

**SIGNATURE PAGE**

**CC-8-2025**

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: Jenna McCook  
(PRINT)

Signature: *Jenna McCook* 5/15/2025  
(DATE)

Address: 300 2nd Ave  
Long Branch NJ 07740

Telephone No.: 732-923-5257

Fax No.: 732-923-5277

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

Contact Person: Jenna McCook

FEIN: [REDACTED]  
(Federal Employee ID)

BRC: [REDACTED]  
(Business Registration Certificate)

(Revised 2/2017)

**APPLICATION FOR FUNDS**

<b><u>NURSING OUTREACH FOR PERSONS LIVING WITH MENTAL ILLNESS</u></b>
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1. Name of Contractor <b>Monmouth Medical Center</b>				
2. Street Address	City	County	State	Zip Code
<b>300 2nd Ave</b>	<b>Long Branch</b>	<b>Monmouth</b>	<b>NJ</b>	<b>07740</b>
3. Name and Title of Fiscal Contact <b>Cory Lasker, VP of Finance</b>			Telephone No. <b>732-923-6289</b>	
4. Name and Title of Director <b>Jenna McCook, Director Outpatient Behavioral Health</b>			Telephone No. <b>732-923-5257</b>	
5. Name and Title of Program Manager <b>Jenna McCook, Director Outpatient Behavioral Health</b>			Telephone No. <b>732-923-5257</b>	
6. Employer ID No. <b>[REDACTED]</b>	NJ State License No., if Applicable		Accreditations	
7. Location of Proposed Project	City	County	State	Zip Code
<b>75 N Bath Ave</b>	<b>Long Branch</b>	<b>Monmouth</b>	<b>NJ</b>	<b>07740</b>
8. Total Proposed Level of Service in 2023/2024 2025/2026 <b>50 Monmouth County Residents</b>		9. Unit of Service Cost in 2023/2024 2025/2026 <b>1600</b>		
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 <b>80,000</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 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) <b>Jenna McCook</b>	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION <b>5/15/2025</b>
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