Encumbrance Date Range: 01/01/24 to 10/10/25

P.O. No	Item	Item Total	Line Item Description	Encm Date	Status	Vendor Id	Vendor Name
24-00506	1	126.66	2024 CDBG Public Hearing	04/09/24	Pd Ck: 64489 04/22/24	NJADV005	NJ ADVANCE MEDIA dba STAR LEDG
24-00830	1	5,950.00	CDBG WORK AT 5 EASY COURT	06/25/24	Pd Ck: 64838 08/19/24	A0078	ALWAYS SOLID CONTRACTING
24-00986	1	7,275.00	CDBG WORK AT 332 KATZ WAY	07/23/24	Pd Ck: 65171 11/15/24	B0154	BILES ELECTRIC & MECHANICAL
24-00987	1	7,750.00	CDBG WORK AT 115 ALLAN CT	07/23/24	Pd Ck: 64967 09/16/24	BOGUE005	BOGUE CUSTOM BUILDERS LLC
24-00988	1	8,460.00	CDBG WORK AT 184 KENNETH CT	07/23/24	Pd Ck: 65118 10/21/24	MICHA035	MICHAEL DERISI
24-01038	1	3,900.00	CDBG WORK AT 79 VINCENT CT	07/29/24	Pd Ck: 64828 07/29/24	A0078	ALWAYS SOLID CONTRACTING
24-01291	1	11,700.00	CDBG WORK AT 118 MANALAPAN RD	09/26/24	Void 10/08/24	A0078	ALWAYS SOLID CONTRACTING
24-01295	1	5,783.78	CDBG WORK AT 325 KATZ WAY	09/26/24	Pd Ck: 66305 09/15/25	DOUGL005	DOUGLAS FAULKENBERRY
24-01394	1	12,000.00	CDBG WORK AT 118 MANALAPAN RD	10/10/24	Void 12/14/24	RANDO005	RANDOLPH NEUMANN
25-00003	1	8,785.00	CDBG WORK AT 351 GLORIA CT	01/08/25	Pd Ck: 65478 01/27/25	MICHA035	MICHAEL DERISI
25-00004	1	500.00	CDBG WORK AT 166 BARBARA CT	01/08/25	Pd Ck: 65451 01/27/25	DOUGL005	DOUGLAS FAULKENBERRY
25-00005	1	400.00	CDBG WORK AT 188 KENNETH CT	01/08/25	Pd Ck: 65451 01/27/25	DOUGL005	DOUGLAS FAULKENBERRY
25-00235	1	48.26	CDBG Ad	02/10/25	Pd Ck: 65560 02/24/25	H0099	HOME NEWS TRIBUNE
25-00236	1	126.66	CDBG Ad	02/10/25	Pd Ck: 65595 02/24/25	NJADV005	NJ ADVANCE MEDIA dba STAR LEDG
25-00497	1	7,650.00	CDBG HOME REPAIR	04/01/25	Pd Ck: 66068 07/14/25	BOGUE005	BOGUE CUSTOM BUILDERS LLC
25-00917	1	13,000.00	CDBG WORK @ 118 MANALAPAN ROAD	06/26/25	Pd Ck: 66236 08/19/25	NOTJU005	NOT JUST PATCHWORK, LLC
25-01094	2	2,350.00	CDBG GRANT WORK-178 KENNETH CT	08/21/25	Rcvd	MICHA035	MICHAEL DERISI
25-01096	1	6,000.00	CDBG GRANT WORK-119 VILLAGE DR	07/30/25	Rcvd	V0008	VALIANT HOME REMODELERS, INC
25-01097	2	7,500.00	CDBG GRANT WORK - 295 WOODSEND	07/30/25	Pd Ck: 66282 09/15/25	A0078	ALWAYS SOLID CONTRACTING
Grand Total:		85,605.36	(Excludes Void Amt:	23,700.00)			

MK copy

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 ◦ FAX (732) 251-1359

VOUCHER

THIS NUMBER MUST APPEAR ON

Pg 1

SHIP TO
BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH/OOA

VENDOR
DOUGLAS FAULKENBERRY
[redacted]

VENDOR #: DOUGL005

It looks like most of the vendors are using their home addresses-

QTY/UNIT	DESCRIPTION	ACCOUNT NO	
1.00	CDBG WORK AT 325 KATZ WAY	[redacted] COMM DEV SAFE HOUSING PROGRAM	~~5,783.78~~
		TOTAL	~~5,783.78~~
			4,790 00
		10% G-02-41-750-005 CDBG	993 78
		total	5783 78

Can you please redact Dougs address from these? Use their home address-

PO 24-00986
332 Katz Way

I didn't include any voided PO's

PRIATION OR ACCO

APPROVED FOR PI

no file in the office
no copies of PO, etc
Maybe finance will have??

T/MENT HEAD

SING AGENT

DATE

DATE

VENDO
I do the bear has know the emo

at the mate rvices rende delivery slip

CORPORA

Prepared For

Nancy Morotta

[redacted]

DJF Contracting LLC

[redacted]

Estimate # 24

Date 09/16/2024

Business / Tax # NJ License [redacted]

Description	Total
Project Description: Replace existing Deck Detailed Project description: Contractor to obtain permit from township for the installation of a new replacement deck. No change to the footprint of the deck, but will require the addition of footers. - Demolition of existing deck, and removal of the materials. -- Cut holes for footers in the existing slab under the deck. Dig footers to a depth of 36", and pour concrete for the footers. _ Frame deck; install decking, rails, spindles, and stairs. All framing with pressure treated lumber. Note: estimate does not include painting / staining since the deck will have to age prior to applying stain or paint.	$0.00
Materials: Footer tubes	$52.00
Materials: Concrete total ~ 20 cubic feet of concrete.	$152.32
Materials Lumber: 8' 2x12 For main beams supporting the joists	$180.64

$ 6000.

BOROUGH OF SPOTSWOOD CDBG HOME SAFETY REPAIR GRANT APPLICATION
2024

Phone: 732-251-3432
Fax: 732-251-1930
COMPLETE AND RETURN TO:
Spotswood Office on Aging
1 Arlington Ave., Suite 401
Spotswood, NJ 08884

Application Date: _____

Name: Nancy Rice-Moratta Telephone No: [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted]

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: _____ Gross Annual Income: _____

Name: _____ Gross Annual Income: _____

Number in Household: _____ Age of Dependents _____, _____, _____, _____, _____

Type of Structure: Mobile home Date Purchased: 2011

Owner: Nancy Rice-Moratta

Age of Structure: 1977 Block & Lot No: _____

INCOME: Social Security: 12076.00 Pensions /Annuties: 0
Dividends: 0 Interest: 0
IRA Distributions: 0 Alimony: 0
Welfare: 0 Last Income Tax Filed (year): 2023
Other: _____

Gross Income for the Year: 12076.00

Please attach Federal and State Tax Return and most recent bank statements (savings & checking).

