

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: HMH Hospitals Corp (Jersey Shore University Medical Center)
(PRINT)

Preparer's Name: David Candelmo, Director of Sponsored Programs
(PRINT)

Signature: *David Candelmo* 6/2/2025
(DATE)

Address: 40 Prospect Avenue, Hackensack, NJ 07601

Telephone No.: 551-275-1423

Fax No.: _____

E-Mail Address: david.candelmo@hmn.org
***** (This should be the email where Contracts would be sent) *****

Contact Person: David Candelmo

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

Community Leadership Academy

1. Name of Contractor HMH Hospitals Corp (Jersey Shore University Medical Center)				
2. Street Address 343 Thornall Street	City Edison	County Middlesex	State NJ	Zip Code 08837
3. Name and Title of Fiscal Contact Carrie Simeone, Divison Controllor, Academics & Research			Telephone No. 908-675-7265	
4. Name and Title of Director Lisa McDermott			Telephone No. 732-897-8192	
5. Name and Title of Program Manager Kristina Vander, Clinical Program Manager			Telephone No. 732-897-8914	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations LCSW	
7. Location of Proposed Project 2240 Route 33	City Neptune	County Monmouth	State NJ	Zip Code 07753
8. Total Proposed Level of Service in 2023/2024 outpatient			9. Unit of Service Cost in 2023/2024 N/A	
10. Type of Agency (check one) <input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Other (specify) public, non-profit				
11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 \$100,000				
14. Total Funds Requested				

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) David Candelmo, Director of Sponsored Programs	SIGNATURE OF CONTRACTOR <i>David Candelmo</i>	DATE OF APPLICATION 6/2/2025
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