



# Monmouth County Park System

Providing Open Space, Parks, and Recreation

805 Newman Springs Road, Lincroft, NJ 07738-1695 • 732-842-4000  
www.monmouthcountyparks.com

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January 1, 2026

Dear Program Director:

The Monmouth County Park System is pleased to offer our RecAssist for Groups programs to the residents of Monmouth County. Through this initiative, reduced rate recreational programs are made available to eligible county residents by providing qualifying agencies access to a wide variety of group programs at a discount of up to 50%. Whether you are a returning agency, or applying for the first time, the Monmouth County Park System looks forward to serving you through this expansive program.

All agencies interested in participating are required to complete the attached application. Please note we must receive the application with original signatures and the affidavit must be signed and sealed by a Notary Public. Once certified, your organization will have access to a wide variety of group programs listed in our RecAssist catalog. The application and \$25.00 registration fee must be renewed annually and approved by this office before programs will be billed at the reduced rate.

At the Monmouth County Park System, we are committed to providing recreational opportunities that are of the highest standards. Our group programs offer participants the potential to develop new skills, identify new passions, meet new people, explore new places, and foster an appreciation for recreation and nature. Our goal is for each participant to enjoy positive, enriching, and healthy experiences in the parks, which will provide a lifetime of fond memories.

In this year's booklet, we are offering a wide array of group programs for your consideration. Please review at your earliest convenience and contact the staff listed for reservations. It is our desire to accommodate your requests to the best of our ability; please provide at least 1-2 months lead-time for scheduling. If our existing programs do not meet the needs of your group, please reach out and we will do our best to customize a program that works for you.

Agencies that would like to be considered for bussing or additional financial assistance must complete those sections accordingly. Our staff will inform you if your organization is awarded additional benefits. Funds are available on a first-come-first-served basis until depleted. If you have any questions or would like to discuss customized programming to suit your organization's particular needs, feel free to contact Community Recreation: 732-834-9606.

We look forward to serving with you!

Sincerely,  
Tracy Shiffman  
Recreation Supervisor, Community Recreation  
Monmouth County Park System  
tracy.shiffman@monmouthcountyparks.com

The Nation's First Accredited Park and Recreation Agency





# Monmouth County Park System **RECASSIST FOR GROUPS**

**PROGRAM  
 AGREEMENT**

## General Information

Agency	_____
Billing Address	_____
Physical Address (if applicable)	_____
Total Number of Participants Served	_____

Briefly Describe Agency Mission

## Contact Information

Please only list the name, phone number, and email of agency members who will be coordinating programs with the Monmouth County Park System on behalf of your agency.

Name	Phone Number	Email
_____	W _____ C _____	_____
_____	W _____ C _____	_____
_____	W _____ C _____	_____
_____	W _____ C _____	_____



# Monmouth County Park System RECASSIST FOR GROUPS

## PROGRAM AGREEMENT

Whereas this agreement between the Monmouth County Park System and \_\_\_\_\_ (Agency Name) is for the period of January 2026 through December 2026.

Therefore, it is mutually agreed by both parties that:

- The local agency certifies that a minimum of 85% of program participants have been determined to be economically disadvantaged and currently in need of financial assistance. The Monmouth County Park System may require proof of eligibility.
- All program fees shall be payable to the Monmouth County Park System after the completion of each program, unless otherwise agreed upon.
- If the local agency is unable to pay the program fees when due, this agreement shall become null and void and any programs scheduled for the future shall be cancelled.

It is further agreed that the agency will undertake the following:

- Agency is responsible for reading synopsis of program, understanding the contents, and communicating said contents to the program participants.
- Agency must inform the Monmouth County Park System of any medical limitations for program participants.
- When program is being held in a local facility, the facility shall be safe, secure and all utilities functional, with the agency being responsible for facility preparation and clean up.
- Agency is responsible for providing adequate supervision and discipline for all participants.

The Agency shall abide by all Monmouth County Park System policies and procedures as listed below:

- When reserving your program, you must provide an accurate group size. If your group size changes, you must notify the programmer before the start of the program.
- Reservations are made on a first-come, first-served basis. There are minimum participant numbers for many of our programs; therefore, minimum fees for each program. Even if your group does not meet the minimum number of participants, you will be charged the minimum fee.
- Your agency is responsible for transporting to and from the activity, unless otherwise arranged. Please be aware of the specific meeting place and time for your group.



# Monmouth County Park System RECASSIST FOR GROUPS

## PROGRAM AGREEMENT

The Agency shall abide by all Monmouth County Park System policies and procedures as listed below (continued):

- If you must cancel a program, you must notify us at least three (3) days prior. Cancellations must be made with the person you made the reservation with. If your group is more than 15 minutes late, the program will be shortened. If your group is more than 30 minutes late, the program will be forfeited.
  - For most activities, payment is not required in advance. The exception to this policy is Historic Longstreet Farm at Holmdel Park. Monmouth County Park System staff will not be able to conduct your program at Historic Longstreet Farm unless payment is made in advance.
  - If you have reserved a program and neglect to attend or cancel in a timely manner, you will be charged the minimum fee.
- Your organization must provide adequate chaperones/staff for each program. The Monmouth County Park System requires a chaperone to participant ratio of 1 to 7.
  - Chaperones must be familiar with the participants and possess contact names and emergency information on each participant.
- If Monmouth County Park System program leaders encounter discipline problems, the following steps will be taken:
  - Monmouth County Park System staff will inform the chaperones of the problem and ask them to correct it.
  - If the problem continues, a chaperone will be asked to remove the disruptive participant and stay with them away from the activity.
  - If the problem still cannot be resolved, the Monmouth County Park System program leaders will terminate the program.

