



Monmouth County

DOAS14AAA006

**DHSS Organization Information Review Page** Check here if no Attorney

**Name of Attorney for Agency** Andrea I. Bazer, Esq.  
**Attorney Telephone** (732) 683-8640  
**Attorney Email** Andrea.Bazer@co.monmouth.nj.us  
**Address 1** Hall of Records, Room 236  
**Address 2** One East Main Street  
**City** Freehold **State** New Jersey **Zip** 07728

**Name of Principal Agency Contact** Michael T. Ruane  
**Title of Principal Agency Contact** Ex. Director - Office on Aging  
**Principal Agency Telephone** 732-431-7450  
**Principal Agency E-mail** Michael.Ruane@co.monmouth.nj.us  
**Address 1** 21 Main & Court Center  
**Address 2** P.O. Box 1255  
**City** Freehold **State** New Jersey **Zip** 07728

**Name of Principal Program Contact** Michael T. Ruane  
**Title of Principal Program Contact** Executive Director  
**Principal Program Telephone** 732-431-7450  
**Principal Program E-mail** michael.ruane@co.monmouth.nj.us  
**Address 1** PO Box 1255  
**Address 2** 21 Main & Court Center  
**City** Freehold **State** New Jersey **Zip** 07728

**Name of Principal Fiscal Contact** Patricia Johnson  
**Title of Principal Fiscal Contact** Senior Accountant  
**Principal Fiscal Telephone** 732-431-7450  
**Principal Fiscal E-mail** patricia.johnson@co.monmouth.nj.us  
**Address 1** PO Box 1255  
**Address 2** 21 Main & court Center  
**City** freehold **State** New Jersey **Zip** 07728

**Agency Fiscal Year End** (mm/dd) 12/31**Does the Agency Meet the following Licensure Requirements?**

**Facility** N/A  
**Services** N/A  
**Personnel** N/A

**Is a copy of the license attached?****Agency Accounting System** Accrual Basis**Affirmative Action Plan** Yes**Selected Type of Agency:** County

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**ADDITIONAL PROJECT TYPE SELECTION**

**Project Types**

- Supplemental Home Delivered Meals (SHDM) -19
- Disaster Relief Funding - 45
- Care Transitions - 46
- Non APC Funds - 25
- Special Programs - 23
- SSBG Disaster Assistance - 47
- Community Based Senior Program - 48
- Other 3
- Other 4
- Other 5
- Other 6
- Other 7



**Application Summary**

Will any member of the Board of Directors/Trustees receive any direct or indirect personal or monetary gain from the funding of this grant?  Yes  No

Name of Member(s) (separate with commas):

Does any member of the Board of Directors/Trustees serve on any board, council commission, committee or Task Force which has regulatory or advising influence on the funding program?  Yes  No

Name of Board, Council, etc.

Select Preferred Payment Plan Advance Payment

Name of Grantee: Monmouth County

Organization Address

Monmouth County

Hall of Records One East Main Street PO Box 1256

Freehold, NJ 07728-1256

Phone: (732) 431-7391

Fax: (732) 409-4824

Email Address:

Federal Tax Identification Number: 216000881

Vendor Number: 216000881-00

Vendor Unit: MONMOUTH CO

**Vendor Unit Address** 1 EAST MAIN ST

Certificate of Need Project  Pending  Not Required

Is political subdivision covered by NJ Civil Service Merit System?  Yes  No

If grant is awarded, will funds be used to replace other funds which would be available in absence of award?  Yes  No

Name of NJDHSS Program Manager Regarding Application: Tina Zsenak

**Type of Request**

- New
- Renewal of Grant #: DACS13AAA045
- Modification to Grant #:

**Budget Period** (Month/Day/Year) - This is the period of time for which a grant is to be funded.

From: 1/1/2014 Through: 12/31/2014

**Project Period** (Month/Day/Year) - This the period of time expected to complete the project.

From: 1/1/2014 Through: 12/31/2014



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**Project Location**

Please check this box if the project is statewide

County to filter by:

Monmouth County

Municipalities:

Aberdeen Township  
Allenhurst Borough  
Allentown Borough  
Asbury Park City  
Atlantic Highlands Borough  
Avon-By-The-Sea Borough  
Belmar Borough  
Bradley Beach Borough  
Brielle Borough  
Colts Neck Township  
Deal Borough  
Eatontown Borough  
Englishtown Borough  
Fair Haven Borough  
Farmingdale Borough  
Freehold Borough  
Freehold Township  
Hazlet Township  
Highlands Borough

Project Location

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1sbServiceAreaMunicipalities continued

Holmdel Township  
Howell Township  
Interlaken Borough  
Keansburg Borough  
Keyport Borough  
Lake Como Borough  
Little Silver Borough  
Loch Arbour Village  
Long Branch City  
Manalapan Township  
Manasquan Borough  
Marlboro Township  
Matawan Borough  
Middletown Township  
Millstone Township  
Monmouth Beach Borough  
Neptune City  
Neptune Township  
Ocean Township  
Ocean Township  
Oceanport Borough  
Red Bank Borough  
Roosevelt Borough  
Rumson Borough  
Sea Bright Borough  
Sea Girt Borough  
Shrewsbury Borough  
Shrewsbury Township  
Spring Lake Borough  
Spring Lake Heights Borough  
Tinton Falls Borough  
Union Beach Borough  
Upper Freehold Township

**Project Location**

**DOAS14AAA006**

**lsbServiceAreaMunicipalities continued**

Wall Township

West Long Branch Borough

**AAA ADVISORY COUNCIL**

Name	Affiliation	Gender	Ethnicity	Race	Age	Select all That Apply			
	Veteran, Volunteer, Elected Official, Person with Disability, Other Agency, etc.					General Public	Family Caregiver	Service Provider	Represents Business Community
Carol Abaya	Volunteer; Sandwich Generation	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Marie Bayerle	Seniors of Raintree; St. Roberts Seniors	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Isaiah Cooper	Volunteer Keyport Food Pantry; Veteran	M	Not Hispanic or Latino	Black or African American (Alone)	60 and over				
Phoebe Dichner	Volunteer; Marlboro Jewish Center	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Edward Eastman	Attorney; Councilman	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	Under 60				
Joyce Grant	Volunteer; Chair CFOP; Cochair OPC;	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Ron Griffiths	Volunteer; Rep-Freehold Sr	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
James Henry	Attorney, Community Emergency Response	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Jean Hering	Raintre Senior Group	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Rose Marie Kakol	Middletown Senior Center	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				



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**AAA ADVISORY COUNCIL**

Name	Affiliation	Gender	Ethnicity	Race	Age	Select all That Apply			
	Veteran, Volunteer, Elected Official, Person with Disability, Other Agency, etc.					General Public	Family Caregiver	Service Provider	Represents Business Community
Sarah Larsen	Keyport Senior Center	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Dorsey Latza	Member of NJEA	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Helen Montano	Volunteer; NARFE	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Susan O'Brien	Fair Haven Planning Board	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Louis Parisi	VFW	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Amy Quinn	Volunteer; Attorney; Community Health Law	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	Under 60				
Sharon Stark	Volunteer; Mon. Univ. School of Nursing	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Jud Thorne	Keyport Senior Center	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Bessie Wade	Volunteer; AARP; Brookdale Scholarship	F	Not Hispanic or Latino	Black or African American (Alone)	60 and over				
Milton Ziment	MC Cancer Coalition; JCC Home Meals	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				



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**AAA ADVISORY COUNCIL**

Name	Affiliation	Gender	Ethnicity	Race	Age	Select all That Apply			
	Veteran, Volunteer, Elected Official, Person with Disability, Other Agency, etc.					General Public	Family Caregiver	Service Provider	Represents Business Community
Vincent D'Elia	Family & Children's Service	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Kathleen Lodato	Monmouth County Transportation (SCAT)	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	Under 60				
Joseph Marmora	Interfaith Neighbors	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Susan Moleon	Monmouth County Disabilities	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	Under 60				
Patrice Nugent	Middletown Senior Center	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	Under 60				
Michael Ruane	Monmouth County Office on Aging	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Sandi Silber	Interfaith Neighbors	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Pat Bohse	SCAN	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				
Carol Zur	Howell Senior Center	F	Not Hispanic or Latino	White (Alone)-Non-Hispanic	Under 60				
Thomas Adcock	Volunteer	M	Not Hispanic or Latino	White (Alone)-Non-Hispanic	60 and over				

**Advisory Council - Advocacy**

Enter Description of AAA Activities Below:

The AAA has broadened its communication with elected officials via meetings, letter writing, telephone calls and emails, in particular with Congressional representatives such as US Representatives Pallone and Holt and various NJ Senators and Legislators.

The AAA continues to research grassroots and health care agencies (Monmouth County Cancer Coalition) to promote a stronger sense of cooperation to develop a proactive and cooperative network.

The implementation of the Aging and Disabilities Resource Connection (ADRC) statewide as of May 24, 2012 has married the AAA with the Office of Disabilities. In 2013, the ADRC continues to help connect people with the services they need to continue living independently in the community for as long as possible by finding the programs and services that fit their individual needs.

A special appointed member of the Council is also a County Veteran Service Officer (CVSO). She informs the Council of all activities involving veterans and particularly of benefits and pensions to which they are entitled.



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**Advisory Council - Advocacy Continued**

Enter Description of Advisory Council Activities Below:

The Advocacy and Legislation Committee includes eight persons, two of whom bring significant legal and federal government experience which enables the committee to address current and future needs of seniors and disabled persons. The Chair of this committee is also the Chair of the Advisory Council.

Every Advisory Council member has assumed the responsibility of visiting contracted provider agencies to become more aware of the accomplishments, challenges and needs those agencies experience in order to bring that information to elected county officials for their awareness and support.



**Advisory Council - Advocacy Continued**

Enter Description of the joint AAA/Advisory Council Activities Below:

The AAA/AC has explored new legislations and has also pursued previous legislations available to seniors and persons with disabilities. In response to the proposed Federal budget changes, their prioritization has been passage of the Older Americans Act along with Sequestration, housing, transportation, and taxes. They have been involved with the Regional AAA's and statewide AAA's during the recent budgetary actions concerning seniors and persons with disabilities.

**MISSION STATEMENT AND EXECUTIVE SUMMARY OF THE AAA****Include Mission Statement of the AAA:**

Our mission is to enhance the quality of life of Monmouth County Older Adults and their caregivers through the planning and delivery of services by highly effective employees in partnership with public and private organizations. We are committed to providing services with respect, care and accountability and to build on our partnership with the Division of Social Services and county senior centers to ensure easy access to our senior service delivery system. Our office continues advocacy for the elderly by advising local government of the needs of older adults, recommending legislation where appropriate, and monitoring all programs funded under Title III of the Older Americans Act (as amended, through a grant by the State of New Jersey, Department of Health and Senior Services, Division of Senior Affairs). Programs funded under the Act provide supportive services for outreach, legal, nutrition, transportation, home care, senior centers, protective services, care management, residential maintenance education and socialization/recreation.

**EXECUTIVE SUMMARY OF THE AAA - Continued****Include Executive Summary of the AAA:**

The guiding principle of the Monmouth County Office on Aging is the expansion of its presence, service and connection with the seniors and persons with disabilities within the County.

The Advisory Council's regular membership is currently 20 with 6 Special Members appointed by the Board of Freeholders. Each member of the Advisory Council has been actively participating in visitations to contracted provider sites in order to broaden their understanding of the nature and services they provide and to become more fluent in their ability to communicate that to seniors and persons with disabilities.

The Office on Aging has made direct contact with mayors encouraging them to appoint representatives from their municipalities. The Executive Director has also written letters requesting municipal representatives to mayors and city managers to serve on the Municipal Coordinating Council. In the summer edition of the OOA Newslines, the OOA also asked for community members to volunteer for the councils.

The Office on Aging's commitment to using electronic outreach continues to offer opportunities to reach the senior and disabled populations of Monmouth County through outreach to County health facilities, senior centers, Advisory Council members, Senior Medicare Patrol Advisory Board members, and others.

Access to services for seniors, persons with disabilities and caregivers is the Office on Aging's most important task and is achieved by generating and disseminating information through a coordinated system of well-trained workers, and screening and referral by our Information and Assistance Specialists.



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**PUBLIC HEARING**

Date/ Time	Location	# Attendees						Survey of Needs			Outreach to Target Population				Upload a Copy of the public newspaper advertisement
		Total #	Public	AAA Staff	Service Providers	Special Guests, i.e. Freeholders	Advisory Council	Attendees were Provided with the Following (Check all that apply)			Announcement method(s)	Public Hearing was conducted in these languages	Bilingual Services were available	Transportation was Available upon request	
								Agenda	Needs Assessment	Survey					
6/12/2013 2:00:00 PM	Monmouth County Agricultural Building, Conference Room, 4000 Kozloski Road, Freehold, NJ 07728	43	13	3	19	0	8	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Asbury Park Press; Notice in MC Hall of Records; OOA Sr Newslines; Sr Centers.	English	No	Yes	450516-PublicHearingNot ice6-6and6-8-12.pdf 722948-Publichearing6-1 2-13PublicHearing-Press
		0						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		0						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		0						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
		0						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					



**Target Population - Targeting Goals**

TARGET POPULATION		A	B	C	D	E	F	G (GOAL)	
		Enter census data for 2010				Estimate, based on average historical level of service			
		Actual # County Population 60+	Actual % County Population 60+	Actual # County Population 60+ with income <b>Below Poverty</b>	Actual % County Population 60+ with income <b>Below Poverty</b>	Estimated # County Population 60+ AAA will serve in the current Area Plan Contract Grant Year	Estimated % County Population 60+ AAA will serve in the current Area Plan Contract Grant Year	Estimated % County Population 60+ AAA will serve in the Next Area Plan Contract Grant Year	
<b>N A P I S</b>	<b>ETHNICITY</b>	123809				35863			
	Hispanic or Latino	4172	3 %			1168	28 %	29 %	
	Non-Hispanic or Latino	119637	97 %			34695	29 %	31 %	
	<b>RACE OR ETHNICITY</b>	123809				35863			
	White (Alone) Non-Hispanic	106765	86 %			31309	29 %	31 %	
	White (Alone) - Hispanic	3154	3 %			820	26 %	28 %	
	American Indian or Alaskan Native (Alone)	154	0 %			13	8 %	9 %	
	Asian (Alone)	4445	4 %			578	13 %	14 %	
	Black (Alone) or African-American (Alone)	7734	6 %			2862	37 %	39 %	
	Native Hawaiian or Other Pacific Islander	17	0 %			5	29 %	29 %	
	Persons: 2 or more races	810	1 %			130	16 %	17 %	
	Other Ethnic Group(s):	730	1 %			146	20 %	21 %	
<b>TOTAL COUNTY POPULATION 60+</b>	123809		6803	5 %	35863				

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	FUNCTIONAL ABILITY					47171		
<b>STATE</b>	Frail					2600	33 %	22 %
	Vulnerable					44571	20 %	38 %



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**PRIORITIES UPDATE AND ACCOMPLISHMENTS**

This section is the AAA's update on the progress made from the current Area Plan Contract grant year.

Each of the OAA/SUA are addressed as instructed.

**Priority Type:**

TITLE III E CAREGIVERS

**Priority Description:**

The Office on Aging's Caregiver Specialist has actively focused on the wellbeing of caregivers in Monmouth County. Her efforts have resulted in three ongoing Caregiver Support Groups, an active and growing Outreach network, Caregiver Vendor Fairs, short-term case management, and close collaboration with the newly hired Outreach Coordinator.

The Caregiver Respite Days in November are always hugely successful. Caregivers of seniors 60 and older are invited, encouraged and supported with practical, personal and educational resources to assist them in their care giving responsibilities. Inspirational speakers and small group leaders facilitate a variety of smaller sessions covering several different topics. Vendors assisting caregivers are in attendance; breakfast and lunch are provided to all attendees; and participants enjoy a day of laughter, education and resource acquisition to help them provide care to the senior in their life.

The National Family Caregiver Support Program has proven to be a valuable resource to caregivers in Monmouth County. Services offered cover the spectrum from information and referral, education, benefits screenings, home visits, brief counseling and support groups to case management.



**PROGRESS SUMMARY - ACCOMPLISHMENTS AND REVISED PRIORITIES**

This section is the AAA's update on the progress made from the current Area Plan Contract grant year.

Each of the OAA/SUA are addressed as instructed.

**Priority Type:**

TRANSPORTATION

**Priority Description:**

The Assisted Transportation Program provided by one of Monmouth County's grantees was initiated and has grown revealing an increased need for such a service among the frailest 60+ seniors and persons with disabilities. There have been considerable requests from the under 60 population especially among the disabled, but they have not been able to be served through this program.