HOME SAFETY REHABILITATION NEEDS

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

x Maxine Rice-Marotta _____

APPLICANT DATE

_____ _____

APPLICANT DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

_____ Black

_____ Hispanic

_____ Asian or Pacific Islander

_____ American Indian / Eskimo Native

_____ White

_____ Other

Borough of Spotswood

77 Summerhill Road
Spotswood,, NJ 08884
TEL (732)251-0700 FAX (732)251-1359

REQUISITION NO.	R2401535

SHIP TO

BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH/OOA

VENDOR

VENDOR #: MICHA035

MICHAEL DERISI
[redacted]

ORDER DATE: 12/16/24
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG WORK AT 351 GLORIA CT	[redacted]	8,785.0000	8,785.00
			TOTAL	8,785.00

REQUESTING

PO # 25-00003

DeRisi Management LLC

Michael DeRisi, President
P.O. Box 114
Parlin, NJ 08859
Phone: 908-420-6195
e-mail: mkdee11@gmail.com

KENNETH ARRANTS
[redacted]

Date: 10/8/2024

Description	Quantity	Rate	Amount
Install new roof	1,250 SQ FT Of GAF Timberline Natural Shadow Charcoal Roof Shingles	$7,500.00	$7,500.00

Additional work as requested by homeowner: $1,285.00
Replace all existing plywood and rubberized roofing for 20 x10 screened in porch:

Removal of all construction material

Replacement Plywood (not included in price) Additional $125.00 per sheet

TOTAL $8,785.00

BOROUGH OF SPOTSWOOD CDBG HOME SAFETY REPAIR GRANT APPLICATION
2024

Phone: 732-251-3432
Fax: 732-251-1930
COMPLETE AND RETURN TO:
Spotswood Office on Aging
1 Arlington Ave., Suite 401
Spotswood, NJ 08884

Application Date: 7-22-24

Name: Kenneth W. Arrants Telephone No: [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted]

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: _____ Gross Annual Income: _____

Name: _____ Gross Annual Income: _____

Number in Household: 1 Age of Dependents _____, _____, _____, _____, _____

Type of Structure: Mobile Home Date Purchased: _____

Owner: Kenneth W. Arrants

Age of Structure: 48 yrs. Block & Lot No: _____

INCOME: Social Security: $880.00 Month Pensions /Annuities: _____
Dividends: _____ Interest: _____
IRA Distributions: _____ Alimony: _____
Welfare: _____ Last Income Tax Filed (year): _____
Other: _____

Gross Income for the Year: $3,600.00

Please attach Federal and State Tax Return and most recent bank statements (savings & checking).

HOME SAFETY REHABILITATION NEEDS

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

1) _____

2) _____

3) _____

4) _____

5) _____

6) _____

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

Kenneth W. Hearts
APPLICANT

7-22-24
DATE

_____
APPLICANT

_____
DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

_____ Black

_____ American Indian / Eskimo Native

_____ Hispanic

X White

_____ Asian or Pacific Islander

_____ Other

By signing below you understand and agree to the following:

1. You will not be reimbursed for any deposit or payment you make to a contractor. The Borough of Spotswood will only pay the contractor and only upon completion of the project as listed in the quote.

2. You must obtain at least three (3) quotes from contractors that will agree to accept a purchase order for payment.

3. The obligation to schedule the work is between you and the contractor. Once the work is complete and an invoice is received the payment will be generated by the Spotswood Office on Aging.

Homeowner's signature

Date 7/22/24

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 • FAX (732) 251-1359

VOUCHER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 24-00988

Pg 1

SHIP TO:
BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH/COA

VENDOR #: MICHA035

VENDOR:
MICHAEL DERISI
[redacted]

ORDER DATE: 07/23/24
REQUISITION NO: R2400816
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG WORK AT 194 KENNETH CT	[redacted] COMM DEV SAFE HOUSING PROGRAM	8,460.0000	8,460.00
			TOTAL	8,460.00

VENDOR MUST SIGN BELOW AND RETURN IN ORDER TO RECEIVE PAYMENT

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X [signature]
VENDOR SIGNATURE DATE

OFFICIAL POSITION

INCORPORATED? NO YES

FED I.D. NO. OR SOCIAL SECURITY NO.

APPROPRIATION OR ACCOUNT CHARGED

[signature]

APPROVED FOR PAYMENT

DEPARTMENT HEAD DATE

PURCHASING AGENT DATE

CFO DATE

OFFICER'S CERTIFICATION

I, having knowledge of the facts; certify that the mate and supplies have been received or the services rend said certification being based on signed delivery sli other reasonable procedures.

[signature] 9-17-24
RECEIVED BY DATE

PAYMENT RECORD

DATE PAID:

CHECK NO.

DeRisi Management LLC

Michael DeRisi, President
P.O. Box 114
Parlin, NJ 08859
Phone: 908-420-6195
e-mail: mkdee11@gmail.com

Job Site at: [redacted]

Invoice # bath remodel 100

June 19, 2024

Job description:

Remove existing tub enclosure
Locate and repair water leak
Remove existing toilet
Remove and replace existing flooring down to the studs
Install new subfloor and new vinyl flooring
Install new tub enclosure
Reinstall existing toilet
Installation of new bathroom vanity

All construction material will be removed.

$8,460.00

Michael DeRisi

Homeowner

BOROUGH OF SPOTSWOOD CDBG HOME SAFETY REPAIR GRANT APPLICATION
2024

Phone: 732-251-3432
Fax: 732-251-1930
COMPLETE AND RETURN TO:
Spotswood Office on Aging
1 Arlington Ave., Suite 401
Spotswood, NJ 08884

Application Date: 6-4-24

Name: Robert Beach & Ann Beach Telephone No: [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted]

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: _____ Gross Annual Income: _____

Name: _____ Gross Annual Income: _____

Number in Household: _____ Age of Dependents _____, _____, _____, _____, _____

Type of Structure: Manufactured Home Date Purchased: 12/1999

Owner: Robert & Ann Beach

Age of Structure: 43 Block & Lot No: _____

INCOME: Social Security: 40,000 Pensions /Annuities: 19,431
Dividends: _____ Interest: _____
IRA Distributions: _____ Alimony: _____
Welfare: _____ Last Income Tax Filed (year): _____
Other: _____

Gross Income for the Year: 59,497

Please attach Federal and State Tax Return and most recent bank statements (savings & checking).