**Registration: By completing and submitting this form, a \$25.00 registration fee will be paid by the agreeing agency.**

The following representatives of the Monmouth County Park System and \_\_\_\_\_ (Agency Name) hereby accept this agreement.

For: \_\_\_\_\_  
Agency Name

For: **Monmouth County Park System**  
Agency Name

\_\_\_\_\_  
Name of Authorizing Figure for Agency

\_\_\_\_\_  
Name of Authorizing Figure for MCPS

\_\_\_\_\_  
Signature of Authorizing Figure for Agency

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Authorizing Figure for MCPS

\_\_\_\_\_  
Date



# Monmouth County Park System

## RecAssist FOR GROUPS

### TRANSPORTATION ASSISTANCE APPLICATION

The Monmouth County Park System, with the assistance of the Friends of the Parks, provides transportation assistance to programs booked at Monmouth County Park System locations to agencies that would not otherwise be able to take advantage of RecAssist for Groups. Please make sure the application is completed in its entirety. Incomplete applications may cause delays or forfeit eligibility for transportation assistance. Please note that completing this application does not guarantee that transportation assistance has been approved. A Monmouth County Park System representative will contact you to let you know if funding has been allocated to your agency. If you are scheduled for a bus pick-up and encounter any problems whatsoever, please call 732-834-9606 immediately so we can resolve the situation.

1. Will you be requiring transportation assistance?  
Yes                      No
  
2. Does your agency have access to its own transportation?  
Yes                      No
  
3. Does your agency have access to funding for transportation?  
Yes                      No
  - a. If so, please list: \_\_\_\_\_
  
4. How many times do you anticipate requesting transportation assistance? \_\_\_\_\_
  - a. For how many passengers \_\_\_\_\_

By requesting Transportation Assistance, you accept that a \$300.00 penalty fee will be billed to your agency if less than 24 hours' notice is given to cancel transportation.

For: \_\_\_\_\_  
*Agency Name*

\_\_\_\_\_  
*Name of Authorizing Figure for Agency*

\_\_\_\_\_  
*Signature of Authorizing Figure for Agency*                      \_\_\_\_\_  
*Date*



# Monmouth County Park System RecASSIST FOR GROUPS

## FINANCIAL ASSISTANCE APPLICATION

The Monmouth County Park System, with the assistance of the Friends of the Parks, provides limited financial assistance to agencies that would not otherwise be able to partake in RecAssist for Groups programming. Please make sure the application is completed in its entirety. Incomplete applications may cause delays or forfeit eligibility for financial assistance. Please note that completing this application does not guarantee that financial assistance has been approved. A Monmouth County Park System representative will contact you to let you know if funding has been allocated to your agency.

1. Will you be requiring financial assistance?

Yes                      No

2. How many programs are you anticipating needing financial assistance on?

\_\_\_\_\_

3. Does your agency have access to funding for programs?

Yes                      No

If so, please list approximately how much:

\_\_\_\_\_

By requesting Financial Assistance, you acknowledge that it is the responsibility of your agency to ensure that the Program Permit/Receipt accurately reflects any programs to be funded by the Monmouth County Park System's Friends of the Parks. If billing information is incorrect and not brought to the attention of a Monmouth County Park System staff member prior to the completion of the program, it is the responsibility of the agency to remit payment.

For: \_\_\_\_\_

*Agency Name*

\_\_\_\_\_  
*Name of Authorizing Figure for Agency*

\_\_\_\_\_  
*Signature of Authorizing Figure for Agency*

\_\_\_\_\_  
*Date*



# Monmouth County Park System RecASSIST FOR GROUPS AFFIDAVIT

I, \_\_\_\_\_ (Name of Officer)  
of the \_\_\_\_\_ (Organization)  
of \_\_\_\_\_ (Town )

in the County of Monmouth and the State of New Jersey of full age, being duly sworn according to law upon my oath deposes and says that:

I am \_\_\_\_\_ (Office Held)  
of the organization of \_\_\_\_\_ (Organization)  
an applicant for eligibility to receive Monmouth County Park System recreation programs at a reduced fee (RecAssist for Groups). I warrant to the Board of Recreation Commissioners of the County of Monmouth that said organization certifies that all program participants sent by this organization to participate in RecAssist for Groups are low-income residents of Monmouth County. All statements contained in this affidavit are true and correct, and made with full knowledge that the Board of Recreation Commissioners of the County of Monmouth relies upon the truth of the statements contained in this affidavit in authorizing the reduced rate for RecAssist for Groups.

Subscribed and sworn by \_\_\_\_\_  
*Signature of Affiant*

before me this \_\_\_\_\_ day of \_\_\_\_\_, 2026.  
*Date* *Month*

\_\_\_\_\_  
*Name of Notary Public*

\_\_\_\_\_  
*Signature of Notary Public*

My Commission Expires: \_\_\_\_\_

Notary Seal