

SIGNATURE PAGE

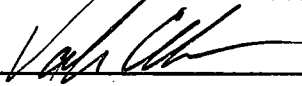
CC-14-2024

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: Mercy Center
(PRINT)

Preparer's Name: Valerie Cribbins
(PRINT)

Signature:  5/1/24
(DATE)

Address: 1106 Main Street
Asbury Park, NJ 07712

Telephone No.: 732-774-9397


Fax No.: _____

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

Contact Person: Valerie Cribbins

FEIN: N/A

(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**

Financial Empowerment, Housing Stability, and Food Security

(Insert Service Modality being applied for above)

1. Name of Contractor Mercy Center				
2. Street Address 1106 Main Street	City Abury Park	County Monmouth	State New Jersey	Zip Code 07712
3. Name and Title of Fiscal Contact Dawn Dell'Omo, Chief Financial Officer			Telephone No. 732-889-2343	
4. Name and Title of Director Kim Guadagno, Executive Director			Telephone No. 732-889-2402	
5. Name and Title of Program Manager Tracy Wilson, Food Pantry Manager			Telephone No. 732-677-5456	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable N/A		Accreditations, if Applicable N/A	
7. Location of Proposed Project 1104 Main Street	City Asbury Park	County Monmouth	State New Jersey	Zip Code 07712
8. Total Proposed Level of Service in 2023/2024 95,508 Pantry Visits in 2023		9. Unit of Service Cost in 2023/2024 \$1.74 per meal		
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 \$82,332		\$241,554		
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) Kim Guadagno, Executive Director		SIGNATURE OF CONTRACTOR 		DATE OF APPLICATION 5/1/24