

**SIGNATURE PAGE**

**CC-24-2023**

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: Girl Scouts of the Jersey Shore  
(PRINT)

Preparer's Name: Carla Scarabino  
(PRINT)

Signature: *Carla Scarabino*  
(DATE)


Address: 242 Adelpia Road  
Farmingdale NJ 07727

Telephone No.: 800 785 2090

Fax No.: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

FEIN:   
(Federal Employee ID)

BRC: \_\_\_\_\_  
(Business Registration Certificate)

(Revised 2/2017)

**APPLICATION FOR FUNDS**

**[INSERT SERVICE NAME]**

1. Name of Contractor  
Girl Scouts of the Jersey Shore

2. Street Address City County State Zip Code  
242 Adelphia Road, Farmingdale, Monmouth, New Jersey 07727

3. Name and Title of Fiscal Contact Telephone No.  
Thomas Tragesar, Chief Financial Officer 800.785.2090  
TTragesar@gsfun.org

4. Name and Title of Director Telephone No.  
Heather Coburn, Chief Executive Officer HCoburn@gsfun.org 800.785.2090

5. Name and Title of Program Manager Telephone No.  
Brie Montella, Chief Operations Officer BMontella@gsfun.org 800.785.2090

6. Employer ID No. NJ State License No., if Applicable Accreditations  
[Redacted]

7. Location of Proposed Project City County State Zip Code  
Camp Sacajawea, 242 Adelphia Road, Farmingdale, Monmouth County, NJ, 07727

8. Total Proposed Level of Service in 2023/2024 9. Unit of Service Cost in 2023/2024  
12,500 members, including 500 no-cost troops \$414 per member

10. Type of Agency (check one)  
 PRIVATE NON-PROFIT  GOVERNMENT  HOSPITAL  Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System?  
 YES  NO  N/A

12. Affirmative Action Plan  
 YES  NO

13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?  
 YES  NO

**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 Division of Behavioral Health 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
Carla Scarabino VP External Affairs	Carla Scarabino	9/6/2023
Girl Scouts of the Jersey Shore		