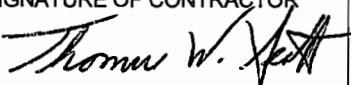


APPLICATION FOR FUNDS

PHYSICAL HEALTH SCREENINGS, MONITORING AND EDUCATION SERVICES

1. Name of Contractor CentraState Medical Center				
2. Street Address 901 West Main Street	City Freehold	County Monmouth	State NJ	Zip Code 07728
3. Name and Title of Fiscal Contact Laura Schilare - Vice President, Finance			Telephone No. 732-431-2000	
4. Name and Title of Director Maryellen Dykeman - Director, Population Health			Telephone No. 732-431-2000	
5. Name and Title of Program Manager Brandon Eldershaw - Manager, Corporate & Community Health			Telephone No. 732-431-2000	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations The Joint Commission	
7. Location of Proposed Project	City Varies	County Monmouth	State NJ	Zip Code Varies
8. Total Proposed Level of Service from 7/1/2025 through 6/30/26 Screening, Education, Monitoring		9. Unit of Service Cost during 7/1/2025 through 6/30/2026 \$1,567 per event		
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	
COST OF PROJECT				
14. Total Funds Requested \$62,700				

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 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) Thomas Scott President & CEO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 5/16/2025
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