This program has become a model for the County and was promoted in RFP's for the 2013-2015 funding cycle.

**PROGRESS SUMMARY - ACCOMPLISHMENTS AND REVISED PRIORITIES**

This section is the AAA's update on the progress made from the current Area Plan Contract grant year.

Each of the OAA/SUA are addressed as instructed.

**Priority Type:**

NUTRITION

**Priority Description:**

**Limited Initiatives:** In light of increased fuel and food costs and with no increase of program funds, our nutrition vendors will continue to streamline their menus and reach out to vendors to increase food quality and decrease costs. The measurable objective in light of the demands of providing food to all the "new" homeless brought about by Hurricane Sandy will be to see if we can match 2013's numbers as well as keep our waiting lists at zero.

**Food Insecurity Beyond Title III:** As a result of Hurricane Sandy, all food banks within Monmouth County continue to be sorely pressed to aid all the people who have lost their homes and other possessions. This will continue to have a heavy impact on our seniors over the coming months. Monmouth County will again have a food drive in an attempt to assist the various food pantries in the county.

**Initiatives to Attract Various Cultures:** Our nutrition providers continually review the demographics of their clientele. As a culture with unique ethnic food needs is identified, our providers will develop/adopt a diet to meet these needs provided it is cost effective and does not impact on our other clients.

**Project Evaluation:** Vendors will be evaluated based upon matching 2013's numbers of clients served and the elimination of waiting lists with consideration being given due to the continuing impact of Hurricane Sandy. Evaluations will also be based on: client satisfaction surveys, OOA staff audits of services provided, spot visits by OOA staff, public forums, etc.



**PROGRESS SUMMARY - ACCOMPLISHMENTS AND REVISED PRIORITIES**

This section is the AAA's update on the progress made from the current Area Plan Contract grant year.

Each of the OAA/SUA are addressed as instructed.

**Priority Type:**

EVIDENCE BASED HEALTH

**Priority Description:**

The Chronic Disease Self Management Program is now administered by the Senior Citizens Activity Network (SCAN) with funds from Monmouth County Office on Aging and a state grant. The program has grown since its inception with collaboration with the Office on Aging. Schedules are shared and referrals are made to the sessions through our I&A specialists and care managers. An additional evidence based program, "A Matter of Balance", is administered by the Monmouth County Department of Public Health with collaboration from the Office on Aging as well. The Assistant Executive Director participates on the County Health Improvement Planning committee where the various health programs existing in the county are discussed and evaluated.

**PROGRESS SUMMARY - ACCOMPLISHMENTS AND REVISED PRIORITIES**

This section is the AAA's update on the progress made from the current Area Plan Contract grant year.

Each of the OAA/SUA are addressed as instructed.

**Priority Type:**

COMMUNITY PARTNERSHIPS

**Priority Description:**

Through a partnership with the Monmouth County Cancer Coalition, the early detection of cancer among all people, especially among seniors and persons with disabilities, continues to grow through involvement in Oral Cancer screenings, and Skin Screening programs such as "Choose Your Cover." Palliative Care programs have been provided and enlarged to reach a maximum number of residents within Monmouth County. The Office on Aging provides vital information regarding cancer to all its staff and providers, professional and volunteer personnel via the electronic database and live presentations.

The County Office of Public Information has taken on several new OOA projects and created handsome and professional literature for widespread promulgation. Included are a compact Pocket Guide of Services for Seniors and Persons with Disabilities, Caregiver Program tri-folds, TRIAD Project Gold Star information, etc.

Collaboration with private non-profit and for profit community health facilities promotes the presence of the Office on Aging to seniors and persons with disabilities who might otherwise not be familiar with its services through the "Making the Link" program.

Advisory Council representatives attend regional and statewide meetings pertaining to senior issues (transportation, P.A.A.D., Medicare, Medicaid, Advisory Council Summit).

The Silent Senior Program is a County wide Community Partnership. All residents of the County have been asked to contact the Office on Aging to notify them of anyone living in their area of the County who may be living alone and has no apparent contact with outside groups but who may be in need of services provided by the Office on Aging.

The Office on Aging participates with the county Office of Emergency Management in

**Priorities Update and Accomplishments**

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**varProgressSummary5 continued**

the "Register Ready" program. In addition, the Office on Aging will be supporting the County Clerk's initiative to establish an outreach office in Neptune Township to increase visibility of Office on Aging services.



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**PRIORITIES UPDATE AND ACCOMPLISHMENTS**

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Each of the OAA/SUA are addressed as instructed.

**Priority Type:**

SAMS

**Priority Description:**

A "point person" is designated within the Office on Aging to facilitate the introduction of SAMS and is the official liaison with DoAS and Harmony.



**PROGRESS SUMMARY - ACCOMPLISHMENTS AND REVISED PRIORITIES**

This section is the AAA's update on the progress made from the current Area Plan Contract grant year. Each of the OAA/SUA are addressed as instructed.

**Priority Type:**

MENTAL HEALTH

**Priority Description:**

Continued collaboration with the Monmouth County Director of Mental Health and Addiction Services has developed a closer relationship with the Office on Aging in terms of public awareness, reduction of screening barriers and the development of diagnostic and treatment assistance procedures.



**PROGRESS SUMMARY - ACCOMPLISHMENTS AND REVISED PRIORITIES**

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**Priority Type:**

FISCAL ACCOUNTABILITY

**Priority Description:**

The Executive Director and the Finance Director of the Office on Aging and Disabilities meet weekly to discuss, evaluate and analyze the current fiscal situation.

They also meet monthly with the entire managerial staff to alert them to the status of the fiscal scene and to assist them with their management of funds, and quarterly with their providers to assist them with the appropriate management of their grants to assure their fiscal accountability.

**PROGRESS SUMMARY - ACCOMPLISHMENTS AND REVISED PRIORITIES**

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**Priority Type:**

LONGTERM PLANNING

**Priority Description:**

Ongoing meetings with the managerial staff provide and assure a clarity of purpose and direction of the Office on Aging and Disabilities.

Joint Sessions of the Office on Aging's Advisory Council, Municipal Coordinators and Coordinating Council educate seniors in order to assist them with discussing senior trends with their respective constituents.

A yearly retreat for the entire Office on Aging and Disabilities staff provides long term morale assistance and job satisfaction.

However, Long Term Planning is in a state of disarray due to the uncertainty of funding from Federal, state, and county governments. In addition, the continued delays in implementing the Medicaid Option which will require layoffs of our Case Managers has had a serious impact not only on planning but also morale within the OOA. Adding to this, is the move of the OOA to a new building that has been postponed numerous times during 2013 but is now tentatively scheduled for December 2013

**PROGRESS SUMMARY - ACCOMPLISHMENTS AND REVISED PRIORITIES**

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**Priority Type:**

OUTREACH

**Priority Description:**

The Supervisor, Senior Citizen Outreach and Referral Program, raises awareness of and promotes the services of the Office on Aging and its funded providers to the senior citizens of Monmouth County including the frail, impoverished and vulnerable. She accomplishes this through presentations to senior groups, distribution of literature at health fairs, doctors' offices, hospitals, clinics and other venues populated by seniors. Her job duties also include short term care management to seniors who are referred to the Office on Aging through local police departments via Triad or through the Silent Senior initiative. These seniors are often needy, isolated and not aware of county services.

Each year the Office on Aging hires a temporary worker to assist seniors with Medicare Part D plan enrollments, changes or updates. She is employed at the Office on Aging during the entire Open Enrollment period.

The compact "Pocket Guide of Services for Seniors and Persons with Disabilities" and the Monmouth County's Guide to Resources for Older Adults continue to be widely distributed throughout the county via mail and the Outreach Supervisor.

**PRIORITIES UPDATE AND ACCOMPLISHMENTS**

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**Priority Type:**

ADRC

**Priority Description:**

Within the Office on Aging, the Information and Assistance/Referral staffers are the assigned persons responsible for access to Long Term Care Supports and Services. The three I&A/R Specialists and the Liaison to Disabilities have been trained on SAMS and have been 'live' on SAMS since 2010. They have additionally been trained to perform the Screen for Community Services to assess the eligibility status of persons needing long term care. They follow up the Screen for Community Services by providing counseling regarding the various options available to the individual based on the results of the screening.

Our ADRC partners have been trained in the basic tenants of ADRC goals and objectives. The management team of the OOA has met with the CWA to discuss the Medicaid eligibility process at length. It is yet to be determined as to what parts of the business process will be handled by the various partners. Currently the grantees of the OOA are using SAMS and are referring potentially eligible persons to the OOA for the Screen for Community Services.

Formal protocols are being developed upon determination as to what roles the various partners in the ADRC will perform. All of the business partners in the ADRC have been willing to use the SAMS system even though many of their staff are volunteers and just work limited hours.

It is a goal of the Division on Aging, Disabilities and Veterans Services that in the county fiscal year 2014, the business process will be clearly delineated and the roles of the partners clearly defined. Based on this delineation protocols will be written and Memoranda of Understanding will be drawn up and signed.



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**Priority Type:**

EMERGENCY PREPARDNESS:

**Priority Description:**

AAA has partnered with the Emergency Management Office and assigned two advisory council members to serve as liaisons. They have ongoing contact with municipal OEM offices and distribute Register Ready forms throughout the county.

OEM and AAA continue meeting to discuss process improvements to the Emergency Management COOP and COG process after a year of multiple states of emergency.

The Executive Director is a member of the NJ DoAS Emergency Management initiative.

The Executive Director has made numerous presentations on "Disaster Planning for Seniors and the Disabled".



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**AAA ASSESSMENT OF NEEDS**

The AAA used the following Methods to identify needs (check all that apply):

I & R Data

Client satisfaction surveys

Client files/records

Cost/benefit analysis

AAA staff reports

Survey of Service Providers

Monitoring activity reports (directly provided and subcontracted)

Interviews

Caregiver Events

Public forums

Grievance Reports

Waiting list information

Focus groups

Other, specify:



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The following persons provided input about community needs (check all that apply):

Older person in poverty

Minority older person in poverty

Caregivers

Older individuals at risk of institutional placement

Older individuals with limited English proficiency

Older individuals with severe disabilities

Older Individuals with Alzheimer's disease and related disorders

Caregivers of older individuals with Alzheimer's disease and related disorders

Grandparents raising grandchildren

Older individuals 60+

Homebound

Frail elders

Service Recipients

Advisory councils

Other, specify:



**NEEDS AND OBJECTIVES OF PROJECTS**

Assessment of Need(s) - List the need(s) which illustrate the reason for the project.

NEEDS AND OBJECTIVES OF PROJECTS

Assessment of Need(s) - List the need(s) which illustrate the reason for the project

1. Access to services:

- 1: Transportation
- 2: Assisted transportation
- 3: Information and assistance
- 4: Outreach

2. Assisting the frail elderly to remain in their own homes:

- 1: Certified home health aide
- 2: Home delivered meals
- 3: Residential maintenance
- 4: Housekeeping

3. Caregiver support services:

- 1: Care management and counseling
- 2: Information and Assistance
- 3: Wander Safety system
- 4: Grandparent Respite

4. Promotion of senior health and fitness:

- 1: Physical health screenings
- 2: Evidence-based Chronic Disease Self-Management programs
- 3: Health education
- 4: Nutrition education and counseling
- 5: Physical Fitness activities

5. Senior safety:

## Needs and Objectives of Projects

DOAS14AAA006

### Comments1 continued

- 1: Emergency Preparedness
- 2: Education
- 3: Wander Safety system
- 4: TRIAD



Monmouth County

DOAS14AAA006

**NEEDS AND OBJECTIVES OF PROJECTS CONTINUED**

Objective(s) of Project - List objectives that are specific, measurable, realistic, and attainable to meet the goals of this application.

In order to meet all objectives the Monmouth County Office on Aging will provide, directly or through sub-contracts with various local non-profits, services, units and un-duplicated client counts as specifically defined in the "Service Code and Taxonomy Service Name" sections of the attached IPSs.



**METHOD(S) AND EVALUATION OF PROJECT**

Method(s) - List the method(s) to be used to attain objectives described above and estimated completion date.

TRANSPORTATION:

The AAA Director is a member of the transportation advisory council and attends their meetings regularly.

AAA Director and Director of Finance meet quarterly with the director of SCAT, our transportation provider, to review units and discuss any issues.

The AAA and the Director of Transportation developed a pamphlet describing transportation services and how to access them. These were distributed to seniors and the disabled along with their home delivered meals.

NUTRITION:

The agency's nutrition providers meet with the Executive Director and the Director of Finance to discuss cost saving strategies on a quarterly basis.

A worker from the office will continue to attend quarterly nutritionists/nutrition directors meeting so that the office can keep current with nutrition issues.

EVIDENCE BASED HEALTH:

The Matter of Balance initiative is implemented by the Monmouth County Health Department. Schedules are shared and referrals are made by our Information & Assistance and Care Management personnel.

## Method(s) and Evaluation of Project

DOAS14AAA006

### Comments1 continued

The Chronic Disease program is administered by the Senior Citizens Activity Network with Title 3D funds. Referrals are made by Information & Assistance and Care Management personnel.

The Executive Director is a member of the County Health Improvement Planning Committee.

#### COMMUNITY PARTNERSHIPS:

AAA continues to expand their partnerships with both non-profit and for profit agencies. For example:

AAA attends NJ Partners meetings.

Executive Director is on the board of Senior Medicare Patrol.

AAA continues its close working relationship with the Cancer Coalition and has an advisory council member on their board.

Executive Director attends monthly Human Service Advisory meeting.

AAA is working closely with the Monmouth County Sheriff's Department on the following initiatives: Triad University, Project Goldstar, Senior Safe Driving and Project Lifesaver.

AAA Executive Director is a member of the County Housing Advisory Board.

#### SAMS:

AAA County SAMS Trainer works with SAMS users to become proficient with the SAMS "Next Generation "

As per PM 2011-27-1-2, the AAA will continue to track/report Information and Assistance (I&A) data for consumers under and over age 60.

## Method(s) and Evaluation of Project

DOAS14AAA006

### Comments1 continued

#### FISCAL ACCOUNTABILITY:

The Executive Director and the Finance Director of the Office on Aging and Disabilities meet weekly to discuss, evaluate, and analyze the current fiscal situation.

The two directors meet monthly with the entire managerial staff to alert them to the fiscal status and to assist them with their management of funds.

The two directors meet quarterly with their providers to assist them with the appropriate management of their grants to assure their fiscal accountability.

#### LONG TERM PLANNING:

Long Term planning is in a state of disarray due to the uncertainty of funding from Federal, state, and county governments. In addition, the continued delays in implementing the Medicaid Option which will require layoffs of our Case Managers has had a serious impact not only on planning but also morale within the OOA. Adding to this, is the move of the OOA to a new building that has been postponed numerous times during 2013 but is now tentatively scheduled for December 2013

#### OUTREACH:

AAA has developed an outreach mechanism entitled "Silent Senior". This initiative solicits the participation of all county residents to help identify isolated and silent seniors who might benefit from our help.

The Outreach Worker works with Information & Assistance personnel and responds to Silent Senior and Triad calls and promotes the programs and services of the

**Method(s) and Evaluation of Project**

**DOAS14AAA006**

**Comments1 continued**

Office on Aging throughout the county targeting the frail, impoverished, and vulnerable population. The Outreach Worker also partners with other health and social service agencies to present varied educational panel discussions to senior groups

OTHER

The County has contracted with Coast to Coast Rx to provide prescription discount cards as well as other discount programs for hearing, vision, diabetes, and other benefits. This card is particularly helpful to the uninsured or underinsured.



Monmouth County

DOAS14AAA006

**METHOD(S) AND EVALUATION OF PROJECT CONTINUED**

Evaluation - Describe how the project is to be self-evaluated.

The Monmouth County Office on Aging will meet/comply with all required evaluation/data collection requirements as established by the Department of Human Services' Division of Aging Services.

AAA requires all funded services to do a customer satisfaction survey yearly and send results to the office by Nov 1st. These results are reviewed by the Executive Director, the Planning Dept and Fiscal.

AAA reviews I &A results on a quarterly basis monitoring types and number of calls to identify trends and service gaps.

AAA holds their Public Hearing in June where customers and service providers are afforded the opportunity to obtain information and provide comment on the services provided to Monmouth County senior citizens and their caregivers. Information gathered during the public hearing provides data and insight to the Office on Aging on those issues most in need of attention and funding.

In addition to the state required programmatic and fiscal monitoring, the Executive Director, Programmatic and Fiscal staffs meet after each quarter to review client, unit and spending levels of each service. All discrepancies are addressed with grantees.



