

Appendix 9:
Documentation of Required Collaboration
(Please duplicate for each collaborating agency.)

This document is to be signed and submitted with the grant application as evidence of the collaboration between the applicant and the agency/organization with whom the applicant has or will coordinate in the planning and execution of services outlined in the grant application.

Name of collaborating agency/organization: Monmouth University, School of Education

Contact Person Name and Title: Dr. John Henning, Dean

Address: 400 Cedar Ave, West Long Branch, NJ 07764

County: Monmouth Telephone #: 732-571-4484 Fax #: 732-263-5277

Email Address: jhenning@monmouth.edu

Type of agency/organization (Please check the appropriate agency type):

<input type="checkbox"/> Charter School	<input type="checkbox"/> Business/Corporation
<input checked="" type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Community Based-Organization
<input type="checkbox"/> City Government	<input type="checkbox"/> Faith Based-Organization
<input type="checkbox"/> County Government	

It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their families. Recognizing the need for such services, I am committed to ensuring that my agency/organization acts in full support of the proposed program through the provision of activities, services, and/or resources as a result of the collaborative effort between my agency/organization and the aforementioned applicant agency. In addition, my agency/organization will provide data or other information to the applicant for the purposes of documentation of services and the state evaluation of the program.

Please check off the services that the collaborating agency will provide:

<input type="checkbox"/> Provide programming/activity-related services	<input type="checkbox"/> Provide services (referral, mental health counseling, social services)
<input checked="" type="checkbox"/> Provide paid staffing	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Provide volunteer staffing	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Provide in-kind donations	<input type="checkbox"/> Parent Education
<input type="checkbox"/> Provide goods/materials	<input type="checkbox"/> Provide evaluation services
<input type="checkbox"/> Provide transportation	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Provide technical assistance	

John Henning, Ph.D.

Print Name of Collaborating Agency/Organization CEO or CSA

John Henning

Signature of Collaborating Agency/Organization CEO or CSA

5-5-21

Date

Appendix 9a:
Documentation of Required Collaboration
(Please duplicate for each collaborating agency.)

Name of collaborating agency/organization: Monmouth University, School of Education

Applicants must answer each of the following questions for each collaborating agency:

- Is this collaborator also a partner agency in the contract? ☒ Yes ☐ No
- Estimate the value of in-kind contributions that will be made by this collaborating agency:

- Is this collaborating agency also a sub-grantee in the contract? ☐ Yes ☒ No
 - If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. _____
 - If 'Yes', provide the percentage (%) of the total award amount. _____

List below the address and contact information for each site of this program (duplicate as necessary).
The site is where the majority of activities are being provided.

Site #1 Name: George L. Catrambone School # of Students proposed: 302
District: Long Branch Public Schools County: Monmouth
Address: 240 Park Ave Long Branch, NJ 07740
Phone: (732) 222-3215 Fax: (732) 732-222-6953
Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us

Site #2 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Site #3 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

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Name of collaborating agency/organization: New Jersey Institute of Technology

Contact Person Name and Title: James Lipuma, PhD

Address: University Heights, Newark, NJ 07102-1983

County: Essex Telephone #: 973-596-5275 Fax #: _____

Email Address: lipuma@njit.edu and srard@njit.edu

Type of agency/organization (Please check the appropriate agency type):

<input type="checkbox"/> Charter School	<input type="checkbox"/> Business/Corporation
<input checked="" type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Community Based-Organization
<input type="checkbox"/> City Government	<input type="checkbox"/> Faith Based-Organization
<input type="checkbox"/> County Government	

It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their families. Recognizing the need for such services, I am committed to ensuring that my agency/organization acts in full support of the proposed program through the provision of activities, services, and/or resources as a result of the collaborative effort between my agency/organization and the aforementioned applicant agency. In addition, my agency/organization will provide data or other information to the applicant for the purposes of documentation of services and the state evaluation of the program.

