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 September 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 visits residents at the following facilities in Jackson, NJ: Bartley Healthcare, The Orchards and Sunrise of Jackson. We will start visiting residents at Care One of Jackson starting in September of this year. In addition to monthly visits, the organization provides gifts to approximately 400 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. 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 local Jackson community to "adopt" a Senior. Those that do, receive a Wish List and then shop and wrap the gift for their 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 within our community who welcome visitors.

Question 4: While the organization does not directly support the military, we do have many Seniors living in the facilities that we visit who are Veterans. We always strive to recognize them and thank them for their service. In 2019, one of our volunteers who is retired from the Air Force has begun special sessions at the facilities with the residents who are Veterans. We have heard some amazing military stories talking with these very special Seniors. For Memorial Day, we participated in the service held at Sunrise of Jackson. It was a very special day!

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 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.

Adopt A Senior Organization
HomeServe USA Charitable Contribution Application

Question 6: As previously stated, we visit each facility every month to celebrate those Seniors who have a birthday within 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 visiting at Bartley Healthcare since 2015, Sunrise of Jackson since January 2017, The Orchards since January 2018. As noted in question 2, we will start visiting residents at Care One this September.

Here is a list of references:

Lilliana Borghesi – Director of Activities – The Orchards – phone: [redacted], ext. [redacted]
[redacted]

Jennifer Schoepl – Activities & Volunteer Coordinator – Sunrise of Jackson – phone: [redacted]
Email: [redacted]

Erin Cali – Director of Recreation – Care One – phone: [redacted]
[redacted]

Maria Scalia – Resident – Bartley Healthcare – [redacted]
Note: [redacted]

Rae Lamar – Resident – Bartley Healthcare – [redacted]
Note: Rae does not have an email address, so the best way to reach her is via phone

Margaret O'Reilly – Resident – The Orchards – [redacted]
Note: Margaret does not have an email address, so the best way to reach her is via phone

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HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: BREAD FROM HEAVEN CAFE'

Address: [redacted]

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

Primary Contact: HELEN LUDOWIG, EXECUTIVE DIRECTOR
(Name and Title)

Phone/Email: [redacted]

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

WE OFFER A HOT MEAL EVERY TUESDAY FOR ANYONE WHO COME

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 FEED AND OFFER FOOD to ALL WHO COME.

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

WE GIVE FOOD AND SUPPIES to VFW HERE IN JACKSON

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

ALL MEMBERS ARE STRICTLY VOLUNTEERS. AND ARE NOT FINANCIALLY COMPENSATED

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:

SUPPLY FOOD TO -VFW, DIFFERENT TRAILER PARKS IN JACKSON.
DISTRIBUTE to PEOPLE WHO CALL AND NEED HELP

✓ 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 September 1st to the following:

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

Helen Ludewig, Executive Director

Joan Haltigan

From: Crystal Roberto [redacted]>
Sent: Thursday, August 29, 2019 10:51 PM
To: Joan Haltigan
Cc: [redacted]
Subject: Inches of Hope HomeServe USA Application

Please find attached completed application and proof of 501c3
Please let me know if anything else is needed-

Thank you !

HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: Inches of Hope Children's Cancer Foundation

Address: [redacted]

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

Primary Contact: Laura Reina Founder
(Name and Title)

Phone/Email: [redacted]

2. As a recipient of this donation, please state how these funds would benefit residents of Jackson:
The funds received help assist families who currently have a child fighting cancer, Each family receives a monthly grant from Inches of Hope Childrens Cancer Foundation.

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.:
Inches of Hope assists families by giving a monthly grant allotment. These funds help the families with any medication that may be needed, bills, gas to get to treatment center, food shopping etc. In addition we can also extend help if family is in need of help with household bills.

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

If a member of the military has a family member attacked then yes we would absolutely help.

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

All members 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:

Inches of hope provides financial help to families attacked by cancer. We offer monthly grants to each family to be used as they see fit. This would include medication costs transportation costs household bills and any other expense that could help them.

