name and Title of Fiscal Contact <b>Philip Orlando, Senior Director Finance &amp; Accounting</b>			Telephone No. <b>732-493-1919 ext. 200</b>	
4. Name and Title of Director <b>Robert Angel, Executive Director</b>			Telephone No. <b>732-493-1919 ext. 150</b>	
5. Name and Title of Program Manager <b>Felita Johnson, Director of Vocational Services</b>			Telephone No. <b>732-493-1919 ext. 122</b>	
6. Federal ID No. 	NJ State License No., if Applicable		Accreditations, if Applicable <b>CARF, 3 year</b>	
7. Location of Proposed Project	City	County	State	Zip Code
395 Warburton Place, Long Branch	Monmouth		NJ	07740
8. Total Proposed Level of Service in 2023/2024 <b>\$29,920</b>		9. Unit of Service Cost in 2023/2024 <b>\$92.36</b>		
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	
<b>COST OF PROJECT</b>				
14. Total Funds Requested <b>\$45,900</b>		<b>\$1,236,449</b>		
<b>Certification:</b> 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) <b>Robert Angel, Executive Director</b>		SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION <b>May 7, 2024</b>	