

**SIGNATURE PAGE**

**CC-26-2023**

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: Trinity Episcopal Church  
(PRINT)

Preparer's Name: Siobhan Noland  
(PRINT)

Signature: *Siobhan Noland* 10/30/2023  
(DATE)

Address: 503 Asbury Avenue  
Asbury Park, NJ 07712

Telephone No.: 732-307-8326

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

E-Mail Address: siobhan@trinitynj.com  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: Siobhan Noland


FEIN: [REDACTED]  
(Federal Employee ID)

BRC: [REDACTED]  
(Business Registration Certificate)


(Revised 2/2017)

**APPLICATION FOR FUNDS**

**INNOVATION PROPOSALS**

|   |   |                 |   |              |
|---|---|-----------------|---|--------------|
| 1. Name of Contractor<br><b>Trinity Episcopal Church</b>  |   |                 |   |              |
| 2. Street Address   | City  | County          | State   | Zip Code     |
| <b>503 Asbury Avenue</b>  | <b>Asbury Park</b>  | <b>Monmouth</b> | <b>NJ</b>   | <b>07712</b> |
| 3. Name and Title of Fiscal Contact<br><b>Jill Osis, Director of Operations</b>   |   |                 | Telephone No.<br><b>732-775-5084</b>  |              |
| 4. Name and Title of Director<br><b>The Rev, Chase Danford, Rector</b>  |   |                 | Telephone No.<br><b>732-775-5084</b>  |              |
| 5. Name and Title of Program Manager<br><b>Derek Bloom, Social Justice Program Director</b>   |   |                 | Telephone No.<br><b>215-820-3444</b>  |              |
| 6. Employer ID No.<br>   | NJ State License No., if Applicable   |                 | Accreditations  |              |
| 7. Location of Proposed Project   | City  | County          | State   | Zip Code     |
| <b>503 Asbury Avenue</b>  | <b>Asbury Park</b>  | <b>Monmouth</b> | <b>NJ</b>   | <b>07712</b> |
| 8. Total Proposed Level of Service in 2024<br><b>Two caseworkers for 50 clients</b>   | 9. Unit of Service Cost in 2024<br><b>2 salaries = \$94,353.85</b>  |                 |   |              |
| 10. Type of Agency (check one)<br><input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Other (specify) <b>Church/501(c)3 nonprofit</b> |   |                 |   |              |
| 11. If political subdivision, covered by NJ Civil Service Merit System?<br><input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A   | 12. Affirmative Action Plan<br><input checked="" 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?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |              |
| <b>COST OF PROJECT</b>  |   |                 |   |              |
| 14. Total Funds Requested <b>\$94,353.85</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 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)<br><b>Trinity Episcopal Church, The Rev. Chase Danford, Rector</b> | SIGNATURE OF CONTRACTOR<br> | DATE OF APPLICATION<br><b>10/26/23</b> |
|---|--|--|