

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: Preferred Behavioral Health of New Jersey, Inc
(PRINT)

Preparer's Name: Jillian Gibb
(PRINT)

Signature: *Jillian Gibb* 05/27/2025
(DATE)

Address: 40 Christopher Way Suite 101
Eatontown, NJ 07724

Telephone No.: 732-663-1800 ext. 2670

Fax No.: N/A

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

Contact Person: Kaitlin McCarthy, Director of Prevention First Services

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)

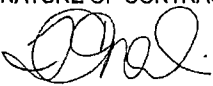
APPLICATION FOR FUNDS

RFP CC-9-2025

Opioid Settlement Proposals

1. Name of Contractor Prevention First, A Division of Preferred Behavioral Health Group				
2. Street Address 40 Christopher Way Suite 101		City Eatontown	County Monmouth	State NJ
Zip Code 07724				
3. Name and Title of Fiscal Contact Moses Adegboyega, Chief Financial Officer			Telephone No. 732.458.1700 X3101	
4. Name and Title of Director Kaitlin McCarthy, Director of Prevention First Services			Telephone No. 732.663.1800 ext. 2670	
5. Name and Title of Program Manager N/A			Telephone No. N/A	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable N/A		Accreditations N/A	
7. Location of Proposed Project Monmouth County, NJ		City Monmouth	County Monmouth	State NJ
Zip Code 07724				
8. Total Proposed Level of Service in 2023/2024 754 total hours		9. Unit of Service Cost in 2023/2024 \$132.65 (\$100,000 / 754)		
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 checked="" type="checkbox"/> NO <input 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
COST OF PROJECT				
14. Total Funds Requested \$100,000				

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) Dr. Tara Chalakani, Chief Executive Officer	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 05/27/2025
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WITH YOUR REQUIREMENTS.**

Company Name: Preferred Behavioral Health Group
(PRINT)

Preparer's Name: Dr. Tara Chalakani
(PRINT)

Signature: 
(DATE)

Address: 700 Airport Road
Lakewood, New Jersey 08701


Telephone No.: 732-367-4700 ext 3133

Fax No.: 732-905-0789

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

Contact Person: Dr. Tara Chalakani, CEO

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

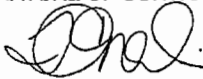
(Revised 2/2017)

APPLICATION FOR FUNDS

CC-9-2025 Opiaid Settlement Proposal

1. Name of Contractor Preferred Behavioral Health Group				
2. Street Address	City	County	State	Zip Code
700 Airport Road	Lakewood	Ocean	New Jersey	08701
3. Name and Title of Fiscal Contact Moses Adegboyega, Chief Financial Officer			Telephone No. 732-367-4700 ext. 3101	
4. Name and Title of Director Laura Messina, Vice President Adult Services			Telephone No. 732-567-6898	
5. Name and Title of Program Manager Lawrance O'Brien, Director Substance Use Services			Telephone No. 732-779-5409	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations CARF	
7. Location of Proposed Project	City	County	State	Zip Code
40 Christopher Way,	Eatontown	Monmouth	New Jersey	
8. Total Proposed Level of Service in 2023/2024 50 unduplicated clients		9. Unit of Service Cost in 2023/2024 \$2,000.00 per client		
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 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
COST OF PROJECT				
14. Total Funds Requested		\$100,000.00		

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
Dr. Tara Chalakani, CEO		05/16/2025