

**SIGNATURE PAGE**

**CC-15-2024**

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: Jewish Family & Children's Service of Greater Monmouth County  
(PRINT)

Preparer's Name: Nilacy Kosney - Rediker, LPC, LCADC, ACS, CCS  
(PRINT)

Signature: [Handwritten Signature]  
(DATE)

Address: 705 Summerfield Ave  
Ashbury Park, NJ 07712

Telephone No.: 732 774-6886 x 16

Fax No.: 732 774-8809

E-Mail Address: Leslie K@jfcsmommouth.org  
\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: Nilacy Kosney - Rediker, LPC, LCADC, ACS, CCS

FEIN: [Redacted]  
(Federal Employee ID)

BRC: [Redacted]  
(Business Registration Certificate)



(Revised 2/2017)

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH  
APPLICATION FOR 2024 COUNTY GRANT FUNDS**

Service Type:    Treatment                      Prevention                      Recovery Support                      Innovation  
Circle (1)

Community Based Recovery Support Services

(Insert Service Modality being applied for in the box above)

1. Name of Contractor <i>Jewish Family + Children's Service of Greater Monmouth</i>			
2. Street Address <i>705 Summerfield Avenue, Asbury Park, Monmouth, NJ 07712</i>		City <i>Asbury Park</i>	County <i>Monmouth</i>
3. Name and Title of Fiscal Contact <i>Leslie Kornfeld, Executive Director</i>		Telephone No. <i>732-774-6886 x13</i>	
4. Name and Title of Director <i>Hilary Krosney - Rediker, LPC, LCADC, ACS, CCS Clinical Director, Recovery Services</i>		Telephone No. <i>732-774-6886 x16</i>	
5. Name and Title of Program Manager/Medical Director <i>Hilary Krosney - Rediker, LPC, LCADC, ACS, CCS Clinical Director, Recovery Services</i>		Telephone No. <i>732-774-6886 x16</i>	
6. Employer ID No. 	NJ State License No., if Applicable 	Accreditations <i>N/A</i>	
7. Location of Proposed Project <i>705 Summerfield Avenue, Asbury Park, Monmouth, NJ 07712</i>		City <i>Asbury Park</i>	County <i>Monmouth</i>
8. Total Proposed Level of Service in 2024 <i>96 individuals</i>		9. Unit of Service Cost in 2024 <i>\$327/client</i>	
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    *\$25,000*

**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) <i>Leslie Kornfeld Executive Director</i>	SIGNATURE OF CONTRACTOR <i>Leslie Kornfeld</i>	DATE OF APPLICATION <i>4/26/2024</i>
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*Jewish Family + Children's  
Service of Greater  
Monmouth*