

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: LADACIN Network

Preparer's Name: Patricia Carlesimo (PRINT)

Signature: *Patricia Carlesimo* (PRINT) 4/29/24 (DATE)

Address: 1703 Kneeley Boulevard
Wanamassa, NJ 07712

Telephone No.: 732-493-5900 ext. 245

Fax No.: 732-493-3287

E-Mail Address: pcarlesimo@ladacin.org

Contact Person: *****(This should be the email where Contracts would be sent)*****
Luisa Vroman *LuisaVroman@ladacin.org*

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

APPLICATION FOR FUNDS

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

Community Health & Well-Being "Supports & Services for Adults with a Disability"

(Insert Service Modality being applied for above)

1. Name of Contractor LADACIN Network				
2. Street Address 1703 Kneeley Boulevard	City Wanamassa	County Monmouth	State NJ	Zip Code 07712
3. Name and Title of Fiscal Contact Crystal Fitzpatrick, Director of Finance			Telephone No. 732-349-4499 ext. 277	
4. Name and Title of Director Patricia Carlesimo, Executive Director			Telephone No. 732-349-4499 ext. 245	
5. Name and Title of Program Manager Celeste Smith, Associate Executive Director, Adult Services & Facility Operations			Telephone No. 732-349-4499 ext. 291	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations, if Applicable CAHC CARF	
7. Location of Proposed Project 1703 Kneeley Boulevard	City Wanamassa	County Monmouth	State NJ	Zip Code 07712
8. Total Proposed Level of Service in 2023/2024 18,000 units of service (108,000 hours)			9. Unit of Service Cost in 2023/2024 \$244.06	
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 **\$100,000**

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) Patricia Carlesimo	SIGNATURE OF CONTRACTOR <i>Patricia Carlesimo</i>	DATE OF APPLICATION 4/29/24
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APPLICATION FOR FUNDS

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

**Community Health & Well-Being
Support and Services for Children with a Disability**


(Insert Service Modality being applied for above)

1. Name of Contractor LADACIN Network				
2. Street Address 1703 Kneeley Boulevard	City Wanamassa	County Monmouth	State NJ	Zip Code 07712
3. Name and Title of Fiscal Contact Crystal Fitzpatrick, Director of Finance			Telephone No. 732-493-5900 ext. 277	
4. Name and Title of Director Patricia Carlesimo, Executive Director			Telephone No. 732-493-5900 ext. 245	
5. Name and Title of Program Manager Barbra Bowers, Director, Family Support and Related Services			Telephone No. 732-493-5900 ext. 412	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations, if Applicable CARF CAHC	
7. Location of Proposed Project 1703 Kneeley Boulevard	City Wanamassa	County Monmouth	State NJ	Zip Code 07712
8. Total Proposed Level of Service In 2023/2024 25,947 hours		9. Unit of Service Cost in 2023/2024 \$116.76		
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 type="checkbox"/> NO

COST OF PROJECT

14. Total Funds Requested **\$40,000**

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) Patricia Carlesimo, Executive Director	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 4/29/24
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