

SIGNATURE PAGE

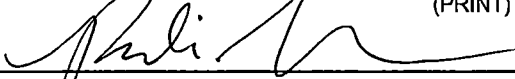
CC-14-2024

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: Affordable Housing Alliance
(PRINT)

Preparer's Name: Randi Moore
(PRINT)

Signature:  5/6/24
(DATE)

Address: 3535 Rt. 66, Building 4
Neptune NJ 07753


Telephone No.: 732-389-2958

Fax No.: 732-922-4100

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

Contact Person: Randi Moore

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

APPLICATION FOR FUNDS


**COMMUNITY-BASED PROGRAMS AND SERVICES ADMINISTERED BY THE
MONMOUTH COUNTY OFFICE OF MONMOUTH ACTS**

Financial Empowerment, Housing Stability and Food Security

(Insert Service Modality being applied for above)

1. Name of Contractor Affordable Housing Alliance				
2. Street Address	City	County	State	Zip Code
3535 Rt. 66, Building 4, Neptune,	Neptune,	Monmouth	NJ	07753
3. Name and Title of Fiscal Contact Warren Sidosky, CFO			Telephone No. 732-389-2958	
4. Name and Title of Director Randi Moore, CEO			Telephone No. 732-389-2958	
5. Name and Title of Program Manager Toi Collins, Chief Program Officer			Telephone No. 732-389-2958	
6. Employer ID No. <div style="background-color: black; width: 100px; height: 15px;"></div>	NJ State License No., if Applicable N/A		Accreditations, if Applicable Neighborworks Exemplary Member	
7. Location of Proposed Project	City	County	State	Zip Code
Neptune and Eatontown, NJ and Virtual-	Neptune	Monmouth	NJ	07753
8. Total Proposed Level of Service in 2023/2024 75 Individuals		9. Unit of Service Cost in 2023/2024 \$1,637.62		
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 checked="" 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		\$122,821.58		

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 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) Randi Moore, CEO Affordable Housing Alliance	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 5/6/24
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