

**SIGNATURE PAGE**

**CC-10-2025**

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: Matawan Aberdeen Regional School District  
(PRINT)

Preparer's Name: Nelyda Perez  
(PRINT)

Signature:  5/24/25  
(DATE)

Address: 1027 Route 34  
Matawan, NJ 07747

Telephone No.: (732) 705-4007

Fax No.: (732) 705-4091

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

Contact Person: Lindsey Case

FEIN: 

(Federal Employee ID)

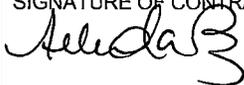
BRC: not applicable (public school)

(Business Registration Certificate)

**APPLICATION FOR FUNDS**  
**ENHANCE EXISTING RECOVERY HIGH SCHOOLS**

1. Name of Contractor				
Matawan Aberdeen Regional School District, K.E.Y.S. Academy				
2. Street Address	City	County	State	Zip Code
1027 Route 34	Aberdeen	Monmouth	NJ	07747
3. Name and Title of Fiscal Contact Mrs. Lindsey Case, Business Administrator			Telephone No. (732) 705-4007	
4. Name and Title of Director Ms. Jennifer Steffich, Director of Student Services			Telephone No. (732) 705-4023	
5. Name and Title of Program Manager Mrs. Jennise Nieves, Asst. Director			Telephone No. (732) 705-4007	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
7. Location of Program	City	County	State	Zip Code
Brookdale Community College	765 Newman Springs Road	Middletown	NJ	
8. Type of Agency (check one)				
<input type="checkbox"/> PRIVATE NON-PROFIT <input checked="" type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (specify)				
<b>COST OF PROJECT</b>				
9. Total Funds Requested \$200,000				

**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) Nelyda Perez, Superintendent of Schools	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION June 2, 2025
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