HOME SAFETY REHABILITATION NEEDS

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

1) Replace Sub Floor in bathroom
2) Replace finish Floor in bathroom
3) replace Shower enclosure & doors
4) Replace & repair plumbing in bathroom
5) replace any wall
6) paint & trim replaced

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

Robert Beach — APPLICANT — 6-4-24 — DATE

Lyn Beach — APPLICANT — 6-4-24 — DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

____ Black	____ American Indian / Eskimo Native
____ Hispanic	✓ White
____ Asian or Pacific Islander	____ Other

By signing below you understand and agree to the following:

1. You will not be reimbursed for any deposit or payment you make to a contractor. The Borough of Spotswood will only pay the contractor and only upon completion of the project as listed in the quote.

2. You must obtain at least three (3) quotes from contractors that will agree to accept a purchase order for payment.

3. The obligation to schedule the work is between you and the contractor. Once the work is complete and an invoice is received the payment will be generated by the Spotswood Office on Aging.

Robert Beach — 6-4-24

Homeowner's signature — Date

Robert Beach

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 • FAX (732) 251-1359

VOUCHER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 25-00005

1

SHIP TO
BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH/OOA

VENDOR
VENDOR #: DOUGL005
DOUGLAS FAULKENBERRY
[redacted]

ORDER DATE: 01/08/25
REQUISITION NO: R2401537
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG WORK AT 188 KENNETH CT	[redacted] COMM DEV SAFE HOUSING PROGRAM	400.0000	400.00
			TOTAL	400.00

ENDOR M

R TO RECEIVE P

ION OR ACCOUNT

ROVED FOR PAYME

ENDOR'S

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the amount
amount chan

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y slips

VENDOR SI

DATE

HEAD

Please reduce Doug's address

OFFICIAL POSITION

PURCHASING AGENT DATE

CHECK NO.

ORPORATED? NO YES TAX I.D. NO. OR SOCIAL SECURITY NO.

CFO DATE

Bill To

June Roberts

[redacted]

DJF Contracting LLC

[redacted]

Payment terms	Due upon receipt
Invoice #	29
Date	11/26/2024
Business / Tax #	NJ License [redacted]

Description	Total
Project description: Damaged floor in kitchen Emergency repair to a leak in the laundry area that compromised the subfloor in the kitchen, and the ductwork under the home. Work performed 18-Sep-2024	$0.00
Materials: See notes for details 4x8' sheet of insulation to construct a replacement duct for the HVAC. $ 50 Gorilla tape $10 Lumber to support the duct work. $30 Plumbing supplies for repair. $ 20 Ancillary materials $10	$120.00
Labor: Labor includes initial assessment focused on the dishwasher, and subsequent emergency remediation of the leak	$280.00

Subtotal	$400.00
Total	**$400.00**

Sent to Jose R. 11.26.24

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 • FAX (732) 251-1359

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 25-01094

MUST

SHIP TO
BOROUGH OF SPOTSWOOD
1 ARLINGTON AVE SUITE 401
SPOTSWOOD, NJ 08884
OFFICE ON AGING / KIMM

VENDOR
VENDOR #: MICHA035
MICHAEL DERISI
[redacted]

ORDER DATE: 07/30/25
REQUISITION NO: R2501067
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	SHTP GRANT WORK-178 KENNETH CT	[redacted] SHTP Grant Appropriations	1,250.0000	1,250.00
1.00	CDBG GRANT WORK-178 KENNETH CT	[redacted] CDBG-SAFE HOUSING	2,350.0000	2,350.00
	REPAIR REAR SIDE ENTRY DECK. REPLACE ALL ROTTED WOOD. ATTACH DECK TO TRAILER. REINFORCE FRAME. POWER WASH AND PAINT. REPLACE SCREEN DOOR. CHANGE FRONT STEPS TO MAKE THEM DEEPER / MORE ACCESIBLE. REPLACE ROTTED WOOD WHERE APPLICABLE. POWER WASH AND PAINT. INCLUDES LABOR & MATERIAL DISPOSAL. ** SHTP GRANT PAYMENT ** ** NOT TO EXCEED $1,250 ** ** CDBG GRANT PAYMENT ** ** NOT TO EXCEED $2,350 ** to finance office 9/24 for 10/20 meeting		TOTAL	3,600.00

☐ GOODS OR SERVICES RECEIVED _____ DATE

DeRisi Management LLC

Michael DeRisi President

P.O. Box 114

Parlin, NJ 08859

Phone: 908-420-6195

e-mail: mkdee11@gmail.com

Estimate for:

Elizabeth Fajkowski **Date: August 16, 2025**

[redacted]

Description	Total
Repair rear side entry deck. Replace all rotted wood. Attach deck to trailer. reinforce frame. Power wash and paint.	$ 1,200.00
Replace screen door.	$ 800.00
Change the front steps to make them deeper / more accessible. Replace rotted wood where applicable. Power wash and paint.	$ 1,600.00
Total	**$ 3,600.00**

BOROUGH OF SPOTSWOOD
2025 CDBG HOME SAFETY REPAIR GRANT APPLICATION

For Spotswood residents 55 and over or on Social Security Disability who own and reside in the home.

INCOME QUALIFICATIONS	Monthly	Annual
1 person	$6,825	$81,900
2 people	$7,800	$93,600
3 people	$8,775	$105,300

Application Date: 5/5/25

Name: Eugeniusz & Elizabeth Fajkowski Telephone No: [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted] Email: _____

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: _____ Gross Annual Income: _____

Name: _____ Gross Annual Income: _____

Type of Structure: HOME ____ MOBILE HOME ✓ Date Purchased: _____

Owner: Eugeniusz & Elizabeth Fajkowski

Age of Structure: _____ Block & Lot No: _____

MONTHLY INCOME	
Social Security	$2289
Pensions/Annuities	$979.69
IRA Distributions	
Interest	
Wages	
Alimony	
Other	

DOCUMENTS NEEDED	
Most Recent Tax Return	✓
Most Recent Bank Statement(s):	
Checking	
Savings	
Deed or Title	

GROSS ANNUAL INCOME: $39,224.28

HOME SAFETY REHABILITATION NEEDS

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

Ramp installation & deck repair

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

x Burgen Fajkowski — APPLICANT — 05/08/2025 — DATE

x Elzbieta Fajkowski — APPLICANT — 05/08/2025 — DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

_____ American Indian/Alaskan Native

_____ Asian

_____ Black or African American

_____ Native American or Other Pacific Islander

_____ White

_____ Other

PLEASE RETURN TO:

Spotswood Division of Senior Services
1 Arlington Ave., Suite 401
Spotswood, NJ 08884
Phone: 732-251-3432 Fax: 732-251-1930

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD N.J.
TEL (732) 251-0700 ext 826

VOUCHER

I NUMBER MUST APPEAR ON ALL INVOICES, ACKING LISTS, CORRESPONDENCE, ETC.

