

**SIGNATURE PAGE**


**CC-1-2026**

To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT  
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.  
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE  
WITH YOUR REQUIREMENTS.**

Company Name: New Hope Integrated Behavioral Health Care  
(PRINT)

Preparer's Name: David Roden, LCSW, LCADC  
(PRINT)

Signature:  April 10, 2025  
(DATE)


Address: 80 Conover Road  
Marlboro, NJ 07746


Telephone No.: 732-946-3030 x2251

Fax No.: 732-946-4891

E-Mail Address: droden@newhopeibhc.org  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: David Roden, LCSW, LCADC

FEIN:   
(Federal Employee ID)

BRC: 0   
(Business Registration Certificate)

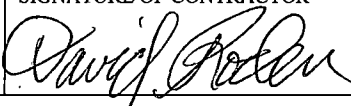
(Revised 2/2017)

**APPLICATION FOR CONSULTING SERVICES**

**Intoxicated Driver Resource Center Classroom Services**

1. Name of Contractor				
<b>New Hope Integrated Behavioral Health Care</b>				
2. Street Address	City	County	State	Zip Code
<b>80 Conover Road</b>	<b>Marlboro</b>	<b>Monmouth</b>	<b>NJ</b>	<b>07746</b>
3. Name and Title of Fiscal Contact			Telephone No.	
<b>Marge Ruchaevsky, Vice President &amp; CFO</b>			<b>732-946-3030 x2253</b>	
4. Name and Title of Director of Addiction Services			Telephone No.	
<b>David Roden, LCSW, LCADC, President &amp; COO</b>			<b>732-946-3030 x2251</b>	
5. Name and Title of Medical Director			Telephone No.	
<b>Zeeshan Khan, MD</b>			<b>732-946-3030 x2615</b>	
6. Employer ID No.	NJ State Substance Abuse Treatment License No.		Accreditations	
██████████	██████████		<b>CARF</b>	
7. Location of Proposed Project	City	County	State	Zip Code
<b>86 Conover Road</b>	<b>Marlboro</b>	<b>Monmouth</b>	<b>NJ</b>	<b>07746</b>
8. Total Proposed Level of Service in 2026		9. Unit of Service Cost in 2026		
<b>12 hour IDRC Classroom Services</b>		<b>\$80/hour</b>		
10. Type of Agency (check one)				
<input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System?		12. Affirmative Action Plan		13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
<b>COST OF PROJECT</b>				
14. Total Funds Requested <b>\$48,000</b>				

**Certification:** The undersigned assures, declares and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of the Contractor and the services described herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants which include provisions described in the grant application. In addition, the undersigned gives permission to the Division Behavioral Health to contact State, County and Federal agencies as well as charitable funding sources to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make available to the Division upon request, the organization's budget and fiscal audit.

NAME AND TITLE OF CONTRACTOR (Print)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
<b>David Roden, LCSW, LCADC President &amp; COO</b>		<b>April 10, 2025</b>