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**CONTRACT BETWEEN  
VIOLAS PLACE, INC.  
AND  
COUNTY OF GLOUCESTER**

**THIS CONTRACT** is made effective the 6<sup>th</sup> day of June, 2024, by and between the **COUNTY OF GLOUCESTER**, a body politic and corporate, with offices in Woodbury, New Jersey, hereinafter referred to as "County", and **VIOLAS PLACE, INC.**, with offices at 115 S. Main Street, Units B-D, Williamstown, New Jersey 08094, hereinafter referred to as "Contractor".

**RECITALS**

**WHEREAS**, there is a need to provide to the at-risk youth, between the ages of 10 – 15 years old, of Gloucester County recreation and social, emotional supports, as well as weekly trips, through summer programming; and

**WHEREAS**, Contractor represents that it is qualified to perform said services and desires to so perform pursuant to the terms and provisions of this Contract.

**NOW, THEREFORE**, in consideration of the mutual promises, agreements and other considerations made by and between the parties, the County and the Contractor do hereby agree as follows:

**TERMS OF AGREEMENT**

1. **TERM.** The term of this Contract is from June 1, 2024 to August 30, 2024.
2. **COMPENSATION.** The County agrees to compensate the Contractor in an amount not to exceed \$12,000.00, pursuant to Contractor's proposal, attached hereto as Attachment A.

Contractor shall be paid in accordance with this Contract document upon receipt of an invoice and a properly executed voucher. After approval by County, the payment voucher shall be placed in line for prompt payment.

Each invoice shall contain an itemized, detailed description of all work performed during the billing period. Failure to provide sufficient specificity shall be cause for rejection of the invoice until the necessary details are provided.

It is also agreed and understood that the acceptance of the final payment by Contractor shall be considered a release in full of all claims against the County arising out of, or by reason of, the work done and materials furnished under this Contract.

3. **DUTIES OF CONTRACTOR.** The specific duties of the Contractor shall be as set forth in Attachment A, which is incorporated in its entirety and made a part of this Contract. Contractor agrees that it has or will comply with, and where applicable shall continue throughout the period of this contract to comply with, all of the requirements of any specifications.

Contractor agrees that it has or will comply with, and where applicable shall continue throughout the period of this contract to comply with, all of the requirements of the bid documents and/or in the request for proposals, if any, as the case may be.

4. **FURTHER OBLIGATIONS OF THE PARTIES.** During the performance of this Contract, the Contractor agrees as follows:

The Contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality, sex, veteran status or military service. The Contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality, sex, veteran status or military service. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The Contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The Contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the Contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality, sex, veteran status or military service.

The Contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the Contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The Contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The Contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

5. **LICENSING AND PERMITTING.** If the Contractor or any of its agents is required to maintain a license, or to maintain in force and effect any permits issued by any governmental or quasi-governmental entity in order to perform the services which are the subject of this Contract,

then prior to the effective date of this Contract, and as a condition precedent to its taking effect, Contractor shall provide to County a copy of its current license and permits required to operate in the State of New Jersey, which license and permits shall be in good standing and shall not be subject to any current action to revoke or suspend, and shall remain so throughout the term of this Contract.

Contractor shall notify County immediately in the event of suspension, revocation or any change in status (or in the event of the initiation of any action to accomplish such suspension, revocation and/or change in status) of license or certification held by Contractor or its agents.

6. **TERMINATION.** This Contract may be terminated as follows:

A. Pursuant to the termination provisions set forth in the Bid Specifications or in the Request for Proposals, if any, as the case may be, which are specifically referred to and incorporated herein by reference.

B. If Contractor is required to be licensed in order to perform the services which are the subject of this Contract, then this Contract may be terminated by County in the event that the appropriate governmental entity with jurisdiction has instituted an action to have the Contractor's license suspended, or in the event that such entity has revoked or suspended said license. Notice of termination pursuant to this subparagraph shall be effective immediately upon the giving of said notice.

C. If, through any cause, the Contractor or subcontractor, where applicable, shall fail to fulfill in timely and proper manner his obligations under this Contract, or if the Contractor shall violate any of the covenants, agreements, or stipulations of this Contract, the County shall thereupon have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Contractor under this Contract, shall be forthwith delivered to the County.

D. The County may terminate this Contract for public convenience at any time by a notice in writing from the County to the Contractor.

E. Notwithstanding the above, the Contractor or subcontractor, where applicable, shall not be relieved of liability to the County for damages sustained by the County by virtue of any breach of the Contract by the Contractor, and the County may withhold any payments to the Contractor for the purpose of set off until such time as the exact amount of damages due the County from the Contractor is determined.

