

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: Jewish Family & Children's Service of Monmouth County
(PRINT)

Preparer's Name: Leslie Kornfeld
(PRINT)

Signature: *Leslie Kornfeld* 5/2/2024
(DATE)

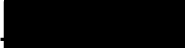
Address: 705 Summerfield Avenue
Asbury Park, NJ 07712

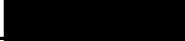
Telephone No.: 732 774-6886

Fax No.: 732 774-8809

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

Contact Person: Leslie Kornfeld

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

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

Food Security CC-14-2024

(Insert Service Modality being applied for above)

1. Name of Contractor Jewish Family & Children's Service of Monmouth County				
2. Street Address	City	County	State	Zip Code
705 Summerfield Avenue	Asbury Park	Monmouth	NJ	07712
3. Name and Title of Fiscal Contact			Telephone No.	
Annette Seborowski, Bookkeeper			732-774-6886	
4. Name and Title of Director			Telephone No.	
Leslie Kornfeld, Executive Director			732-774-6886	
5. Name and Title of Program Manager			Telephone No.	
Gail Zapata, Director of Operations			732-774-6886	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable	
7. Location of Proposed Project	City	County	State	Zip Code
705 Summerfield Avenue, Asbury Park	Asbury Park	Monmouth	NJ	07712
8. Total Proposed Level of Service in 2023/2024		9. Unit of Service Cost in 2023/2024		
200,000		0.53		
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?		12. Affirmative Action Plan		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 <input checked="" type="checkbox"/> N/A		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
14. Total Funds Requested		COST OF PROJECT		
\$20,000		\$106,706		

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) Leslie Kornfeld, Executive Director	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION May 2, 2024
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