Monmouth County

DOAS14AAA006

**TITLE III B ASSURANCES**

1. The Area Agency's **Current Area Contract Grant Year TOTAL Title III B Allocation from the current year APC Advanced Planning Document**, prior to transfers. *(Do not include Administrative Expenditures)*

Enter Total \$642,965

Column 2.A. = **Estimated year end Title III B funds the AAA will spend from the current grant year on the delivery of priority services** (Access, In-Home and Legal services)

Column 2.B. = **Estimated % of current Area Plan Grant Year Title III B dollars the AAA will spend by the current year end total on the delivery of Priority Services: Access, In-Home and Legal services.**

Service Category	2.A. <b>Estimated actual</b> Current Year-End Total Title III B Expenditures	2.B. <b>Estimated % of actual</b> Current Year-End Total Title III B Expenditures
<b>Access</b>	\$475,171	73.90% of Total Title III B funds
<b>In-Home</b>	\$96,392	14.99% of Total Title III B funds
<b>Legal</b>	\$39,480	6.14% of Total Title III B funds
<b>Total:</b>	\$611,043	



Monmouth County

DOAS14AAA006

Multiple-year contracts - did not carry out RFP/Bid Process subsequent to submittal of the last contract year's approved APC.

AAA implemented an RFP/BID process subsequent to submittal of the Last Contract Year's approved APC. The completed chart below summarizes AAA's efforts to inform potential service providers that Older Americans Act & other APC funds were available subsequent to submittal of the Last Contract Year's approved APC:

Newspaper (Upload scanned copy of actual ad below)	Dates		# Providers and How RFP Package Obtained			Technical Assistance Information Meeting						Proposal Submissions				
						Provider Attendees										
	Notice Published	Proposal Deadline	Total	Mail	In-Person AAA or County Office	Date/Time	Location	Total #	# New Providers	# Minority: If known	# New Minority: If known	Total #	# New Providers	# Minority: If known	# New Minority: If known	# Information Meeting Attendees
			0													
			0													
			0													
			0													
			0													



Monmouth County

DOAS14AAA006

**Add specific information about the public buildings and publications announcing availability of funds.**

Public Building(s)	Date Notice Posted In Building	Notice Was Translated Into The Following Languages	Notice Was Posted In The Following Public Publication(s)

**Describe additional efforts to engage new providers, particularly minority agencies.**

Monmouth County does multi-year contracts. Currently our contracts are for three years (2013 through 2015). Efforts were made at the time of our RFP to reach out to engage new providers, particularly minority agencies.



Monmouth County

DOAS14AAA006

**NAPIS REQUIREMENTS**

Profile of Community Focal Points and Seniors Centers

Question		Current Area Plan Contract grant year	Next Area Plan Contract grant year
		IF Current Area Plan Contract grant year COLUMN DIFFERS FROM Next Area Plan Contract grant year COLUMN, EXPLAIN BELOW***	
1.	Total number of <b>Focal Points</b> designated under OAA § 306 (a)(3)(A) (42 U.S.C.A. § 3026 (a) (3) (A)) in operation in the past year.	18	18
2.	Of the total number of <b>Focal Points</b> in number 1 above, provide the number that were senior centers.	12	12
3.	Total number of <b>Senior Centers</b> currently operating in your county.	12	12
4.	Total number of <b>Senior Centers</b> in number 3 above receiving funds pursuant to the Older Americans Act of 1965, as amended (42 U.S.C.A. §§ 3001 et seq., as amended).	8	8

1. Difference between Current Area Plan Contract grant year compared with Next Area Plan Contract grant year:



**NAPIS REQUIREMENTS - STAFFING PROFILE**

AAA Personnel Categories	# Of ♦ FTEs	# Of Minority FTEs	# Of FTEs Paid with OAA Funds
Agency Executive/Management Staff	4.00	0.00	1.00
Other Paid Professional Staff by Functional Responsibility (See definitions below)			
A. Planning	0.00	0.00	0.00
B. Development	1.00	0.00	1.00
C. Administration	2.50	0.00	2.50
D. Service Delivery	0.50	0.00	0.00
E. Access/Care Coordination	17.00	3.00	5.00
F. Other	0.00	0.00	0.00
Clerical/Support Staff	4.00	0.00	3.50
Volunteers	0.00	0.00	0.00
<b>Total AAA Staff</b>	<b>29.00</b>	<b>3.00</b>	<b>13.00</b>

\*FUNCTIONAL RESPONSIBILITIES: (CORRESPONDS TO ORGANIZATIONAL CHART)

- (A) **Planning** - Includes Needs Assessment, Plan Development, Budgeting/Resource Analysis, Service Inventories, Standards Development And Policy Analysis.
- (B) **Development** - Includes Public Education, Resource Development, Training And Education, Research And Development, And Legislative Activities.
- (C) **Administration** - Includes Bidding, Contract Negotiation, Reporting, Reimbursement, Accounting, Auditing, Monitoring And Quality Assurance.
- (D) **Service Delivery** - Includes Those Activities Associated With The Direct Provision Of A Service, Which Meets The Needs Of An Individual Older Person And/Or Caregiver.
- (E) **Access/Care Coordination** - Includes Outreach, Screening, Assessment, Care Management, And I & R.

♦ FTE= Full time equivalent





**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 001	
<b>Program Name</b> Long Branch Senior Center		<b>Provider Name</b> Long Branch, City of	
<b>Provider Address</b> 85 Second Avenue		<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City</b> Long Branch	<b>State</b> New Jersey	<b>Zip</b> 07740	
<b>Telephone</b> 732-571-6542		<b>Director</b> Pat Scinto-Krosnicki	
<b>Fax</b> 732-483-1755		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 226000806		Focal Point <input type="checkbox"/> Go Access Point	FP GO
<b>Provider DUNS Number (##-###-####)</b> 08-198-1193		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$213,500		\$213,500
Consultant & Contract			\$0
Travel	\$360		\$360
Food			\$0
Building Space			\$0
Print & Office Supplies	\$2,300		\$2,300
Equipment			\$0
Other	\$19,825		\$19,825
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$235,985</b>	<b>\$0</b>	<b>\$235,985</b>

**Budget by Funding Source**

Name of Allocated Fund		
Title III B - Supportive Services - 02		\$10,500
<b>Additional Funds:</b>	State Match	
	State COLA	\$4,000
	Local Public	\$221,385
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$100
<b>Total:</b>		<b>\$235,985</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	2,700	1200	\$40,000	\$14.81
102 - Benefits Screening - 1/2 hour	165	75	\$27,000	\$163.64
106 - Transportation - 1 one-way trip (location	1,750	55	\$20,000	\$11.43
210 - Telephone Reassurance - call	4,000	35	\$15,000	\$3.75
326 - Physical Health - contact	300	100	\$11,485	\$38.28
330 - Physical Activity - session per	6,000	250	\$42,500	\$7.08
331 - Education - session per participant	2,500	250	\$30,000	\$12.00
333 - Socialization/Recreation - session per	4,500	375	\$50,000	\$11.11
				\$0
				\$0
<b>Total:</b>			<b>\$235,985</b>	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 002	
<b>Program Name</b> ASBURY PARK SENIOR CENTER		<b>Provider Name</b> Asbury Park, City of	
<b>Provider Address</b>  One Municipal Plaza		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>City</b> ASBURY PARK	<b>State</b> New Jersey	<b>Zip</b> 07712	
<b>Telephone</b> 732-775-2100		<b>Director</b> Anthony J. Nuccio	
<b>Fax</b> 732-502-5199		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 216000035		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 04-987-3235		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$134,953		\$134,953
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space	\$7,500		\$7,500
Print & Office Supplies	\$2,000		\$2,000
Equipment	\$2,949		\$2,949
Other	\$8,000		\$8,000
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$155,402	\$0	\$155,402

**Budget by Funding Source**

Name of Allocated Fund		
Title III B - Supportive Services - 02		\$13,660
<b>Additional Funds:</b>	State Match	
	State COLA	\$4,000
	Local Public	\$137,542
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$200
<b>Total:</b>		\$155,402

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	2,000	280	\$65,000	\$32.50
104 - Outreach - contact	75	50	\$3,500	\$46.67
106 - Transportation - 1 one-way trip (location	3,000	150	\$54,340	\$18.11
209 - Friendly Visiting - visit	120	10	\$5,000	\$41.67
326 - Physical Health - contact	120	50	\$2,500	\$20.83
330 - Physical Activity - session per	500	60	\$2,462	\$4.92
331 - Education - session per participant	960	80	\$5,600	\$5.83
333 - Socialization/Recreation - session per	4,800	200	\$17,000	\$3.54
				\$0
				\$0
<b>Total:</b>			\$155,402	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.







**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 011	
<b>Program Name</b> HOWELL SENIOR CENTER		<b>Provider Name</b> Howell, Township of	
<b>Provider Address</b> PO BOX 580, PREVENTORIUM ROAD		<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City</b> HOWELL	<b>State</b> New Jersey	<b>Zip</b> 07731	
<b>Telephone</b> 732-938-4500		<b>Director</b> CAROL ZUR	
<b>Fax</b> 732-919-7240		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 216000749		Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 04-814-9157		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$283,995		\$283,995
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other	\$4,100		\$4,100
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$288,095	\$0	\$288,095

**Budget by Funding Source**

Name of Allocated Fund		
Title III B - Supportive Services - 02		\$11,750
<b>Additional Funds:</b>	State Match	
	State COLA	\$4,000
	Local Public	\$272,245
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$100
<b>Total:</b>		\$288,095

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	2,400	550	\$80,300	\$33.46
102 - Benefits Screening - 1/2 hour	250	100	\$47,857	\$191.43
106 - Transportation - 1 one-way trip (location	14,000	220	\$83,935	\$6.00
326 - Physical Health - contact	180	110	\$35,462	\$197.01
330 - Physical Activity - session per	2,500	175	\$22,688	\$9.08
331 - Education - session per participant	1,600	240	\$17,853	\$11.16
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$288,095	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 012	
<b>Program Name</b> RED BANK SENIOR CENTER		<b>Provider Name</b> Red Bank, Borough of	
<b>Provider Address</b>  80 SHREWSBURY AVENUE		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>City</b> RED BANK	<b>State</b> New Jersey	<b>Zip</b> 07701	
<b>Telephone</b> 732-747-5204		<b>Director</b> JACQUELIN REYNOLDS	
<b>Fax</b> 732-747-3003		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b> 216001051		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 08-403-7464		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$280,344		\$280,344
Consultant & Contract			\$0
Travel	\$150		\$150
Food			\$0
Building Space	\$14,750		\$14,750
Print & Office Supplies	\$1,500		\$1,500
Equipment			\$0
Other	\$12,650		\$12,650
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$309,394</b>	<b>\$0</b>	<b>\$309,394</b>

**Budget by Funding Source**

Name of Allocated Fund		
Title III B - Supportive Services - 02		\$14,656
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	\$294,688
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$50
<b>Total:</b>		<b>\$309,394</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	1,300	200	\$85,008	\$65.39
106 - Transportation - 1 one-way trip (location	5,525	90	\$83,088	\$15.04
326 - Physical Health - contact	400	55	\$20,841	\$52.10
330 - Physical Activity - session per	400	50	\$15,565	\$38.91
331 - Education - session per participant	1,800	100	\$18,940	\$10.52
333 - Socialization/Recreation - session per	4,200	200	\$85,952	\$20.46
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			<b>\$309,394</b>	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 013	
<b>Program Name</b> NEPTUNE SENIOR CENTER		<b>Provider Name</b> Neptune, Township of	
<b>Provider Address</b>  1607 CORLIES AVENUE		<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City</b> Neptune	<b>State</b> New Jersey	<b>Zip</b> 07753	
<b>Telephone</b> 732-988-8855		<b>Director</b> ROSEMARY GRAY	
<b>Fax</b> 732-988-6626		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 216000916		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 04-955-0817		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$202,500		\$202,500
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other	\$500		\$500
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$203,000</b>	<b>\$0</b>	<b>\$203,000</b>

**Budget by Funding Source**

Name of Allocated Fund		
	Title III B - Supportive Services - 02	\$10,500
<b>Additional Funds:</b>	State Match	
	State COLA	\$4,000
	Local Public	\$188,000
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$500
<b>Total:</b>		<b>\$203,000</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	2,300	1000	\$48,000	\$20.87
102 - Benefits Screening - 1/2 hour	900	425	\$36,000	\$40.00
106 - Transportation - 1 one-way trip (location	5,500	200	\$48,500	\$8.82
210 - Telephone Reassurance - call	4,000	20	\$17,000	\$4.25
326 - Physical Health - contact	460	110	\$22,000	\$47.83
330 - Physical Activity - session per	10,000	400	\$31,500	\$3.15
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			<b>\$203,000</b>	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 014	
<b>Program Name</b> MIDDLETOWN SENIOR CENTER		<b>Provider Name</b> Middletown, Township of	
<b>Provider Address</b> CROYDEN HALL, 900 LEONARDVILLE RD		<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City</b> MIDDLETOWN	<b>State</b> New Jersey	<b>Zip</b> 07748	
<b>Telephone</b> 732-615-2265		<b>Director</b> Patrice Nugent	
<b>Fax</b> 732-291-9889		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 216300871		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 04-909-4121		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$168,840		\$168,840
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space		\$177,020	\$177,020
Print & Office Supplies			\$0
Equipment			\$0
Other	\$100		\$100
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$168,940</b>	<b>\$177,020</b>	<b>\$345,960</b>

**Budget by Funding Source**

Name of Allocated Fund		
Title III B - Supportive Services - 02		\$14,250
<b>Additional Funds:</b>	State Match	
	State COLA	\$4,000
	Local Public	\$327,610
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$100
<b>Total:</b>		<b>\$345,960</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	5,500	900	\$123,640	\$22.48
102 - Benefits Screening - 1/2 hour	500	250	\$34,208	\$68.42
106 - Transportation - 1 one-way trip (location	6,000	200	\$80,815	\$13.47
209 - Friendly Visiting - visit	60	5	\$2,867	\$47.78
326 - Physical Health - contact	400	150	\$9,723	\$24.31
330 - Physical Activity - session per	4,000	170	\$19,086	\$4.77
331 - Education - session per participant	1,750	225	\$16,205	\$9.26
333 - Socialization/Recreation - session per	8,800	400	\$59,416	\$6.75
				\$0
				\$0
<b>Total:</b>			<b>\$345,960</b>	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

**Integrated Program Summary**
 New      Revised     Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 016	
<b>Program Name</b> HEALTH MAINTENANCE AND MONITORING		<b>Provider Name</b> Visiting Nurse and Health Services, Inc.	
<b>Provider Address</b>  111 UNION AVENUE		<b>Minority Provider</b> <input type="checkbox"/> Yes     No	
<b>City</b> LONG BRANCH, NJ	<b>State</b> New Jersey	<b>Zip</b> 07740	
<b>Telephone</b> 732-229-0816		<b>Director</b> LU ARCHEVAL	
<b>Fax</b> 908-352-3089		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b> 221501364		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 09-495-9277		<input type="checkbox"/> Go Access Point	GO
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes            No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$0	\$0	\$0

**Budget by Funding Source**

<b>Name of Allocated Fund</b>	Title III B - Supportive Services - 02	
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	
<b>Total:</b>		\$0

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
326 - Physical Health - contact	0	0	\$0	\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
		<b>Total:</b>	\$0	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

5/20/2014



**Integrated Program Summary**

New     Revised     Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 021	
<b>Program Name</b> INFORMATION AND ASSISTANCE		<b>Provider Name</b> AAA MONMOUTH	
<b>Provider Address</b>  21 MAIN & COURT CENTER PO Box 1255		<b>Minority Provider</b> <input type="checkbox"/> Yes    No	
<b>City</b> FREEHOLD, NJ	<b>State</b> New Jersey	<b>Zip</b> 07728	
<b>Telephone</b> 732-431-7450		<b>Director</b> Michael T Ruane	
<b>Fax</b> 732-303-7649		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 216000881		Focal Point <input type="checkbox"/> Go Access Point	FP GO
<b>Provider DUNS Number (##-###-####)</b> 06-870-4485		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes    No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$249,829		\$249,829
Consultant & Contract	\$371		\$371
Travel	\$500		\$500
Food			\$0
Building Space			\$0
Print & Office Supplies	\$4,500		\$4,500
Equipment	\$0		\$0
Other	\$5,181		\$5,181
Indirect Cost		\$28,984	\$28,984
<b>Total Budgeted Cost</b>	<b>\$260,381</b>	<b>\$28,984</b>	<b>\$289,365</b>

**Budget by Funding Source**

Name of Allocated Fund		
Title III B - Supportive Services - 02		\$37,659
Additional Funds:	State Match	\$1,715
	State COLA	\$220,907
	Local Public	\$28,984
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$100
<b>Total:</b>		<b>\$289,365</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	4,552	3200	\$224,625	\$49.35
102 - Benefits Screening - 1/2 hour	900	500	\$60,740	\$67.49
104 - Outreach - contact	30	15	\$2,000	\$66.67
110 - Public Awareness / Information - activity	24	7200	\$2,000	\$83.33
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			<b>\$289,365</b>	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.







