

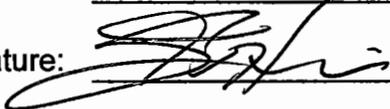
SIGNATURE PAGE
CC-2-2025

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: HABcore Inc.
(PRINT)

Preparer's Name: Steve Heisman
(PRINT)

Signature:  10-28-24
(DATE)

Address: PO Box 2361
Red Bank NJ 2361

Telephone No.: 732-544-1975

Fax No.: 732-676-6118

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

Contact Person: Steve Heisman

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)

**APPLICATION FOR FUNDS
TITLE PAGE**

ADMINISTRATION AND OPERATION OF AN ADULT HOMELESS SHELTER

| | | |
|---|--|---|
| 1. Name of Contractor HABcore Inc. | | |
| 2. Street Address 788 Shrewsbury Ave Ste 2151 | City Tinton Falls | County Monmouth |
| State NJ | Zip Code 07724 | |
| 3. Name and Title of Fiscal Contact Steve Heisman, Executive Director | | Telephone No. 732-544-1975 ext # |
| 4. Name and Title of Director Steve Heisman, Executive Director | | Telephone No. 732-544-1975 ext # |
| 5. Name and Title of Program Manager Jess Provenza, Director of Services | | Telephone No. 732-544-1975 ext 6 |
| 6. Employer ID No. <div style="background-color: black; width: 100px; height: 15px;"></div> | 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? 36 |
| 9. If yes to 7, where? City Red Bank, Asbury Park | County Monmouth | State NJ |
| | | Zip Code 07701, 07712 |
| 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 |

COST OF PROJECT

14. Total Funds Requested **\$638,208.75**

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) Steve Heisman Executive Director | SIGNATURE OF CONTRACTOR  | DATE OF APPLICATION 10-28-24 |
|---|--|--|