

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: New Hope Integrated Behavioral Health Care
(PRINT)

Preparer's Name: David Roden, LCSW, LCADC
(PRINT)

Signature:  May 22, 2025
(DATE)


Address: 80 Conover Road
Marlboro, NJ 07746


Telephone No.: 732-946-3030

Fax No.: 732-946-4891

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

Contact Person: David Roden, LCSW, LCADC, President & COO

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

