

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: Visiting Nurse Association of Central Jersey, Inc.
(PRINT)

Preparer's Name: Colleen Nelson
(PRINT)

Signature: Colleen Nelson 5/3/2024
(DATE)

Address: VNACJ Children & Family Health Institute
597 Park Ave, Suite C, Freehold, NJ 07728

Telephone No.: 732-502-5158

Fax No.: _____

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

Contact Person: Colleen Nelson

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**

Family Support and Success - Family Advocate-RFP# CC-14-2024

(Insert Service Modality being applied for above)

1. Name of Contractor Visiting Nurse Association of Central Jersey, Inc.				
2. Street Address	City	County	State	Zip Code
597 Park Ave., Suite C, Freehold, NJ 07728				
3. Name and Title of Fiscal Contact Maria Shummette, Director Finance and Grants			Telephone No. 732-224-6779	
4. Name and Title of Director Colleen Nelson, Vice President Children & Family Health Institute			Telephone No. 732-502-5158	
5. Name and Title of Program Manager Mary Beth DeBrito, Program Manager, Nurse Community Care Coordination, CCYC, Family Advocate, Monmouth ACTS Navigation			Telephone No. 732-768-2530	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable	
[REDACTED]				
7. Location of Proposed Project	City	County	State	Zip Code
597 Park Ave., Suite C, Freehold, NJ 07728				
8. Total Proposed Level of Service in 2023/2024 600 unique participants		9. Unit of Service Cost in 2023/2024 \$125		
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 checked="" type="checkbox"/> NO <input 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 \$75,000				

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) Colleen Nelson VP Children & Family Health Institute	SIGNATURE OF CONTRACTOR <i>Colleen Nelson</i>	DATE OF APPLICATION 5/3/2024
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APPLICATION FOR FUNDS

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

RFP #CC-14-2024 Community Health and Wellbeing - Community Healthcare -
(VNACJ Community Health Nursing)

(Insert Service Modality being applied for above)

1. Name of Contractor Visiting Nurse Association of Central Jersey, Inc.				
2. Street Address	City	County	State	Zip Code
597 Park Avenue	Freehold	Monmouth	NJ	07728
3. Name and Title of Fiscal Contact Maria Shummette, Director Grants Finance			Telephone No. 732-224-6779	
4. Name and Title of Director Colleen Nelson, VP VNACJ Children & Family Health Center			Telephone No. 732-502-5158	
5. Name and Title of Program Manager Denise Andino, Director Maternal Childhood Initiatives			Telephone No. 732-768-1905	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable	
[REDACTED]	NA		NA	
7. Location of Proposed Project	City	County	State	Zip Code
597 Park Avenue,	Freehold,	Monmouth County	NJ	07728
8. Total Proposed Level of Service in 2023/2024 1,513 participants		9. Unit of Service Cost in 2023/2024 \$145/participant		
10. Type of Agency (check one) <input 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 checked="" type="checkbox"/> NO <input 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		\$220,000		

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NAME AND TITLE OF CONTRACTOR (Print)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Colleen Nelson, VNACJ VP CFHI	<i>Colleen Nelson</i>	5/3/2024

APPLICATION FOR FUNDS

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

Community Health and Wellbeing- Community Health Care
Special Child Health Services (RFP# CC-14-2024)

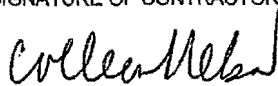
(Insert Service Modality being applied for above)

1. Name of Contractor Visiting Nurse Association of Central-Jersey, Inc.		
2. street Address 597 Park Ave., Suite C, Freehold, NJ 07028	City	County
3. Name and Title of Fiscal Contact Maria Shummelte, Director Finance and Grants		Telephone No. 732-224-6779
4. Name and Title of Director Colleen Nelson, Vice President Children & Family Health Institute		Telephone No. 732-502-5158
5. Name and Title of Program Manager Gail Szente, Program Manager SCHS		Telephone No. 732-677-8714
6. Employer ID No. 	NJ State License No., if Applicable	Accreditations, if Applicable
7. Location of Proposed Project 597 Park Ave., Suite C, Freehold, NJ 07728	City	County
e. Total Proposed Level of Service in 2023/2024 618 unique participants		9. Unit of Service Cost in 2023/2024 \$70 per participant
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 checked="" type="checkbox"/> NO <input 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 \$43,000

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) Colleen Nelson VP Children & Family Health Institute	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 5/3/2024
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APPLICATION FOR FUNDS

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

RFP CC-14-2024 Community Health and Wellbeing - Community Healthcare-
(VNACJ Primary & Preventive)

(Insert Service Modality being applied for above)

1. Name of Contractor				
Visiting Nurse Association of Central Jersey, Inc.				
2. Street Address	City	County	State	Zip Code
597 Park Avenue	Freehold	Monmouth	NJ	07728
3. Name and Title of Fiscal Contact			Telephone No.	
Maria Shummette, Director Grants Finance			732-224-6779	
4. Name and Title of Director			Telephone No.	
Colleen Nelson, VP VNACJ Children & Family Health Center			732-502-5158	
5. Name and Title of Program Manager			Telephone No.	
Robin McRobert, Director Community Programs			732-609-7703	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable	
	NA		NA	
7. Location of Proposed Project	City	County	State	Zip Code
597 Park Avenue,	Freehold,	Monmouth County	NJ.	07728
a. Total Proposed Level of Service In 2023/2024		9. Unit of Service Cost in 2023/2024		
427 participants		\$438/participant		
10. Type of Agency (check one)				
<input type="radio"/> PRIVATE NON-PROFIT <input type="radio"/> GOVERNMENT <input type="radio"/> HOSPITAL <input checked="" type="radio"/> 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="radio"/> YES <input checked="" type="radio"/> NO <input type="checkbox"/> NIA		<input type="radio"/> YES <input checked="" type="radio"/> NO		<input type="checkbox"/> YES <input checked="" type="radio"/> NO
COST OF PROJECT				
14. Total Funds Requested				
187,000				

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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Collleen Nelson, VNACJ VP CFHI		5/3/2024