Name of collaborating agency/organization: Monmo	outh University, School of Edu
Contact Person Name and Title: Dr. Joh	
Address: 400 Cedar Ave, Wes	
County: Mamouth Telephone #: 732-57	
Email Address: jhenninge mov	
Type of agency/organization (Please check the appropriate	agency type):
Charter School Institution of Higher Education City Government County Government	Business/Corporation Community Based-Organization Faith Based-Organization
It is my understanding that the applicant listed above plans Learning Centers Program application, available through the provide comprehensive afterschool programming services need for such services, I am committed to ensuring that my program through the provision of activities, services, and/o my agency/organization and the aforementioned applicant data or other information to the applicant for the purposes the program. Please check off the services that the collaborating agency	he New Jersey Department of Education (NJDOE) to to eligible students and their families. Recognizing the y agency/organization acts in full support of the proposed or resources as a result of the collaborative effort between agency. In addition, my agency/organization will provide of documentation of services and the state evaluation of
Provide programming/activity-related services Provide paid staffing Provide volunteer staffing Provide in-kind donations Provide goods/materials Provide transportation Provide technical assistance	Provide services (referral, mental health counseling, social services) Fundraising Adult Education Parent Education Provide evaluation services Other (please specify)
John Henning, Ph.D. Print Name of Collaborating Agency/Organization CEO of	or CSA
John Lofern	5-5-2
Signature of Collaborating Agency/Organization CEO or	CSA Date

Name of collaborating agency/organization: Monmouth University, Scho
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?YesNo o If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. o 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
Contract Email, Emiscinologiongoranem. 12.11.13
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:

Name of collaborating agency/organization: New Jerse	y Institute of Technology
Contact Person Name and Title:	
Address: University Heights, Newark, NJ	
County: Essex Telephone #: 973-59	96-5275 Fax #:
Email Address: _lipuma@njit.edu and	l srard@njit.edu
Type of agency/organization (Please check the appropriate	e agency type):
Charter School X Institution of Higher Education City Government County Government	Business/Corporation Community Based-Organization Faith Based-Organization
It is my understanding that the applicant listed above plant Learning Centers Program application, available through the provide comprehensive afterschool programming services need for such services, I am committed to ensuring that me program through the provision of activities, services, and/my agency/organization and the aforementioned applicant data or other information to the applicant for the purposes the program. Please check off the services that the collaborating agency	the New Jersey Department of Education (NJDOE) to to eligible students and their families. Recognizing the y agency/organization acts in full support of the proposed or resources as a result of the collaborative effort between agency. In addition, my agency/organization will provide of documentation of services and the state evaluation of
X Provide programming/activity-related services	Provide services (referral, mental health
Provide paid staffing	counseling, social services)
Provide volunteer staffing	Fundraising Adult Education
Provide in-kind donations	Parent Education
Provide goods/materials	Provide evaluation services
Provide transportation	Other (please specify)
Provide technical assistance	Other (please specify)
New Jersey Institute of Technology / Atam Dha	
Print Name of Collaborating Agency/Organization CEO of	
Many 1. Francis	05/05/2021
Signature of Collaborating Agency/Organization CEO or	CSA Date

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/AIs this collaborating agency also a sub-grantee in the contract? Yes X No o If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. o 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 Long Branch Public Schools County: Monmouth District: 240 Park Ave Long Branch, NJ 07740 Address: (732) 222-3215 Fax: (732) 732-222-6953 Phone: Elizabeth Muscillo Site Contact Name: emuscillo@longbranch.k12.nj.us Contact Email: # of Students proposed: _____ Site #2 Name: County: District: Address: Fax: (__) Phone:

Site Contact Name: Contact Email: ___

Site Contact Name:
Contact Email:

Site #3 Name:

District: Address:

Phone:

Fax: (__)_____

of Students proposed:

_____County: _____

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.