F. Termination shall not operate to affect the validity of the indemnification provisions of this Contract, nor to prevent the County from pursuing any other relief or damages to which it may be entitled, either at law or in equity.

7. **PROPERTY OF THE COUNTY.** All materials developed, prepared, completed, or acquired by Contractor during the performance of the services specified by this Contract, including, but not limited to, all finished or unfinished documents, data, studies, surveys, drawings, maps, models, photographs, and reports, shall become the property of the County,

except as may otherwise be stipulated in a written statement by the County.

8. **NO ASSIGNMENT OR SUBCONTRACT.** This Contract may not be assigned nor subcontracted by the Contractor, except as otherwise agreed in writing by both parties. Any attempted assignment or subcontract without such written consent shall be void with respect to the County and no obligation on the County's part to the assignee shall arise, unless the County shall elect to accept and to consent to such assignment or subcontract.

9. **INDEMNIFICATION.** The Contractor or subcontractor, where applicable, shall be responsible for, shall keep, save and hold the County of Gloucester harmless from, shall indemnify and shall defend the County of Gloucester against any claim, loss, liability, expense (specifically including but not limited to costs, counsel fees and/or experts' fees), or damage resulting from all mental or physical injuries or disabilities, including death, to employees or recipients of the Contractor's services or to any other persons, or from any damage to any property sustained in connection with this contract which results from any acts or omissions, including negligence or malpractice, of any of its officers, directors, employees, agents, servants or independent contractors, or from the Contractor's failure to provide for the safety and protection of its employees, or from Contractor's performance or failure to perform pursuant to the terms and provisions of this Contract. The Contractor's liability under this agreement shall continue after the termination of this agreement with respect to any liability, loss, expense or damage resulting from acts occurring prior to termination.

10. **INSURANCE.** Contractor shall, if applicable to the services to be provided, maintain general liability, automobile liability, business operations, builder's insurance, and Workers' Compensation insurance in amounts, for the coverages, and with companies deemed satisfactory by County, and which shall be in compliance with any applicable requirements of the State of New Jersey. Contractor shall, simultaneously with the execution of this Contract, deliver certifications of said insurance to County, naming County as an additional insured.

If Contractor is a member of a profession that is subject to suit for professional malpractice, then Contractor shall maintain and continue in full force and effect an insurance policy for professional liability/malpractice with limits of liability acceptable to the County. Contractor shall, simultaneously with the execution of this Contract, and as a condition precedent to its taking effect, provide to County a copy of a certificate of insurance, verifying that said insurance is and will be in effect during the term of this Contract. The County shall review the certificate for sufficiency and compliance with this paragraph, and approval of said certificate and policy shall be necessary prior to this Contract taking effect. Contractor also hereby agrees to continue said policy in force and effect for the period of the applicable statute of limitations following the termination of this Contract and shall provide the County with copies of certificates of insurance as the certificates may be renewed during that period of time.

11. **SET-OFF.** Should Contractor either refuse or neglect to perform the service that Contractor is required to perform in accordance with the terms of this Contract, and if expense is incurred by County by reason of Contractor's failure to perform, then and in that event, such expense shall be deducted from any payment due to Contractor. Exercise of such set-off shall not operate to prevent County from pursuing any other remedy to which it may be entitled.

12. **PREVENTION OF PERFORMANCE BY COUNTY.** In the event that the County is

prevented from performing this Contract by circumstances beyond its control, then any obligations owing by the County to the Contractor shall be suspended without liability for the period during which the County is so prevented.

13. **METHODS OF WORK.** Contractor agrees that in performing its work, it shall employ such methods or means as will not cause any interruption or interference with the operations of County or infringe on the rights of the public.

14. **NON-WAIVER.** The failure by the County to enforce any particular provision of this Contract, or to act upon a breach of this Contract by Contractor, shall not operate as or be construed as a waiver of any subsequent breach, nor a bar to any subsequent enforcement.

15. **PARTIAL INVALIDITY.** In the event that any provision of this Contract shall be or become invalid under any law or applicable regulation, such invalidity shall not affect the validity or enforceability of any other provision of this Contract.

16. **CHANGES.** This Contract may be modified by approved change orders, consistent with applicable laws, rules and regulations. The County, without invalidating this Contract, may order changes consisting of additions, deletions, and/or modifications, and the contract sum shall be adjusted accordingly. This Contract and the contract terms may be changed only by change order. The cost or credit to the County from change in this Contract shall be determined by mutual agreement before executing the change involved.

