

**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: CENTER FOR VOCATIONAL REHABILITATION/INC  
(PRINT)

Preparer's Name: WILLIAM BARTOK  
(PRINT)

Signature: [Handwritten Signature] 5/6/24  
(DATE)

Address: 15 MERIDIAN RD  
ESTABLISHED, NJ 07724

Telephone No.: (732) 544-1800 x213

Fax No.: (732) 389-3453

E-Mail Address: WBARTOK@CVR.US.ORG  
\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: WILLIAM BARTOK

FEIN: [REDACTED]  
(Federal Employee ID)

BRC: \_\_\_\_\_  
(Business Registration Certificate)

APPLICATION FOR FUNDS

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

□ **Supports and Services for Adults with a Disability**

(Insert Service Modality being applied for above)

1. Name of Contractor <b>Center for Vocational rehabilitation Inc</b>		
2. Street Address <b>15 Meridian Rd, Eatontown, Monmouth, NJ 07724</b>	City <b>Monmouth</b>	County <b>Monmouth</b>
3. Name and Title of Fiscal Contact <b>Jared Gaines - CFO</b>		Telephone No. <b>732-544-1800 ext 204</b>
4. Name and Title of Director <b>Maria De Seno - COO</b>		Telephone No. <b>732-544-1800 ext 210</b>
5. Name and Title of Program Manager <b>Allison Morissy</b>		Telephone No. <b>732-544-1800 ext 211</b>
6. Employer ID No. <b>[REDACTED]</b>	NJ State License No., if Applicable	Accreditations, if Applicable <b>CARF</b>
7. Location of Proposed Project <b>15 Meridian Rd, Eatontown, Monmouth, NJ 07724</b>	City <b>Monmouth</b>	County <b>Monmouth</b>
8. Total Proposed Level of Service in 2023/2024 <b>8</b>	9. Unit of Service Cost in 2023/2024 <b>119,300</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 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 **60,000**

**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) <b>William Bartok - Vice President</b>	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION <b>5/6/2024</b>
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