Please check off the services that the collaborating agency will provide:

<input checked="" type="checkbox"/> Provide programming/activity-related services	<input type="checkbox"/> Provide services (referral, mental health counseling, social services)
<input type="checkbox"/> Provide paid staffing	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Provide volunteer staffing	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Provide in-kind donations	<input type="checkbox"/> Parent Education
<input type="checkbox"/> Provide goods/materials	<input type="checkbox"/> Provide evaluation services
<input type="checkbox"/> Provide transportation	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Provide technical assistance	

New Jersey Institute of Technology / Atam Dhawan

Print Name of Collaborating Agency/Organization CEO or CSA

05/05/2021

Signature of Collaborating Agency/Organization CEO or CSA

Date

Appendix 9a:
Documentation of Required Collaboration
(Please duplicate for each collaborating agency.)

Name of collaborating agency/organization: New Jersey Institute of Technology

Applicants must answer each of the following questions for each collaborating agency:

- Is this collaborator also a partner agency in the contract? ___ Yes X No
- Estimate the value of in-kind contributions that will be made by this collaborating agency:
N/A
- Is this collaborating agency also a sub-grantee in the contract? ___ Yes X No
 - If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. _____
 - If 'Yes', provide the percentage (%) of the total award amount. _____

List below the address and contact information for each site of this program (duplicate as necessary).
The site is where the majority of activities are being provided.

Site #1 Name: George L. Catrambone School # of Students proposed: 302
District: Long Branch Public Schools County: Monmouth
Address: 240 Park Ave Long Branch, NJ 07740
Phone: (732) 222-3215 Fax: (732) 732-222-6953
Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us

Site #2 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Site #3 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

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Name of collaborating agency/organization: Count Basie Center for the Arts

Contact Person Name and Title: Samantha Giustiniani, Sr. Dir. of Education + Outreach

Address: 99 Monmouth St. Red Bank, NJ 07701

County: Monmouth Telephone #: 732-224-8778 Fax #: 732-842-9323

Email Address: SGiustiniani@TheBasie.org

Type of agency/organization (Please check the appropriate agency type):

<input type="checkbox"/> Charter School	<input checked="" type="checkbox"/> Business/Corporation NON PROFIT
<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Community Based-Organization
<input type="checkbox"/> City Government	<input type="checkbox"/> Faith Based-Organization
<input type="checkbox"/> County Government	

It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their families. Recognizing the need for such services, I am committed to ensuring that my agency/organization acts in full support of the proposed program through the provision of activities, services, and/or resources as a result of the collaborative effort between my agency/organization and the aforementioned applicant agency. In addition, my agency/organization will provide data or other information to the applicant for the purposes of documentation of services and the state evaluation of the program.

Please check off the services that the collaborating agency will provide:

<input checked="" type="checkbox"/> Provide programming/activity-related services	<input type="checkbox"/> Provide services (referral, mental health counseling, social services)
<input checked="" type="checkbox"/> Provide paid staffing	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Provide volunteer staffing	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Provide in-kind donations	<input type="checkbox"/> Parent Education
<input type="checkbox"/> Provide goods/materials	<input type="checkbox"/> Provide evaluation services
<input type="checkbox"/> Provide transportation	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Provide technical assistance	

Samantha Giustiniani

Print Name of Collaborating Agency/Organization CEO or CSA

[Signature]

Signature of Collaborating Agency/Organization CEO or CSA

4/19/2021

Date

Appendix 9a:
Documentation of Required Collaboration
(Please duplicate for each collaborating agency.)

Name of collaborating agency/organization: Count Basie Center for the Arts

Applicants must answer each of the following questions for each collaborating agency:

- Is this collaborator also a partner agency in the contract? Y Yes ___ No
- Estimate the value of in-kind contributions that will be made by this collaborating agency:
N/A
- Is this collaborating agency also a sub-grantee in the contract? ___ Yes X No
 - If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. _____
 - If 'Yes', provide the percentage (%) of the total award amount. _____

List below the address and contact information for each site of this program (duplicate as necessary).
The site is where the majority of activities are being provided.

