of services outlined in the grant application.	1
4 1//	Accordates
Name of collaborating agency/organization: CL Y	- NA Man DE
Contact Person Name and Title: TOOCI	SAIMETOLIOTOT 0774
Address: 1 1000 100	(1 14/11 14/10 10 11/20
County: VONDOLT Trelephone #: 13/-10)[[*0400]Fax#;
Email Address:	
Type of agency/organization (Please check the appropriate	
Charter School	✓ Business/Corporation
Institution of Higher Education	Community Based-Organization
City Government	Faith Based-Organization
County Government	
It is my understanding that the applicant listed above plans	
Learning Centers Program application, available inrough in 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	or resources as a result of the collaborative effort between tagency. In addition, my agency/organization will provide of documentation of services and the state evaluation of
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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	
Francis W Mullan, Pé	August
Print Name of Collaborating Agency/Organization CEO	or CSA
Print Name of Congruents	John John John John John John John John
Francis w Miller	
Signature of Collaborating Agency/Organization CEO or	TCSA Date

Name of collaborating agency/organization: 14-M ASSC 16-5
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:
The account also a sub-grantee in the contract? Yes V NO
o If 'Yes', enter the dollar amount of the subcontract to be need by this agency-contabilities.
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.
and the standards managed 302
- Dati- Cabada County Monmonth
240 Pauls Asia I and Proposit NI 07740
Fac 2 2015 Pay (732) 732-222-6953
Flizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us
of Students proposed:
Site #2 Name: County: County:
1 1
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: Project Write Now		
Contact Person Name and Title: Jenn		
Address: 25 Blidge Aw	1, #130, Red Bank NT07701	
County: Min Month Telephone 11: 9086	750879 Fax #:	
Email Address: 10 hm for a playect with now of		
Type of agency/organization (Please check the appropriat	e agency type):	
Charter School Institution of Higher Education City Government County Government	Business/Corporation Community Based-Organization 501(c)(3) Faith Based-Organization Proport	
It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21 th 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 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)	
Jennifer Chauhan		
Print Name of Collaborating Agency/Organization CEO of	11 CSA 4/15/2021	
Signature of Collaborating Agency/Organization CEO or	CSA Date	

Name of collaborating agency/organization: <u>Project with Now</u>
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:
 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/collaborato 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 Emuil: emuscillo@longbranch,k12.nj.us
Site #2 Name: # of Students proposed: District: County: Address: Fax: Site Contact Name: Contact Email:
Site #3 Name: # of Students proposed; District: County: Address:
Phone:

Name of collaborating agency/organization: Dominick Gudzak-
Applicants must answer each of the following questions for each collaborating agency:
o 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: Cooking Demonstrations + Lessens - # 500
 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.
o If 'Yes', provide the percentage (%) of the total award amount.
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Site Contact Name: Elizabeth Muscillo
Contact Email: emuscillo@longbranch.k12.nj.us
Site #2 Name: # of Students proposed: District: County:
Address:
Phone: Fax: Contact Name: Contact Email:
Site #3 Name: # of Students proposed:
District: County:
Address:
Phone: (
Site Contact Name:
Contact Email:

of setatees outtined in the Property	July I
Name of collaborating agency/organization:	inick Gudzak
Contact Person Name and Title: Domiv	rick Gudzak / Chef.
458 Kiverbrook	Court Toms Kiver NT 0875
County: Ocean Telephone #: 908-	70727 Fax#:
Email Address: Chantidom	Damail.com
Type of agency/organization (Please check the appropriate	agency (ype):
Charter School	Business/Corporation
Institution of Higher Education	Community Based-Organization
City Government	Faith Based-Organization
County Government	
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	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 will provide:
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
Provide goods/materials	Parent Education
Provide transportation	Provide evaluation services
Provide technical assistance	Other (please specify)
Dominick Gudzak Print Name of Collaborating Agency/Organization CEO of	or CSA
Daniel Gulale	5/7/21
Signature of Collaborating Agency/Organization CEO or	CSA Date

Name of	collabora	ng agency/organization: Long Branch 21st CCLC Program	
Applicar	nts must a	swer each of the following questions for each collaborating agency:	
•]	s this col	borator also a partner agency in the contract? Yes X No	
• [Estimate t \$1,000	e value of in-kind contributions that will be made by this collaborating agency:	
• [s this coll	borating agency also a sub-grantee in the contract? Yes _X No	
	o If in	Yes', enter the dollar amount of the subcontract to be held by this agency/collaborate 2020-2021 contract year.	ato
	o If	Yes', provide the percentage (%) of the total award amount.	
List below The site i	w the add is where t	ess and contact information for each site of this program (duplicate as necessary). e majority of activities are being provided.	28
Site #1 N	lame:	George L. Catrambone School # of Students proposed: 302	
District:		Long Branch Public Schools County: Monmouth	
Address:		240 Park Ave Long Branch, NJ 07740	
Phone:	(7:	2) 222-3215 Fax: (732) 732-222-6953	
Site Cont	act Name	Elizabeth Muscillo	
Contact E	Email:	emuscillo@longbranch.k12.nj.us	
Site #2 N District:	ame:	# of Students proposed: County:	
Address:		County.	
Phone:	() Fax: ()	
Site Conta	act Name		
Contact E	imail:		
Site #3 Na District: Address:	ame:	# of Students proposed: County:	
Phone:		Fax: ()	
Site Conta	act Name:	1 442	
Contact E	mail:		