现代的巨大的平面的存

of services outlined in the grant application.	在一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们就是一个人,我们
Name of collaborating agency/organization: Court 7	Basie Center for the Arts
Contact Person Name and Title: Samanth	a Giustiniani, SR. Dir. of Education + Outreas
Address: 99 Monmouth St. R	
County: Monmouth Telephone #: 732-2	24-877B Fax #: 732-842-9323
Email Address: SGiustiniani CT	he Basic, org
Type of agency/organization (Please check the appropriate	e agency type):
Charter School Institution of Higher Education City Government County Government	Business/Corporation NON TROFIT Community Based-Organization Faith Based-Organization
program through the provision of activities, services, and	s to eligible students and their families. Recognizing the my agency/organization acts in full support of the proposed for resources as a result of the collaborative effort between at agency. In addition, my agency/organization will provide a of documentation of services and the state evaluation of
Please check off the services that the collaborating agenc	y will provide:
Provide programming/activity-related services Provide paid staffing Provide volunteer staffing Provide in-kind donations Provide goods/materials Provide transportation Provide technical assistance	Provide services (referral, mental health counseling, social services) Fundraising Adult Education Parent Education Provide evaluation services Other (please specify)
Samantha Giustiniani	
Print Name of Collaborating Agency/Organization CEO	
SULOP	4/19/2021
Signature of Collaborating Agency/Organization CEO o	or CSA Date

Name of collaborating agency/organization: Count Basie Genter For the Arts

Maine or connocumb de	
Anniicants must answer	each of the following questions for each collaborating agency:
	and the second of the second o
to this and labouret	or also a partner agency in the contract? Yes No
Is this conadulate	of made a parties and a contract of the contra
and the state of t	(a)
 Estimate the value 	ne of in-kind contributions that will be made by this collaborating agency:
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t 11 t 11 - h	ing agency also a sub-grantee in the contract? Yes. You
1663/007	anter the daller amount of the substituted to up how as the bear of
in the 21	120-2021 contract year.
o H'Vec'	, provide the percentage (%) of the total award amount.
	nd contact information for each site of this program (duplicate as necessary).
List below the address a	IN CONTROL INFORMATION FOR PROPERTY OF THE PRO
The site is where the ma	jority of activities are being provided.
	4 806
Site #1 Name:	COULTY TO COMPANY
District:	Long Branch Public Schools County: Monmouth
4 4 30000	240 Park Ave Long Branch, NJ 07740
Phone: (732).	222-3215 Fax: (732) 732-222-6953
Gita Contact Name	Elizabeth Muscillo
	muscillo@longbranch.k12.nj.us
Contact Email:e	III III SOITIO (SOI OLI VIIII
Site #2 Name:	# of Students proposed:
DESCRIPTION DESCRIPTION OF STREET	County:
District:	
Address:	773
Phone:	Fax: ()
Site Contact Name:	
Contact Email:	
Site #3 Name:	# of Students proposed:
District:	County;
	1
Address:	Fax: ()
Phone:	T CAN I
Site Contact Name:	
Contact Email:	
	Burgar, and Artist 1970 to combast
	ENT STANDARD OF STANDARD

Name of collaborating agency/organization: <u>KID2</u>	ART
Contact Person Name and Title: Tresse	
Address: 250 Hilside Ave.	Atlantic Highlands, NU 07716
County: Monmouth Telephone #: 132-87	72-2357 Fax #:
Email Address: toleloren zo a) k	idzart.com
Type of agency/organization (Please check the appropriat	e agency type):
Charter School	✓ Business/Corporation
Institution of Higher Education	Community Based-Organization
City Government	Faith Based-Organization
County Government	
program through the provision of activities, services, and	by agency/organization acts in full support of the proposed for resources as a result of the collaborative effort between tagency. In addition, my agency/organization will provide to focumentation of services and the state evaluation of
Provide programming/activity-related services	Provide services (referral, mental health
Provide paid staffing	counseling, social services)
Provide volunteer staffing	Fundraising
Provide in-kind donations	Adult Education Parent Education
Provide goods/materials	Provide evaluation services
Provide transportation Provide technical assistance	Other (please specify)
KIDZART	
Print Name of Collaborating Agency/Organization CEO	or CSA
Tresse Deforenço	4/19/21
Signature of Collaborating Agency/Organization CEO or	CSA Date

Name of collaborating agency/organization: KIDZART	
Applicants must answer each of the following questions for each collaborating agency:	
applicants must another each of the same o	
• Is this collaborator also a partner agency in the contract?YesNo	
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 VNo	
o If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collabor	rator
in the 2020-2021 contract year.	
o 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.	
file the latest and	
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 Frank: emuscillo@longbranch.k12.nj.us	
Site #2 Name: # of Students proposed:	
County	
Address: Phone: () Fax: ()	
Filotie,	
Olive Charles	
Contact Email:	
Site #3 Name: # of Students proposed:	
County	
District	
Address: Phone: () Fax: ()	
Filolic.	
Site Contact Name:	

