

**SIGNATURE PAGE**

**CC-24-2023**

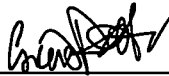
To the Monmouth County Board of County Commissioners:

**THE UNDERSIGNED HEREBY DECLARES THAT  
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.  
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE  
WITH YOUR REQUIREMENTS.**

Collaborative Support Programs of New Jersey

Company Name: \_\_\_\_\_  
(PRINT)

Preparer's Name: Corinne Dexter \_\_\_\_\_  
(PRINT)

Signature:  \_\_\_\_\_ 09/05/2023  
(DATE)

Address: 11 Spring St. Freehold NJ 07728 \_\_\_\_\_


Telephone No.: 856-701-2552 \_\_\_\_\_

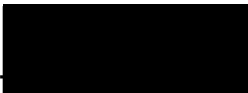
Fax No.: \_\_\_\_\_

E-Mail Address: cdexter@cspnj.org \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

FEIN:  \_\_\_\_\_  
(Federal Employee ID)

BRC:  \_\_\_\_\_  
(Business Registration Certificate)


(Revised 2/2017)

**APPLICATION FOR FUNDS**

**Certified Peer Recovery Specialist First Responder Program**

1. Name of Contractor <b>Collaborative Support Programs of New Jersey (CSPNJ)</b>				
2. Street Address <b>11 Spring St. Freehold, Monmouth County, NJ 07728</b>		City <b>Freehold</b>	County <b>Monmouth County</b>	State <b>NJ</b>
3. Name and Title of Fiscal Contact <b>Steve Blackburn, Chief Financial Officer</b>			Telephone No. <b>732-780-1175 ext. 2210</b>	
4. Name and Title of Director <b>Pamela Baker, Director of Homelessness Services</b>			Telephone No. <b>732-618-9694</b>	
5. Name and Title of Program Manager <b>Pamela Baker, Director of Homelessness Services</b>			Telephone No. <b>732-618-9694</b>	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations	
7. Location of Proposed Project <b>Multiple</b>		City <b>Multiple</b>	County <b>Monmouth County</b>	State <b>NJ</b>
8. Total Proposed Level of Service in 2023/2024 <b>\$200,000</b>			9. Unit of Service Cost in 2023/2024 <b>Est. \$248.76 / person served</b>	
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 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
<b>COST OF PROJECT</b>				
14. Total Funds Requested <b>\$200,000</b>				

**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) <b>Victor Luna, CEO</b>	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION <b>9/6/2023</b>
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