Site #1 Name: George L. Catrambone School # of Students proposed: 302
District: Long Branch Public Schools County: Monmouth
Address: 240 Park Ave Long Branch, NJ 07740
Phone: (732) 222-3215 Fax: (732) 732-222-6953
Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us

Site #2 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Site #3 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

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Name of collaborating agency/organization: KIDZART
 Contact Person Name and Title: Tresse Delorenzo
 Address: 250 Hillside Ave. Atlantic Highlands, NJ 07716
 County: Monmouth Telephone #: 732-872-2357 Fax #:
 Email Address: tdelorenzo@kidzart.com

Type of agency/organization (Please check the appropriate agency type):

<input type="checkbox"/> Charter School <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> City Government <input type="checkbox"/> County Government	<input checked="" type="checkbox"/> Business/Corporation <input type="checkbox"/> Community Based-Organization <input type="checkbox"/> Faith Based-Organization
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It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their families. Recognizing the need for such services, I am committed to ensuring that my agency/organization acts in full support of the proposed program through the provision of activities, services, and/or resources as a result of the collaborative effort between my agency/organization and the aforementioned applicant agency. In addition, my agency/organization will provide data or other information to the applicant for the purposes of documentation of services and the state evaluation of the program.

Please check off the services that the collaborating agency will provide:

<input checked="" type="checkbox"/> Provide programming/activity-related services <input type="checkbox"/> Provide paid staffing <input type="checkbox"/> Provide volunteer staffing <input type="checkbox"/> Provide in-kind donations <input type="checkbox"/> Provide goods/materials <input type="checkbox"/> Provide transportation <input type="checkbox"/> Provide technical assistance	<input type="checkbox"/> Provide services (referral, mental health counseling, social services) <input type="checkbox"/> Fundraising <input type="checkbox"/> Adult Education <input type="checkbox"/> Parent Education <input type="checkbox"/> Provide evaluation services <input type="checkbox"/> Other (please specify) _____
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KIDZART
 Print Name of Collaborating Agency/Organization CEO or CSA

Tresse Delorenzo

Signature of Collaborating Agency/Organization CEO or CSA

4/19/21

Date

Appendix 9a:
Documentation of Required Collaboration
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Name of collaborating agency/organization: KIDZ ART

Applicants must answer each of the following questions for each collaborating agency:

- Is this collaborator also a partner agency in the contract? ___ Yes ☒ No
- Estimate the value of in-kind contributions that will be made by this collaborating agency:
N/A
- Is this collaborating agency also a sub-grantee in the contract? ___ Yes ☒ No
 - If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. _____
 - If 'Yes', provide the percentage (%) of the total award amount. _____

List below the address and contact information for each site of this program (duplicate as necessary).
The site is where the majority of activities are being provided.

Site #1 Name: George L. Catrambone School # of Students proposed: 302
District: Long Branch Public Schools County: Monmouth
Address: 240 Park Ave Long Branch, NJ 07740
Phone: (732) 222-3215 Fax: (732) 732-222-6953
Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us

Site #2 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Site #3 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

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Name of collaborating agency/organization: Tuzzio's Italian Cuisine
 Contact Person Name and Title: Joseph Tuzzio / Chef & Owner
 Address: 224 Westwood Av Long Branch NJ 07740
 County: Monmouth Telephone #: 732.222.9614 Fax #: 732.759.8369
 Email Address: TUZZIOS@verizon.net


Type of agency/organization (Please check the appropriate agency type):

<input type="checkbox"/> Charter School <input type="checkbox"/> Institution of Higher Education <input type="checkbox"/> City Government <input type="checkbox"/> County Government	<input checked="" type="checkbox"/> Business/Corporation <input type="checkbox"/> Community Based-Organization <input type="checkbox"/> Faith Based-Organization
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It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their families. Recognizing the need for such services, I am committed to ensuring that my agency/organization acts in full support of the proposed program through the provision of activities, services, and/or resources as a result of the collaborative effort between my agency/organization and the aforementioned applicant agency. In addition, my agency/organization will provide data or other information to the applicant for the purposes of documentation of services and the state evaluation of the program.