17. **NOTICES.** Notices required by this Contract shall be effective upon mailing of notice by regular and certified mail to the addresses set forth above, or by personal service, or if such notice cannot be delivered or personally served, then by any procedure for notice pursuant to the Rules of Court of the State of New Jersey.

18. **GOVERNING LAW, JURISDICTION AND VENUE.** This agreement and all questions relating to its validity, interpretation, performance or enforcement shall be governed by and construed in accordance with the laws of the State of New Jersey. The parties each irrevocably agree that any dispute arising under, relating to, or in connection with, directly or indirectly, this agreement or related to any matter which is the subject of or incidental to this agreement (whether or not such claim is based upon breach of contract or tort) shall be subject to the exclusive jurisdiction and venue of the state and/or federal courts located in Gloucester County, New Jersey or the United States District Court, District of New Jersey, Camden, New Jersey. This provision is intended to be a "mandatory" forum selection clause and governed by and interpreted consistent with New Jersey law and each waives any objection based on forum non conveniens.

19. **INDEPENDENT CONTRACTOR STATUS.** The parties acknowledge that Contractor is an independent Contractor and is not an agent of the County.

20. **CONFLICT OF INTEREST.** Contractor covenants that it presently has no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services pursuant to this Contract. The Contractor further covenants that in the performance of this Contract, no person having any such interest shall be employed.

21. **CONFIDENTIALITY.** Contractor agrees not to divulge or release any information, reports, or recommendations developed or obtained in connection with the performance of this Contract, during the term of this Contract, except to authorized County personnel or upon prior approval of the County.

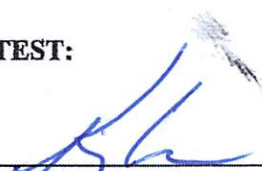
22. **BINDING EFFECT.** This Contract shall be binding on the undersigned and their successors and assigns.

23. **CONTRACT PARTS.** This contract shall consist of this document and the Contractor's proposal, attached hereto as Attachment A. If there is a conflict between this Contract or the Attachment A documents, then this Contract shall control.


IN WITNESS WHEREOF, pursuant to N.J.S.A. 40A:11-3, and authorized by Resolution, the County has caused this instrument to be signed by its Chief Financial Officer, and attested by its Purchasing Agent, and Contractor has caused this instrument to be signed and attested by its properly authorized representatives.

THIS CONTRACT is dated this 6<sup>th</sup> day of June, 2024.

ATTEST:

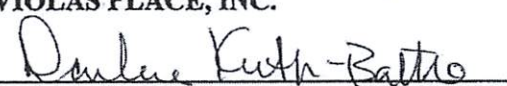
  
\_\_\_\_\_  
Kimberly Larter,  
Qualified Purchasing Agent

COUNTY OF GLOUCESTER

  
\_\_\_\_\_  
Tracey N. Giordano,  
Treasurer/CFO

ATTEST:

VIOLAS PLACE, INC.

  
\_\_\_\_\_  
Name: Darlene Keith-Battle  
Title: Founder / CEO

**ATTACHMENT A**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
06/05/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an **ADDITIONAL INSURED**, the policy(ies) must have **ADDITIONAL INSURED** provisions or be endorsed. If **SUBROGATION IS WAIVED**, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C, No, Ext):</b> (888) 202-3007	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> contact@hiscox.com	
<b>INSURED</b> Viola's Place Inc. 115 South Main Street Unit C Williamstown, NJ 08094	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Hiscox Insurance Company Inc	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	
	<b>NAIC #</b> 10200	

