

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: NCADD of Middlesex County, Inc d/b/a
Wellspring Center for Prevention

(PRINT)

Preparer's Name: Ezra Helfand

Signature: 

(PRINT)

(DATE)

Address: 620 Cranbury Road suite 105

East Brunswick, NJ 08816

Telephone No.: 732-254-3344x113

Fax No.: 732-254-4224

E-Mail Address: Ezra.helfand@wcpnj.org

***** (This should be the email where Contracts would be sent) *****

Contact Person: Ezra Helfand

FEIN: 
(Federal Employee ID)

BRC: 
(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)

INNOVATION PROPOSALS

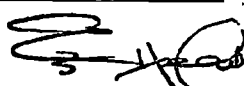
(Insert Service Modality being applied for in the box above)

1. Name of Contractor NCADD of Middlesex County					
2. Street Address 620 Cranbury Road		City East Brunswick	County Monmouth	State NJ	Zip Code 08816
3. Name and Title of Fiscal Contact Lizette Fallon, Director of Finance			Telephone No. 732-254-3344, Ext. 133		
4. Name and Title of Director Mara Carlin, Director of Prevention Services			Telephone No. 732-254-3344, Ext. 113		
5. Name and Title of Program Manager/Medical Director Nicki Francis, Program Coordinator of Monmouth County			Telephone No. 732-254-3344, Ext. 116		
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations		
7. Location of Proposed Project Monmouth County		City	County	State	Zip Code
8. Total Proposed Level of Service in 2024 540 service hours		9. Unit or Service Cost in 2024 \$55.50/unit			
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 \$30,000

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) Ezra Helfand, Executive Director & CEO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION April 24, 2024
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