Please check off the services that the collaborating agency will provide:

<input checked="" type="checkbox"/> Provide programming/activity-related services <input type="checkbox"/> Provide paid staffing <input type="checkbox"/> Provide volunteer staffing <input type="checkbox"/> Provide in-kind donations <input type="checkbox"/> Provide goods/materials <input type="checkbox"/> Provide transportation <input type="checkbox"/> Provide technical assistance	<input type="checkbox"/> Provide services (referral, mental health counseling, social services) <input type="checkbox"/> Fundraising <input type="checkbox"/> Adult Education <input type="checkbox"/> Parent Education <input type="checkbox"/> Provide evaluation services <input type="checkbox"/> Other (please specify) _____
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Joseph Tuzzio
 Print Name of Collaborating Agency/Organization CEO or CSA

 Signature of Collaborating Agency/Organization CEO or CSA

4/19/21
 Date

Appendix 9a:
Documentation of Required Collaboration
(Please duplicate for each collaborating agency.)

Name of collaborating agency/organization: Tu22105 Italian Cuisine

Applicants must answer each of the following questions for each collaborating agency:

- Is this collaborator also a partner agency in the contract? ___ Yes ☒ No
- Estimate the value of in-kind contributions that will be made by this collaborating agency:
N/A
- Is this collaborating agency also a sub-grantee in the contract? ___ Yes ☒ No
 - If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. _____
 - If 'Yes', provide the percentage (%) of the total award amount. _____

List below the address and contact information for each site of this program (duplicate as necessary).
The site is where the majority of activities are being provided.

Site #1 Name: George L. Catrambone School # of Students proposed: 302
District: Long Branch Public Schools County: Monmouth
Address: 240 Park Ave Long Branch, NJ 07740
Phone: (732) 222-3215 Fax: (732) 732-222-6953
Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us

Site #2 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Site #3 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Appendix 9:
Documentation of Required Collaboration
(Please duplicate for each collaborating agency.)

This document is to be signed and submitted with the grant application as evidence of the collaboration between the applicant and the agency/organization with whom the applicant has or will coordinate in the planning and execution of services outlined in the grant application.

Name of collaborating agency/organization: Liberty Science Center
Contact Person Name and Title: Mary McDonald, Director
Partnerships
Address: 222 Jersey City Blvd, Jersey City NJ 07305
County: Hudson Telephone #: 201-253-1214 Fax #: _____
Email Address: mmcdonald@lsc.org

Type of agency/organization (Please check the appropriate agency type):

<input type="checkbox"/> Charter School	<input type="checkbox"/> Business/Corporation
<input type="checkbox"/> Institution of Higher Education	<input checked="" type="checkbox"/> Community Based-Organization
<input type="checkbox"/> City Government	<input type="checkbox"/> Faith Based-Organization
<input type="checkbox"/> County Government	

It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their families. Recognizing the need for such services, I am committed to ensuring that my agency/organization acts in full support of the proposed program through the provision of activities, services, and/or resources as a result of the collaborative effort between my agency/organization and the aforementioned applicant agency. In addition, my agency/organization will provide data or other information to the applicant for the purposes of documentation of services and the state evaluation of the program.