**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 067	
<b>Program Name</b> KEYPORT SENIOR CENTER		<b>Provider Name</b> Keyport, Borough of	
<b>Provider Address</b> 110 SECOND STREET		<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City</b> KEYPORT	<b>State</b> New Jersey	<b>Zip</b> 07735	
<b>Telephone</b> 732-264-4916		<b>Director</b> WENDY TOOKER	
<b>Fax</b> 732-264-8552		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b> 216000776		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 08-564-1983		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$68,750		\$68,750
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other	\$16,100		\$16,100
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$84,850</b>	<b>\$0</b>	<b>\$84,850</b>

**Budget by Funding Source**

Name of Allocated Fund		
Title III B - Supportive Services - 02		\$14,250
<b>Additional Funds:</b>	<b>State Match</b>	
	<b>State COLA</b>	\$7,500
	<b>Local Public</b>	\$63,000
	<b>Local Private</b>	
	<b>NSIP</b>	
<b>Income:</b>	<b>Other</b>	
	<b>Participant</b>	\$100
<b>Total:</b>		<b>\$84,850</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	600	400	\$12,000	\$20.00
326 - Physical Health - contact	325	90	\$4,950	\$15.23
330 - Physical Activity - session per	4,400	140	\$26,650	\$6.06
331 - Education - session per participant	5,000	150	\$14,250	\$2.85
333 - Socialization/Recreation - session per	5,600	250	\$27,000	\$4.82
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			<b>\$84,850</b>	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



### Integrated Program Summary

New

 Revised Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 086	
<b>Program Name</b> MANALAPAN SENIOR CENTER		<b>Provider Name</b> Manalapan, Township of	
<b>Provider Address</b>  211 FREEHOLD ROAD		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <b>No</b>	
<b>City</b> MANALAPAN	<b>State</b> New Jersey	<b>Zip</b> 07726	
<b>Telephone</b> 732-446-8401		<b>Director</b> ELAINE MCNAMARA	
<b>Fax</b> 732-446-2564		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b> 216000819		Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 07-041-2416		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> <b>Yes</b> <b>No</b>	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

#### Budget by Line Item

Name of Allocated Fund and Code: Title III B - Supportive Services - 02

Line Item	Cash	In-Kind	Total
Personnel	\$60,033		\$60,033
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other	\$5,900		\$5,900
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$65,933</b>	<b>\$0</b>	<b>\$65,933</b>

#### Budget by Funding Source

<b>Name of Allocated Fund</b>	Title III B - Supportive Services - 02	\$10,000
<b>Additional Funds:</b>	<b>State Match</b>	
	<b>State COLA</b>	
	<b>Local Public</b>	\$55,833
	<b>Local Private</b>	
	<b>NSIP</b>	
<b>Income:</b>	<b>Other</b>	
	<b>Participant</b>	\$100
<b>Total:</b>		<b>\$65,933</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	300	170	\$15,933	\$53.11
330 - Physical Activity - session per	2,400	125	\$30,000	\$12.50
331 - Education - session per participant	800	140	\$20,000	\$25.00
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			<b>\$65,933</b>	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

5/20/2014







Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Asbury Park Senior Center

Site Director Name John Maggi/Terry Chowinski

Address 1

1201 Springwood Avenue

Address 2

City Asbury Park

State New Jersey

Zip 07712

Phone 732-988-5252

Email

Fax

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Bayshore Senior Center

Site Director Name Cheryl Schmelzer

Address 1

100 Main Street

Address 2

City Keansburg

State New Jersey

Zip 07734

Phone 732-495-2454

Email

Fax

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Howell Senior Center

Site Director Name Marie Beres

Address 1

PO Box 580, Preventorium Road

Address 2

City Howell

State New Jersey

Zip 07731

Phone 732-938-4937

Email

Fax 732-919-7240

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Keyport Senior Center

Site Director Name Colleen Dorko

Address 1

110 Second Avenue

Address 2

City Keyport

State New Jersey

Zip 07735

Phone 732-888-4876

Email

Fax 732-264-8552

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Middletown Senior Center

Site Director Name Grace Yanick

Address 1

900 Leonardville Road

Address 2

City Middletown

State New Jersey

Zip 07737

Phone 732-291-0999

Email

Fax 732-782-8706

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Neptune Senior Center

Site Director Name Rosemary Gray/Teresa Johnson

Address 1

1607 Corlies Avenue

Address 2

City Neptune

State New Jersey

Zip 07753

Phone 732-988-8855

Email

Fax 732-988-6626

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Red Bank Senior Center

Site Director Name Margaret McGinn

Address 1

80 Shrewsbury Avenue

Address 2

City Red Bank

State New Jersey

Zip 07701

Phone 732-747-5204

Email

Fax 732-747-3003

Website





Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Congregation Brothers of Israel

Site Director Name Joanne Glassoff

Address 1

250 Park Avenue

Address 2

City Long Branch

State New Jersey

Zip 07740

Phone 732-774-6886

Email

Fax

Website







Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Asbury Park Senior Center

Site Director Name John Maggi

Address 1

One Municipal Plaza

Address 2

City Asbury Park,

State New Jersey

Zip 07712

Phone 732-775-2100

Email

Fax

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Bayshore Senior Center

Site Director Name Chrissy Davino

Address 1

100 Main Street

Address 2

City Keansburg

State New Jersey

Zip 07734

Phone 732-495-2454

Email

Fax

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Howell Senior Center

Site Director Name Marie Beres

Address 1

PO Box 580

Preventorium Road

Address 2

City Howell

State New Jersey

Zip 07731

Phone 732-938-4937

Email

Fax

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Keyport Senior Center

Site Director Name Marie Beres

Address 1

110 Second Avenue

Address 2

City Keyport

State New Jersey

Zip 07735

Phone 732-888-4876

Email

Fax 732-264-8552

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Keyport Senior Center

Site Director Name Colleen Dorko

Address 1

110 Second Avenue

Address 2

City Keyport

State New Jersey

Zip 07735

Phone 732-888-4876

Email

Fax 732-264-8552

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Middletown Senior Center

Site Director Name Grace Yanick

Address 1

900 Leonardville Road

Address 2

City Middletown

State New Jersey

Zip 07737

Phone 732-291-0999

Email

Fax 732-782-8706

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Neptune Senior Center

Site Director Name Sharon Johnston

Address 1

1825 Corlies Avenue

Address 2

City Neptune

State New Jersey

Zip 07753

Phone 732-988-8855

Email

Fax 732-988-6626

Website



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Red Bank Senior Center

Site Director Name Margaret McGinn

Address 1

80 Shrewsbury Avenue

Address 2

City Red Bank

State New Jersey

Zip 07701

Phone 732-747-5204

Email

Fax 732-747-3003

Website





Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name Congregation Brothers of Israel

Site Director Name Joanne Glassoff

Address 1

250 Park Avenue

Address 2

City Long Branch

State New Jersey

Zip 07740

Phone 732-774-6886

Email

Fax

Website



Monmouth County

DOAS14AAA006

**Integrated Program Summary**

New       Revised      Delete

		<b>From:</b> 4/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> tbd	
<b>Program Name</b> tbd		<b>Provider Name</b> tbd	
<b>Provider Address</b>  tbd			
<b>Minority Provider</b> <input type="checkbox"/> Yes      No			
<b>City</b> tbd	<b>State</b> New Jersey	<b>Zip</b> tbd	
<b>Telephone</b> tbd		<b>Director</b> tbd	
<b>Fax</b>		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b>		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b>		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes      No			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III C 2 - Home Delivered Meals - 04

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract	\$0		\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$0	\$0	\$0

**Budget by Funding Source**

<b>Name of Allocated Fund</b>	Title III C 2 - Home Delivered Meals - 04	\$0
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	\$0
<b>Income:</b>	Other	
	Participant	
<b>Total:</b>		\$0

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
436 - Home Delivered Nutrition - meal	0	0	\$0	\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$0	

Name of AAA Director Certifying The Above Information

Michael T. Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 094	
<b>Program Name</b> Chronic Disease Self Management		<b>Provider Name</b> Senior Citizens Activity Network	
<b>Provider Address</b>  180 Highway 35 S		<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City</b> Eatontown	<b>State</b> New Jersey	<b>Zip</b> 07724	
<b>Telephone</b> 732-542-1326		<b>Director</b> Pat Bohse	
<b>Fax</b> 732-389-9434		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b> 223178757		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 78-663-5789		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

If Yes, please click the **Sites/Locations** link in the related pages section at the top or bottom of this form.

**Budget by Line Item**

Name of Allocated Fund and Code: Title III D - Health Promotion - 10

Line Item	Cash	In-Kind	Total
Personnel	\$8,288		\$8,288
Consultant & Contract	\$2,500		\$2,500
Travel	\$650		\$650
Food			\$0
Building Space	\$2,000	\$9,760	\$11,760
Print & Office Supplies	\$1,379		\$1,379
Equipment			\$0
Other	\$1,536		\$1,536
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$16,353	\$9,760	\$26,113

**Budget by Funding Source**

<b>Name of Allocated Fund</b>	Title III D - Health Promotion - 10	\$16,253
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	\$9,760
	NSIP	
<b>Income:</b>	Other	
	Participant	\$100
<b>Total:</b>		\$26,113

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
331 - Education - session per participant	259	70	\$26,113	\$100.82
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$26,113	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



Monmouth County

DOAS14AAA006

**SITES/LOCATIONS**

Please use this form to list any applicable site locations in addition to your agency's primary address and verify all data is correct before clicking save.

Is this a new Site?  Yes  No

Type of Site (if applicable check all that apply):

Nutrition site:

Senior Center:

Focal Point:

Site Name

Site Director Name

Address 1

Address 2

City

State New Jersey

Zip

Phone

Email

Fax

Website



**TITLE III D - EVIDENCE BASED PROGRAM FUNDING**

***Complete Title III D funding request forms***

Grantee Name and Address:

Senior Citizens Activities Network  
180 Highway 35 South  
Eatontown, NJ 07724

Service Taxonomy name and number 331 - Education - session per participant

Number of Clients to Be Served: 70

Allocation (\$): \$16,253

Target Population: Older adults with chronic diseases.

Select the category (1, 2, 3, or 4 explained below) and provide responses for that category documenting how this program meets the criteria that Title III D funds be directed to evidence-based programs (see PM 2009-5, III-4). Submit completed information forms, not to exceed a total of four (4) pages.

1.  The program is identified by a leading national authority on healthy aging (such as AoA, NCOA, CDC or AHRQ) or the New Jersey Department of Human Services as an evidence-based health promotion program.

**A. Program** Chronic Disease Self-Management Program

**B. Authority** NJ Dept. of Human Services, AoA, NCOA, CDC, AHRQ



2.  The intervention is based upon rigorously conducted research (such as a randomized controlled trial) with results published in a peer-reviewed journal. Participants in the trial must represent the target population (age 60 and older).

A. **Brief description of local program to be funded and target population:**

B. **List the name of researcher(s) and study(s) upon which the program's key element are based:**

C. **Brief description of research study intervention and demonstrated outcomes:**

D. **List the core program elements included in the research study and replicated in the local program:**

3.  The intervention was developed and scientifically evaluated for older adults and proven to have positive health outcomes, as judged by a consensus of informed experts.

A. **Name of Developer/Evaluator:**

B. **Brief description of core program components and evaluation outcomes:**

C. **Identify experts (individuals and/or organizations) that endorse intervention:**



4.  The program is based on a clinically-evaluated intervention for older adults and community-based implementation can be substantiated:

A. Identify The Clinically Evaluated Intervention Upon Which The Service Is Based, Describing The Intervention And The Documented Outcomes:

B. Identify the core components of the clinical intervention provided through the funded service.



**Integrated Program Summary**

New      Revised      Delete

<b>From:</b> 1/1/2014		<b>To:</b> 12/31/2014	
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 007	
<b>Program Name</b> Certified Home Health Aide		<b>Provider Name</b> Family & Children's Service, Inc. of Monmouth County	
<b>Provider Address</b>  191 Bath Ave			
<b>Minority Provider</b> <input type="checkbox"/> Yes     No			
<b>City</b> LONG BRANCH	<b>State</b> New Jersey	<b>Zip</b> 07740	
<b>Telephone</b> 732-222-9111		<b>Director</b> Debbie Huisman	
<b>Fax</b> 732-531-8507		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 210650674		Focal Point <input type="checkbox"/> Go Access Point	FP GO
<b>Provider DUNS Number (##-###-####)</b> 08-564-0829		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes     No			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III E - National Family Caregiver Support Program (NFCSP)

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract	\$33,487		\$33,487
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$33,487</b>	<b>\$0</b>	<b>\$33,487</b>

**Budget by Funding Source**

Name of Allocated Fund	Title III E - National Family Caregiver	\$17,504
Additional Funds:	State Match	\$15,923
	State COLA	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	\$60
<b>Total:</b>		<b>\$33,487</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
713 - NFCSP Certified Home Health Aide - hour	1,607	22	\$33,487	\$20.84
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
			<b>Total:</b>	<b>\$33,487</b>

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 021	
<b>Program Name</b> INFORMATION AND ASSISTANCE		<b>Provider Name</b> AAA MONMOUTH	
<b>Provider Address</b>  21 MAIN & COURT CENTER  PO Box 1255		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <b>No</b>	
<b>City</b> FREEHOLD	<b>State</b> New Jersey	<b>Zip</b> 07728	
<b>Telephone</b> 732-431-7450		<b>Director</b> Michael T Ruane	
<b>Fax</b> 732-303-7649	<b>Focal Point</b> <input type="checkbox"/> ADRC Partner		<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b> 216000881		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 06-870-4485		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> <b>Yes</b> <b>No</b>	
If Yes, please click the <a href="#">Sites/Locations</a> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III E - National Family Caregiver Support Program (NFCSP)

Line Item	Cash	In-Kind	Total
Personnel	\$70,336		\$70,336
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies	\$4,500		\$4,500
Equipment	\$0		\$0
Other	\$4,639		\$4,639
Indirect Cost		\$15,004	\$15,004
<b>Total Budgeted Cost</b>	\$79,475	\$15,004	\$94,479

**Budget by Funding Source**

Name of Allocated Fund		
	Title III E - National Family Caregiver	\$58,205
<b>Additional Funds:</b>	State Match	\$21,170
	State COLA	
	Local Public	\$15,004
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$100
<b>Total:</b>		\$94,479

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
701 - NFCSP Information and Assistance -	1,695	1250	\$87,979	\$51.91
702 - NFCSP Benefits Screening - 1/2 hour	100	60	\$6,500	\$65.00
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$94,479	

Name of AAA Director Certifying The Above Information

Michael T Ruane

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**Integrated Program Summary**

New       Revised      Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 074	
<b>Program Name</b> MCDSS HOME REPAIR/SECURITY		<b>Provider Name</b> Monmouth County Division of Social Services	
<b>Provider Address</b> BOX 3000			
<b>Minority Provider</b> <input type="checkbox"/> Yes      No			
<b>City</b> FREEHOLD	<b>State</b> New Jersey	<b>Zip</b> 07728	
<b>Telephone</b> 732-431-7999		<b>Director</b> PATRICK O'CONNOR	
<b>Fax</b> 732-431-6267		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b> 216000881		Focal Point <input type="checkbox"/> Go Access Point	FP GO
<b>Provider DUNS Number (##-###-####)</b> 06-870-4485		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes      No			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III E - National Family Caregiver Support Program (NFCSP)

Line Item	Cash	In-Kind	Total
Personnel	\$0		\$0
Consultant & Contract	\$0		\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost		\$0	\$0
<b>Total Budgeted Cost</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>

**Budget by Funding Source**

<b>Name of Allocated Fund</b>	Title III E - National Family Caregiver	\$0
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	\$0
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$0
<b>Total:</b>		\$0

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$0	

Name of AAA Director Certifying The Above Information

Michael T Ruane

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**Integrated Program Summary**

New  Revised  Delete

<b>From:</b> 1/1/2014		<b>To:</b> 12/31/2014	
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 089	
<b>Program Name</b> Child Care Respite Program		<b>Provider Name</b> Child Care Resources of Monmouth County,	
<b>Provider Address</b> 3301C Route 66 PO Box 1234			
<b>Minority Provider</b> <input type="checkbox"/> Yes    No			
<b>City</b> NEPTUNE	<b>State</b> New Jersey	<b>Zip</b> 07754	
<b>Telephone</b> 732-918-9901		<b>Director</b> Theresa Hayes	
<b>Fax</b> 732-918-9902		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b> 223276972		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 62-025-9080		<input type="checkbox"/> Go Access Point	GO
Check here if not a Focal Point			
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes    No			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III E - National Family Caregiver Support Program (NFCSP)

