

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: Community Affairs and Resource Center
(PRINT)

Preparer's Name: Belinda Cueto
(PRINT)

Signature: Belinda Cueto 10/28/24
(DATE)

Address: 913 Sewall Avenue
Asbury Park NJ 07712

Telephone No.: 732-774-3282

Fax No.: 732-502-8955

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

Contact Person: Beatriz Oesterheld

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 KNOW AS "LINKAGES"

1. Name of Contractor Community Affairs and Resource Center				
2. Street Address	City	County	State	Zip Code
913 Sewall Avenue	Asbury Park	Monmouth	NJ	07712
3. Name and Title of Fiscal Contact Zach Edison			Telephone No. 732-774-3282	
4. Name and Title of Director Beatriz Oesterheld, Executive Director			Telephone No. 732-774-3282 ext 101	
5. Name and Title of Program Manager Belinda Cueto, Program Director			Telephone No. 732-774-3282 ext 103	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations, if Applicable [REDACTED]	
<input checked="" type="checkbox"/> [REDACTED] residential services? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO			8. If yes, how many years of experience?	
9. If yes to 7, where?	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 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 type="checkbox"/> NO
COST OF PROJECT				
14. Total Funds Requested: \$1,016,000.00				

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) Beatriz Oesterheld, Executive Director	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 10-25-2024
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