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> <b>COMMERCIAL GENERAL LIABILITY</b>		P101.413.908.2	01/13/2024	01/13/2025	<b>EACH OCCURRENCE</b> \$ 2,000,000
	<input type="checkbox"/> <b>CLAIMS-MADE</b> <input checked="" type="checkbox"/> <b>OCCUR</b>	<b>DAMAGE TO RENTED PREMISES (Ea occurrence)</b> \$ 100,000				
		<b>MED EXP (Any one person)</b> \$ 5,000				
	<b>GEN'L AGGREGATE LIMIT APPLIES PER:</b>	<b>PERSONAL &amp; ADV INJURY</b> \$ 2,000,000				
	<input checked="" type="checkbox"/> <b>POLICY</b> <input type="checkbox"/> <b>PROJECT</b> <input type="checkbox"/> <b>LOC</b>					<b>GENERAL AGGREGATE</b> \$ 2,000,000
	<b>OTHER:</b>					<b>PRODUCTS - COMP/OP AGG</b> \$ S/T Gen. Agg.
	<b>AUTOMOBILE LIABILITY</b>					<b>COMBINED SINGLE LIMIT (Ea accident)</b> \$
	<input type="checkbox"/> <b>ANY AUTO</b>					<b>BODILY INJURY (Per person)</b> \$
	<input type="checkbox"/> <b>ALL OWNED AUTOS</b> <input type="checkbox"/> <b>SCHEDULED AUTOS</b>					<b>BODILY INJURY (Per accident)</b> \$
	<input type="checkbox"/> <b>HIRED AUTOS</b> <input type="checkbox"/> <b>NON-OWNED AUTOS</b>					<b>PROPERTY DAMAGE (Per accident)</b> \$
	<b>UMBRELLA LIAB</b> <input type="checkbox"/> <b>OCCUR</b>					<b>EACH OCCURRENCE</b> \$
	<b>EXCESS LIAB</b> <input type="checkbox"/> <b>CLAIMS-MADE</b>					<b>AGGREGATE</b> \$
	<b>DED</b> <input type="checkbox"/> <b>RETENTION \$</b>					\$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b>	<input type="checkbox"/> <b>Y/N</b>				<b>PER STATUTE</b> <input type="checkbox"/> <b>OTH-ER</b>
	<b>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ)</b>	<input type="checkbox"/> <b>N/A</b>				<b>E.L. EACH ACCIDENT</b> \$
	<b>If yes, describe under DESCRIPTION OF OPERATIONS below</b>					<b>E.L. DISEASE - EA EMPLOYEE</b> \$
A	<b>Professional Liability</b>		P101.413.907.2	01/13/2024	01/13/2025	<b>E.L. DISEASE - POLICY LIMIT</b> \$
						<b>Each Claim: \$ 1,000,000</b> <b>Aggregate: \$ 1,000,000</b>

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

County of Gloucester Board Of County Commissioners its departments and agencies et al.  
PO Box 337  
Woodbury, NJ 08096

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

© 1988-2015 ACORD CORPORATION. All rights reserved.





# CERTIFICATE OF PROPERTY INSURANCE

DATE (MM/DD/YYYY)  
06/05/2024

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

<b>PRODUCER</b> Hiscox Inc. 5 Concourse Parkway Suite 2150 Atlanta GA, 30328	<b>CONTACT NAME:</b>	
	<b>PHONE (A/C No. Ext):</b> 844-357-0403	<b>FAX (A/C No.):</b>
<b>INSURED</b> Viola's Place Inc. 115 South Main Street Unit C Williamstown, NJ 08094	<b>E-MAIL ADDRESS:</b> contact@hiscox.com	
	<b>PRODUCER CUSTOMER ID:</b>	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b> Hiscox Insurance Company Inc.	
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
<b>INSURER D:</b>		
<b>INSURER E:</b>		
<b>INSURER F:</b>		
<b>NAIC #</b> 10200		

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

LOCATION OF PREMISES / DESCRIPTION OF PROPERTY (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE		POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	COVERED PROPERTY	LIMITS
A	<input type="checkbox"/> PROPERTY		P101.413.808.2	01/13/2024	01/13/2025	<input type="checkbox"/> BUILDING	\$
	<input type="checkbox"/> CAUSES OF LOSS	<input type="checkbox"/> DEDUCTIBLES				<input checked="" type="checkbox"/> PERSONAL PROPERTY	\$ \$ 10,000
	<input type="checkbox"/> BASIC	<input type="checkbox"/> BUILDING				<input type="checkbox"/> BUSINESS INCOME	\$
	<input type="checkbox"/> BROAD	<input type="checkbox"/> CONTENTS				<input type="checkbox"/> EXTRA EXPENSE	\$
	<input checked="" type="checkbox"/> SPECIAL	\$ 500				<input type="checkbox"/> RENTAL VALUE	\$
	<input type="checkbox"/> EARTHQUAKE					<input type="checkbox"/> BLANKET BUILDING	\$
	<input type="checkbox"/> WIND					<input type="checkbox"/> BLANKET PERS PROP	\$
	<input type="checkbox"/> FLOOD					<input type="checkbox"/> BLANKET BLDG & PP	\$
							\$
							\$
	<input type="checkbox"/> INLAND MARINE		TYPE OF POLICY				\$
	<input type="checkbox"/> CAUSES OF LOSS		POLICY NUMBER				\$
	<input type="checkbox"/> NAMED PERILS						\$
							\$
	<input type="checkbox"/> CRIME						\$
	TYPE OF POLICY						\$
							\$
							\$
	<input type="checkbox"/> BOILER & MACHINERY / EQUIPMENT BREAKDOWN						\$
							\$
							\$
							\$