Line Item	Cash	In-Kind	Total
Personnel	\$4,770		\$4,770
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space	\$340		\$340
Print & Office Supplies	\$50		\$50
Equipment			\$0
Other	\$11,390		\$11,390
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$16,550</b>	<b>\$0</b>	<b>\$16,550</b>

**Budget by Funding Source**

<b>Name of Allocated Fund</b>	Title III E - National Family Caregiver	\$16,450
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$100
<b>Total:</b>		<b>\$16,550</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
815 - GP NFCSP Respite Care - hour	3,384	8	\$16,550	\$4.89
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			<b>\$16,550</b>	

Name of AAA Director Certifying The Above Information

Michael T Ruane

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**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 090	
<b>Program Name</b> Caregiver Services Coordination Program		<b>Provider Name</b> AAA Monmouth	
<b>Provider Address</b> 21 MAIN & COURT CENTER PO Box 1255			
		<b>Minority Provider</b>	<input type="checkbox"/> Yes <input type="checkbox"/> No
<b>City</b> FREEHOLD	<b>State</b> New Jersey	<b>Zip</b> 07728	
<b>Telephone</b> 732-431-7450		<b>Director</b> Michael T Ruane	
<b>Fax</b> 732-303-7649		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b> 216000881		Focal Point <input type="checkbox"/> Go Access Point	FP GO
<b>Provider DUNS Number (##-###-####)</b> 06-870-4485		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Title III E - National Family Caregiver Support Program (NFCSP)

Line Item	Cash	In-Kind	Total
Personnel	\$16,177		\$16,177
Consultant & Contract			\$0
Travel	\$300		\$300
Food			\$0
Building Space			\$0
Print & Office Supplies	\$250		\$250
Equipment	\$0		\$0
Other	\$2,495		\$2,495
Indirect Cost		\$3,538	\$3,538
<b>Total Budgeted Cost</b>	\$19,222	\$3,538	\$22,760

**Budget by Funding Source**

Name of Allocated Fund	Title III E - National Family Caregiver	\$19,122
<b>Additional Funds:</b>	State Match	\$0
	State COLA	
	Local Public	\$3,538
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$100
<b>Total:</b>		\$22,760

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
502 - GP NFCSP Public Awareness / Information -	25	650	\$8,800	\$352.00
743 - NFCSP Wander Safety System - contact	150	40	\$13,960	\$93.07
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$22,760	

Name of AAA Director Certifying The Above Information

Michael T Ruane

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**Integrated Program Summary**

New  Revised  Delete

<b>From:</b> 1/1/2014		<b>To:</b> 12/31/2014	
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 060	
<b>Program Name</b> MONMOUTH COUNTY NUTRITION PROGRAM		<b>Provider Name</b> Interfaith Neighbors, Inc.	
<b>Provider Address</b> 810 FOURTH AVENUE <b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <b>No</b>			
<b>City</b> ASBURY PARK	<b>State</b> New Jersey	<b>Zip</b> 07712	
<b>Telephone</b> 732-775-5155		<b>Director</b> JOSEPH MARMORA	
<b>Fax</b> 732-775-5422		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b> 222896129		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 62-421-0985		<input type="checkbox"/> Go Access Point	GO
Check here if not a Focal Point			
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> <b>Yes</b> <b>No</b>			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: State Weekend Home Delivered Meals (SWHDM) - 06

Line Item	Cash	In-Kind	Total
Personnel	\$48,595		\$48,595
Consultant & Contract	\$1,115		\$1,115
Travel	\$200		\$200
Food	\$22,541		\$22,541
Building Space			\$0
Print & Office Supplies	\$200		\$200
Equipment			\$0
Other	\$22,000		\$22,000
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$94,651</b>	<b>\$0</b>	<b>\$94,651</b>

**Budget by Funding Source**

<b>Name of Allocated Fund</b>	State Weekend Home Delivered Meals (SWHDM) -	\$58,183
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	\$32,952
	Local Private	
<b>Income:</b>	NSIP	\$1,822
	Other	
	Participant	\$1,694
<b>Total:</b>		\$94,651

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
437 - State Weekend Home Delivered Meals - meal	11,348	125	\$94,651	\$8.34
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$94,651	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 007	
<b>Program Name</b> SSBG CERTIFIED HOME HEALTH AIDE		<b>Provider Name</b> Family & Children's Service, Inc. of Monmouth County	
<b>Provider Address</b> 191 Bath Avenue		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>City</b> LONG BRANCH	<b>State</b> New Jersey	<b>Zip</b> 07740	
<b>Telephone</b> 732-222-9111		<b>Director</b> Debbie Huisman	
<b>Fax</b> 732-531-8507		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b> 210650674		Focal Point <input type="checkbox"/>	FP
<b>Provider DUNS Number (##-###-####)</b> 08-564-0829		<input type="checkbox"/> Go Access Point	GO
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Social Service Block Grant (SSBG) - 20

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract	\$667,017		\$667,017
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$667,017	\$0	\$667,017

**Budget by Funding Source**

Name of Allocated Fund		
Social Service Block Grant (SSBG) - 20		\$495,333
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	\$117,854
	Local Private	\$51,330
	NSIP	
<b>Income:</b>	Other	
	Participant	\$2,500
<b>Total:</b>		\$667,017

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
212 - Housekeeping - hour	3,805	30	\$69,439	\$18.25
213 - Certified Home Health Aide - hour	28,675	115	\$597,578	\$20.84
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$667,017	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 023	
<b>Program Name</b> ADULT PROTECTIVE SERVICES		<b>Provider Name</b> Family & Children's Service, Inc. of Monmouth County	
<b>Provider Address</b>  191 Bath Avenue		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <b>No</b>	
<b>City</b> LONG BRANCH	<b>State</b> New Jersey	<b>Zip</b> 07740	
<b>Telephone</b> 732-222-9191		<b>Director</b> Lisa Barnes	
<b>Fax</b> 732-897-9651	<b>Focal Point</b> <input type="checkbox"/> ADRC Partner		<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 210650674		Focal Point	FP
		<input type="checkbox"/> Go Access Point	GO
<b>Provider DUNS Number (##-###-####)</b> 08-564-0829		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> <b>Yes</b> <b>No</b>			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Social Service Block Grant (SSBG) - 20

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract	\$47,210		\$47,210
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other	\$0		\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$47,210	\$0	\$47,210

**Budget by Funding Source**

Name of Allocated Fund		
Social Service Block Grant (SSBG) - 20		\$47,210
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	
<b>Total:</b>		\$47,210

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
324 - Adult Protective Services - contact	1,175	74	\$47,210	\$40.18
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$47,210	

Name of AAA Director Certifying The Above Information

Michael T Ruane

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Integrated Program SummaryNew  Revised  Delete 

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 060	
<b>Program Name</b> MONMOUTH COUNTY NUTRITION PROGRAM		<b>Provider Name</b> Interfaith Neighbors, Inc.	
<b>Provider Address</b>  810 FOURTH AVENUE		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>City</b> ASBURY PARK	<b>State</b> New Jersey	<b>Zip</b> 07712	
<b>Telephone</b> 732-775-5155		<b>Director</b> JOSEPH MARMORA	
<b>Fax</b> 732-775-5422		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b> 222896129		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 62-421-0985		<input type="checkbox"/> Go Access Point	GO
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		Check here if not a Focal Point	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

Budget by Line Item

Name of Allocated Fund and Code: Social Service Block Grant (SSBG) - 20

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract	\$200,397		\$200,397
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$200,397	\$0	\$200,397

Budget by Funding Source

Name of Allocated Fund		
Social Service Block Grant (SSBG) - 20		\$118,039
<b>Additional Funds:</b>	State Match	
	State COLA	\$20,000
	Local Public	\$35,222
	Local Private	
	NSIP	\$6,927
<b>Income:</b>	Other	\$15
	Participant	\$20,194
<b>Total:</b>		\$200,397

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
436 - Home Delivered Nutrition - meal	36,896	150	\$200,397	\$5.43
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
		<b>Total:</b>	\$200,397	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



Integrated Program Summary

New [ ] Revised [ ] Delete [ ]

Form with fields for From: 1/1/2014, To: 12/31/2014, Calendar Year: 2014, County: Monmouth County, Program #: 003, Program Name: ADMINISTRATION, Provider Name: AAA MONMOUTH, Provider Address: 21 MAIN & COURT CENTER, PO Box 1255, City: FREEHOLD, State: New Jersey, Zip: 07728, Telephone: 732-431-7450, Director: Michael T. Ruane, Fax: 732-303-7649, Focal Point: [ ] ADRC Partner, Type Initials: ADRC, Provider Federal Tax ID Number: 216000881, Provider DUNS Number: 06-870-4485, Is this Program held at additional sites? [ ] Yes No

Budget by Line Item

Name of Allocated Fund and Code: Social Service Block Grant Admin - 21

Table with 4 columns: Line Item, Cash, In-Kind, Total. Rows include Personnel, Consultant & Contract, Travel, Food, Building Space, Print & Office Supplies, Equipment, Other, Indirect Cost, Total Budgeted Cost.

Budget by Funding Source

Table with 3 columns: Name of Allocated Fund, Amount, Funding Source. Sources include State Match, State COLA, Local Public, Local Private, NSIP, Other, Participant.

Table with 5 columns: Service Code and Taxonomy Service Name, Service Units, Unduplicated Clients, Service Budget, Service Rate. Row 1: 099 - Administration, 0, 0, \$80,793, \$80,793.00. Includes Total row.

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

<b>From:</b> 1/1/2014		<b>To:</b> 12/31/2014	
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 073	
<b>Program Name</b> ARC RESIDENTIAL MAINTENANCE SERVICES		<b>Provider Name</b> The Arc of Monmouth, Inc.	
<b>Provider Address</b> 1158 WAYSIDE ROAD			
<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>City</b> TINTON FALLS	<b>State</b> New Jersey	<b>Zip</b> 07712	
<b>Telephone</b> 732-493-1919		<b>Director</b> MARY E. SCOTT	
<b>Fax</b> 732-493-3604		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b> 210657022		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 07-826-8398		<input type="checkbox"/> Go Access Point GO	
<b>Provider DUNS Number (##-###-####)</b> 07-826-8398			
Check here if not a Focal Point			
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Safe Housing and Transportation Program (SHTP) - 11

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract	\$16,100		\$16,100
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$16,100	\$0	\$16,100

**Budget by Funding Source**

<b>Name of Allocated Fund</b>	Safe Housing and Transportation Program	\$14,500
<b>Additional Funds:</b>	<b>State Match</b>	
	<b>State COLA</b>	
	<b>Local Public</b>	
	<b>Local Private</b>	\$1,450
	<b>NSIP</b>	
<b>Income:</b>	<b>Other</b>	
	<b>Participant</b>	\$150
<b>Total:</b>		\$16,100

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
211 - Residential Maintenance - hour	67	27	\$16,100	\$240.30
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$16,100	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 3/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 074	
<b>Program Name</b> MCDSS HOME REPAIR/SECURITY		<b>Provider Name</b> Monmouth County Division of Social Services	
<b>Provider Address</b>  BOX 3000			
		<b>Minority Provider</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<b>City</b> FREEHOLD	<b>State</b> New Jersey	<b>Zip</b> 07728	
<b>Telephone</b> 732-431-7999		<b>Director</b> PATRICK O'CONNOR	
<b>Fax</b> 732-431-6267		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-##### , #####)</b> 216000881		Focal Point	FP
		<input type="checkbox"/> Go Access Point	GO
<b>Provider DUNS Number (##-###-####)</b> 06-870-4485		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Safe Housing and Transportation Program (SHTP) - 11

Line Item	Cash	In-Kind	Total
<b>Personnel</b>	\$4,082		\$4,082
<b>Consultant &amp; Contract</b>	\$5,934		\$5,934
<b>Travel</b>			\$0
<b>Food</b>			\$0
<b>Building Space</b>			\$0
<b>Print &amp; Office Supplies</b>			\$0
<b>Equipment</b>			\$0
<b>Other</b>			\$0
<b>Indirect Cost</b>		\$367	\$367
<b>Total Budgeted Cost</b>	\$10,016	\$367	\$10,383

**Budget by Funding Source**

Name of Allocated Fund		
	Safe Housing and Transportation Program	\$5,846
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	\$4,449
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$88
<b>Total:</b>		<b>\$10,383</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
211 - Residential Maintenance - hour	9	3	\$10,383	\$1,153.67
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$10,383	

**Name of AAA Director Certifying The Above Information**

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 4/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 096	
<b>Program Name</b> Home Repair/Security Services		<b>Provider Name</b> Monmouth County Community Development	
<b>Provider Address</b>  Hall of Records Annex, 1 East Main Street		<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City</b> Freehold	<b>State</b> New Jersey	<b>Zip</b> 07728	
<b>Telephone</b> 732-431-7460		<b>Director</b> Owen Redmond	
<b>Fax</b> 732-308-2995		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 216000881		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 06-870-4485		<input type="checkbox"/> Go Access Point	GO
<p><b>Check here if not a Focal Point</b></p>			
<p><b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, please click the <a href="#">Sites/Locations</a> link in the related pages section at the top or bottom of this form.</p>			

**Budget by Line Item**

Name of Allocated Fund and Code: Safe Housing and Transportation Program (SHTP) - 11

Line Item	Cash	In-Kind	Total
Personnel	\$12,247		\$12,247
Consultant & Contract	\$50,386		\$50,386
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost		\$1,102	\$1,102
<b>Total Budgeted Cost</b>	\$62,633	\$1,102	\$63,735

**Budget by Funding Source**

<b>Name of Allocated Fund</b>	Safe Housing and Transportation Program	\$50,124
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	\$13,349
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$262
<b>Total:</b>		\$63,735

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
211 - Residential Maintenance - hour	191	27	\$63,735	\$333.69
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$63,735	

Name of AAA Director Certifying The Above Information

Michael T. Ruane

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Integrated Program Summary

New [ ] Revised [ ] Delete [ ]

Form with fields: From: 1/1/2014, To: 12/31/2014, Calendar Year: 2014, County: Monmouth County, Program #: 003, Program Name: ADMINISTRATION, Provider Name: AAA MONMOUTH, Provider Address: 21 MAIN & COURT CENTER, PO Box 1255, City: FREEHOLD, State: New Jersey, Zip: 07728, Telephone: 732-431-7450, Director: Michael T Ruane, Fax: 732-303-7649, Focal Point: [ ] ADRC Partner, Type Initials: ADRC, Provider Federal Tax ID Number: 216000881, Provider DUNS Number: 06-870-4485, Is this Program held at additional sites? [ ] Yes No

Budget by Line Item

Name of Allocated Fund and Code: Care Management/Quality Assurance (CMQA) - 17

Table with columns: Line Item, Cash, In-Kind, Total. Rows include Personnel (\$23,810), Indirect Cost (\$2,386), and Total Budgeted Cost (\$26,196).

Budget by Funding Source

Table with columns: Name of Allocated Fund, Funding Source, Amount. Shows Care Management/Quality Assurance (CMQA) - \$23,810 and Total: \$26,196.

Table with columns: Service Code and Taxonomy Service Name, Service Units, Unduplicated Clients, Service Budget, Service Rate. Shows 099 - Administration with 0 units, 0 clients, \$26,196 budget, and \$26,196.00 rate.

