

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: United Way of Monmouth and Ocean Counties

(PRINT)

Preparer's Name: Patricia Harvey

(PRINT)

Signature: _____ (DATE)

Address: 4814 Outlook Drive, Wall Township, NJ 07753

Telephone No.: 848-206-2035

Fax No.: _____

E-Mail Address: pharvey@uwmoc.org

***** (This should be the email where Contracts would be sent) *****

Contact Person: Patricia Harvey

(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**

Financial Empowerment, Housing Stability and Food Security

(Insert Service Modality being applied for above)

1. Name of Contractor United Way of Monmouth and Ocean Counties				
2. Street Address		City	County	State Zip Code
4814 Outlook Drive, suite 107 Wall Township, Monmouth County NJ 07753				
3. Name and Title of Fiscal Contact Patricia Harvey, VP Engagement			Telephone No. 848-206-2035	
4. Name and Title of Director Lori McLane			Telephone No. 848-206-2050	
5. Name and Title of Program Manager Quinnetta Anderson Engagement Director			Telephone No. 848-206-2037	
6. Employer ID No. 		NJ State License No., if Applicable		Accreditations, if Applicable
7. Location of Proposed Project		City	County	State Zip Code
750 Hope Road, Tinton Falls Monmouth County NJ 07724				
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 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 - \$100,000				