	of services outlined in the grant approauton.	Λ
	Name of collaborating agency/organization: Tuzzios I+	auan Cuisine
	Income To 1	ZIA Chif & Dwnlf
	Contact Person Name and Title:	Long Branch NJ 07740
	Address: 224 Westwood Au	Line David
	County: ManMouth Telephone #: 732.222.161	Fax #: 732.759.8369
	Email Address: TUZZLOS@VUIZOn.net	political designation of the state of the st
	Type of agency/organization (Please check the appropriate agency ty	
	Charter School	ess/Corporation
g.	Institution of 1129 and 1	nunity Based-Organization Based-Organization
	City dovorimone	DN266-OtBauvanon
	County Government	
	Learning Centers Program application, available through the New Je provide comprehensive afterschool programming services to eligible need for such services, I am committed to ensuring that my agency/or program through the provision of activities, services, and/or resource my agency/organization and the aforementioned applicant agency. I data or other information to the applicant for the purposes of document the program.	rganization acts in full support of the proposed as a result of the collaborative effort between addition, my agency/organization will provide entation of services and the state evaluation of
	Please check off the services that the collaborating agency will prov	Secretary and the second secon
e ²	Provide programming/activity-related services Pro	vide services (referral, mental health
	Provide paid staffing cou	nseling, social services)
	Provide voidified statistic	draising alt Education
	Provide in-kind donations	ent Education
	Provide goods/flatorials	vide evaluation services
	Provide transportation Provide technical assistance Oth	er (please specify)
`	Joseph Turriu	
	Print Name of Collaborating Agency/Organization CEO or CSA	4/19/21
	Signature of Collaborating Agency/Organization CEO or CSA	Date

/ 1
Name of collaborating agency/organization: TU1210S Italian (viSine
Applicants must answer each of the following questions for each collaborating agency:
Is this collaborator also a partner agency in the contract?YesNo
Estimate the value of in-kind contributions that will be made by this collaborating agency: N fr
Is this collaborating agency also a sub-grantee in the contract? Yes No O If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year. O 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
CAS Deals Assa Young Dramph NY 07740
772 \ 000 0016 Ears (722) 732-727-6953
24.6
Site Contact Name: Elizabeth Muscillo Contact Email: emuscillo@longbranch.k12.nj.us
Contact Email: emosomorgoranomazami
Site #2 Name: # of Students proposed:
('Arints/'
District: Address:
Phone: () Fax: ()
Site Contact Name:
Contact Email:
Site #3 Name: # of Students proposed:
District:County:
Address:
Phone: Fax:
Site Contact Name:
Contest Empile

of services outlined in the grant application.	* * * * * * * * * * * * * * * * * * * *
Name of collaborating agency/organization: Liberty	Science Center
Mantha	Danald Director
Contact Person Name and Title: Partnersl 222 Jersey City Blvd, Jerse	nips y City NJ 07305
Address:	253-1214
County:Telephone #:	Fax #;
County:Telephone #: mmcdonald@lsc.org Email Address:	
Type of agency/organization (Please check the appropria	te agency type):
Charter School	Business/Corporation
Institution of Higher Education City Government County Government	X Community Based-Organization Faith Based-Organization
data or other information to the applicant for the purpose the program.	nt agency. In addition, my agency/organization will provide es of documentation of services and the state evaluation of
Please check off the services that the collaborating agent	cy will provide:
X Provide programming/activity-related services	Provide services (referral, mental health
Provide paid staffing	counseling, social services)
Provide volunteer staffing	Fundraising Adult Education
Provide in-kind donations	Parent Education
Provide goods/materials	Provide evaluation services
Provide transportation Provide technical assistance	Other (please specify)
Mary McDonald	
Print Name of Collaborating Agency/Organization CEC	or CSA
Mary McDonald	4/19/21
Signature of Collaborating Agency/Organization CEO	or CSA Date

Name of collaborating agency/organization: Liberty Science (enter
Applicants must answer each of the following questions for each collaborating agency:
 Is this collaborator also a partner agency in the contract?Yes _XNo
• 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 o If 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator in the 2020-2021 contract year o 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:
Site #3 Name: # of Students proposed: District: Address:
Phone: () Fax: () Site Contact Name: Contact Email:

Applicant Agency: I	ong Branc	h Public	Schools
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DOCUMENTATION OF REQUIRED COLLABORATION (Please duplicate for each collaborating agency.)