SPECIAL CONDITIONS / OTHER COVERAGES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

## CERTIFICATE HOLDER

## CANCELLATION

County of Gloucester Board Of County Commissioners its departments and agencies et al.  
PO Box 337  
Woodbury, NJ 08096

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

**COUNTY OF GLOUCESTER 2024**

**YOUTH SERVICES COMMISSION, DIVISION OF HUMAN & SPECIAL SERVICES**

Service Category Applying For	Prevention Programming		
Incorporate Name of Applicant	Violas Place INC.		
Type:	<input type="checkbox"/> Public School	<input type="checkbox"/> Local government	<input checked="" type="checkbox"/> Non-Profit
Federal ID Number:	825048960		
Address of Applicant:	PO Box 477		
	Williamstown, NJ 08096		
Address of Service(s):	115 S. Main Street Units B and C		
	Williamstown, NJ 08096		
Contact Person and Phone #:	Darlene Keith Battle 856-516-4229-856-535-5634		
Total Dollar Amount Requested:	\$12,000		
Total Number of Unduplicated	12		
Email address of contact person (required): violasplace2018@gmail.com			
Brief Description of Proposed Services: Summer programming that will provide structured support, recreational activities and supervision for 12 youth with a financial need that otherwise would not be able to afford this opportunity.			
Authorized Voucher Signature:	Darlene Keith-Battle		
Name/Title			

## **PROGRAM DESCRIPTION -NARRATIVE SECTION**

Please complete the Program Description Section by answering each of the elements listed. There is a "table" under each section. Add additional sheets as needed. Be sure to keep the number of the elements in the sequence outlined below as the score sheet is organized by this information.

### **I PROJECT/PROGRAM DESCRIPTION:**

#### **A.) Agency Overview**

##### **1. Briefly describe the philosophy/mission of the agency.**

We are a non-profit 501 (c) 3 organization founded in 2018. Through the service of feeding the homeless in Camden, New Jersey, it was uncovered that some of the women were there because they was trying to escape from domestic violence and sex trafficking. When a problem presents itself, we believe that we are compelled to offer a solution.

While this is what gave us our start and solid foundation, we have also provided a service for our youth called Yes Girl and King Me, because we realize that we must surround or youth with positivity and encouragement. This service meets throughout the year and offers youth (girls and boys age 10-15, the opportunity to participate in positive social activities including some trips. We have transitioned this into a camp that offers similar opportunities during the summer months. We are seeking support for this summer programming.

#### **B) Specific Project/Program**

##### **Describe the service component for requested funds.**

Violas Place will be offering a summer Camp for youth age 10-15, within Gloucester County during the, out of school, months of June to August. This camp will provide up to 20 youth with summer recreation and supervised mentorship. Activities will constant of learning about health and nutrition, expressive art through drawing and painting, Yoga/Zumba, self-defensive and crisis resolution as well as outdoor recreation and weekly trips. With funding, we are looking to provide support for a number of youth/families; in need of summer, programming that may not have the means and need financial support to attend. Our overall goal is to provide a safe space, during the summer months, where you can learn and be involved in recreational activities while being mentored. This camp will take place in Williamstown/Monroe where there is current a gap for affordable summer programming. Youth must willing to attend consistently and follow program rules and regulations to remain in compliance.

#### **C) Rationale/Mission of Project/Program**

Describe the need that is being addressed, the methods/ modalities to implement the program design and how it meets the need(s) oh youth in Gloucester County.

Our mission is to service up to 20 youth during the summer months of June to August with recreation activities/mentorship. This will keep these youth engage in programming and eliminate risk factor of unsupervised summer time that make them more susceptible to certain risk factors.

Staff will also have the ability to assist youth and families, participating, with additional resources either through direct care or referral.

**D) Goals, Objectives, and Program Evaluation**

Using the Attachment C Program Profile form, outline the purpose of the project/program design and identify quantifiable goals, objectives, and outcomes and evaluation methods.

**1. What are the goals and outcomes of this program and how will they be measured?**

Ensure youth/families, from the targeted area, have an opportunity to send youth to summer recreation programming limiting their amount of unsupervised free time and migrating risk factors.

Servicing 20 youth and having these youth attend the program consistently through the allotted time of programming.

