

**SIGNATURE PAGE**  
**CC-3-2025**

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: Catholic Charities Diocese of Trenton  
(PRINT)

Preparer's Name: Stacey DePoe on behalf of Marlene Lao-Collins  
(PRINT)

Signature: *Mark Sarullo* 10/2/24  
(DATE)

Address: 383 West State St.  
Trenton NJ 08618

Telephone No.: 609-394-5181

Fax No.: 609-599-9271

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

Contact Person: Stacey DePoe, Program Director

FEIN: [REDACTED]  
(Federal Employee ID)

BRC: [REDACTED]  
(Business Registration Certificate)

(Revised 2/2017)

**APPLICATION FOR FUNDS  
TITLE PAGE**

**ADMINISTRATION AND OPERATION OF AN EMERGENCY FAMILY HOMELESS  
SHELTER KNOWN AS "LINKAGES"**

1. Name of Contractor <b>Catholic Charities Diocese Of Trenton</b>					
2. Street Address <b>383 West State Street</b>		City <b>Trenton</b>	County <b>Mercer</b>	State <b>NJ</b>	Zip Code <b>08607</b>
3. Name and Title of Fiscal Contact <b>Debra Elko</b>			Telephone No. <b>609-394-5181 x1172</b>		
4. Name and Title of Director <b>Marlene Lao-Collins</b>			Telephone No. <b>609-394-5181 x 1113</b>		
5. Name and Title of Program Manager <b>Stacey DePoe</b>			Telephone No. <b>732-922-0400 x 2702</b>		
6. Employer ID No. 		NJ State License No., if Applicable		Accreditations, if Applicable <b>Council on Accreditation</b>	
7. Experience administering residential services? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO			8. If yes, how many years of experience? <b>14</b>		
9. If yes to 7, where? <b>4261 RT 33 Tinton Falls Monmouth NJ 07753</b>		City	County	State	Zip Code
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 **\$1,136,350**

**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>Marlene Lao- Collins, Executive Director</b>	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION <b>10/25/2024</b>
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