

SIGNATURE PAGE

CC-1-2022

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: Interfaith Neighbors, Inc.
(PRINT)

Preparer's Name: Kelly Aiuperti
(PRINT)

Signature: Kelly Aiuperti 8/12/21
(DATE)

Address: 810 Fourth Ave
Asbury Park, NJ 07712

Telephone No.: 732-775-0525

Fax No.: 732-775-5422

E-Mail Address: Kellua@interfaithneighbors.org
*** (This should be the email where contracts would be sent) ***

Contact Person: Kelly Aiuperti

FEIN: [REDACTED]
(Federal Employee ID)

(Revised 2/2017)

**COUNTY OF MONMOUTH
DEPARTMENT OF HUMAN SERVICES
MONMOUTH COUNTY DIVISION ON AGING, DISABILITIES AND VETERANS SERVICES**

APPENDIX B
DHS USE ONLY
Final Approved Budget
Yes _____ No _____

Budget and Funding Request Application

D. Program Budget

Agency:	<u>Interfaith Neighbors, Inc.</u>	Budget Period:	<u>1/1/22-12/31/22</u>
Address:	<u>810 Fourth Avenue</u>	Agency Fiscal Year End:	<u>12/31</u>
	<u>Asbury Park, NJ 07712</u>	Prepared By:	<u>Tracy Rademacher</u>
Phone #:	<u>732-775-0525</u>	Total Request:	<u>\$99,292</u>
Fax #:	<u>732-775-5422</u>	Program:	<u>County Public Health</u>
Federal ID #:	XXXXXXXXXX		
Chief Exec. Officer:	<u>Paul McEvily</u>		
Date:	<u>8/15/2021</u>		

	1-Jan-22 Dec. 31, 2022 Program Budget	Grant Request	Approved Grant
A. Personnel	\$ 61,223	\$ 61,223	
B. Consultants and Professional Fees	\$ -	\$ -	
C. Materials and Supplies	\$ 41,399	\$ 41,399	
D. Facility Costs	\$ -	\$ -	
E. Specific Assistance to Clients	\$ -	\$ -	
F. Other	\$ -	\$ -	
G. Total Operation Budget (A thru F)	\$ 102,622	\$ 102,622	
H. Income and Revenue	\$ 3,330	\$ 3,330	
I. Net Operating Budget (G minus H)	\$ 99,292	\$ 99,292	
J. Unit of Service Definition (hrs., days, # of clients, etc.)	MEALS	MEALS	
K. Budgeted # Units of Service	22,590	22,590	
L. Unit Cost (G/K)	\$ 4.54	\$ 4.54	

(DHS
USE
ONLY)

Budget Category	% of Time In Program	-1- Jan 2022-Dec 2022 Program Budget	-2- Grant Request	Approved Grant	(DHS USE ONLY)
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A. PERSONNEL

1. Salaries & Wages
 (List Name & Title of Positions)
 (Indicate FTE/PTE)

Chef/ B. Pothier	57%	\$ 12,227	\$ 12,227	
Program Coordinator/ B. Terry	12%	\$ 2,625	\$ 2,625	
Driver / D. Eagan	36%	\$ 5,005	\$ 5,005	
Assoc. Exec Dir. / C. Craig	8%	\$ 3,414	\$ 3,414	

Budget Category	% of Time in Program	-1- Jan 2022 - Dec 2022 Program Budget	-2- Grant Request	Approved Grant	(DHS USE ONLY)
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A. PERSONNEL

1. Salaries & Wages (List - continued -

Name & Title of Positions)
(Indicate FTE/PTE)

Chef . B Pothier	30%	\$ 13,291	\$ 13,291	
Program Coordinator - B. Terry	9%	\$ 3,155	\$ 3,155	
Driver - D. Eagan	15%	\$ 4,966	\$ 4,966	
Assoc. Exec Director - C. Craig	4%	\$ 3,638	\$ 3,638	
Total Salaries and Wages		\$ 48,321	\$ 48,321	
2. Fringe Benefits at %	27%	\$ 12,902	\$ 12,902	
A. TOTAL PERSONNEL		\$ 61,223	\$ 61,223	

Budget Category	-1- Jan 2022-Dec. 2022 Program Budget	-2- Grant Request	Approved Grant	(DHS USE ONLY)
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**B. CONSULTANTS &
PROFESSIONAL FEES**

1. Accountant			
2. Legal			
3. Medical			
4. Other (List)			
B. TOTAL CONSULTANTS & PROFESSIONAL FEES	\$ -	\$ -	

C. MATERIALS & SUPPLIES

1. Office	\$ 700	\$ 700	
2. Recreation & Crafts		\$ -	
3. Food	\$ 40,699	\$ 40,699	
4.			
5.			
C. TOTAL MATERIALS & SUPPLIES	\$ 41,399	\$ 41,399	

Budget
Category

-1-
Jan. 2022 - Dec. 2022
Program Budget

-2-
Grant Request

Approved Grant

(DHS
USE
ONLY)

D. FACILITY COSTS

1.	Rental			
2.	Utilities			
3.	Maintenance			
4.	Repairs			
5.	Insurance			
6.	Equipment Leases			
7.	Other (List)			
D.	TOTAL FACILITY COSTS	\$	-	\$ -

E. SPECIFIC ASSISTANCE TO CLIENTS

1.	Specific Assistance to Clients			
E.	TOTAL ASSISTANCE TO CLIENTS	\$	-	\$ -

F. OTHER

1.	Printing			
2.	Telephone			
3.	Postage			
4.	Staff Travel at \$ /mile			
5.	Training & Conferences			
6.	Organization Dues			
7.	Program Transportation			
8.	Vehicle Rental			
9.	Vehicle Insurance			
10.	Professional Liability Insurance			
11.	Other Insurance			
12.	Misc. (List)			
F.	TOTAL OTHER	\$ -	\$ -	
G.	TOTAL OPERATING BUDGET (A thru F)	\$ 102,622	\$ 102,622	

H. INCOME AND REVENUE

List and identify all sources of funds **EXCLUDING THIS GRANT REQUEST**. Cite specific department, division or foundation which allocates funds. If more than one grant is obtained from a source, please list specific grantor and amount on a separate sheet and identify.

	1/1/22-12/31/22	GRANTOR
CONTRIBUTIONS RESTRICTED	\$ 3,330	
CONTRIBUTIONS UNRESTRICTED		
SPECIAL APPEALS		
FUND RAISING NET		
OTHER FUNDRAISING/ CONTRIBUTIONS		
GRANTS		
Federal		
GRANTS		
State		
GRANTS		
County		
GRANTS		
United Way		
GRANTS		
Foundations		
GRANTS		
Other		
PURCHASE OF SERVICE FEES		
PROGRAM SERVICE FEES		
CLIENT FEES		
SALES		
INTEREST		
DIVIDENDS		
OTHER: LIST		
H. TOTAL INCOME AND REVENUE	\$ 3,330	
I. NET OPERATING BUDGET (G - H)	\$ 99,292	

**THIS PAGE MUST
BE COMPLETED.**