Sponsoring up to 12 youth, with summer scholarships funding, with documentation that can prove that there is a financial need for support.

**F. JUSTIFICATION**

**1. Why is this program important to the community?**

Having effective summer programming is important to youth and families because it mitigates risk factors associated with youth having a large amount of unsupervised free time and lack of supervision during out of school time. During the school year, youth have an obligation to attend classes during the day that provided education and elevates this above-mentioned issue, however, during the summer month, when school is not in session, youth can find themselves challenged with finding positive and productive activities. According to Public School Review, <https://www.publicschoolreview.com/blog/benefits-of-public-school-summer-programs>, summer programming stimulates academic achievement, promotes social development and personal growth, encourages physical activities and routines and keeps youth engaged with caring adults/mentors providing them positive supports and direction while school is not in session.

**II. PROJECT/PROGRAM ADMINISTRATION / STAFFING**

**A) Detail the supervision lines of this project/program in relationship to overall agency operation.**

Darlene Keith - Battle Owner, will oversee the project and bring in up to 2 support staff to coordinate daily activities.

**B) Provide job descriptions of staff indicating their qualifications.**

C) Is your staff required to undergo a criminal background check prior to employment?

Yes

### III. PROJECT DURATION:

A) Identify program-funding period.

6/1/23 to 8/31/23

### IV. TARGET POPULATION/ELIGIBILITY:

A) Describe who will be served (including age, gender, etc.) Discuss limitations (if any) of program to accept referrals-is this a "no reject, no reject" program?

Serving youth grades 10-15 in Gloucester County. Co-ed.

B) List eligibility criteria.

Youth receiving scholarship funding, must be age 10-15, have a documented need for financial support, and be willing to attend the programming on a consistent basis.

C) Describe geographic service area for this project/program.

Williamstown and surrounding areas within Gloucester County, NJ

### V. ADMISSION CRITERIA:

A) Describe referral/enrollment process and include client's initial financial obligation, if any (e.g. deposit needed for evaluation, then returned at time of appointment).

Referrals can come from the community as well as government agency, nonprofit, etc.

B) Attach reports/forms/documents needed for referral/admission - if an evaluation instrument is used as part of the intake process, please specify, and include rationale for its use. (e.g. industry standard, best practice, etc.)

Will send facility agreement/registration paperwork as attachment

### VI. HOURS OF SERVICE/PROGRAM ACCESSIBILITY:

A) Specify location of program and hours of service provision.

Location: Gloucester County (Viola's Place Williamstown, NJ)  
Hours: Mon-Fri 10:00am-3:00pm  
June -August 2024

B) Describe how applicant would accommodate persons with disabilities.

- C) List program service days'/holiday schedule on attached Calendar of Service Days chart.  
July 4<sup>th</sup> 2023 will be recognized as a Holiday and no service will be provided on this day.

**VII. LEVEL OF SERVICE:**

- A) What is the definition of Unit of Service?

A unit of service will be defined as one youth receiving a scholarship/financial support-attending program consistently.

- B) Indicate the number of unduplicated juveniles/families to be served.

12

- C) Specify the Unit of Service Cost.

1 youth = \$1,000 in funding for the entire program. \$12,000 is up to 12 youth sponsored during the length of the program.

**VIII. DATA COLLECTION**

- A) Describe client record keeping system to provide backup documentation for billing and service justification.

Agency will provide youth registration, documentation for financial need/support, daily attended and weekly journals/projects given at the end of the session. Agency will also provide a list or schedule of activities for the youth during the time at camp as well as parental consent/agreement that youth will attend consistently or forfeit sponsorship.

- B) Specify staff responsible for the plan.

**Attach Resumes for Staff**

**\*\*DARLENE KEITH BATTLE\*\***

932 MANNINGTON DRIVE, WILLIAMSTOWN, NJ 08094

PHONE: 856-625-1200 | EMAIL: [DKEITHBATTLE@GMAIL.COM](mailto:DKEITHBATTLE@GMAIL.COM)

**\*\*OBJECTIVE:\*\***

To secure a social service position within an organization that values an educated and experienced social service professional dedicated to making a positive impact in the field.

**\*\*EXPERIENCE:\*\***

**\*\*United Advocacy Group\*\***

Domestic Violence Advocate/Case Manager July 5<sup>th</sup>, 2022-Present

- Provided resource referrals, accompanied clients to court and doctors' appointments.
- Assisted clients with housing resources, goal setting, financial literacy, budgeting, and obtaining restraining orders.

