

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.**

Company Name: CPC Integrated Health
(PRINT)

Preparer's Name: Vera Sansone
(PRINT)

Signature: *Vera Sansone* 9/15/23
(DATE)

Address: 10 Industrial Way East, Suite 108
Eatontown, NJ 07724

Telephone No.: 732-935-2220

Fax No.: 732-389-3207

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

Contact Person: Vera Sansone

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

Recovery Diversion Program

[INSERT SERVICE NAME]

RFP # CC-24-2-23

1. Name of Contractor CPC Integrated Health			
2. Street Address 10 Industrial Way East, Suite 108, Eatontown, NJ 07724	City	County	State Zip Code
3. Name and Title of Fiscal Contact Dan Burns, Chief Financial Officer		Telephone No. 732-935-2220	
4. Name and Title of Director Vera Sansone, President & CEO		Telephone No. 732-935-2220	
5. Name and Title of Program Manager Ken Pecoraro, Division Director of Addiction Recovery & Community Outreach		Telephone No. 732-935-2220	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations The Joint Commission
7. Location of Proposed Project 10 Industrial Way East, Suite 108, Eatontown, NJ 07724	City	County	State Zip Code
8. Total Proposed Level of Service in 2023/2024 1290 hours	9. Unit of Service Cost in 2023/2024 77.52/hour		
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 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
COST OF PROJECT			
14. Total Funds Requested		\$100,000	

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) Vera Sansone, President & CEO	SIGNATURE OF CONTRACTOR <i>Vera Sansone</i>	DATE OF APPLICATION 9/5/23
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