

SIGNATURE PAGE

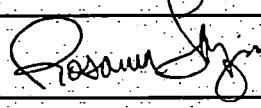
CC-24-2023

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: TIGGER STAVOLA FOUNDATION

Preparer's Name: ROSANNA FAZIO (PRINT)

Signature:  (PRINT) 01 SEP 2023 (DATE)


Address: 93 SHREWSBURY AVE, UITE 7
RED BANK, NJ 07701

Telephone No.: 917-861-6185


Fax No.: _____

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

Contact Person: ROSANNA FAZIO

FEIN: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)

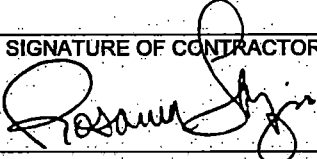
(Revised 2/2017)

APPLICATION FOR FUNDS

[INSERT SERVICE NAME]

1. Name of Contractor TIGGER STAVOLA FOUNDATION					
2. Street Address 93 SHREWSBURY AVE STE 7,		City RED BANK,	County MONMOUTH	State NJ	Zip Code 07701
3. Name and Title of Fiscal Contact ROSANNA FAZIO, FINANCE DIRECTOR			Telephone No. [REDACTED]		
4. Name and Title of Director ANDREA LELAND, EXECUTIVE DIRECTOR			Telephone No. 732-673-6961		
5. Name and Title of Program Manager ANDREA LELAND			Telephone No. 732-673-6961		
6. Employer ID No. [REDACTED]		NJ State License No., if Applicable. [REDACTED]		Accreditations	
7. Location of Proposed Project VIRTUAL PROGRAM		City	County	State	Zip Code
8. Total Proposed Level of Service in 2023/2024			9. Unit of Service Cost in 2023/2024		
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 checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
COST OF PROJECT					
14. Total Funds Requested \$100,000.00					

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 Division of Behavioral Health 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) TIGGER STAVOLA FOUNDATION	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 01 SEP 2023
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