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



Integrated Program Summary

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 007	
<b>Program Name</b> Certified Home Health Aide		<b>Provider Name</b> Family & Children's Service, Inc. of Monmouth County	
<b>Provider Address</b> 191 Bath Avenue			
<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>City</b> LONG BRANCH	<b>State</b> New Jersey	<b>Zip</b> 07740	
<b>Telephone</b> 732-222-9111		<b>Director</b> Debbie Huisman	
<b>Fax</b> 732-531-8507		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b> 210650674		Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 08-564-0829		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

Budget by Line Item

Name of Allocated Fund and Code: Medicaid Match - 35

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract	\$26,223		\$26,223
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$26,223	\$0	\$26,223

Budget by Funding Source

<b>Name of Allocated Fund</b>	Medicaid Match - 35	\$26,160
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	\$63
<b>Total:</b>		\$26,223

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
213 - Certified Home Health Aide - hour	1,258	7	\$26,223	\$20.85
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$26,223	

Name of AAA Director Certifying The Above Information

Michael T Ruane

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**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 023	
<b>Program Name</b> ADULT PROTECTIVE SERVICES		<b>Provider Name</b> Family & Children's Service, Inc. of Monmouth County	
<b>Provider Address</b>			
191 Bath Avenue		<b>Minority Provider</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
<b>City</b> Long Branch	<b>State</b> New Jersey	<b>Zip</b> 07740	
<b>Telephone</b> 732-222-9191		<b>Director</b> Lisa Barnes	
<b>Fax</b> 732-897-9651		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####-####)</b> 210650674		<input type="checkbox"/> Focal Point	<input type="checkbox"/> FP
<b>Provider DUNS Number (##-###-####)</b> 08-564-0829		<input type="checkbox"/> Go Access Point GO	
<input type="checkbox"/> Check here if not a Focal Point			
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Adult Protective Services (APS) - 14

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract	\$312,506		\$312,506
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$312,506	\$0	\$312,506

**Budget by Funding Source**

Name of Allocated Fund	Adult Protective Services (APS) - 14	\$312,506
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	
<b>Total:</b>		\$312,506

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
324 - Adult Protective Services - contact	7,779	409	\$312,506	\$40.17
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
		<b>Total:</b>	\$312,506	

Name of AAA Director Certifying The Above Information

Michael T Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.

5/20/2014



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 060	
<b>Program Name</b> Monmouth County Nutrition Program		<b>Provider Name</b> Interfaith Neighbors, Inc.	
<b>Provider Address</b>  810 Fourth Avenue		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
<b>City</b> Asbury Park	<b>State</b> New Jersey	<b>Zip</b> 07712	
<b>Telephone</b> 732-775-5155		<b>Director</b> Joseph Marmora	
<b>Fax</b>		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b>		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b>		<input type="checkbox"/> Go Access Point	GO
		Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> <b>Yes</b> <input type="checkbox"/> <b>No</b>	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			

Budget by Line Item

Name of Allocated Fund and Code: Disaster Relief Funding - 45

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract			\$0
Travel			\$0
Food	\$0		\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$0	\$0	\$0

Budget by Funding Source

Name of Allocated Fund		
Disaster Relief Funding - 45		\$0
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	
<b>Total:</b>		\$0

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$0	

Name of AAA Director Certifying The Above Information

Michael T. Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 061	
<b>Program Name</b> Monmouth County Nutrition Program		<b>Provider Name</b> Interfaith Neighbors, Inc.	
<b>Provider Address</b>  810 Fourth Ave		<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>City</b> Asbury Park	<b>State</b> New Jersey	<b>Zip</b> 07712	
<b>Telephone</b> 732-775-0525		<b>Director</b> Joseph Marmora	
<b>Fax</b>		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b>		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b>		<input type="checkbox"/> Go Access Point	GO
		Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Disaster Relief Funding - 45

Line Item	Cash	In-Kind	Total
Personnel			\$0
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$0	\$0	\$0

**Budget by Funding Source**

Name of Allocated Fund	Disaster Relief Funding - 45	
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	
<b>Total:</b>		\$0

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$0	

Name of AAA Director Certifying The Above Information

Michael T. Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



Monmouth County

DOAS14AAA006

**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 063	
<b>Program Name</b> MONMOUTH COUNTY NUTRITION PROGRAM		<b>Provider Name</b> Interfaith Neighbors, Inc.	
<b>Provider Address</b> 810 FOURTH AVENUE		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <b>No</b>	
<b>City</b> ASBURY PARK	<b>State</b> New Jersey	<b>Zip</b> 07712	
<b>Telephone</b> 732-775-5155		<b>Director</b> JOSEPH MARMORA	
<b>Fax</b> 732-775-5422		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####)</b> 222896129		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 62-421-0985		<input type="checkbox"/> Go Access Point	GO
<b>Provider DUNS Number (##-###-####)</b> 62-421-0985			
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> <b>Yes</b> <b>No</b>	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: Non APC Funds - 25

Line Item	Cash	In-Kind	Total
Personnel	\$31,724		\$31,724
Consultant & Contract			\$0
Travel			\$0
Food	\$9,934		\$9,934
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other	\$3,653		\$3,653
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$45,311	\$0	\$45,311

**Budget by Funding Source**

Name of Allocated Fund	Non APC Funds - 25	
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	\$42,831
	Local Private	
	NSIP	\$1,609
<b>Income:</b>	Other	
	Participant	\$871
<b>Total:</b>		\$45,311

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
436 - Home Delivered Nutrition - meal	7,878	40	\$45,311	\$5.75
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$45,311	

Name of AAA Director Certifying The Above Information

Michael T. Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



**Integrated Program Summary**

New  Revised  Delete

		<b>From:</b> 1/1/2014	<b>To:</b> 12/31/2014
<b>Calendar Year</b> 2014	<b>County</b> Monmouth County	<b>Program #</b> 003	
<b>Program Name</b> Admin SSBG Sandy Relief funds		<b>Provider Name</b> AAA-Monmouth County Division on Aging, Disabilities and Veterans Services	
<b>Provider Address</b>  3,000 Kozloski Road		<b>Minority Provider</b> <input type="checkbox"/> <b>Yes</b> <b>No</b>	
<b>City</b> Freehold	<b>State</b> New Jersey	<b>Zip</b> 07728	
<b>Telephone</b> 732-431-7450		<b>Director</b> Michael T. Ruane	
<b>Fax</b> 732-303-7649		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner	<b>Type Initials</b> ADRC
<b>Provider Federal Tax ID Number (##-#####, #####)</b> 216000881		<input type="checkbox"/> Focal Point	FP
<b>Provider DUNS Number (##-###-####)</b> 06-870-4485		<input type="checkbox"/> Go Access Point	GO
		<input type="checkbox"/> Check here if not a Focal Point	
<b>Is this Program held at additional sites?</b>		<input type="checkbox"/> <b>Yes</b> <b>No</b>	
If Yes, please click the <b>Sites/Locations</b> link in the related pages section at the top or bottom of this form.			

**Budget by Line Item**

Name of Allocated Fund and Code: SSBG Disaster Assistance - 47

Line Item	Cash	In-Kind	Total
Personnel	\$43,169		\$43,169
Consultant & Contract			\$0
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies			\$0
Equipment			\$0
Other			\$0
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	\$43,169	\$0	\$43,169

**Budget by Funding Source**

Name of Allocated Fund		Total
SSBG Disaster Assistance - 47		\$43,169
<b>Additional Funds:</b>	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
<b>Income:</b>	Other	
	Participant	
<b>Total:</b>		\$43,169

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
099 - Administration	0	0	\$43,169	\$43,169.00
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
<b>Total:</b>			\$43,169	

Name of AAA Director Certifying The Above Information

Michael T. Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



Integrated Program Summary

New  Revised  Delete

<b>Calendar Year</b> 2014		<b>County</b> Monmouth County	<b>From:</b> 3/1/2014	<b>To:</b> 12/31/2014
<b>Program Name</b> SSBG Sandy Home Repair & Advocacy		<b>Program #</b> 095		
<b>Provider Address</b> Hall of Records Annex 1 East Main St.		<b>Provider Name</b> Monmouth County Community Development		
<b>City</b> Freehold		<b>State</b> New Jersey	<b>Minority Provider</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Telephone</b> 732-431-7460		<b>Zip</b> 07728		
<b>Fax</b> 732-308-2995		<b>Director</b> Owen Redmond		
<b>Provider Federal Tax ID Number (##-#####-####)</b> 216000881		<b>Focal Point</b> <input type="checkbox"/> ADRC Partner		<b>Type Initials</b> ADRC
<b>Provider DUNS Number (##-###-####)</b> 06-870-4485		<input type="checkbox"/> Focal Point		<input type="checkbox"/> FP
		<input type="checkbox"/> Go Access Point		<input type="checkbox"/> GO
<b>Is this Program held at additional sites?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, please click the Sites/Locations link in the related pages section at the top or bottom of this form.				

Budget by Line Item

Name of Allocated Fund and Code: SSBG Disaster Assistance - 47

Line Item	Cash	In-Kind	Total
Personnel	\$121,509		\$121,509
Consultant & Contract	\$951,637		\$951,637
Travel			\$0
Food			\$0
Building Space			\$0
Print & Office Supplies	\$1,000		\$1,000
Equipment			\$0
Other	\$2,500		\$2,500
Indirect Cost			\$0
<b>Total Budgeted Cost</b>	<b>\$1,076,646</b>	<b>\$0</b>	<b>\$1,076,646</b>

Budget by Funding Source

Name of Allocated Fund		
	SSBG Disaster Assistance - 47	\$1,076,646
Additional Funds:	State Match	
	State COLA	
	Local Public	
	Local Private	
	NSIP	
Income:	Other	
	Participant	
<b>Total:</b>		<b>\$1,076,646</b>

Service Code and Taxonomy Service Name	Service Units	Unduplicated Clients	Service Budget	Service Rate
101 - Information and Assistance - contact	2,140	190	\$125,009	\$58.42
511 - Residential Maintenance for Sandy Relief	190	190	\$951,637	\$5,008.62
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
				\$0
		<b>Total:</b>	<b>\$1,076,646</b>	

Name of AAA Director Certifying The Above Information

Michael T. Ruane

By checking this box, you certify that the information listed above is accurate to the best of your knowledge.



Monmouth County

DOAS14AAA006

**AGENCY BUDGET PLAN**

**Agency:** Monmouth County

**County:** Monmouth County

**Title III Funding:**

Funding Sources	Title III Admin	Title III B	Title III C1	Title III C2	Title III D Health Promotion	Other	Title III E	Funds Total	MOE Req.	NSIP Approved Carry Over	NSIP Excess Funds	NSIP Fund Balance
<b>New funds</b>		\$315,213	\$339,879	\$179,489	\$16,253	\$0	\$123,645	\$974,479				
<b>Administrative</b>	\$96,767	(\$37,306)	(\$30,473)	(\$16,624)			(\$12,364)	\$0				
<b>Allocation Transfer</b>		\$41,928	(\$50,332)	\$8,404				\$0				
<b>New Allocation</b>	\$96,767	\$319,835	\$259,074	\$171,269	\$16,253	\$0	\$111,281	\$974,479				
<b>Prior Year Approved C/O</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0				
<b>Prior Year Excess Funds</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0				
<b>State Match</b>		\$45,044	\$0	\$0	\$0	\$0	\$37,093	\$82,137				
<b>Prior Year Approved State Match C/O</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0				
<b>Prior Year State Match Excess Funds</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0				
<b>Local Public</b>	\$280,716	\$1,856,706	\$13,565	\$175,246			\$18,542	\$2,344,775				
<b>Local Private</b>		\$74,011	\$132,353	\$363,851	\$9,760			\$579,975	\$2,524,039			
<b>Participant Income</b>		\$2,075	\$83,994	\$143,030	\$100		\$360	\$229,559				
<b>Income Other</b>			\$22	\$9,637				\$9,659				
<b>State COLA</b>		\$285,075		\$20,197				\$305,272				
<b>NSIP</b>			\$6,358	\$47,899				\$54,257		\$0	\$0	\$0
<b>Allocation Total</b>	\$377,483	\$2,582,746	\$495,366	\$931,129	\$26,113	\$0	\$167,276	\$4,580,113				

<b>Actual Contract Allocation (Entered by DoAS)</b>		\$315,213	\$339,879	\$179,489	\$16,253	\$0	\$123,645	\$974,479				
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<b>Federal Fund Balance</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0				
<b>State Match Fund Balance</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0				



Monmouth County

DOAS14AAA006

**Non Title III Funding:**

Funding Sources	SHTP Admin	SHTP Program	SSBG Admin	SSBG Program	SWHDM Program	Supplemental Home Delivered Meals	Care Coord CMQA	APS Program	Medicaid Match	Care Transitions	Disaster Relief Funding
<b>New funds</b>		\$70,470		\$733,979	\$58,183	\$0	\$23,810	\$312,506	\$26,160	\$0	\$0
<b>Administrative</b>			\$73,397	(\$73,397)							
<b>Allocation Transfer</b>											
<b>New Allocation</b>		\$70,470	\$73,397	\$660,582	\$58,183		\$23,810	\$312,506	\$26,160		\$0
<b>Prior Year Approved C/O</b>									\$0	\$0	\$0
<b>Prior Yr Excess Funds</b>									\$0	\$0	\$0
<b>State Match</b>											
<b>Prior Yr Approved State Match C/O</b>											
<b>Prior Yr State Match Excess Funds</b>											
<b>Local Public</b>		\$17,798	\$7,396	\$153,076	\$32,952		\$2,386				
<b>Local Private</b>		\$1,450		\$51,330							
<b>Income Client</b>		\$500		\$22,694	\$1,694				\$63		
<b>Income Other</b>				\$15							
<b>State COLA</b>				\$20,000							
<b>NSIP</b>				\$6,927	\$1,822						
<b>Allocation Total</b>	\$0	\$90,218	\$80,793	\$914,624	\$94,651	\$0	\$26,196	\$312,506	\$26,223	\$0	\$0
<b>Actual contract Allocation (Entered by DoAS)</b>		\$70,470		\$733,979	\$58,183	\$0	\$23,810	\$312,506	\$26,160	\$0	\$0
<b>Federal Fund Balance</b>									\$0	\$0	\$0



## Monmouth County

DOAS14AAA006

Funding Sources	SSBG Disaster Assistance	Community Based Senior Program	Non- APC	Special Programs	Fund Totals	Contract Totals	Actual Allocation (Entered by DoAS)
New funds	\$0	\$0	\$0	\$0	\$1,225,108	\$2,199,587	
Administrative					\$0	\$0	
Allocation Transfer					\$0	\$0	
New Allocation	\$0				\$1,225,108	\$2,199,587	
Prior Year Approved C/O	\$1,119,815	\$0	\$0	\$0	\$1,119,815	\$1,119,815	
Prior Yr Excess Funds	\$0	\$0	\$0	\$0	\$0	\$0	
State Match					\$0	\$82,137	\$82,137
Prior Yr Approved State Match C/O					\$0	\$0	
Prior Yr State Match Excess Funds					\$0	\$0	
Local Public			\$42,831		\$256,439	\$2,601,214	
Local Private					\$52,780	\$632,755	
Income Client			\$871		\$24,951	\$254,510	
Income Other					\$15	\$9,674	
State COLA					\$20,000	\$325,272	\$325,272
NSIP			\$1,609		\$10,358	\$64,615	\$64,615
Allocation Total	\$1,119,815	\$0	\$45,311	\$0	\$2,709,466	\$7,289,579	

Actual contract Allocation (Entered by DoAS)	\$0	\$0	\$0	\$0	\$1,697,132	\$2,671,611	
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Federal Fund Balance	\$1,119,815	\$0	\$0	\$0	\$1,119,815	\$1,119,815	
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Total Funds From State:	\$3,791,426
Fund Balance:	\$1,119,815
Total New Funds:	\$2,671,611
Funds from Other Sources:	\$3,498,153
Total Funds Needed:	\$7,289,579



Monmouth County

DOAS14AAA006

**SCHEDULE D - OFFICERS AND DIRECTORS LIST**

List below the Name, Title, and Residence Address of all officers and board members of applicant.

**Officer 1:**

First Name: John  
Last Name: Curley  
Title: Freeholder  
Address 1: 74 Berkshire Court  
Address 2:  
City: Red Bank  
State: New Jersey  
Zip Code: 07701

**Officer 2:**

First Name: Thomas  
Last Name: Arnone  
Title: Freeholder Director  
Address 1: 4 Oliver Drive  
Address 2:  
City: Neptune City  
State: New Jersey  
Zip Code: 07753

**Officer 3:**

First Name: Lillian  
Last Name: Burry  
Title: Freeholder  
Address 1: 22 Woodland Drive  
Address 2:  
City: Colts Neck  
State: New Jersey  
Zip Code: 07722

**Officer 4:**

First Name: Serena  
Last Name: DiMaso  
Title: Freeholder Deputy Director  
Address 1: 39 Dora Lane  
Address 2:  
City: Holmdel  
State: New Jersey  
Zip Code: 07733

**Officer 5:**

First Name: Gary  
Last Name: Rich  
Title: Freeholder  
Address 1: 506 Morris Ave.  
Address 2:  
City: Spring Lake  
State: New Jersey  
Zip Code: 07762



Monmouth County

DOAS14AAA006

**SCHEDULE D - OFFICERS AND DIRECTORS LIST**

List below the Name, Title, and Residence Address of all officers and board members of applicant.

