

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: Parker Family Health Center
(PRINT)

Preparer's Name: Suzy Dyer
(PRINT)

Signature: Suzy Dyer
(DATE)

Address: 211 Shrewsbury Ave.
Red Bank, NJ 07701

Telephone No.: 732-212-0777

Fax No.: 732-212-9030

E-Mail Address: sdyer@parkerhc.com

*****(This should be the email where Contracts would be sent)*****

Contact Person: SUZY DYER

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

[REDACTED]

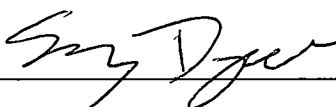
[REDACTED]

APPLICATION FOR FUNDS

NURSING OUTREACH FOR PERSONS LIVING WITH MENTAL ILLNESS

1. Name of Contractor Parker Family Health Center				
2. Street Address 211 Shrewsbury Ave	City Red Bank	County Monmouth	State NJ	Zip Code 07701
3. Name and Title of Fiscal Contact Charles Harris, Board Treasurer			Telephone No. 732-212-0777	
4. Name and Title of Director Suzy Dyer, Executive Director			Telephone No. 908-578-5801	
5. Name and Title of Program Manager Dr. Lisa Hurckes, Associate Medical Director			Telephone No. 732-212-0777	
6. Employer ID No. <div style="background-color: black; width: 100px; height: 15px;"></div>	NJ State License No., if Applicable N/A		Accreditations FTCA	
7. Location of Proposed Project 211 Shrewsbury Ave	City Red Bank	County Monmouth	State NJ	Zip Code 07701
8. Total Proposed Level of Service in 2023/2024 300			9. Unit of Service Cost in 2023/2024 \$267	
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? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		12. Affirmative Action Plan <input type="checkbox"/> YES <input checked="" 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 \$80,000				

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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Suzy Dyer, Executive Director Parker Family Health Center		5/15/2025