Name of collaborating agency/organization: Barnes &	& Noble Booksellers, Inc.
Contact Person Name and Title: Kinya S. Travis, Business Development Manager	
Address: 753 Rte 18, South, East Brunswick, NJ 08816	
County: Middlesex Telephone #: 609-48-1	236 Fax #:
Email Address: KTravis@bn.com	
Type of agency/organization (Please check the appropria	te agency type):
Charter School Institution of Higher Education City Government County Government	Business/Corporation Community Based-Organization Faith Based-Organization
program through the provision of activities, services, and	the New Jersey Department of Education (NJDOE) to a 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 a tagency. In addition, my agency/organization will provide to f 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)
Kinya S. Travis	
Print Name of Collaborating Agency/Organization CEO o	r CSA 4/21/2021
Signature of Collaborating Agency/Organization CEO or (-1

Name of collaborating agency/organization: Monmouth Cty. Park System.
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
 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
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Site #2 Name: # of Students proposed: District: County: Address: Phone: Fax: Site Contact Name: Contact Email:
Site #3 Name: # of Students proposed: District: County:

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

Name of collaborating agency/organizations

Contact Person Name and Title: Contact Person Name a

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

officers (with a second control of the control of t	
Charter School .	Business/Corporation
Institution of Higher Education	Community Bused-Organization
City Government	Fulth Based-Organization
Z 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 (NIDOE) to provide compashensive afterschool programming services to eligible students and their families. Resognizing 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:

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
Provide goods/materials	Parent Education
Provide transportation	Provide evaluation services
Provide technical assistance	Other (please specify)
A DESCRIPTION OF THE PROPERTY	

Print Name of Collaborating Agency/Organization CEO or CSA

Signature of Collaborating Agency/Organization CEO or CSA

5/11/21

Date

Name of collaborating agency/organization:	arch Freeliblic Library	
Contact Person Name and Title:	Jaja Gacia	
Address: 328 Broadway Long Barch NJ 07740		
County: Mmm Telephone #: 132	272 3 900 Fax #:	
Email Address: + Carcia @ lovapparhlib. 009		
Type of agency/organization (Please check the appropriate	e agency type):	
Charter School	Business/Corporation	
Institution of Higher Education	Community Based-Organization	
City Government County Government	Faith Based-Organization	
County Covernment		
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/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	
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 transportation	Provide evaluation services	
Provide technical assistance	Other (please specify)	
Tonya Gazia		
Print Name of Collaborating Agency/Organization CEO o	r CSA	
1040 Haicia	5-10-2021	
Signature of Collaborating Agency/Organization CEO or	CSA Date	

reeRbk abray Name of collaborating agency/organization: LOY Applicants must answer each of the following questions for each collaborating agency: Is this collaborator also a partner agency in the contract? Ves 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 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 Elizabeth Muscillo Site Contact Name: Contact Email: emuscillo@longbranch.k12.nj.us # of Students proposed: Site #2 Name: District: County: Address:)_____Fax: (__)____ Phone: Site Contact Name: Contact Email: # of Students proposed: Site #3 Name: District: County: Address:)_____Fax:(__)____ Phone: Site Contact Name: Contact Email:

Name of collaborating a	gency/organization:	swapologya	f Manna	oth Con a	0
	each of the following q			i cy:	
 Is this collabora 	tor also a partner agency	in the contract?	¥ Yes ∠No		
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o If Yes	ting agency also a sub-g , enter the dollar amoun 020-2021 contract year, , provide the percentage	eof the subcontrac	ct to be held by th	∠No iis agency/collal	borato
List below the address a The site is where the ma	nd contact information l jority of activities are b	for each site of thi eing provided.	s program (duplic	ate as necessar	
Address: Phone: (732) Site Contact Name:	George L. Catrambond Long Branch Public Sc 240 Park Ave Long Bi 222-3215 Fax: (7 Elizabeth Muscillo muscillo@longbranch.k	hools Countanch, NJ 07740 32) 732-222-6	ty; Monmouth	zi: 302	
Site #2 Name: District: Address:	The second secon	He	of Students propo	sed:	
Phone: () Site Contact Name; Contact Email:	Pax: (
Site #3 Name: District: Address:		# 0	of Students propo County:	sed:	
Phone: () Site Contact Name: Contact Email:	Fax (

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.

