

**APPLICATION FOR FUNDS**  
**TITLE PAGE**

**ADMINISTRATION AND OPERATION OF AN ADULT HOMELESS SHELTER**

1. Name of Contractor <b>Collaborative Support Programs of NJ</b>				
2. Street Address	City	County	State	Zip Code
<b>11 Spring Street</b>	<b>Freehold</b>	<b>Monmouth</b>	<b>NJ</b>	<b>07728</b>
3. Name and Title of Fiscal Contact <b>Steve Blackburn - CFO</b>			Telephone No. <b>732-780-1175</b>	
4. Name and Title of Director <b>Pam Baker - Director Homelessness Services</b>			Telephone No. <b>732-780-1175</b>	
5. Name and Title of Program Manager			Telephone No.	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable	
7. Experience administering residential services? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		8. If yes, how many years of experience? <b>30</b>		
9. If yes to 7, where?	City	County	State	Zip Code
<b>statewide</b>				
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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		12. Affirmative Action Plan <input checked="" type="checkbox"/> YES <input 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
14. Total Funds Requested <span style="float: right;"><b>COST OF PROJECT</b></span> <b>\$619,209.00</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 Department of Health & Human Services 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) <b>Victor Luna, CEO</b>	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION <b>10/28/2024</b>
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