

SIGNATURE PAGE

CC-5-2023

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: Emergency Housing and Advocacy Program Inc.
(PRINT)

Preparer's Name: Nina Rizzo
(PRINT)

Signature: Nina Rizzo 9/16/2022
(DATE)

Address: 41 Throckmorton St.
Freehold, NJ 07728

Telephone No.: 732-431-2600

Fax No.: 732-431-2626

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

Contact Person: Nina Rizzo

FEIN: [REDACTED]

(Federal Employee ID)

BRC: —

(Business Registration Certificate)

(Revised 2/2017)

SOCIAL SERVICES FOR THE HOMELESS (SSH)		
ELIGIBLE ACTIVITY CATEGORY		
2023 FUNDING REQUEST SUMMARY SSH STATE	AMOUNT REQUESTED	AMOUNT APPROVED <small>(For Monmouth ACTS Use ONLY)</small>
EMERGENCY SHELTER		
SUB-TOTAL EMERGENCY SHELTER	n/a	
HOMELESSNESS PREVENTION		
Mortgage Arrears	15,000	
Rent Arrears	30,000	
Utility Arrears	25,000	
Security Deposits/First Month's Rent	25,000	
Other, specify	7,600	
SUB-TOTAL HOMELESSNESS PREVENTION	102,600	
2023 FUNDING REQUEST SUMMARY SSH TANF		
EMERGENCY SHELTER		
SUB-TOTAL EMERGENCY SHELTER	n/a	
HOMELESSNESS PREVENTION		
Mortgage Arrears		
Rent Arrears		
Utility Arrears		
Security Deposits/First Month's Rent		
Other, specify		
SUB-TOTAL HOMELESSNESS PREVENTION	n/a	
<i>(Please total all of the above categories)</i>		
Grand Total	102,600	

Monmouth ACTS Advisory Council

SOCIAL SERVICES FOR THE HOMELESS JANUARY 1, 2023 – DECEMBER 31, 2023 APPLICATION

Project Information

AMOUNT REQUESTED	
\$102,600	
PROJECT TITLE	
Emergency Housing and Advocacy Program Inc.	
ADDRESS OF PROJECT	
41 Throckmorton St.	
CITY/STATE	ZIP CODE
Freehold, NJ	07728


Contractor Information

NAME OF CONTRACTOR	
Emergency Housing and Advocacy Program Inc.	
ADDRESS	
41 Throckmorton St.	
CITY/STATE	ZIP CODE
Freehold, NJ	07728
FEDERAL EMPLOYER I.D. NUMBER	
[REDACTED]	
NAME AND TITLE OF CHIEF EXECUTIVE OFFICER	
Michael Holzer, board chairman	
NAME OF CHIEF FINANCIAL OFFICER	
Rachel Guether, board treasurer	

Project Contact

NAME, TITLE, AND ADDRESS OF PERSON WHO WILL BE COORDINATING THE PROJECT	
Nina Rizzo	
NAME	TITLE
Nina Rizzo	Director of Operations
ADDRESS	
41 Throckmorton St.	
CITY/STATE	ZIP CODE
Freehold, NJ	07728
PHONE	FAX NUMBER
732-431-2600	732-431-2626
EMAIL ADDRESS	
nrizzo@ehapinc.org	

CERTIFICATION: TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE CONTRACTOR, AND THE CONTRACTOR WILL COMPLY WITH THE ATTACHED ASSURANCE IF THE ASSISTANCE IS PROVIDED.

NAME Michael Holzer
Chief Executive Officer
Signature 

Emergency Housing and Advocacy Program Inc.

Name of Agency _____

SSH RFP Application 2023