25-00004

01/08/25
): R2401536

g 1
MUST

SHIP TO
BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH/OOA

VENDOR
DOUGLAS FAULKENBERRY
[redacted]

Please Don't Cover Data

NOTICE

TAX I.D. #22-6016376
R PROVISIONS OF N.J. SALES
HAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG WORK AT 166 BARBARA CT	[redacted] COMM DEV SAFE HOUSING PROGRAM	500.0000	500.00
			TOTAL	500.00

NO CDBG application in file

WRONG

A'll used

Should be SHP

Plus

ENDOR MUST SIGN BELOW AND RETURN IN ORDER TO RECEIVE PAYMENT

ENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

K

VENDOR SIGNATURE DATE

OFFICIAL POSITION

NO
:ORPORATED? YES TAX I.D. NO. OR SOCIAL SECURITY NO.

APPROPRIATION OR ACCOUNT CHARGED

APPROVED FOR PAYMENT

DEPARTMENT HEAD DATE

PURCHASING AGENT DATE

CFO DATE

OFFICER'S CERTIFICATION

I, having knowledge of the facts; certify that the materi and supplies have been received or the services render said certification being based on signed delivery slips other reasonable procedures.

RECEIVED BY DATE

PAYMENT RECORD

DATE PAID:

CHECK NO.

Prepared For

Sharon Haflin

[redacted]

DJF Contracting LLC

[redacted]

Estimate # 26

Date 11/20/2024

Business / Tax # [redacted]

Description	Total
Project description: Wheel Chair ramp installation	$0.00
Project description: Removal of the wheel chair ramp currently located [redacted] and re-installation of the ramp [redacted]	
Labor:	$500.00
- 3 hrs to disassemble ramp - 2 hrs to transport to new location - 5 hrs to install the ramp [redacted]	
Any ancillary hardware required to complete the installation.	

Subtotal	$500.00
Total	**$500.00**

Ana Przytula <aprzytula@spotswoodboro.com>

CDBG

1 message

Ana Przytula <aprzytula@spotswoodboro.com> Fri, Dec 13, 2024 at 12:41 PM
To: Daishawn Kemp <dkemp@spotswoodboro.com>, Kim Karasiewicz <kkarasiewicz@spotswoodboro.com>, Jose Rivera <jrivera@spotswoodboro.com>

Good morning, Shawn. Hope your week has been a productive one. I know how hectic the end is!

I have met with Jose (cc'd in this email) regarding the available CDBG funds and Jose has advised the following:

1. Requisition No.: R2401210 dated 10/10/24. Requesting that this requisition be cancelled and the funds allotted ($12,000) be moved back to available funds in the CDBG grant. The repairs under this current requisition [redacted] - Wronko, C & S) will be placed first in line once the 2025 CDBG grant monies are received. Jose is currently working and prioritizing on finding a vendor that can provide the required repairs

2. [redacted] (K. Arrants) had repairs in the amount of $8785.00 completed by DeRisi Management LLC. Jose is asking that once the monies for the above requisition have been returned to the CDBG fund that a PO be issued to DeRisi so that they may be paid for the project. Please advise once this has been completed and I will have Beth issue the PO.

We'd appreciate this being expedited so that the funds are utilized by year end.

3. Requisition R2401502, total $900.00: This requisition is for the same vendor; however, for services at two separate locations and for two separate clients. Jose is unsure if you would like to keep it as is or have this PO cancelled and separate PO's issued for each.

[redacted] ramp install should be for $500 (S. Haflin)
[redacted], floor repair $400 (J. Ernst)

Please advise ASAP.

As always, if there is anything that you need me to assist with, please let me know.

Kind regards,

~ Ana

Coordinator of Senior Services
Borough of Spotswood Office on Aging
732-251-3432 ext. 8092

"The measure of a society's value can be measured by how well it treats its elderly." - Mahatma Gandhi

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 • FAX (732) 251-1359

VOUCHER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No: 24-00987

Pg 1

SHIP TO
BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH/00A

VENDOR
VENDOR #: BOGUE005
BOGUE CUSTOM BUILDERS LLC
[redacted]

ORDER DATE: 07/23/24
REQUISITION NO: R2400815
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG WORK AT 115 ALLAN CT	[redacted] COMM DEV SAFE HOUSING PROGRAM	7,750.0000	7,750.00
			TOTAL	7,750.00

VENDOR MUST SIGN BELOW AND RETURN IN ORDER TO RECEIVE PAYMENT

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X Susan A. Bogue
VENDOR SIGNATURE DATE

Managing member
OFFICIAL POSITION

INCORPORATED? NO YES
TAX I.D. NO. OR SOCIAL SECURITY NO.

APPROPRIATION OR ACCOUNT CHARGED

APPROVED FOR PAYMENT

DEPARTMENT HEAD DATE

PURCHASING AGENT DATE

CFO DATE

OFFICER'S CERTIFICATION

I, having knowledge of the facts; certify that the ma
and supplies have been received or the services rend
said certification being based on signed delivery sl
other reasonable procedures.

9-10-2
RECEIVED BY DAT

PAYMENT RECORD

DATE PAID:

CHECK NO.

Bogue Custom Builders L.L.C
16 Bourton Avenue
Monroe Township, NJ 08831

Phone - 732 522 6589
Fax - 732 521 5988
E Mail - bogue1@verizon.net

Project Site: Dawn Hofacker [redacted]

[redacted]

Phone : [redacted]
E-mail:

Invoice

Labor and material to complete the following:

- **Remove existing roofing material.**
- **Supply and install new ice shield (as per code).**
- **Supply and install new Timberline shingles.**
- **Supply and install Cobra ridge vent flashing.**
- **Supply dumpster and remove all debris.**

Price does not include any additional work other than described above.

Total $ 7,750.00

8/12/2024

BOROUGH OF SPOTSWOOD CDBG HOME SAFETY REPAIR GRANT APPLICATION

Spotswood Office on Aging
& Senior Resource Center

Phone: 732-251-3432
Fax: 732-251-1930
Donna Faulkenberry, Director
e-mail: dfaulkenberry@spotswoodboro.com

COMPLETE AND RETURN TO:
Spotswood Office on Aging
1 Arlington Ave., Suite 401
Spotswood, NJ 08884

Application Date: 4/19/2023

Name: Dawn M. Hofacker Telephone No: [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted]

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: _____ Gross Annual Income: _____

Name: _____ Gross Annual Income: _____

Number in Household: Myself 1 Age of Dependents _____, _____, _____, _____, _____

Type of Structure: Single Mobile Home Date Purchased: 1993

Owner: Dawn M. Hofacker

Age of Structure: _____ Block & Lot No: _____

INCOME: Social Security: _____ Pensions /Annuties: _____
Dividends: _____ Interest: _____
IRA Distributions: _____ Alimony: _____
Welfare: _____ Last Income Tax Filed (year): _____
Other: Dad is working

Gross Income for the Year: 41,084.00

Please attach Federal and State Tax Return and most recent bank statements (savings & checking).