Please check off the services that the collaborating agency will provide:

<input checked="" type="checkbox"/> Provide programming/activity-related services	<input type="checkbox"/> Provide services (referral, mental health counseling, social services)
<input type="checkbox"/> Provide paid staffing	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Provide volunteer staffing	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Provide in-kind donations	<input type="checkbox"/> Parent Education
<input type="checkbox"/> Provide goods/materials	<input type="checkbox"/> Provide evaluation services
<input type="checkbox"/> Provide transportation	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Provide technical assistance	

Mary McDonald

Print Name of Collaborating Agency/Organization CEO or CSA

Mary McDonald

4/19/21

Signature of Collaborating Agency/Organization CEO or CSA

Date

Appendix 9a:
Documentation of Required Collaboration
(Please duplicate for each collaborating agency.)

Name of collaborating agency/organization: Liberty Science Center

Applicants must answer each of the following questions for each collaborating agency:

- Is this collaborator also a partner agency in the contract? ___ Yes ☒ No
- Estimate the value of in-kind contributions that will be made by this collaborating agency:
\$500.00
- Is this collaborating agency also a sub-grantee in the contract? ___ Yes ☒ No
 - If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. _____
 - If 'Yes', provide the percentage (%) of the total award amount. _____

List below the address and contact information for each site of this program (duplicate as necessary).
The site is where the majority of activities are being provided.

Site #1 Name: George L. Catrambone School # of Students proposed: 302
District: Long Branch Public Schools County: Monmouth
Address: 240 Park Ave Long Branch, NJ 07740
Phone: (732) 222-3215 Fax: (732) 732-222-6953
Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us

Site #2 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Site #3 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Applicant Agency: Long Branch Public Schools

Appendix 9

DOCUMENTATION OF REQUIRED COLLABORATION
(Please duplicate for each collaborating agency.)

This document is to be signed and submitted with the grant application as evidence of the collaboration between the applicant and the agency/organization with whom the applicant has or will coordinate in the planning and execution of services outlined in the grant application.

Name of collaborating agency/organization: Long Branch Police Department
Contact Person Name and Title: Jason Roebuck, Chief of Police
Address: 344 Broadway, Long Branch, NJ 07740
County: Monmouth Telephone #: 732.571.5676 Fax #: 732.728.0738
Email Address: jroebuck@longbranch.org

Type of agency/organization (Please check the appropriate agency type):

<input type="checkbox"/> Charter School	<input type="checkbox"/> Business/ Corporation
<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Community-based Organization
<input checked="" type="checkbox"/> City Government	<input type="checkbox"/> Faith-based Organization
<input type="checkbox"/> County Government	

It is my understanding that the applicant listed above plans to submit a 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their families. Recognizing the need for such services, I am committed to ensuring that my agency/organization acts in full support of the proposed program through the provision of activities, services, and/or resources as a result of the collaborative effort between my agency/organization and the aforementioned applicant agency. In addition, my agency/organization will provide data or other information to the applicant for the purposes of documentation of services and the state evaluation of the program.

<input checked="" type="checkbox"/> Provide programming/activity-related services	<input type="checkbox"/> Provide services (referral, mental health counseling, social services)
<input type="checkbox"/> Provide paid staffing	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Provide volunteer staffing	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Provide in-kind donations	<input type="checkbox"/> Parent Education
<input type="checkbox"/> Provide goods/materials	<input type="checkbox"/> Provide evaluation services
<input type="checkbox"/> Provide transportation	<input type="checkbox"/> Other (please specify)
<input type="checkbox"/> Provide technical assistance	

Jason Roebuck, Chief of Police

Print Name of Collaborating Agency/Organization CEO or CSA



Signature of Collaborating Agency/Organization CEO or CSA

04/19/2021

Date

Applicant Agency: Long Branch Public Schools

Appendix 9A

DOCUMENTATION OF REQUIRED COLLABORATION
(Please duplicate for each collaborating agency.)

Name of Collaborating agency/organization: Long Branch Police Department

Applicants must answer each of the following questions for each collaborating agency:

- Is this Collaborator also a Partner Agency in the Contract? ____ Yes X No
- Estimate the value of in-kind contributions that will be made by this agency/collaborator
\$1000.00
- Is this collaborating agency also a Sub-grantee in the Contract? ____ Yes X No
 - If 'Yes,' enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2017-2018 contract year. _____
 - If 'Yes', provide the percentage (%) of the total award amount. _____

List below the address and contact information for each site of this program (duplicate as necessary).
The site would be where the majority of activities are being provided.

