

**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: Collaborative Support Programs of NJ  
(PRINT)

Preparer's Name: Victor Luna  
(PRINT)

Signature:  5/27/2024  
(DATE)

Address: 11 Spring Street  
Freehold, NJ 07728

Telephone No.: 732-780-1175

Fax No.: 732-333-0180

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

Contact Person: Anne Thieling

FEIN: 2 [REDACTED]  
(Federal Employee ID)

BRC: 0 [REDACTED]  
(Business Registration Certificate)

(Revised 2/2017)

**APPLICATION FOR FUNDS**

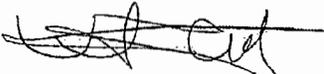
**MENTAL HEALTH SERVICES AND RELATED SUPPORT SERVICES**

Recovery/Self-Help Services for People Living with Mental Illness

**(Insert Service Modality being applied for above)**

1. Name of Contractor Collaborative Support Programs of New Jersey				
2. Street Address	City	County	State	Zip Code
11 Spring Street	Freehold	Monmouth	NJ	07728
3. Name and Title of Fiscal Contact Victor Luna - CEO			Telephone No. 732-780-1175	
4. Name and Title of Director Beverly Fernandez - Deputy Director, Central Region			Telephone No. 732-780-1175	
5. Name and Title of Program Manager Christine Gurrera			Telephone No. 732-455-5358	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations	
7. Location of Proposed Project	City	County	State	Zip Code
80 Steiner Ave	Neptune	Monmouth	NJ	07728
8. Total Proposed Level of Service in 2023/2024 750		9. Unit of Service Cost in 2023/2024 106.66		
10. Type of Agency (check one) <input 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
<b>COST OF PROJECT</b>				
14. Total Funds Requested 80,000.00				

**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) Victor Luna - CEO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 5/29/2024
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