

SIGNATURE PAGE

CC-26-2023

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: Girl Scouts of the Jersey Shore
(PRINT)

Preparer's Name: Carla Scarabino
(PRINT)

Signature: Carla M. Scarabino
(DATE)

Address: 242 Adelpia Road, Farmingdale, NJ 07727

Telephone No.: 732. 938. 5454 cell 732 915 1936

Fax No.: _____

E-Mail Address: cscarabino@gstun.org

*****(This should be the email where Contracts would be sent)*****

Contact Person: Carla Scarabino

FEIN: _____
(Federal Employee ID)

BRC: _____
(Business Registration Certificate)

APPLICATION FOR FUNDS

[INSERT FUNDING CATEGORY YOU ARE APPLYING FOR HERE]

1. Name of Contractor Girl Scouts of the Jersey Shore				
2. Street Address	City	County	State	Zip Code

242 Adelpia Road, Farmingdale, Monmouth, New Jersey 07727

3. Name and Title of Fiscal Contact Thomas Trageser, Chief Financial Officer TTrageser@gsFun.org	Telephone No. 800.785.2090
4. Name and Title of Director Heather Coburn, Chief Executive Officer HCoburn@gsFun.org	Telephone No. 800.785.2090
5. Name and Title of Program Manager Brie Montella, Chief Operations Officer BMontella@gsFun.org	Telephone No. 800.785.2090

6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]	Accreditations American Camp Association Accredited
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7. Location of Proposed Project	City	County	State	Zip Code
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Camp Sacajawea, 242 Adelpia Road, Farmingdale, Monmouth, NJ 07727

8. Total Proposed Level of Service in 2024 12,500 members, including 500 no-cost troops	9. Unit of Service Cost in 2024 \$414 per Girl Scout member
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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 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 \$138,400

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) Carla Scarabino, Chief Development Officer, Girl Scouts of the Jersey Shore	SIGNATURE OF CONTRACTOR <i>Carla M. Scarabino</i>	DATE OF APPLICATION 10/27/2023
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