**\*\*LEGACY TREATMENT SERVICES\*\***

(Independent Contractor) 6/2006-Present

- Provided case management and facilitated group therapy for foster children in need of support and guidance.

**\*\*VIOLA'S PLACE INC.\*\***

Chief Executive Officer 4/2018-Present

- Managed volunteer staff and provided support to domestic abuse survivors through emergency shelter, resources, and workshops.
- Processed accounts receivable and payable, coordinated with city shelters for distributions, and maintained office operations.

**\*\*EDUCATION:\*\***

- Doctorate in Organizational Leadership (In Progress)
- Master of Arts in Public Administration, Ashford University, 2020
- Bachelor of Arts in Public Administration, Ashford University, 2018



**PROFESSIONL SKILLS**

- Microsoft Office Suite/Quick Books
- Program Management
- Human Sex Traffic
- 40 Hour DV Training
- Behavior Assessment/Case Management
- CRM Software/ Penelope/Networks-for Good
- CPI Training
- CPR Training

**\*\*REFERENCES:\*\*** Available upon request

# STEVEN HARDWICK II

Gloucester City, NJ | 609-280-6901 | [hardwick2steven@gmail.com](mailto:hardwick2steven@gmail.com)  
<https://www.linkedin.com/in/steven-hardwick-ii-34b30546/>

## **QUALIFICATION SUMMARY:**

- Case Manager with 10+ years of experience in leading complex programs, conducting needs assessments, training, program development, and operational analysis.
- Expert in technical troubleshooting, security, and compliance strategies.
- Effectively utilizing strong communication skills to drive change and support decision-makers, key stakeholders, and C-levels, promoting a competitive advantage for the organization.

## **CORE COMPETENCIES & TOOLS/PLATFORMS:**

**CORE COMPETENCIES:** Strategic Initiatives | Program Management | Case Management | Record Management | Administrative Support | Leadership/Mentorship | Cross-functional Team Collaboration | Stakeholder Management | Social Work | SMART Goals Development | NCQA/HEDIS Measures | HiSET Pass Rates

**TOOLS/PLATFORMS:** Microsoft Office Suite | Salesforce | Workday | Zoom | Dynamo | QNXT | MedCompass | Power BI | Concur Expense Reporting | Google Workspace

## **EDUCATION:**

- |  |      |
|--|------|
| • Master of Science, Major: Social Work – Program Development<br><i>Rutgers, The State University of New Jersey, New Brunswick, NJ</i> | 2017 |
| • Bachelor of Arts, Major: Sociology & Urban Studies<br><i>Rowan University, Glassboro, NJ</i>   | 2013 |

## **RELEVANT WORK EXPERIENCE:**

**Aetna, A CVS Health Company**

**2/2022 - Present**

### **CLINICAL BEHAVIORAL HEALTH CASE MANAGER**

- Develop supportive services for Medicaid programs for Burlington, Camden, & Gloucester County, NJ, comprised of over 100+ members, by conducting face to face visits utilizing comprehensive assessment tools for members enrolled in Managed Long-Term Services and Supports (MLTSS) program.
- Oversee and monitored cost-effective authorizations for services in a cost-effect manner within the MLTSS benefit by developing and documenting on the member's electronic health records, using quantifiable judgement and critical thinking to implement programs that are comprised of utilization management, quality management, network management, adhere to policies and procedures that all align with NCQA/HEDIS Measures.
- Maintain a monthly budget by using Concur Expense Report and ensuring all documentation is provided to the company for review in a timely manner to uphold the budget.
- Collaborate with external providers and community resources, ensuring seamless referral processes and promoting continuity of care for members.

- Demonstrate proficiency in crisis intervention techniques, promptly responding to and managing behavioral health crises to ensure member safety and well-being.
- Maintain accurate and timely documentation in the electronic health record system, meeting or exceeding a 99% completion rate.

#### Legacy Treatment Services

2/2018 – 2/2022

##### CLINICAL TEAM LEADER

- Evaluated each client's needs, including the severity of their concerns, monitor their progress and outcomes of implemented plans, adjust strategies to implemented plans as needed to achieve desired results and, and immediately address any urgent issues.
- Shared successful strategies and best practices to internal and external stakeholders to foster collaboration and innovation.
- Maintained accurate and up-to-date client records, including session notes and progress reports.
- Adhered to legal and ethical standards regarding confidentiality and record-keeping practices.
- Implemented quality assurance measures to ensure that the programed and services meet established standards and deliver desired outcomes. Regularly review and evaluate processes to identify areas for improvement.
- Trained and developed new employees to implement policies, procedures and principles outlined by the organization to be in ordinance with state regulations.
- Encouraged a culture of continuous learning within my department by training on up-to-date research, arising trends, and further developments within field, to prompt advancement and enhancement in the department's skills and knowledge.
- Showed integrity – secured sensitive information on individual's records – with a 98% audit average.

