

**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: YMCA of Greater Monmouth County  
(PRINT)

Preparer's Name: Laurie Goganzter  
(PRINT)

Signature: Laurie Goganzter 4/30/24  
(DATE)

Address: 170 Patterson Avenue  
Shrewsbury NJ 07702

Telephone No.: 732-671-5505

Fax No.: 732-671-5517

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

Contact Person: John Kelly

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:  
Circle (1)

Treatment

Prevention

Recovery Support

Innovation

Substance Abuse

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

1. Name of Contractor

YMCA of Greater Monmouth County

2. Street Address City County State Zip Code

170 Patterson Ave Shrewsbury Monmouth NJ 07702

3. Name and Title of Fiscal Contact Telephone No.

John Kelly, Chief Financial Officer 732-671-5505 x129

4. Name and Title of Director Telephone No.

Marissa Murray, Director outpatient Services 732-290-9040 x431

5. Name and Title of Program Manager/Medical Director Telephone No.

Gina Davis, Program Manager 732-290-9040 x420

6. Employer ID No. NJ State License No., if Applicable Accreditations

[Redacted]

[Redacted]

7. Location of Proposed Project City County State Zip Code

166 Main St. Matawan Monmouth NJ 07747

8. Total Proposed Level of Service in 2024 9. Unit of Service Cost in 2024

2990 hours

\$24.50

10. Type of Agency (check one)

PRIVATE NON-PROFIT  GOVERNMENT  HOSPITAL  Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System? 12. Affirmative Action Plan 13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?

YES  NO  N/A  YES  NO

YES  NO

**COST OF PROJECT**

14. Total Funds Requested \$73,214

**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

Laurie Goganzler, President/CEO Laurie Goganzler 4/30/24