

**SIGNATURE PAGE**


**CC-17-2024**

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: Monmouth Medical Center  
(PRINT)

Preparer's Name: Douglas Hoffman  
(PRINT)

Signature:  4/17/24  
(DATE)


Address: 300 Second Ave  
Long Branch, NJ )7740


Telephone No.: 732.923.6706

Fax No.: 732.923.6778

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

Contact Person: Douglas Hoffman

FEIN:   
(Federal Employee ID)

BRC:   
(Business Registration Certificate)

(Revised 2/2017)


**APPLICATION FOR FUNDS**

Child and Family Crisis Clinicians

**(Insert Service Modality being applied for above)**

1. Name of Contractor Monmouth Medical Center				
2. Street Address	City	County	State	Zip Code
300 Second Ave	Long Branch	Monmouth	NJ	07740
3. Name and Title of Fiscal Contact Cory Lasker, VP of Finance			Telephone No. 732.923.6289	
4. Name and Title of Director Douglas Hoffman, Director of PESS			Telephone No. 732.923.6706	
5. Name and Title of Program Manager Douglas Hoffman, Director of PESS			Telephone No. 732.923.6706	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations	
7. Location of Proposed Project	City	County	State	Zip Code
Monmouth Medical Center	Long Branch	Monmouth	NJ	07740
8. Total Proposed Level of Service in 2023/2024 850		9. Unit of Service Cost in 2023/2024		
10. Type of Agency (check one) <input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		12. Affirmative Action Plan <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	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 checked="" type="checkbox"/> NO	
<b>COST OF PROJECT</b>				
14. Total Funds Requested		\$240,000.00		

**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 of Child and Youth Services 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) Eric Carney, President and CEO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 4/19/2024
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