

#21

SIGNATURE PAGE

CC-5-2023

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: Lunch Break
(PRINT)

Preparer's Name: Jennifer Jones
(PRINT)

Signature: Jennifer Jones 9/22/22
(DATE)

Address: PO Box 2215
Red Bank, NJ 07701

Telephone No.: 732-747-8577 ext. 3105

Fax No.: 732-383-8032

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

Contact Person: Jennifer Jones Grant Writer

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)

(Revised 2/2017)

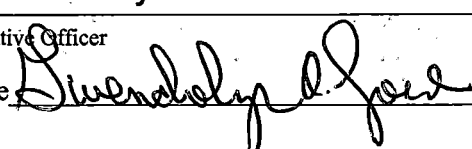
SOCIAL SERVICES FOR THE HOMELESS (SSH)		
ELIGIBLE ACTIVITY CATEGORY		
2023 FUNDING REQUEST SUMMARY SSH STATE	AMOUNT REQUESTED	AMOUNT APPROVED (For Monmouth ACTS Use ONLY)
EMERGENCY SHELTER	300,000	
SUB-TOTAL EMERGENCY SHELTER	300,000	
HOMELESSNESS PREVENTION		
Mortgage Arrears		
Rent Arrears		
Utility Arrears		
Security Deposits/First Month's Rent		
Other, specify		
SUB-TOTAL HOMELESSNESS PREVENTION		
2023 FUNDING REQUEST SUMMARY SSH TANF		
EMERGENCY SHELTER	78,000	
SUB-TOTAL EMERGENCY SHELTER	78,000	
HOMELESSNESS PREVENTION		
Mortgage Arrears		
Rent Arrears		
Utility Arrears		
Security Deposits/First Month's Rent		
Other, specify		
SUB-TOTAL HOMELESSNESS PREVENTION		
<i>(Please total all of the above categories)</i>		
Grand Total	378,000	

Monmouth ACTS Advisory Council

SOCIAL SERVICES FOR THE HOMELESS JANUARY 1, 2023 – DECEMBER 31, 2023 APPLICATION

Project Information	
AMOUNT REQUESTED	\$378,000
PROJECT TITLE	Family Promise of Monmouth County Shelter Program
ADDRESS OF PROJECT	501 Malterer Ave.
CITY/STATE	Oceanport, NJ
ZIP CODE	07757
Contractor Information	
NAME OF CONTRACTOR	Lunch Break
ADDRESS	P.O. Box 2215
CITY/STATE	Red Bank, NJ
ZIP CODE	07701
FEDERAL EMPLOYER I.D. NUMBER	[REDACTED]
NAME AND TITLE OF CHIEF EXECUTIVE OFFICER	Gwendolyn O. Love Executive Director
NAME OF CHIEF FINANCIAL OFFICER	Barbara Hickok Finance Manager
Project Contact	
NAME, TITLE, AND ADDRESS OF PERSON WHO WILL BE COORDINATING THE PROJECT	
NAME	Lenore Gibson
TITLE	Program Director
ADDRESS	501 Malterer Ave.
CITY/STATE	Oceanport, NJ
ZIP CODE	07757
PHONE	732-747-8577 ext. 3301
FAX NUMBER	732-495-0400
EMAIL ADDRESS	lgibson@lunchbreak.org

CERTIFICATION: TO THE BEST OF MY KNOWLEDGE AND BELIEF, THE DATA IN THIS APPLICATION ARE TRUE AND CORRECT, THE DOCUMENT HAS BEEN DULY AUTHORIZED BY THE GOVERNING BODY OF THE CONTRACTOR, AND THE CONTRACTOR WILL COMPLY WITH THE ATTACHED ASSURANCE IF THE ASSISTANCE IS PROVIDED.

NAME Gwendolyn O. Love
Chief Executive Officer
Signature 

Name of Agency Lunch Break

SSH RFP Application 2023