Site #1 Name: George L. Catrambone School # of Students proposed: 302
District: Long Branch Public Schools County: Monmouth
Address: 240 Park Ave., Long Branch, NJ 07740
Phone: (732) 222-3215 Fax: (732) 222-6953
Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us

Site #2 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
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Site #3 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

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This document is to be signed and submitted with the grant application as evidence of the collaboration between the applicant and the agency/organization with whom the applicant has or will coordinate in the planning and execution of services outlined in the grant application.

Name of collaborating agency/organization: Box Out Productions, LLC
 Contact Person Name and Title: Jeremy Rubenstein, Creative Director
 Address: PO BOX 721239, Jackson Heights, NY 11372
 County: Queens Telephone #: 866-242-6185 Fax #: +1 (855) 242-4484
 Email Address: info@boxoutbullying.com

Type of agency/organization (Please check the appropriate agency type):

<input type="checkbox"/> Charter School	<input checked="" type="checkbox"/> Business/Corporation
<input type="checkbox"/> Institution of Higher Education	<input type="checkbox"/> Community Based-Organization
<input type="checkbox"/> City Government	<input type="checkbox"/> Faith Based-Organization
<input type="checkbox"/> County Government	

It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their families. Recognizing the need for such services, I am committed to ensuring that my agency/organization acts in full support of the proposed program through the provision of activities, services, and/or resources as a result of the collaborative effort between my agency/organization and the aforementioned applicant agency. In addition, my agency/organization will provide data or other information to the applicant for the purposes of documentation of services and the state evaluation of the program.

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<input checked="" type="checkbox"/> Provide programming/activity-related services	<input type="checkbox"/> Provide services (referral, mental health counseling, social services)
<input type="checkbox"/> Provide paid staffing	<input type="checkbox"/> Fundraising
<input type="checkbox"/> Provide volunteer staffing	<input type="checkbox"/> Adult Education
<input type="checkbox"/> Provide in-kind donations	<input checked="" type="checkbox"/> Parent Education
<input type="checkbox"/> Provide goods/materials	<input type="checkbox"/> Provide evaluation services
<input type="checkbox"/> Provide transportation	<input type="checkbox"/> Other (please specify) _____
<input type="checkbox"/> Provide technical assistance	

Jeremy Rubenstein
 Print Name of Collaborating Agency/Organization CEO or CSA
Jeremy Rubenstein
 Signature of Collaborating Agency/Organization CEO or CSA

4/21/2021
 Date

Appendix 9a:
Documentation of Required Collaboration
(Please duplicate for each collaborating agency.)

Name of collaborating agency/organization: Box Out Productions, LLC

Applicants must answer each of the following questions for each collaborating agency:

- Is this collaborator also a partner agency in the contract? ___ Yes ☒ No
- Estimate the value of in-kind contributions that will be made by this collaborating agency:
N/A
- Is this collaborating agency also a sub-grantee in the contract? ___ Yes ☒ No
 - If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. _____
 - If 'Yes', provide the percentage (%) of the total award amount. _____

List below the address and contact information for each site of this program (duplicate as necessary).
The site is where the majority of activities are being provided.

Site #1 Name: George L. Catrambone School # of Students proposed: 302
District: Long Branch Public Schools County: Monmouth
Address: 240 Park Ave Long Branch, NJ 07740
Phone: (732) 222-3215 Fax: (732) 732-222-6953
Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us

Site #2 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____

Site #3 Name: _____ # of Students proposed: _____
District: _____ County: _____
Address: _____
Phone: () _____ Fax: () _____
Site Contact Name: _____
Contact Email: _____