HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: Adopt A Senior Organization

Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Primary Contact: William Cowen Co Founder and Treasurer
(Name and Title)

Phone/Email: [redacted]

2. As a recipient of this donation, please state how these funds would benefit residents of Jackson:

Please see Attached

3. Please state how your organization supports basic human needs. How would you assist families undergoing life-threatening medical treatments or severe financial hardship, etc.:

Please see Attached

4. Does your organization help support our military? If yes, please specify: Please see Attached

5. Please specify if members of your staff are compensated or strictly volunteer: Please see Attached

6. Please explain the services your organization provides to the community and references of any past services. All references will be contacted so please provide all necessary contact information:

Please see Attached

✓ I have read the Jackson Municipal Utilities Authority's HomeServe USA Charitable Donation Policy. (Please check)

✓ Attached please find a copy the IRS determination letter as proof of being a 501(c)(3) charity. (Please check)

Please submit this application, via mail or email, by October 1st to the following:

Jackson Township Municipal Utilities Authority
135 Manhattan Street
Jackson, NJ 08527
Attn: Joan Haltigan, HomeServe USA Charitable Donation
jhaltigan@jacksonmua.com

Adopt A Senior Organization
Homeserve USA Charitable Contribution Application

Question 2: The Adopt A Senior Organization currently works at the following facilities in Jackson, NJ: Bartley Healthcare, The Orchards and Sunrise of Jackson. The organization provides visits and gifts to approximately 375 Jackson Seniors living in these facilities. Funds received are used to purchase personalized gifts for each Senior for their birthday as well as for the holidays. Funds may also be used for special events such as Travel Talks or Trivia.

Question 3: Adopt A Senior believes "No Senior Should Be Forgotten". We support basic human needs to Seniors living in long-term care facilities, many whom do not have any family or visitors. Everyone should be able to celebrate their Birthday and we strive to do this with our monthly Birthday Party Patrols at each facility. The joy the Senior receives when opening their gift and then being serenaded "Happy Birthday" with Kazoos is priceless. We also provide human interaction, which is so important, especially to those who have no family or visitors. At the Holidays, we have the Seniors complete a "Wish List" of items they would like to receive. It gives them the opportunity to pick something they truly would like to have for the holidays. We also solicit the community to "adopt" a Senior. Those that do, receive a Wish List and then shop and wrap the gift for the Senior. If available, they can come with us on the Gift Giving Day and hand-deliver their gift. We want people to know that there are Seniors living in these facilities in their community who welcome visitors.

Question 4: While the organization does not directly support the military, we do have many Seniors living in the facilities we visit who are Veterans. We always strive to recognize them and thank them for their service. We have heard some amazing military stories talking with these very special Seniors.

Question 5: At this time, a nominal monthly administrative fee is paid to the Board President as approved by the Board of Directors. The President performs the daily operating functions for the organization including the website, social media, fundraising and acts as our liaison between our organization and the three Jackson facilities coordinating the monthly Birthday Party Patrols and the Holiday Gift Giving. All other Board Members are volunteers and do not receive any compensation.

Question 6: As previously stated, we visit each facility every month to celebrate those Seniors who have a birthday in the respective month. At the holidays, we ensure every Senior living in each facility receives a holiday gift based on a Wish List they completed. During the year we also visit the facilities for special events such as Trivia or Travel Talk. With Trivia, we ask questions and the Seniors that answer correctly receive a prize. For Travel Talk, we select a destination and provide a presentation which allows some Seniors to recall fond memories of those places they may have visited. For others, the presentation gives them a taste of new places and cultures. We love to engage the Seniors in conversation. We theme the party and provide goodie bags which the Seniors love. We have been volunteering at Bartley Healthcare since 2015, Sunrise of Jackson since January 2017 and The Orchards since January 2018.

HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: Arches of Hope Children's Cancer Foundation

Address: [redacted]

City: [redacted] State: [redacted] Zip Code: [redacted]

Primary Contact: Laura M Reno - President
(Name and Title)

Phone/Email: [redacted]

2. As a recipient of this donation, please state how these funds would benefit residents of Jackson:

My child diagnosed w/ cancer in Jackson would receive monthly grants to help with rent, bills, vacations.