**Officer 1:**

First Name: Michael  
Last Name: Ruane  
Title: Executive Director, Monmouth County Ofc. on Ag  
Address 1: 22 Homestead Avenue  
Address 2:  
City: West Long Branch  
State: New Jersey  
Zip Code: 07764

**Officer 2:**

First Name: Ron  
Last Name: Griffiths  
Title: MC OOA Advisory Council Chairman  
Address 1: 86 East Main Street  
Address 2:  
City: Freehold  
State: New Jersey  
Zip Code: 07728

**Officer 3:**

First Name:  
Last Name:  
Title:  
Address 1:  
Address 2:  
City:  
State: New Jersey  
Zip Code:

**Officer 4:**

First Name:  
Last Name:  
Title:  
Address 1:  
Address 2:  
City:  
State: New Jersey  
Zip Code:

**Officer 5:**

First Name:  
Last Name:  
Title:  
Address 1:  
Address 2:  
City:  
State: New Jersey  
Zip Code:



Monmouth County

DOAS14AAA006

**SCHEDULE G - CERTIFICATION REGARDING DEBARMENT AND SUSPENSION**

In accordance to Federal Executive Order 12549, "Debarment and Suspension", the undersigned certifies, to the best of his or her knowledge that as an applicant, this agency or its key employees:

- a. are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transaction by any Federal Department or agency, or by the State of New Jersey;
- b. Have not within a 3-year period preceding this application been convicted of or had a civil judgement rendered against them for commission of fraud or a criminal offense, in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or Local) transaction or contact under a public transportation; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property.
- c. are not presently indicted or for otherwise criminally or civilly charged by a governmental entity (Federal, State, or Local) with commission of any offenses enumerated in paragraph b) of this certification; and
- d. have not within 3-year period preceding this application had one or more public transactions (Federal, State, or Local) terminated for cause or default.

The applicant agrees that by submitting this application, it will obtain from all its subgrantees a certification that includes without modification paragraphs (a), (b), (c), (d), of this certification in accordance with Federal Executive Order 12549.

- By Checking this box you certify that the above information is correct to the best of your knowledge.

Name of Official certifying for Agency

Michael T Ruane

Title

Executive Director



Monmouth County

DOAS14AAA006

**SCHEDULE H - CERTIFICATION REGARDING LOBBYING**

The undersigned certifies, to the best of his or her knowledge that:

- a. No grant funds awarded from State and/or Federal appropriations have been paid or will be paid, by or on behalf of the grantee, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the making of any grant, the making of any loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any grant, loan, or cooperative agreement.
- b. If any funds other than State and/or Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this, grant, loan, or cooperative agreement, the grantee shall complete and submit the Standard Form-LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
- c. The grantee shall require that the language of this compliance requirement (certification) be included in the award documents for all subawards at all tiers (including subcontracts, subgrants and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

The requirement (certification) is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

- By Checking this box you certify that the above information is correct to the best of your knowledge.

Name of Official certifying for Agency

Michael T Ruane

Title

Executive Director



**SCHEDULE I - CERTIFICATION SHEET**

- Yes  N/A I certify that this agency will comply with the Terms and Conditions for Administration of Grants and the applicable Cost Principles.
- Yes  N/A I have read the Certification Regarding Debarment and Suspension (Schedule G of the Application for Grant Funds) and certify to the best of my knowledge that as an applicant this agency and its key employees are in compliance with this requirement. I will also obtain such certification from all subgrantees in accordance with Federal Executive Order 12549. This form will be maintained on file in the agency's office.
- Yes  N/A I have read the Certification Regarding Lobbying (Schedule H of the Application for Grant Funds) and, to the best of my knowledge, certify that this agency is in compliance. This form will be maintained on file in the agency's office.
- Yes  N/A I have read the Certification Regarding Environmental Tobacco Smoke (Schedule K of the Application for Grant Funds) and have determined that the provisions of the pro-children Act of 1994 apply to this agency and to the best of my knowledge, certify that this agency is in compliance with the requirements of the Act and will not allow smoking within any portion of any indoor facility used for the provision of services for children as defined by the Act. This form will be maintained on file in the agency's office.
- Yes  N/A I understand that my payments will depend on timely submission of all reports.
- Yes  N/A I certify that the listing of the Officers and Directors and their addresses are correct and current. All changes in Officers and Directors, must updated and reported within 10 working days.
- Yes  N/A I have completed and submitted the Agency Minority Profile (Schedule J of the Application for Grant Funds) at least one time during the past two years.
- Yes  N/A The Statement of Local Governmental Public Health Partnership (Page 2 of the Application for Grant Funds) has been sent to the Local Governmental Public Health Partnership Chairperson (or Local Health Officer, if applicable) for signature on the date of our submission of the application to the New Jersey Department of Health and Senior Services.
- Yes  N/A I certify that this agency is not delinquent on any Federal or State debt.
- Yes  N/A As a non-profit corporation, I certify that this agency has 501(c)(3) status as required by the Internal Revenue Service and is registered as a charitable organization in accordance with N.J.S.A. 45:17A-18 et seq.
- Yes  N/A I have read, understand, and will comply with the instructions received with the grant application package.

Name of Official certifying for Agency

Michael T Ruane

Title

Executive Director



Monmouth County

DOAS14AAA006

**SCHEDULE J - AGENCY MINORITY PROFILE**

The Department's Office of Minority Health has defined "minorities" as the four major race/ethnic minority populations (African Americans, Latinos/Hispanic, Asian/Pacific Islanders and American Indians/Eskimos) as well as linguistic minority populations who are either non-English speaking or have limited English proficiency.

Complete this form if your agency is requesting funds from this Department for the first time or has not received funds in the last two (2) years from the Department.

1. Is this a **minority-managed** organization?

Yes  No

a. If Yes, place a check in the applicable box(es).

- Black/African American
- Hispanic/Latino
- American Indian
- Asian/Pacific Islander
- White, Not of Hispanic Origin
- Other

2. Is this agency serving a large minority population?

Yes  No

a. If Yes, place a check in the applicable box(es).

- Black/African American
- Hispanic/Latino
- American Indian
- Asian/Pacific Islander
- White, Not of Hispanic Origin
- Other

3. Indicate all of the languages in which services are being provided by this organization, by placing a check in each applicable box:

- English
- Spanish
- French
- Creole
- Other



Monmouth County

DOAS14AAA006

**SCHEDULE K - CERTIFICATION REGARDING ENVIRONMENTAL TOBACCO SMOKE**

Public Law 103-227, also known as the Pro-Children Act of 1994 (act), requires that smoking not be permitted in any portion of any indoor facility owned or leased or contracted for by an entity and used routinely or regularly for the provision of health, day care, early childhood development services, education or library services to children under the age of 18, if the services are funded by Federal programs either directly or through State or Local Governments, by Federal grants, contract loan or loan guarantee. The law also applies to children's services provided in indoor facilities that are constructed, operated, or maintained with such federal funds. the law does not apply to children's services provided in private residences; portions of facilities used for inpatient drug or alcohol treatment service providers whose sole source of applicable Federal funds is Medicare or Medicaid; or facilities where WIC coupons are redeemed. Failure to comply with the provisions of the law may result in the imposition of a civil monetary penalty of up to \$1000 for each violation and/or the imposition of an administrative compliance order on the responsibility entity.

Name of Official certifying for Agency

Michael T Ruane

Title

Executive Director

**REQUIRED ATTACHMENTS**

**ORGANIZATIONAL CHART** 724812-201300AOrganizationChart.doc

**NJ CHARITIES REGISTRATION**

**PROOF OF NON PROFIT STATUS (501C3)**

**CERTIFICATE OF INCORPORATION**

**CERTIFICATE OF EMPLOYEE INFORMATION REPORT (AA302)**

**STANDARDIZED BOARD RESOLUTIONS** 724812-StandardizedBoardResolutionForm.pdf

**BUSINESS ASSOCIATES AGREEMENT**

**COPY OF INTEREST BEARING BANK ACCOUNT STATEMENT** 724812-interestbearingbankstatements.tif

**PROOF OF INDIRECT RATE** 724812-MonmouthCountyProofofIndirectRate-2014APC.pdf

**PROGRAM INCOME STATEMENT** 724812-ParticipantIncomePolicy.pdf

**AUDIT ENGAGEMENT LETTER** 724812-EngLtr-MonmouthCty-Audit2012.pdf

**STAFF RESUMES** 724812-MonmouthCountyAAAResumes.pdf

**SALARY RANGES** 724812-MonmouthCounty2014SalaryRanges.doc

**SALARY POLICY** 724812-2014CountySalaryPolicy.pdf

**TRAVEL POLICY** 724812-MCTravelPolicy.pdf

**TELEPHONE POLICY** 724812-MCTelephonePolicy.pdf

**MAINTENANCE AGREEMENTS**

**LEASE OR MORTGAGE DOCUMENT**

**INSURANCE POLICY** 724812-EvidenceofInsurance.pdf

Monmouth County

DOAS14AAA006

**COST ALLOCATION PLAN**

**ESTIMATE FOR EQUIPMENT**

**COMPUTER SECURITY POLICY** 724812-MCComputerSecurityPolicy.pdf

**CONSULTANT AGREEMENTS**

**STATEMENT OF GROSS REVENUE**

**OR**

**ANNUAL AUDIT REPORT** 724812-monmouthcounty2012audit.pdf

**TAX CLEARANCE CERTIFICATE**



Monmouth County

DOAS14AAA006

**Miscellaneous Attachments**

**Description** 2014 Business Associate Agreement  
765340-BusinessAssociateAgreementfor2014APC.pdf

**Description** 2014 Boilerplate Provider Contract  
765340-2014BLANKContractBoiler.doc

**Description** 2014 AAA's Official RFP Procedures  
765340-CompetitiveContractingRFPProcessStepbyStep4-15-08.xls

**Description** Governmental Agency Provider Form  
765340-2014APCGovernmentalProviderForms.pdf

**Description**

**Description**

**Description**

**Description**

**Description**

**Description**



**NJDHSS NOTICE OF GRANT AWARD**

4/10/2014

2. **Supersedes Award Notice Dated** 9/12/2013

- 3. **Grant Award No.**
  - a. DOAS14AAA006
  - b. Amendment No. 0
  - c. Payee Reference DOAS14AAA006  
Format: (XXXXXXXXXXXXXX)

4. **Title of Grant Award** Area Agencies on Aging (AAA), Area Plan Contract (APC) 2014

5. **Grantee**  
 Monmouth County  
 Hall of Records One East Main Street PO  
 Box 1256  
 Freehold, NJ 07728-1256

7. **Budget Period (Month/Day/Year)**  
 From: 1/1/2014 Through: 12/31/2014

8. **Project Period (Month/Day/Year)**  
 From: 1/1/2014 Through: 12/31/2014

6. **Vendor ID No.**  
 216000881-00

10. **Funding Authorization Number(s)**
- 93.043 Title III D
  - 93.044 Title III B
  - 93.045 Title III C
  - 93.053 NSIP
  - 93.667 SSBG
  - 46.08142 State Funds
  - 93.778 Medicaid
  - 93.052 Title III E
  - 93.095 SSBG Sandy

9. **Approved Budget**
- a.  Grant Funds Only
  - b.  Total Project Costs including grant funds and all other financial participation

11. **Source of Funds**

a. Grant Award	\$3,791,426
b. Non-State Share*	\$3,498,153
<b>Total Award</b>	<b>\$7,289,579</b>

12. **Award Computation for Grant**

a. Amount of Financial Assistance	\$3,791,426
b. Less Unobligated Balance from Prior Budget Periods	\$1,119,815
c. Less Cumulative Prior Award(s) This Budget Period	\$0
<b>d. AMOUNT OF THIS ACTION</b>	<b>\$2,671,611</b>

\* Must meet all matching or cost Participation requirements.  
 Subject to adjustment in accordance With DHSS policy.

13. **This grant is subject to the terms and conditions incorporated either directly or by reference in the following:**

- a. Attachment A - Additional Grant Provisions
- b. Attachment B - Approved Budget
- c. Attachment C - Program Specifications

The Grantee's Terms and Conditions for Administration of Grants is referenced in this grant. Acceptance of the grant terms and conditions is acknowledged by the grantee when funds are obtained from the grant payment system.

14. **Remarks (Other Terms and Conditions Attached:  Yes  No)**

Approval of this grant is contingent upon the availability of funding and upon the obligation of funds in the New Jersey Comprehensive Financial System (NJCFIS.)

**Program Management Officer**  
 Name: Tina Zsenak  
 Phone: 609 588 6788  
 Email: tina.zsenak@dhs.state.nj.us

**Grants Management Officer**  
 Name: Anthony Garofalo  
 Phone: 609 588 6529  
 Email: anthony.garofalo@dhs.state.

Approved by the New Jersey Department of Human Services, Division of Aging Services Official,  
 Nancy DayDHS, Deputy Director on 4/10/2014



**NOGA ACCOUNT INFORMATION**

**N NUMBER**

**ACCOUNT NUMBER(S)**

**AMOUNT(S)**

FY - FUND - AGCY - ORG - APU - OBJ - REPCAT

14-91-AAA	14-100	-054	-7530	-058	-6110	-14B	\$315,213
14-91-AAA	14-100	-054	-7530	-056	-6110	-14C1	\$339,879
14-91-AAA	14-100	-054	-7530	-056	-6110	-14C2	\$179,489
14-91-AAA	14-100	-054	-7530	-060	-6110	-14D	\$16,253
14-91-AAA	14-100	-054	-7530	-062	-6110	-14E	\$123,645
14-91-AAA	14-100	-054	-7530	-038	-6110	-	\$114,291
14-91-AAA	14-100	-054	-7530	-036	-6110	-	\$389,549
14-91-AAA	15-100	-054	-7530	-036	-6110	-	\$392,391
14-91-AAA	14-491	-054	-7530	-009	-6110	-	\$95,935
14-91-AAA	15-491	-054	-7530	-009	-6110	-	\$145,389

**TOTAL:** \$2,112,034

**NOGA ACCOUNT INFORMATION**



**N NUMBER**

**ACCOUNT NUMBER(S)**

**AMOUNT (S)**

FY - FUND - AGCY - ORG - APU - OBJ - REPCAT

14-91-AAA	14-100	-054	-7530	-057	-6110	-5754	\$74,946
14-91-AAA	15-100	-054	-7530	-057	-6110	-5755	\$92,143
14-91-AAA	14-100	-054	-7530	-037	-6110	-	\$163,799
14-91-AAA	15-100	-054	-7530	-038	-6110	-	\$11,903
14-91-AAA	15-100	-054	-7530	-037	-6110	-	\$126,011
14-91-AAA	14-100	-054	-7530	-066	-6110	-MEDB	\$26,160
14-91-AAA	14-100	-054	-7530	-039	-6110	-14IP	\$64,615
	-	-	-	-	-	-	
	-	-	-	-	-	-	
	-	-	-	-	-	-	
<b>TOTAL:</b>							\$559,577

**ATTACHMENT A**

I. The Terms and Conditions for Administration of Grants are hereby made a part of this award and contain the following requirements:

A. Administrative                      B. Compliance                      C. Audit

II. Budget Revision and Amendment

A. All budget revisions and amendments must be approved, in writing by the Grant Management Officer.

B. Refer to Subpart M of the Terms and Conditions for Administration of Grants for specific requirements when a Budget Revision or Modification is required.

III. Method of Payment

Cash payments will be provided to the Grantee based on:

On a scheduled advanced payment basis (see attached schedule of payments):

- Monthly                      Quarterly
- Cost reimbursement payments shall be made by the department on a Quarterly basis upon submission of an expenditure report.
- Payments shall be made by the Department on a quarterly basis upon submission of a progress report. At the Department's discretion the final payment may be withheld pending receipt of final reports. This amount is not to exceed five (5) percent of the total grant amount.

IV. Financial and Performance Reporting

A. Interim expenditure reports shall be submitted on a Quarterly basis. These reports, certified by the Grantee's Chief Officer, shall be submitted no later than ten (10) working days immediately following the end of the reporting period.

B. Performance reports shall be submitted on a Quarterly basis. These reports shall be submitted no later than 10 days working days after the end of each reporting period.

C. A final report shall be submitted by the grantee no later than 30 days after completion of the budget period or termination of the grant.

D All financial reports shall be prepared, in a manner consistent with the grantee's normal accounting records.

V. Other Grant Provisions

A. It is the Department understanding that the Grantee's fiscal year ends on 12/31. Any change in the fiscal year must be reported immediately to the Department.

B. Grantee shall submit a copy of its audit report (single audit, program specific audit or financial audit) to the Department within nine months after the end of its fiscal year. The audit report shall be mailed to: New Jersey Department of Health and Senior Services, Grants Management and Review Program, PO Box 360, Trenton, NJ 08625-0360.

Failure to submit this report to the Department may result in termination or suspension of all grants to the grantee and the grantee may not be considered for any future funding. This requirement is in accordance with Subpart L of the Grantee's Terms and Conditions. Refer to this Subpart for exclusions from the single audit policy.