HOME SAFETY REHABILITATION NEEDS

1) Windows are leaking & unsafety. Causing wood to rot.
2) Roof repair / replace
3)
4)
5)
6)

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

Dawn M. Hatcher — APPLICANT — 4/19/2023 DATE

APPLICANT — DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

____ Black	____ American Indian / Eskimo Native
____ Hispanic	✓ White
____ Asian or Pacific Islander	____ Other

By signing below you understand and agree to the following:

1. You will not be reimbursed for any deposit or payment you make to a contractor. The Borough of Spotswood will only pay the contractor and only upon completion of the project as listed in the quote.

2. You must obtain at least three (3) quotes from contractors that will agree to accept a purchase order for payment.

3. The obligation to schedule the work is between you and the contractor. Once the work is complete and an invoice is received the payment will be generated by the Spotswood Office on Aging.

Dawn M. Hackbarth — 4/19/2023

Homeowner's signature — Date

BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD, SPOTSWOOD, NJ 08884
TEL (732) 251-0700 ext 026 - FAX (732) 251-1359

BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH OOÀ

VENDOR #: BOGUE005

BOGUE CUSTOM BUILDERS LLC
[redacted]

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 25-00497

ORDER DATE: 04/01/25
REQUISITION NO: R2500424
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG HOME REPAIR Roof replacement 319 Katz Way	[redacted] CDBG SAFE HOUSING	7,650.0000	7,650.00
			TOTAL	7,650.00

VENDOR MUST SIGN BELOW AND RETURN IN ORDER TO RECEIVE PAYMENT

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered therein stated; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

[signature] 7/3/25
VENDOR SIGNATURE DATE

Billing Manager
OFFICIAL POSITION

NO
CERTIFICATE YES — TAX ID NO. OR SOCIAL SECURITY NO.

APPROPRIATION OR ACCOUNT CHARGED

DEPARTMENT 7/3/25
Donna Faulkenbury
DEPARTMENT HEAD DATE

PURCHASING AGENT DATE

CFO DATE

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the m and supplies have been received or the services ren said certificate being based on signed delivery s other reasonable procedures.

7/3/2
Donna Faulkenbury

PAYMENT RECEIVED

DATE PAID:

CHECK NO.

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 • FAX (732) 251-1359

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 25-00497

Pg 1

SHIP TO
BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH OOA

VENDOR
VENDOR #: BOGUE005
BOGUE CUSTOM BUILDERS LLC
[redacted]

ORDER DATE: 04/01/25
REQUISITION NO: R2500424
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG HOME REPAIR Roof replacement 319 Katz Way	[redacted] CDBG SAFE HOUSING	7,650.0000	7,650.00
			TOTAL	7,650.00

R2500424

☐ GOODS OR SERVICES RECEIVED _____ DATE

Bogue Custom Builders L.L.C
16 Brandon Avenue
Monroe Township, NJ 08831

Phone - 732 522 6589
Fax - 732 521 5988
E Mail - Jbogue1@verizon.net

Project Site: [redacted] [redacted]

Phone [redacted]

Proposal

Labor and material to complete the following:

- **Remove existing roofing material.**
- **Supply and install new ice shield (as per code).**
- **Supply and install new tar paper.**
- **Supply and install new Timberline shingles.**
- **Supply and install Cobra ridge vent.**
- **Supply and install new vent flashing.**
- **Supply dumpster and remove all debris.**

Price does not include any additional work other than described above.

Total $ 7,650.00

Approved By. _____ . Owner

Approved By. _____ . Contractor

2/11/2025

BOROUGH OF SPOTSWOOD CDBG HOME SAFETY REPAIR GRANT APPLICATION

Phone: 732-251-3432
Fax: 732-251-1930
COMPLETE AND RETURN TO:
Senior and Office on Aging
Washington Ave., Suite 401
Spotswood, NJ 08884

Application Date Sept 30, 2024

Owner: Annette Meyer

[redacted]

Address: [redacted]

DOB [redacted] SS# [redacted]

Telephone [redacted]

Number of Household: 1 Age of Dependents

Owner: Annette Meyer

Age of Structure: 14 years old

INCOME: Social Security $252.00
Dividends:
IRA Distributions:
Wages:

MAY

Block & Lot No.:

Pensions/Annuities 1803.35
Interest:

Year Filed (year): 2024

Gross Income for the Year: 48660

Please attach Federal and State Tax Return and most recent bank statements (savings & checking)

[illegible]

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

1) Roof

2) ______________________________

3) ______________________________

4) ______________________________

5) ______________________________

6) ______________________________

[illegible]

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

[signature]   Sept 30, 2024

APPLICANT   DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with [illegible] statistical information. Thank you.

____ Black	____ American Indian / Eskimo Native
____ Hispanic	✓ White
____ Asian or Pacific Islander	____ Other

By signing below you understand and agree to the following:

1. You will not be reimbursed for any deposit or payment you make to a contractor. The Borough of Spotswood will only pay the contractor and only upon completion of the project as listed in the quote.

2. You must obtain at least three (3) quotes from contractors that will agree to accept a purchase order for payment.

3. The obligation to schedule the work is between you and the contractor. Once the work is complete and an invoice is received the payment will be generated by the Spotswood Office on Aging.

Homeowner's signature

Sept 30, 2024
Date

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 • FAX (732) 251-1359

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 25-01097

Pg 1

MUST

SHIP TO

BOROUGH OF SPOTSWOOD
1 ARLINGTON AVE SUITE 401
SPOTSWOOD, NJ 08884
OFFICE ON AGING / KIMM

VENDOR

VENDOR #: A0078

ALWAYS SOLID CONTRACTING
[redacted]

ORDER DATE: 07/30/25
REQUISITION NO: R2501070
DELIVERY DATE:
STATE CONTRACT [redacted]
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	SHTP GRANT WORK - 295 WOODSEND SHTP GRANT WORK - 295 WOODSEND COURT REMOVE / REPLACE ROOFING SHINGLES. INCLUDES LABOR & MATERIAL DISPOSAL ** SHTP GRANT PAYMENT ** ** NOT TO EXCEED $1,500 **	[redacted] SHTP Grant Appropriations	1,500.0000	1,500.00
1.00	CDBG GRANT WORK - 295 WOODSEND CDBG GRANT WORK - 295 WOODSEND COURT REMOVE / REPLACE ROOFING SHINGLES. INCLUDES LABOR & MATERIAL DISPOSAL ** CDBG GRANT PAYMENT ** ** NOT TO EXCEED ~~$6,300~~ 7,500 **	G-02-41-750-005 CDBG SAFE HOUSING	~~6,300.0000~~ 7500	~~6,300.00~~ 7500
			TOTAL	~~7,800.00~~ 9000

Vendor signed forwarded to Borough 8/18/25 for 9/15/25 mtg
Vendor was made aware

☐ GOODS OR SERVICES RECEIVED _____ DATE

only need CDBG

AM

Always Solid
CONTRACTING

668 Spotswood Englishtown Rd. Monroe N.J. 08831

Phone (732)735-4318 Builder Reg. #13VH 01527800

Date: 8/15/25

Client: Debbie Newman

Job Address: [redacted]

Phone: [redacted]

Description	
	Tear off 2 layers of existing roofing and Replace that been completed
Original Total	$7800.00
Added plywood	[illegible] were replaced - 10 • $120 $1200.00
New Total	$9000.00

Signature of person responsible for Payment ______________________

Contractor's ______________________

BOROUGH OF SPOTSWOOD
2025 CDBG HOME SAFETY REPAIR GRANT APPLICATION

For Spotswood residents 55 and over or on Social Security Disability who own and reside in the home.

