

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: Community Health Law Project
(PRINT)

Preparer's Name: Kimberly Devinney, Director of Administration
(PRINT)

Signature: *Kimberly Devinney* 5/15/24
(DATE)

Address: 185 Valley Street
South Orange, NJ 07079

Telephone No.: 973-275-1175

Fax No.: 973-275-5210

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

Contact Person: Kimberly Devinney, Director of Administration

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

MENTAL HEALTH SERVICES AND RELATED SUPPORT SERVICES

Legal Support and Advocacy

(Insert Service Modality being applied for above)

1. Name of Contractor Community Health Law Project				
2. Street Address	City	County	State	Zip Code
185 Valley Street	South Orange	Essex	NJ	07079
3. Name and Title of Fiscal Contact James Lorenz, Financial Administrator			Telephone No. 973-275-1175	
4. Name and Title of Director Rebecca Kolas, Esq., Managing Attorney			Telephone No. 973-275-1175	
5. Name and Title of Program Manager Kimberly Devinney, Director of Administration			Telephone No. 732-380-1012	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations	
7. Location of Proposed Project	City	County	State	Zip Code
3301 Rt. 66, Bldg C, Ste. 130	Neptune	Monmouth	NJ	07753
8. Total Proposed Level of Service in 2023/2024 30	9. Unit of Service Cost in 2023/2024 150			
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 \$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) Community Health Law Project Kimberly Devinney, Director of Administration	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 5/15/24
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