

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: T&M Associates
Contact Person Name and Title: Francis Mullan PE
Address: 11 Tindall Road Middletown, NJ 07748
County: Monmouth Telephone #: 732-671-6400 Fax #: _____
Email Address: _____

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.

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	

Francis W Mullan, PE
Print Name of Collaborating Agency/Organization CEO or CSA
Francis W Mullan
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:

T & M Associates

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:
\$1500.00
- 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: _____

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: Project Write Now

Contact Person Name and Title: Jennifer Chauhan

Address: 25 Bridge Ave, #130, Red Bank NJ 07701

County: Monmouth Telephone #: 9086750879 Fax #: _____

Email Address: jennifer@projectwritenow.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 <u>501(c)(3)</u>
<input type="checkbox"/> City Government	<input type="checkbox"/> Faith Based-Organization <u>nonprofit</u>
<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	

Jennifer Chauhan
Print Name of Collaborating Agency/Organization CEO or CSA

Jennifer Chauhan
Signature of Collaborating Agency/Organization CEO or CSA

4/15/2021
Date

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

Name of collaborating agency/organization: Project Write Now

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: _____

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

Name of collaborating agency/organization: Dominick Gudzok

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:
Cooking Demonstrations + Lessons - \$1520
- 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: Dominick Gudzak
Contact Person Name and Title: Dominick Gudzak / Chef.
Address: 958 Riverbrook Court Toms River NJ 08753
County: Ocean Telephone #: 908-770-7275 Fax #: —
Email Address: Chantidom@gmail.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.

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	

Dominick Gudzak

Print Name of Collaborating Agency/Organization CEO or CSA

Dominick Gudzak

5/7/21

Signature of Collaborating Agency/Organization CEO or CSA

Date

Appendix 9a:

Documentation of Required Collaboration

(Please duplicate for each collaborating agency.)

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:
\$1,000

- 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: _____

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: 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 #: 609-48-1236 Fax #: _____

Email Address: KTravis@bn.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	

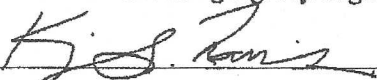
It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their 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.

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	

Kinya S. Travis

Print Name of Collaborating Agency/Organization CEO or CSA



4/21/2021

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: 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/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 is or will coordinate in the planning and execution of services outlined in the grant application.

Name of collaborating agency/organization: Monmouth County Parks System
 Contact Person Name and Title: Régina De Veau - Coordinator of Nature Programs
 Address: 805 Newwood Springs Rd. Lincroft, NJ 07738
 County: Monmouth Telephone #: 732-872-7634 Fax #: 732-872-0145
 Email Address: RDeveau@monmouthcountyparks.com

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 type="checkbox"/> City Government	<input type="checkbox"/> Faith Based Organization
<input checked="" 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	

Régina De Veau
 Print Name of Collaborating Agency/Organization CEO or CSA
Régina De Veau
 Signature of Collaborating Agency/Organization CEO or CSA

5/11/21
 Date

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 Free Public Library
 Contact Person Name and Title: Tonya Garcia
 Address: 328 Broadway Long Branch NJ 07740
 County: Morris Telephone #: 732 222 3900 Fax #: _____
 Email Address: tgarcia@longbranchlib.org

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

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

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 checked="" type="checkbox"/> Provide goods/materials <input type="checkbox"/> Provide transportation <input type="checkbox"/> Provide technical assistance	<input checked="" 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) _____
---	--

Tonya Garcia
 Print Name of Collaborating Agency/Organization CEO or CSA
Tonya Garcia
 Signature of Collaborating Agency/Organization CEO or CSA

5-10-2021
 Date

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

Name of collaborating agency/organization: Long Branch Free Public Library

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

Name of collaborating agency/organization: Shapology of Monmouth County

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: _____

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: Shapology of Monmouth County
Contact Person Name and Title: Shannon Russell, owner
Address: 16 Polo Club Drive (home address)
County: Monmouth Telephone #: 732-965-7427 Fax #: cell - 310-883-8970
Email Address: Shannon.Russell@shapology.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.

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	

Shannon Russell, owner of Shapology of Monmouth County
Print Name of Collaborating Agency/Organization CEO or CSA
[Signature]
Signature of Collaborating Agency/Organization CEO or CSA
4/20/21
Date

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: Young Audiences NJ
 Contact Person Name and Title: Donna Reckelhoff Program Director
 Address: 200 Forrestal Rd Princeton, NJ 08540
 County: Mercer Telephone #: 609-243-9000 Fax #: 609-243-8999
 Email Address: donnajr@yanjap.org

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 type="checkbox"/> Business/Corporation <input checked="" type="checkbox"/> Community Based-Organization <input type="checkbox"/> Faith Based-Organization
---	--

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) _____
--	---

Young Audiences NJ
 Print Name of Collaborating Agency/Organization CEO or CSA

Donna Reckelhoff
 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: Young Audiences NJ

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: Sodexo Education
 Contact Person Name and Title: Nawal Maroun - Foodservice Director
 Address: 350 Indiana Ave, Long Branch, NJ 07740
 County: Monmouth Telephone #: 732-571-0544 Fax #: 732-571-4039
 Email Address: Nawal.Maroun@Sodexo.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
---	--

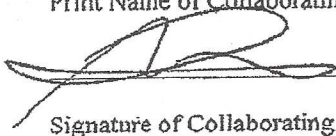
It is my understanding that the applicant listed above plans to submit a Nita M. Lowey 21st Century Community Learning Centers Program application, available through the New Jersey Department of Education (NJDOE) to provide comprehensive afterschool programming services to eligible students and their 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) _____
--	---

Nawal Maroun Foodservice director

Print Name of Collaborating Agency/Organization CEO or CSA


 Signature of Collaborating Agency/Organization CEO or CSA

4-20-21

Date

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

Name of collaborating agency/organization: Sodexo 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:
\$1455,25
- 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: _____