3. Please state how your organization supports basic human needs. How would you assist families undergoing life-threatening medical treatments or severe financial hardship, etc.:

We help with a monthly check for the duration of their illness

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OCT 15 2018

4. Does your organization help support our military? If yes, please specify: Only if they are under 21.

5. Please specify if members of your staff are compensated or strictly volunteer: Volunteer Only

6. Please explain the services your organization provides to the community and references of any past services. All references will be contacted so please provide all necessary contact information: Day Weekl - Lawn & Way Fundraiser Jackson Day

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HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: JACKSON WOMEN of Today FOOD PANTRY

Address: 90 DON CONNOR BLVD (P.O. Box 1042)

City: JACKSON State: NJ Zip Code: 08527

Primary Contact: JO CORBISCELLO - DIRECTOR
(Name and Title)

Phone/Email: [redacted]

2. As a recipient of this donation, please state how these funds would benefit residents of Jackson:

THESE FUNDS WILL HELP FEED THE NEEDIEST MEMBERS of OUR COMMUNITY. WE ASSIST OVER 150 CLIENT FAMILIES PER MONTH AROUND 200 FAMILIES DURING THE Holiday SEASON.

3. Please state how your organization supports basic human needs. How would you assist families undergoing life-threatening medical treatments or severe financial hardship, etc.:

WE SUPPLY NEEDED NUTRITIONAL RESOURSES TO THE MOST NEEDY MEMBERS OF OUR COMMUNITY, BEYOND FOOD AND INCLUDING DONATED CLOTHING, CLEANING SUPPLIES AND EVEN DONATED HOLIDAY GIFTS.

4. Does your organization help support our military? If yes, please specify:
WE PROVIDE NEEDED AID TO ANYONE MEETING FEDERAL AND STATE GUIDELINE, AS WELL AS ANYONE WHO IS WITHOUT FOOD AND HUNGRY.

5. Please specify if members of your staff are compensated or strictly volunteer:
STRICTLY VOLUNTEER

6. Please explain the services your organization provides to the community and references of any past services. All references will be contacted so please provide all necessary contact information:
WE PROVIDE NUTRITIONAL RESOURCES & COUNSELING AS WELL AS EDUCATIONAL RESOURCES.
We deliver Food to those who CAN Not get to the PANTRY

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____ Attached please find a copy the IRS determination letter as proof of being a 501(c)(3) charity. (Please check)

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HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: JACKSON TWP. VETERANS MEMORIAL GARDEN, INC.

Address: INTERSECTION JACKSON MILLS RD. & COMMODORE BLVD.

City: JACKSON State: N.J. Zip Code: 08527

Primary Contact: CHARLES GAROFANO - PRESIDENT
(Name and Title)

Phone/Email: [redacted]

2. As a recipient of this donation, please state how these funds would benefit residents of Jackson:

SEE ATTACHMENT

3. Please state how your organization supports basic human needs. How would you assist families undergoing life-threatening medical treatments or severe financial hardship, etc.:

4. Does your organization help support our military? If yes, please specify:

See ATTACHMENT 1

5. Please specify if members of your staff are compensated or strictly volunteer:

There are no paid employees, trustees or volunteers as well as no benefits paid, accrued or promised to anyone.

6. Please explain the services your organization provides to the community and references of any past services. All references will be contacted so please provide all necessary contact information:

The Veterans Memorial Garden provides a Twp. Wide Veterans Day Ceremony every Veterans Day.
There have been Wedding services & Funeral services at the site.
We provide a place where residents can come and relax or have a picnic

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2. Many residents of Jackson Township are veterans and have family members, friends and loved ones who have served and are currently serving in the United States Military. This memorial will be a place where all residents can come and pay tribute to all who have served and are currently serving in the United States Military.

4. It is the purpose of the Jackson Township Veterans Memorial Garden to honor all the men and women that have served, are currently serving and will serve in the armed forces of the United States of America.
We are dedicated to encourage and foster patriotism and provide recognition to all veterans for their courage and willingness to give all for their country.

HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: Jackson Memorial Football Parents Club

Address: [redacted]

City: [redacted] State [redacted] Zip Code [redacted]

Primary Contact: Melissa Zapata President
(Name and Title)

Phone/Email: [redacted]

2. As a recipient of this donation, please state how these funds would benefit residents of Jackson:

These funds would be used to support the JMHS football program to support any equipment and training aids requested by the Head football Coach to improve safety of the team.

3. Please state how your organization supports basic human needs. How would you assist families undergoing life-threatening medical treatments or severe financial hardship, etc.:

Our organization provides four academic scholarships to our graduating players to lessen the burden of furthering their education after high school. The boys also volunteer with township and clean roads during clean communities events.

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SEP 28 2018

4. Does your organization help support our military? If yes, please specify:
At this time we have not done anything to support the military, but we are also open to offer any support we can.

5. Please specify if members of your staff are compensated or strictly volunteer:
All members of our organization are strictly volunteer

6. Please explain the services your organization provides to the community and references of any past services. All references will be contacted so please provide all necessary contact information:
Our organization contributed to the cleaning of Don Connor Blvd. for the township's Clean Communities effort.

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