#### Family Therapy and Consultation Services

5/2016 – 2/2022

##### LICENSED THERAPIST

- Collaborated and developed goals with the individual, family members, and additional stakeholders by utilizing Specific, Measurable, Achievable, Relevant, and Time-bound (SMART) principles to measure each youth's behavior, strengths, challenges, and environmental factors.
- Developed action plans that outlined the specific steps, resources, and timelines for implementing the selected interventions. Ensured that the action plans were tailored to the individual's unique strengths, preferences, and circumstances.
- Monitored the individual's progress on a routine basis and adjusted interventions on an as needed based by providing on-site feedback.
- Engaged in ongoing professional training and development by staying informed of current trends, evidence-based practices, and advancements in behavioral health care.

#### Rutgers, The State University of New Jersey

9/2015-2/2018

##### T.E.E.M GATEWAY – CASE MANAGER

- Participated in collecting and formatting data for grant proposals resulting in my local Camden office was awarded a \$1.4 million grant funded study.

- Continuously evaluated the effectiveness of the program through participant feedback, pre-and post-assessments, and tracking of outcomes such as HiSET pass rates, job placements, and retention in education or employment. Used this feedback to make ongoing improvements to the program.
- Launched outreach campaigns to raise awareness about the availability of support services and resources for at-risk youth within the community. Distribute informational materials, organize community events, and leverage social media platforms to reach students and their families, educators, community leaders, and other stakeholders.
- Developed a centralized resource directory that lists available services, contact information eligibility criteria, and referral procedures for at-risk youth. Made this directory accessible in print format to ensure that students, educators, social workers, and other stakeholders can easily access information about available resources.
- Implemented a case management system to facilitate the coordination and delivery of services to at-risk youth. Assigned case managers who could assess the needs of individual students, develop personalized service plans, and connect them with appropriate resources and support services.

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#### **VOLUNTEER:**

**Viola's Place Inc.**

**11/2021 - Present**

##### ***DIRECTOR OF THRIVE CENTER***

- Identified key risk factors for women, children, and youth in need that impacted the individual's access to education, healthcare, employment, safety, and social support within the community.
- Developed programs, conducted surveys, interviews, and focus groups that focused on providing education on the individual's specific needs, along with ways to enhance their skillset to build opportunities that are tailored to the individual's needs, addressing domestic violence, child abuse, and human trafficking.
- Fostered safe support services and safe living environments by creating opportunities for activities that promote self-expression through creativity and self-expression, such as creative arts, recreational activities, and cultural programs.
- Analyzed and utilized evaluation findings from data, accessed from outcome measures that identified strengths and weaknesses, to redefine program strategies, address environmental gaps, and optimize resources.
- Advocated by reaching out and collaborating with local government agencies, non-profit organizations, community centers, schools, mental health clinics, housing authorities, and other relevant stakeholders, to implement programs effectively to provide services to women and children in need within the community.

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#### **TRAINING/ADDITIONAL QUALIFICATIONS:**

- License Social Worker, The State of New Jersey

**2017**

**Gloucester County Youth Services Commission**

**I. BUDGET EXPENSE SUMMARY**

**AGENCY NAME:** Viola's Place **TIME-FRAME** 6/26/23 to 8/16/23

BUDGET CATEGORY	STATE / COMMUNITY PARTNERSHIP GRANT (SCPG)
A. Youth Scholarships	\$12,000 \$1,000 per youth/8 youth
E. Total Costs	\$12,000
F. Funding Request	\$12,000

**II. BUDGET JUSTIFICATION**

**(Explain Category A)**

**A) Youth Scholarships**

Youth, with financial need and that have agreed to attend programming consistency, will be sponsored during the summer program with a \$1,000 scholarship. The program looks to sponsor up to 12 youth during the summer months.

**VIII. ADDITIONAL BUDGET QUESTIONS**

1. Describe the agency's ability to manage the fiscal aspects of the program/project and ensure YSC Administrator receives proper backup/supporting documentation for all reimbursement request.

Owner Darlene Keith-Battle will oversee and process all necessary paperwork as well as ensure YSC Administrator receives all billing and back up documentation for processing.