

SIGNATURE PAGE

CC-9-2025

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: CannaCoverage Insurance Services
(PRINT)

Preparer's Name: Jefferey Booker
(PRINT)

Signature: *Jeff Booker* 6/2/2025
(DATE)

Address: 625 Broad St, Suite 240, Newark NJ 07102

Telephone No.: 855-502-2662

Fax No.: _____

E-Mail Address: j.booker@cannacoverage.net
*****(This should be the email where Contracts would be sent)*****

Contact Person: Jefferey Booker

FEIN: ██████████

(Federal Employee ID)

BRC: ██████████

(Business Registration Certificate)


(Revised 2/2017)

APPLICATION FOR FUNDS

**[Medicinal Cannabis Benefits For
County Employees & Covered
Dependents]**

1. Name of Contractor CannaCoverage Insurance Services				
2. Street Address 625 Broad St, Suite 240, Newark NJ 07102		City	County	State Zip Code
3. Name and Title of Fiscal Contact Jefferey Booker, COO			Telephone No. 856-308-4645	
4. Name and Title of Director Nichelle Santos, CEO			Telephone No. 732-433-0557	
5. Name and Title of Program Manager			Telephone No.	
6. Employer ID No.		NJ State License No., if Applicable [REDACTED]		Accreditations NJ Insurance Producer
7. Location of Proposed Project Monmouth County Hall of Records, 1 E. Main Street, Freehold, NJ 07728		City	County	State Zip Code
8. Total Proposed Level of Service in 2023/2024			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 type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Other (specify) private for profit				
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		\$99,999.96		

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) Jefferey Booker, COO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 6/2/2025
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