VI. Availability of Funds

A. The grantee recognizes and agrees that continuation of funding under a grant is expressly dependent upon the availability of funds to the Department appropriated by the State Legislature from State or federal revenue or such other funding sources as may be applicable. The Department shall not be held liable for any breach of this agreement, because of the absence of available funding appropriations.



**ATTACHMENT B - APPROVED OPERATING BUDGET**

Agency: Monmouth County

County: Monmouth County

Title III Funding:

Funding Sources	Title III ADMIN	Title III B	Title III C1	Title III C2	Title III D Health Promotion	Title III D Med Mgnt	Title III E	Funds Totals
New Funds		\$315,213	\$339,879	\$179,489	\$16,253	\$0	\$123,645	\$0
Administrative	\$96,767	(\$37,306)	(\$30,473)	(\$16,624)			(\$12,364)	\$0
Allocation Transfer		\$41,928	(\$50,332)	\$8,404				\$0
New Allocation	\$96,767	\$319,835	\$259,074	\$171,269	\$16,253	\$0	\$111,281	\$974,479
Prior Year Approved Carry Over		\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Prior Year Excess Funds</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>State Match</b>		\$45,044	\$0	\$0	\$0	\$0	\$37,093	\$82,137
Prior Year Approved State Match C/O		\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Prior Year State Match Excess Funds</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>Local Public</b>	\$280,716	\$1,856,706	\$13,565	\$175,246	\$0	\$0	\$18,542	\$2,344,775
Local Private	\$0	\$74,011	\$132,353	\$363,851	\$9,760	\$0	\$0	\$579,975
Participant Income		\$2,075	\$83,994	\$143,030	\$100	\$0	\$360	\$229,559
Income Other		\$0	\$22	\$9,637	\$0	\$0	\$0	\$9,659
State COLA		\$285,075	\$0	\$20,197	\$0	\$0	\$0	\$305,272
NSIP			\$6,358	\$47,899				\$54,257
Allocation Total	\$377,483	\$2,582,746	\$495,366	\$931,129	\$26,113	\$0	\$167,276	\$4,580,113
Actual Contract Allocation (Entered by DACS)		\$315,213	\$339,879	\$179,489	\$16,253	\$0	\$123,645	\$974,479
<b>Federal Fund Balance</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>State Match Fund Balance</b>		\$0	\$0	\$0	\$0	\$0	\$0	\$0

**ATTACHMENT B - APPROVED OPERATING BUDGET continued**

Funding Sources	MOE Requirement	NSIP Approved Carry Over	NSIP Excess Funds	NSIP Fund Balance
New Funds				
Administrative				
Allocation Transfer				
New Allocation				
Prior Year Approved Carry Over				
<b>Prior Year Excess Funds</b>				
<b>State Match</b>				
Prior Year Approved State Match C/O				
<b>Prior Year State Match Excess Funds</b>				
<b>Local Public</b>				
Local Private	\$2,524,039			
Participant Income				
Income Other				
State COLA				
NSIP		\$0	\$0	\$0
Allocation Total				

**ATTACHMENT B - APPROVED OPERATING BUDGET continued**

Non Title III Funding:

Funding Sources	SHTP ADMIN	SHTP PROGRAM	SSBG ADMIN	SSBG PROGRAM	SWHDM PROGRAM	Supplemental Home Delivered Meals	Care Coord CMQA	APS PROGRAM
New Funds		\$70,470		\$733,979	\$58,183	\$0	\$23,810	\$312,506
Administrative	\$0	\$0	\$73,397	(\$73,397)				
<b>Allocation Transfer</b>								
New Allocation	\$0	\$70,470	\$73,397	\$660,582	\$58,183	\$0	\$23,810	\$312,506
Prior Year Approved Carry Over								
<b>Prior Year Excess Funds</b>								
<b>State Match</b>								
Prior Year Approved State Match C/O								
<b>Prior Year State Match Excess Funds</b>								
Local Public	\$0	\$17,798	\$7,396	\$153,076	\$32,952	\$0	\$2,386	\$0
Local Private	\$0	\$1,450	\$0	\$51,330	\$0	\$0	\$0	\$0
Income Client		\$500		\$22,694	\$1,694	\$0	\$0	
Income Other		\$0		\$15	\$0	\$0	\$0	\$0
State COLA		\$0		\$20,000	\$0	\$0	\$0	\$0
NSIP				\$6,927	\$1,822	\$0		
<b>Allocation Total</b>	\$0	\$90,218	\$80,793	\$914,624	\$94,651	\$0	\$26,196	\$312,506
Actual Contract Allocation (Entered by DACS)		\$70,470		\$733,979	\$58,183	\$0	\$23,810	\$312,506
<b>Federal Fund Balance</b>								

**ATTACHMENT B - APPROVED OPERATING BUDGET continued**

Non Title III Funding:

Funding Sources	MEDICAID MATCH	Care Transitions	Disaster Relief Funding	SSBG Disaster Assistance	Community Based Senior Program	Non-APC	Special Programs
New Funds	\$26,160	\$0	\$0	\$0	\$0	\$0	\$0
Administrative							
<b>Allocation Transfer</b>							
New Allocation	\$26,160	\$0	\$0	\$0	\$0	\$0	\$0
Prior Year Approved Carry Over	\$0	\$0	\$0	\$1,119,815	\$0	\$0	\$0
<b>Prior Year Excess Funds</b>	\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>State Match</b>							
<b>Prior Year Approved State Match C/O</b>							
<b>Prior Year State Match Excess Funds</b>							
Local Public	\$0	\$0	\$0	\$0	\$0	\$42,831	\$0
Local Private	\$0	\$0	\$0	\$0	\$0	\$0	\$0
Income Client	\$63					\$0	
Income Other	\$0	\$0	\$0	\$0	\$0	\$0	\$0
State COLA	\$0	\$0	\$0	\$0	\$0	\$0	\$0
NSIP						\$1,609	
<b>Allocation Total</b>	<b>\$26,223</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,119,815</b>	<b>\$0</b>	<b>\$45,311</b>	<b>\$0</b>
Actual Contract Allocation (Entered by DACS)	\$26,160	\$0	\$0	\$0	\$0	\$0	\$0
<b>Federal Fund Balance</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$1,119,815</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>



**ATTACHMENT B - APPROVED OPERATING BUDGET continued**

Non Title III Funding:

Funding Sources	FUND TOTALS	CONTRACT TOTALS	Actual Allocation (Entered by DACS)
New Funds	\$1,225,108	\$2,199,587	
Administrative	\$0	\$0	
<b>Allocation Transfer</b>	\$0	\$0	
New Allocation	\$1,225,108	\$2,199,587	
Prior Year Approved Carry Over	\$1,119,815	\$1,119,815	
<b>Prior Year Excess Funds</b>	\$0	\$0	
<b>State Match</b>	\$0	\$82,137	\$82,137
<b>Prior Year Approved State Match C/O</b>	\$0	\$0	
<b>Prior Year State Match Excess Funds</b>	\$0	\$0	
Local Public	\$256,439	\$2,601,214	
Local Private	\$52,780	\$632,755	
Income Client	\$24,951	\$254,510	
Income Other	\$0	\$9,674	
State COLA	\$20,000	\$325,272	\$325,272
NSIP	\$10,358	\$64,615	\$64,615
<b>Allocation Total</b>	<b>\$2,709,466</b>	<b>\$7,289,579</b>	
<b>Actual Contract Allocation (Entered by DACS)</b>	<b>\$1,697,132</b>	<b>\$2,671,611</b>	
<b>Federal Fund Balance</b>	<b>\$1,119,815</b>	<b>\$1,119,815</b>	
<b>Total Funds From State:</b>		<b>\$3,791,426</b>	
<b>Fund Balance:</b>		<b>\$1,119,815</b>	
<b>Total New Funds:</b>		<b>\$2,671,611</b>	
<b>Funds from Other Sources:</b>		<b>\$3,498,153</b>	
<b>Total Funds Needed:</b>		<b>\$7,289,579</b>	



DOAS14AAA006

**Attachment C - Program Specifications**

**Attachment C Uploaded**

806829-2014APCScopeofServices.doc

**Attachment C Addendum #1** (Optional)

806829-MonmouthGovernmentalApproval2014-2015.doc

**Attachment C Addendum #2** (Optional)

**Attachment C Addendum #3** (Optional)

**Additional Information for Grantee Reference** (Optional)

**Attachment C Manually Input**



Monmouth County

DOAS14AAA006

**ADVANCED PAYMENT SCHEDULE FOR GRANTS**

Grantee Name: Monmouth County      Total Grant Amount: \$2,671,611      Advanced Payment Total: \$1,903,774

Vendor ID Number: 216000881-00      Grant Period: From: 1/1/2014 Through: 12/31/2014      Amendment No.: 0      Interest Bearing Acct.: Yes  No

G/L Order Reference 75308000463

Account Number							GO Line #	Year	3/25/2014	4/25/2014					Account Total
FUND	Agency	Org	Appr. Unit	Activity	Object	Report. Cat.									
100	054	7530	058	LLLL	6110	14B	1	2014	\$157,607	\$157,606	\$0	\$0	\$0	\$0	\$315,213
100	054	7530	056	LLLL	6110	14C1	2	2014	\$169,940	\$169,939	\$0	\$0	\$0	\$0	\$339,879
100	054	7530	056	LLLL	6110	14C2	3	2014	\$89,745	\$89,744	\$0	\$0	\$0	\$0	\$179,489
100	054	7530	060	LLLL	6110	14D	4	2014	\$8,127	\$8,126	\$0	\$0	\$0	\$0	\$16,253
100	054	7530	062	LLLL	6110	14E	5	2014	\$61,823	\$61,822	\$0	\$0	\$0	\$0	\$123,645
100	054	7530	066	LLLL	6110	MEDB	6	2014	\$13,080	\$13,080	\$0	\$0	\$0	\$0	\$26,160
100	054	7530	039	LLLL	6110	14IP	7	2014	\$32,308	\$32,307	\$0	\$0	\$0	\$0	\$64,615
100	054	7530	038	L4MO	6110		8	2014	\$41,069	\$41,068	\$0	\$0	\$0	\$0	\$82,137
100	054	7530					9		\$0	\$0	\$0	\$0	\$0	\$0	\$0
491	054	7530	009	L4WM	6110		10	2014	\$15,954	\$15,953	\$0	\$0	\$0	\$0	\$31,907
491	054	7530	009	L4SH	6110		11	2014	\$17,589	\$17,588	\$0	\$0	\$0	\$0	\$35,177
100	054	7530	036	L4AP	6110		12	2014	\$20,168	\$20,168	\$0	\$0	\$0	\$0	\$40,336
100	054	7530	038	LLLL	6110		13	2014	\$10,124	\$10,123	\$0	\$0	\$0	\$0	\$20,247
491	054	7530	009	L4AP	6110		14	2014	\$14,426	\$14,425	\$0	\$0	\$0	\$0	\$28,851
100	054	7530	036	L4A1	6110		15	2014	\$15,292	\$15,292	\$0	\$0	\$0	\$0	\$30,584
100	054	7530	036	L4EA	6110		16	2014	\$13,763	\$13,763	\$0	\$0	\$0	\$0	\$27,526
100	054	7530	036	L4SS	6110		17	2014	\$145,552	\$145,551	\$0	\$0	\$0	\$0	\$291,103
	054	7530					18		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					19		\$0	\$0	\$0	\$0	\$0	\$0	\$0
100	054	7530	037	LLLL	6110		20	2014	\$81,900	\$81,899	\$0	\$0	\$0	\$0	\$163,799
	054	7530					21		\$0	\$0	\$0	\$0	\$0	\$0	\$0



**ADVANCED PAYMENT SCHEDULE FOR GRANTS (Continued)**

Account Number							GO Line #	Year	3/25/2014	4/25/2014					Account Total
FUND	Agency	Org	Appr. Unit	Activity	Object	Report. Cat.									
	054	7530					22		\$0	\$0	\$0	\$0	\$0	\$0	\$0
100	054	7530	038	LLLL	6110		23	2014	\$5,954	\$5,953	\$0	\$0	\$0	\$0	\$11,907
	054	7530					24		\$0	\$0	\$0	\$0	\$0	\$0	\$0
100	054	7530	057	LLLL	6110	5754	25	2014	\$0	\$74,946	\$0	\$0	\$0	\$0	\$74,946
	054	7530					26		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					27		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					28		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					29		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					30		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					31		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					32		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					33		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					34		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					35		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					36		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					37		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					38		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					39		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					40		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					41		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					42		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					43		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					44		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					45		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					46		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					47		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					48		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					49		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					50		\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>									<b>\$914,421</b>	<b>\$989,353</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	



Monmouth County

DOAS14AAA006

**ADVANCED PAYMENT SCHEDULE FOR GRANTS (Continued)**

**REIMBURSEMENT:**

Period on Report Expenditure  MONTHLY  QUARTERLY  OTHER

Installments  3 MONTH(s)

Provisional Rate

Fixed Rate

**CONTRACT REIMBURSEMENT CEILING:** \$2,671,611

**Page Total:** \$1,903,774

**Cumulative Total:** \$2,671,611



Monmouth County

DOAS14AAA006

**ADVANCED PAYMENT SCHEDULE FOR GRANTS**

Grantee Name  
Monmouth County

Total Grant Amount  
\$2,671,611

Advanced Payment Total  
\$767,837

Vendor ID Number  
216000881-00

Grant Period  
From: 1/1/2014 Through: 12/31/2014

Amendment No.  
0

Interest Bearing Acct.  
Yes  No

G/L Order Reference 75308000YYY

Account Number							GO Line #	Year	7/1/2014	10/25/2014					Account Total
FUND	Agency	Org	Appr. Unit	Activity	Object	Report. Cat.									
491	054	7530	009	L5WM	6110		1	2015	\$13,138	\$13,138	\$0	\$0	\$0	\$0	\$26,276
491	054	7530	009	L5SH	6110		2	2015	\$17,647	\$17,646	\$0	\$0	\$0	\$0	\$35,293
100	054	7530	036	L5AP	6110		3	2015	\$11,517	\$11,517	\$0	\$0	\$0	\$0	\$23,034
491	054	7530	009	L5AP	6110		4	2015	\$41,910	\$41,910	\$0	\$0	\$0	\$0	\$83,820
100	054	7530	036	L5A1	6110		5	2015	\$15,292	\$15,292	\$0	\$0	\$0	\$0	\$30,584
100	054	7530	036	L5EA	6110		6	2015	\$13,762	\$13,762	\$0	\$0	\$0	\$0	\$27,524
100	054	7530	057	LLLL	6110	5755	7	2015	\$0	\$92,143	\$0	\$0	\$0	\$0	\$92,143
100	054	7530	036	L5SS	6110		8	2015	\$137,894	\$137,893	\$0	\$0	\$0	\$0	\$275,787
100	054	7530	036	L5SS	6110		9	2015	\$17,731	\$17,731	\$0	\$0	\$0	\$0	\$35,462
100	054	7530	037	LLLL	6110		10	2015	\$63,006	\$63,005	\$0	\$0	\$0	\$0	\$126,011
100	054	7530	038	LLLL	6110		11	2015	\$5,952	\$5,951	\$0	\$0	\$0	\$0	\$11,903
	054	7530					12		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					13		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					14		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					15		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					16		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					17		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					18		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					19		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					20		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					21		\$0	\$0	\$0	\$0	\$0	\$0	\$0



**ADVANCED PAYMENT SCHEDULE FOR GRANTS (Continued)**

Account Number							GO Line #	Year	7/1/2014	10/25/2014					Account Total
FUND	Agency	Org	Appr. Unit	Activity	Object	Report. Cat.									
	054	7530					22		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					23		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					24		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					25		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					26		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					27		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					28		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					29		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					30		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					31		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					32		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					33		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					34		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					35		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					36		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					37		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					38		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					39		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					40		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					41		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					42		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					43		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					44		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					45		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					46		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					47		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					48		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					49		\$0	\$0	\$0	\$0	\$0	\$0	\$0
	054	7530					50		\$0	\$0	\$0	\$0	\$0	\$0	\$0
<b>TOTAL</b>									<b>\$337,849</b>	<b>\$429,988</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	



Monmouth County

DOAS14AAA006

**ADVANCED PAYMENT SCHEDULE FOR GRANTS (Continued)**

**REIMBURSEMENT:**

Period on Report Expenditure  MONTHLY  QUARTERLY  OTHER

Installments

3 MONTH(s)

Provisional Rate

Fixed Rate

**CONTRACT REIMBURSEMENT CEILING:** \$2,671,611

**Page Total:** \$767,837

**Cumulative Total:** \$2,671,606