INCOME QUALIFICATIONS	Monthly	Annual
1 person	$6,825	$81,900
2 people	$7,800	$93,600
3 people	$8,775	$105,300

Application Date: 4/23/2025

Name: Deborah Newman Telephone No: [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted] Email: [redacted]

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: Deborah Newman Gross Annual Income: 40,260.84

Name: _____ Gross Annual Income: _____

Type of Structure: HOME ___ MOBILE HOME X Date Purchased: 6/28/2012

Owner: Deborah Newman

Age of Structure: 47 Block & Lot No: [redacted]

MONTHLY INCOME	
Social Security	1702.00
Pensions/Annuities	1653.07
IRA Distributions	
Interest	
Wages	
Alimony	
Other	

DOCUMENTS NEEDED	
Most Recent Tax Return	
Most Recent Bank Statement(s):	
Checking	
Savings	
Deed or Title	

GROSS ANNUAL INCOME: 40,260.84

HOME SAFETY REHABILITATION NEEDS

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

N/A Roof repair

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

Deborah Newman
APPLICANT

4/23/2025
DATE

APPLICANT

DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

_____ American Indian/Alaskan Native

_____ Native American or Other Pacific Islander

_____ Asian

X White

_____ Black or African American

_____ Other

PLEASE RETURN TO:
Spotswood Division of Senior Services
1 Arlington Ave., Suite 401
Spotswood, NJ 08884
Phone: 732-251-3432 Fax: 732-251-1930

Borough of Spotswood

77 Summerhill Road
Spotswood,, NJ 08884
TEL (732)251-0700 FAX (732)251-1359

REQUISITION
NO. R2400507

SHIP TO	BOROUGH OF SPOTSWOOD 77 SUMMERHILL ROAD SPOTSWOOD, NJ 08884 BETH/OOA
VENDOR	VENDOR #: A0078 ALWAYS SOLID CONTRACTING [redacted]

ORDER DATE: 04/26/24
DELIVERY DATE:
STATE CONTRACT: [redacted]
F.O.B. TERMS:

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG WORK AT 5 EASY COURT	[redacted]	5,950.0000	5,950.00
			TOTAL	5,950.00

NO COPY of PO in file
Finance should have
PO # 24-00830

REQUESTING DEPARTMENT DATE

Always Solid
CONTRACTING

668 Spotswood Englishtown Rd. Monroe N.J. 08831
Phone (732)735-4318 Builder Reg. #13VH 01527800

Date: 2/12/24

Client: James Pascuzzi

Job Address: [redacted]

Phone: [redacted]

Description	
	To repair damage subfloor in the Kitchen area approx 2'4" I provide and install new laminate flooring chosen by homeowner above flooring to be in the $3.00-$3.50 per sq' range.
	Remove and replace 5 windows in the livingroom.
Labor	$5950.00
Material Beyond	

Signature of person responsible for Payment

Contractor's Sig

BOROUGH OF SPOTSWOOD CDBG HOME SAFETY REPAIR GRANT APPLICATION
2024

Phone: 732-251-3432
Fax: 732-251-1930
COMPLETE AND RETURN TO:
Spotswood Office on Aging
1 Arlington Ave., Suite 401
Spotswood, NJ 08884

Application Date: _____

Name: JAMES PASCIUTTI Telephone No: [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted]

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: [redacted] Gross Annual Income: _____

Name: _____ Gross Annual Income: _____

Number in Household: 2 Age of Dependents _____, _____, _____, _____, _____

Type of Structure: MOBILE HOME Date Purchased: 11/7/1988

Owner: JAMES PASCIUTTI

Age of Structure: 1983 Block & Lot No: 88-005

INCOME: Social Security: _____ Pensions /Annuties: _____
Dividends: _____ Interest: _____
IRA Distributions: _____ Alimony: _____
Welfare: _____ Last Income Tax Filed (year): _____
Other: _____
_____
_____

Gross Income for the Year: _____

Please attach Federal and State Tax Return and most recent bank statements (savings & checking).

HOME SAFETY REHABILITATION NEEDS

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

1) REPLACE KITCHEN FLOOR DUE TO WATER DAMAGE.

2) REPLACE WINDOWS DUE TO LEAKAGE AND MECHANICAL BREAKAGE.

3) _____

4) _____

5) _____

6) _____

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

James Vaccinetti
_____ _____
APPLICANT DATE

_____ _____
APPLICANT DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

_____ Black

_____ American Indian / Eskimo Native

_____ Hispanic

✓ White

_____ Asian or Pacific Islander

_____ Other

By signing below you understand and agree to the following:

1. You will not be reimbursed for any deposit or payment you make to a contractor. The Borough of Spotswood will only pay the contractor and only upon completion of the project as listed in the quote.

2. You must obtain at least three (3) quotes from contractors that will agree to accept a purchase order for payment.

3. The obligation to schedule the work is between you and the contractor. Once the work is complete and an invoice is received the payment will be generated by the Spotswood Office on Aging.

Homeowner's signature

Date

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 628 • FAX (732) 251-1369

Pg 1

BOROUGH OF SPOTSWOOD
1 ARLINGTON AVE SUITE 401
SPOTSWOOD, NJ 08884
OFFICE ON AGING / KIMM

VENDOR #: V0008

VALIANT HOME REMODELERS, INC
[redacted]

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING SLIPS, CORRESPONDENCE, ETC.