Of Set vices outlined and the Bernard	
Name of collaborating agency/organization:	Mapology of Monmows
Contact Person Name and Title: \(\subseteq \subseteq \)	Snapology of Monmouth Count hannon Russell, owner
Address: U VOIDC U	DENING COUNTY
County: Mon Mout Releptione #	730-965-7427 coll-310-883-8970
Email Address: Shannon	russellesnapology.com
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
Learning Centers Program application, available provide comprehensive afterschool programmin need for such services. I am committed to ensurprogram through the provision of activities, serving agency/organization and the aforementioned	bove plans to submit a Nita M. Lowey 21st Century Community through the New Jersey Department of Education (NJDOE) to g services to eligible students and their families. Recognizing the ing that my agency/organization acts in full support of the proposed ices; and/or resources as a result of the collaborative effort between applicant agency. In addition, my agency/organization will provide purposes of documentation of services and the state evaluation of
Please check off the services that the collaboration	ng agency will provide:
L Provide programming/activity-related serv	ices Provide services (referral, mental health

Provide transportation
Provide technical assistance

Provide technical assistance

Other (please specify)

Print Name of Collaborating Agency/Organization CEO or CSA

Separative of Collaborating Agency/Organization CEO or CSA

Date

counseling social-services

Eundraising

Asia di Ballieni on

Patrant Edition for

Provide pale skilling

Provide volunteer statisme

Providentekindrikational

Privide eolog majorals

Name of collaborating agency/organization: 10 wn4	Audiences NJ			
Contact Person Name and Title: DONNO	Reckelhoff Program Director			
Address: 200 Formestal Rd	Princeton, NJ 08540			
County: Mercer Telephone #: 609-2	/			
Email Address: donnajro ya	n/ap.org			
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			
program through the provision of activities, services, and/ my agency/organization and the aforementioned applicand data or other information to the applicant for the purposes the program.	the New Jersey Department of Education (NJDOE) to to eligible students and their families. Recognizing the sy agency/organization acts in full support of the proposed for resources as a result of the collaborative effort between a agency. In addition, my agency/organization will provide to f documentation of services and the state evaluation of			
Please check off the services that the collaborating agency				
✓ 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			
Provide goods/materials	Parent Education			
Provide transportation	Provide evaluation services			
Provide technical assistance	Other (please specify)			
Young Audiences N.T. Print Name of Collaborating Agency/Organization CEO	or CSA			
M Redully	4/15/21			
Signature of Collaborating Agency/Organization CEO or	CSA Date			

Name of collabor	rating agency/organization: Young Audiences NJ
	answer each of the following questions for each collaborating agency:
• Is this co	llaborator also a partner agency in the contract?YesNo
 Estimate 	the value of in-kind contributions that will be made by this collaborating agency:
o li	liaborating agency also a sub-grantee in the contract? Yes No f 'Yes', enter the dollar amount of the subcontract to be held by this agency/collaborator the 2020-2021 contract year. f 'Yes', provide the percentage (%) of the total award amount.
List below the ad The site is where	dress and contact information for each site of this program (duplicate as necessary). the majority of activities are being provided.
Site #1 Name: District: Address:	George L. Catrambone School # of Students proposed: 302 Long Branch Public Schools County: Monmouth 240 Park Ave Long Branch, NJ 07740
Site Contact Nam	732) _222-3215
Site #2 Name: District: Address: Phone: (Site Contact Nam	# of Students proposed: County: Fax: (
Contact Email: Site #3 Name: District:	# of Students proposed: County:
Address: Phone; Site Contact Name) Fax: ()

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Name of collaborating agency/organization: 53 dec	s Education -			
Contact Person Name and Title: Nawal	Maron - Foodsenia Duecto			
Address: 350 Indiana aven, Long Branch. NJ 07740				
County Monmonth Telephone #: 7325	71.0544 Fax #: 732_571-4039			
Email Address: Nawal: Maroun @ Sodexo. GM				
Type of agency/organization (Please check the appropriate agency type):				
Charter School	Business/Corporation			
Institution of Higher Education	Community Based-Organization			
City Government	Faith Based-Organization			
County Government	Total Deserving			
County dovernment				
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It is my understanding that the applicant listed above plan	is to submit a Nita M. Lowey 21" Century Community			
Learning Centers Program application, available through	the New Jersey Department of Education (NJDOE) to			
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need for such services, I am committed to ensuring that if	ny agency/organization acts in full support of the proposed			
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the program.				
Please check off the services that the collaborating agenc	y will provide:			
X D : 12	Provide services (referral, mental health			
Provide programming/activity-related services				
Provide paid staffing	counseling, social services)			
Provide volunteer staffing	Fundraising			
Provide in-kind donations	Adult Education			
Provide goods/materials	Parent Education			
Provide transportation	Provide evaluation services			
Provide technical assistance	Other (please specify)			
	*			
Nawal Maron Foodsey	ice derector			
	* *			
Print Name of Collaborating Agency/Organization CEO				
	4-20-21			
	,			
Signature of Collaborating Agency/Organization CEO or	CSA Date			

Name of collaborating agency/organization: Dodero 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			
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Site #2 Name: # of Students proposed:			
District:County:			
Address: Phone: Fax: (
Site #3 Name: # of Students proposed:			
District: County:			
Address:			
Phone: () Fax: ()			
Site Contact Name:			
Contact Email:			