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HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: Jackson Women of Today Food Pantry

Address: P.O. Box 1042

City: Jackson State: NJ Zip Code: 08527

Primary Contact: Philis Lewis President / Food Pantry Director
(Name and Title)

Phone/Email: [redacted] / [redacted]

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

These funds will benefit the residents of Jackson who are our Seniors, Veterans, handicap and also our regular clients by enabling the pantry to provide a variety of nutritional food and to help those clients who have special dietary needs.

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 supports human needs by making sure anyone requiring help with food receives it.
In certain circumstances we will provide a monetary donation to the family.

4. Does your organization help support our military? If yes, please specify:
We provide food on an emergency and monthly basis to our Veterans in need.

5. Please specify if members of your staff are compensated or strictly volunteer:
Our Members and Volunteers staff are strictly volunteers.

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 provides food to our Community on an emergency, weekly and monthly basis as needed by the individual or families.
We also provide information if needed to other outreach services.

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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.:

THE VETERANS MEMORIAL GARDEN PROVIDES A PLACE WHERE VETERANS AND THEIR FAMILIES ARE ALLOWED AT NO COST TO THEM TO HAVE FUNERAL SERVICE, WEDDINGS, PICNICS AND OTHER MEMORIAL SERVICES. THIS HELPS THOSE FAMILIES WHO ARE HAVING FINANCIAL HARDSHIPS.

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

See ATTACHMENT

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. (NOV. 11) THERE HAVE BEEN WEDDING & FUNERAL SERVICES AT THE SITE. WE PROVIDE A PLACE WHERE RESIDENTS CAN COME TO RELAX, PAY TRIBUTE TO ALL MILITARY VETERANS OR HAVE A PICNIC.

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

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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.

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HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: James Volpe Foundation

Address: [redacted]

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

Primary Contact: Anthony Volpe (President)
(Name and Title)

Phone/Email: [redacted]

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

Our charity supports our residents through scholarships For High School Seniors Promoting Safe driving initiatives, Sponsor of our SADD program (Students against destructive decisions), Assist families suffering financial hardships through catastrophic illness or injury.

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 provide financial donations to families who are experiencing Hardships due to death, illness or injury of a family member by assisting in Medical Bills, groceries, and other help including providing registrations for sports.

4. Does your organization help support our military? If yes, please specify:
We have assisted in wounded Warriors project

5. Please specify if members of your staff are compensated or strictly volunteer:
All members are 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:
Jackson Scholarships to students
Adopt A family program
NJ Chapter Make A wish foundation
St. Judes Childrens hospital
NJ chapter SADD program
local GoFundme for Jackson Residents
numerous donations to families in need in Jackson
Suicide Prevention Programs

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HOMESERVE USA CHARITABLE CONTRIBUTION APPLICATION

1. Organization Information

Name: Jackson Liberty Competition Cheer

Address: [redacted]

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

Primary Contact: Tara Rachele, Coach
(Name and Title)

Phone/Email: [redacted]

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

If our team were to receive this donation, it would benefit those girls on the team who are unable to afford to compete on the team. This sport of competitive cheerleading receives very little monetary support from the school system and can be a financial hardship for parents.

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 team holds an annual Toys for Tots drive and donates hundreds of dollars in toys to families in Jackson struggling to provide a holiday for their children. We have donated food to the Ocean/Monmouth food pantry and hold semi-annual clothing drives, collecting used clothes and shoes which are sorted and sent to families in need or processed into renewable material.

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4. Does your organization help support our military? If yes, please specify:
   _Yes, we support the military. Our Toys for Tots drive is given to the JR ROTC of Jackson Liberty High School. We have members of our team who are also part of the JR ROTC. We have cheerleaders past and present whose parents were either currently serving or previously served our Country.

5. Please specify if members of your staff are compensated or strictly volunteer:
   The Competitive Team Coaching staff is strictly volunteer and receives no compensation for this position.

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:

   As part of the cheer team, our members are expected to set examples for the younger generations of cheerleaders. We hold annual "Cheer with Liberty" event that brings together the younger cheerleaders in town with our high school team. These younger girls get to have the experience of cheering a high school football game and make bonds with the older girls.

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