

SIGNATURE PAGE

CC-18-2024

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: 180 Turning Lives Around

(PRINT)

Preparer's Name: Barbara Scholz, Grants Administrator

(PRINT)

Signature: *Barbara Scholz*

(DATE)

Address: 1 Bethany Road, Building 3, Suite 42

Hazlet, NJ 07730

Telephone No.: 732-264-4360

Fax No.: 732-264-8655

E-Mail Address: barbaras@180nj.org

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

Contact Person: Barbara Scholz

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS


MENTAL HEALTH SERVICES AND RELATED SUPPORT SERVICES

Counseling Services for Victims of Domestic Violence

(Insert Service Modality being applied for above)

1. Name of Contractor 180 Turning Lives Around				
2. Street Address	City	County	State	Zip Code
1 Bethany Road, Bldg 3, Ste 42	Hazlet	Monmouth	NJ	07730
3. Name and Title of Fiscal Contact Tara Bauer, Finance Manager			Telephone No. 732-264-4360 Ext 4244	
4. Name and Title of Director Liz Graham, Chief Executive Officer			Telephone No. 732-264-4360 Ext 4211	
5. Name and Title of Program Manager Theresa Fildere, LPC, DV Supervisor			Telephone No. 732-264-4360 Ext 4245	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable N/A		Accreditations N/A	
7. Location of Proposed Project	City	County	State	Zip Code
1 Bethany R., Bldg 3, Ste 42	Hazlet	Monmouth	NJ	07730
8. Total Proposed Level of Service in 2023/2024 1,061 counseling hours		9. Unit of Service Cost in 2023/2024 \$75.47		
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	\$80,000			

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) Liz Graham Chief Executive Officer	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 5/22/2024
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