P.O. No.: 25-01096

ORDER DATE: 07/30/25
REQUISITION NO: R2501069
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016378
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG GRANT WORK-119 VILLAGE DR REMOVE / REPLACE THE FOLLOWING WINDOWS: (1) TWIN DOUBLE-HUNG IN BEDROOM (1) SINGLE DOUBLE-HUNG IN KITCHEN (2) TRIPLE UNITS ON SIDE OF HOME - LIVING ROOM / DINING ROOM ** CDBG GRANT PAYMENT ** ** NOT TO EXCEED $6,000 **	[redacted] CDBG SAFE HOUSING	6,000.0000	6,000.00
			TOTAL	6,000.00

Given to Finance - 9/11/25
for acctg

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

Emanuel Zekaria 9/08/2025
VENDOR'S SIGNATURE DATE

President
OFFICIAL POSITION

22211302
SOCIAL SECURITY NO. FED I.D. NO. OR SOCIAL SECURITY NO.

APPROPRIATION OR ACCOUNT CHARGED

APPROVED FOR PAYMENT

DEPARTMENT HEAD DATE

PURCHASING AGENT DATE

CFO DATE

OFFICER'S CERTIFICATION

I, having knowledge of the facts, certify that the materials and supplies have been received or the services rendered; said certification being based on signed delivery slips or other reasonable procedures.

PURCHASING OFFICIAL DATE

PAYMENT RECORD

DATE PAID

CHECK NO.

VALIANT HOME REMODELERS
Since 1956
578 Roosevelt Ave. • Carteret, NJ [illegible]
(732) 541-7966 1-800-2-VALIANT
FAX (732) 541-7025
www.valianthome.com • vhr@valianthome.com

Remodeling Proposal

Submitted To: RINALDI, Michael + Kathy

[redacted]

[redacted]

[redacted]

Date: 7-1-2025

repeat

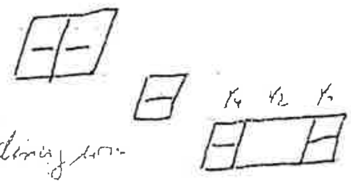
Approximate start: 7 weeks of approval +/- 10 days

3-days max

We hereby submit specifications and estimates for:

Remove and Replace the following windows
- TWIN Double Hung in bedroom
- single Double Hung in kitchen

(2) - triple units on side of home in living room/dining room



all units ProVia Mfg - Endure Series - white vinyl w/ fiberglass reinforced.
1/2 screens DLA glazing .25 U .20 SHGC efficiency - Exterior PVC on all.
Interior white window stops only if necessary -

This Proposal does not include fees: state, local zoning and/or permits home owner's responsibility

VHR to assist on all window treatments removal and rehang if necessary
Extra Window in Office $825 if done w/ this order - ($975 if done separately)

All material is guaranteed to be as specified. All work to be completed in a workmanlike manner according to standard practices. Any alteration or deviation from the above specifications involving extra costs will be done only upon a written change order. [illegible] will become an extra charge over and above the estimate. [illegible] to include, but is not limited to, hidden damages [illegible] during the course of the job and additional work required by local building inspectors.

All elements of this agreement are contingent upon [illegible] or delays beyond our control. The estimate does not include [illegible] price increases or additional labor and materials [illegible] required should unforeseen problems arise after the work has started.

You, the buyer, may cancel this transaction at any time prior to midnight of the third business day after the date of this transaction. Cancellation must be done in writing.

For your protection, [illegible] contained on the reverse side of this document. [illegible]

We Propose hereby to furnish material and labor - complete in accordance with above specifications, for the sum of:
eight thousand seven hundred seven ——— 00/100
dollars ($ 8707.00)

Payment to be made as follows:
Spotswood Office of Aging $6000
Rinaldi $2707

[signature]
Authorized Signature

Note: This proposal may be withdrawn by us if not accepted within 30 days.

Acceptance of Proposal: The above prices, specifications and conditions are satisfactory and are hereby accepted. You are authorized to do the work as specified. Payment will be made as outlined above.

Date ________ Signature ________

Michael + Kathy Rinaldi [redacted]

https://mail.google.com/mail/u/0/?tab=rm&ogbl#inbox/KtbxLxGrTlx?ZpGNZCrfnPjggxNBcnDngB?projector=1&messagePartId=0.1

BOROUGH OF SPOTSWOOD
2025 CDBG HOME SAFETY REPAIR GRANT APPLICATION

For Spotswood residents 55 and over or on Social Security Disability who own and reside in the home.

INCOME QUALIFICATIONS	Monthly	Annual
1 person	$6,825	$81,900
2 people	$7,800	$93,600
3 people	$8,775	$105,300

Application Date: April 25 2025

Name: Michael Rinaldi (Kat Rinaldi - wife) Telephone No [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted] Email: [redacted]

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: — Gross Annual Income: —

Name: — Gross Annual Income: —

Type of Structure: HOME ___ MOBILE HOME X Date Purchased: May 31, 2012

Owner: Michael + Kat Rinaldi

Age of Structure: 40 Block & Lot No: Block 1-1 LOT 1

MONTHLY INCOME	
Social Security	[redacted]
Pensions/Annuities	—
IRA Distributions	—
Interest	—
Wages	
Alimony	—
Other	—

DOCUMENTS NEEDED	
Most Recent Tax Return	
Most Recent Bank Statement(s):	
Checking	✓
Savings	—
Deed or Title	✓

GROSS ANNUAL INCOME: $

HOME SAFETY REHABILITATION NEEDS

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

windows need to be replaced

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

Kat Rinaldi — APPLICANT — 4/25/25 DATE

Mike Rinaldi — APPLICANT — 4/25/25 DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

____ American Indian/Alaskan Native	____ Native American or Other Pacific Islander
____ Asian	X White
____ Black or African American	____ Other

PLEASE RETURN TO:
Spotswood Division of Senior Services
1 Arlington Ave., Suite 401
Spotswood, NJ 08884
Phone: 732-251-3432 Fax: 732-251-1930

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 • FAX (732) 251-1359

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 24-01038

MUST

SHIP TO

BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
BETH/OOA

VENDOR

VENDOR #: A0078

ALWAYS SOLID CONTRACTING
[redacted]

ORDER DATE: 07/29/24
REQUISITION NO: R2400813
DELIVERY DATE:
STATE CONTRACT [redacted]
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG WORK AT 79 VINCENT CT	[redacted] HOUSING PROGRAM	3,900.0000	3,900.00
			TOTAL	3,900.00

2024
NO Grant
Applicable

INSTF

1. AL
   AD
2. ALI
   SH
3. THI
   TO
4. TO . . . ATTACHED VOUCHER MUST BE SIGNED AND RETURNED.

D

HAVE

GREES
K.