(Alease unbucate tot each conground 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: iroebuck@longbranch.org
Type of agency/organization (Please check the appropriate agency type):
Charter School Business/ Corporation
AUGUSTICAL DE LA COMPANIA DEL COMPANIA DEL COMPANIA DE LA COMPANIA
X City GovernmentFaith-based OrganizationFaith-based OrganizationFaith-based OrganizationFaith-based Organization
Real Property and Control of the Con
It is my understanding that the applicant listed above plans to submit a 21 st 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.
X Provide programming/activity-related Provide services (referral, mental health
services counseling, social services)
Provide paid staffing Provide year staffing Adult Education
LIOAKIE AGIUTICOI OMITTIMA
Provide in-vitte constront
Piovide goods/materials
Provide transportation Provide technical assistance Other(please specify)
Jason Roebuck, Chief of Police
Print Name of Collaborating Agency/Organization CEO or CSA
1 ~
J. Rolest 04/19/2021
Date
Signature of Collaborating Agency/Organization CEO or CSA

Applicant Agency:	Long Branch Public Schools		Appendix 9A
	DOCUMENTATION OF REC	UIRED COLLABO	PRATION (.)
Name of Collaborat	ing agency/organization: Long	Branch Police Depart	artment
Applicants must ans	wer each of the following questi	ons for each collabo	rating agency:
 Is this Colla 	porator also a Partner Agency in	the Contract?	Tes X No
	value of in-kind contributions th		
\$1000.00			and the same of th
 Is this collab 	porating agency also a Sub-grant	ee in the Contract?	Yes X No
in th	es,' enter the dollar amount of the 2017-2018 contract year. 'es', provide the percentage (%)		held by this agency/collaborator
List below the addr The site would be y	ess and contact information for e where the majority of activities ar	ach site of this prog e being provided.	ram (duplicate as necessary).
District: Long Bra Address: 240 Phone: (732) 222-	eorge L. Catrambone School unch Public Schools Park Ave., Long Branch, NJ 077 3215 Fax: (7 Elizabeth Muscillo muscillo@longbranch.k12.nj.us	40 732) 222-6953	Monthouni
Address: Phone: () Site Contact Name	Post (_# of Students prop County:	
Site #3 Name:		_# of Students prop County:	posed:

Fax: (_

District:

Phone: (__)______
Site Contact Name: ______
Contact Email: _____

Address:

Appendix 9:

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

Name of collaborating agency/organization: Box Ou	t Productions, LLC
Contact Person Name and Title: Jeremy Rul	penstein, Creative Director
Address: PO BOX 721239, Jackson H	eights, NY 11372
	.42-6185 Fax #:+1 (855) 242-4484
Email Address: info@boxoutbullying.c	com
Type of agency/organization (Please check the appropriate	agency type):
Charter School Institution of Higher Education City Government County Government	X Business/Corporation Community Based-Organization Faith Based-Organization
It is my understanding that the applicant listed above plans Learning Centers Program application, available through the provide comprehensive afterschool programming services need for such services, I am committed to ensuring that my program through the provision of activities, services, and/o my agency/organization and the aforementioned applicant data or other information to the applicant for the purposes the program. Please check off the services that the collaborating agency	ne New Jersey Department of Education (NJDOE) to to eligible students and their families. Recognizing the agency/organization acts in full support of the proposed or resources as a result of the collaborative effort between agency. In addition, my agency/organization will provide of documentation of services and the state evaluation of
XProvide programming/activity-related services Provide paid staffing Provide volunteer staffing Provide in-kind donations Provide goods/materials Provide transportation Provide technical assistance	Provide services (referral, mental health counseling, social services) Fundraising Adult Education X Parent Education Provide evaluation services Other (please specify)
Jeremy Rubenstein	
Print Name of Collaborating Agency/Organization CEO of	rCSA
Jeremy Rubenstein	4/21/2021
Signature of Collaborating Agency/Organization CEO or C	CSA Date

Name of collabo	rating agency/organization: Box Out Productions, LLC			
	answer each of the following questions for each collaborating agency:			
 Is this co 	ollaborator 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 co	ollaborating 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			
List below the a	ddress and contact information for each site of this program (duplicate as necessary).			
The site is wher	e 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 Na	me: Elizabeth Muscillo			
Contact Email:	emuscillo@longbranch.k12.nj.us			
Site #2 Name:	# of Students proposed:			
District:	County:			
Address:	Emil			
Phone:	Fax: ()			
Site Contact Na				
Contact Email:				
Site #3 Name:	# of Students proposed:			
District:	County:			
Address:				
Phone:	() Fax: ()			
Site Contact Na	me:			
Contact Email:				