NOTE: DO NOT ACCEPT THIS ORDER UNLESS IT IS SIGNED BELOW

PURCHASING AGENT

BOROUGH OF SPOTSWOOD, NEW JERSEY

Always Solid
CONTRACTING

668 Spotswood Englishtown Rd. Monroe N.J. 08831
Phone (732)735-4318 Builder Reg. #13VH 01527800

Date: 5/3/24 Client: Shirley Schafer

Job Address: [redacted] Phone [redacted]

Description	
	Remove Existing storm door to be reused.
	Remove and replace damaged entry door w frame. New door to be similar to sample provided approx 1/3rd glass. Existing door jamb frame appears thicker than 2x4 wall, if this is the case an extension jamb will be provided and installed. New primed door to be painted white as part of this estimate.
	Existing interior trim to be carefully removed and reinstalled on new frame. In the event trim breaks on remove! New trim will be provided painted white and installed. If this is the case it will increase project total below an additional $200.00
	Reinstall storm door. Install new bronze storm door handle w lock n Key
	Existing door knob & deadbolt will be reused on new entry door
	Office on Aging to provide lockbox
LABOR/MAT/DISPOSAL	$3900.00

Signature of person responsible for Payment. Contractor's Sig

BOROUGH OF SPOTSWOOD

77 SUMMERHILL ROAD, SPOTSWOOD, N.J. 08884
TEL (732) 251-0700 ext 828 • FAX (732) 251-1359

Pg 1

VOUCHER

THIS NUMBER MUST APPEAR ON ALL INVOICES, PACKING LISTS, CORRESPONDENCE, ETC.

No. 25-00917

SHIP TO
BOROUGH OF SPOTSWOOD
77 SUMMERHILL ROAD
SPOTSWOOD, NJ 08884
KIMM/OOA

VENDOR
VENDOR #: NOTJU005
NOT JUST PATCHWORK, LLC
[redacted]

ORDER DATE: 06/26/25
REQUISITION NO: R2500886
DELIVERY DATE:
STATE CONTRACT:
F.O.B. TERMS:

NOTICE

FEDERAL TAX I.D. #22-6016376
TAX EXEMPT UNDER PROVISIONS OF N.J. SALES & USE TAX ACT (CHAPTER 30, LAWS OF 1966).

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	CDBG WORK @ 118 MANALAPAN ROAD CDBG WORK APPROVED 2024 EMERGENCY ROOF REPAIR	[redacted] CDBG SAFE HOUSING	13,000.0000	13,000.00
			TOTAL	13,000.00

** CDBG Grant Payment **
** not to exceed $13,000.00 **

VENDOR MUST SIGN BELOW AND RETURN IN ORDER TO RECEIVE PAYMENT

VENDOR'S CERTIFICATION & DECLARATION

I do solemnly declare and certify under the penalties of the law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons within the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

X Patrick r antipin njplic aug 12 2025
VENDOR SIGNATURE DATE

OFFICIAL POSITION

NO
CORPORATE07 YES
TAX I.D. NO. OR SOCIAL SECURITY NO.

APPROPRIATION OR ACCOUNT CHARGED

APPROVED FOR PAYMENT

DEPARTMENT HEAD DATE

PURCHASING AGENT DATE

CFO DATE

OFFICER'S CERTIFICATION

I, having knowledge of the facts; certify that the mate and supplies have been received or the services rend said certification being based on signed delivery slip other reasonable procedures.

RECEIVED BY DATE

PAYMENT RECORD

DATE PAID: 8/19/25

CHECK NO. 66236

[redacted]

INVOICE

NOT JUST PATCHWORK LLC
JACK OF ALL TRADES

Not Just Patchwork LLC
[redacted]

8/11/2025

[redacted]

Please Make All Payments Within 24 Hours

BILL TO

Spotswood Dept. Of Aging
[redacted]

DESCRIPTION	QTY	UNIT PRICE	TOTAL
Plywood Replacements (Per)	6	100.00	600.00
Boot Replacements (Per)	4	75.00	300.00
Original Labor (Shingle Removal/Replacement)	1	13000.00	13000.00
Reflash Chimney (Per)	1	250.00	250.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00
			0.00

Remarks / Payment Instructions:

Make all Checks Payable to Not Just Patchwork LLC

SUBTOTAL	14150.00
DISCOUNT	0.00
SUBTOTAL LESS DISCOUNT	14150.00
TAX RATE	0.00%
TOTAL TAX	0.00
SHIPPING/HANDLING	0.00
Balance Due $	**14,150.00**

[redacted]

BOROUGH OF SPOTSWOOD CDBG HOME SAFETY REPAIR GRANT APPLICATION
2024

Phone: 732-251-3432
Fax: 732-251-1930
COMPLETE AND RETURN TO:
Spotswood Office on Aging
1 Arlington Ave., Suite 401
Spotswood, NJ 08884

Application Date: 5-19-2024

Name: Collene Wronko Telephone No: [redacted]

Address: [redacted]

DOB: [redacted] SS#: [redacted]

Name of anyone 18 years of age or older living at this address that works full time and does not attend school.

Name: _____ Gross Annual Income: _____

Name: _____ Gross Annual Income: _____

Number in Household: 2 Age of Dependents _____, _____, _____, _____, _____

Type of Structure: House Date Purchased: April 2017

Owner: Steven and Collene Wronko

Age of Structure: 70+ Block & Lot No: 17 Lot 32

INCOME:
Social Security: 19,000
Dividends: 0
IRA Distributions: 0
Welfare: 0
Other: Military VA Benefits 3911.00 per month

Pensions /Annuties: 0
Interest: 0
Alimony: 0
Last Income Tax Filed (year): 2022

Gross Income for the Year: $66,952.00

Please attach Federal and State Tax Return and most recent bank statements (savings & checking).

HOME SAFETY REHABILITATION NEEDS

If requesting ADA changes to your residence, a doctor's prescription is required. Application will not be approved without a doctor's prescription.

1) Roof

2) _____

3) _____

4) _____

5) _____

6) _____

APPLICANT CERTIFICATION

The Applicant certifies that all information furnished in support of this application for the purposes of obtaining a grant under the Borough of Spotswood CBDG Home Safety Repair Grant Program, is true and complete to the best of the Applicant's knowledge and belief.

The Applicant further agrees to accept technical assistance in the development of rehab work specifications and selection of a mutually acceptable contractor.

Callene A Fronko
APPLICANT

5-19-2024
DATE

Scott Wenk
APPLICANT

5-19-2024
DATE

NOTE: The following racial information is purely voluntary and does not need to be completed if you so desire. However, your cooperation would provide the Department of Housing and Urban Development (HUD) and Middlesex County with valuable statistical information. Thank you.

_____ Black

_____ Hispanic

_____ Asian or Pacific Islander

_____ American Indian / Eskimo Native

_____ White

_____ Other

By signing below you understand and agree to the following:

1. You will not be reimbursed for any deposit or payment you make to a contractor. The Borough of Spotswood will only pay the contractor and only upon completion of the project as listed in the quote.

2. You must obtain at least three (3) quotes from contractors that will agree to accept a purchase order for payment.

3. The obligation to schedule the work is between you and the contractor. Once the work is complete and an invoice is received the payment will be generated by the Spotswood Office on Aging.

Homeowner's signature

5-19-2024
Date