

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: New Hope Integrated Behavioral Health Care
(PRINT)

Preparer's Name: David Roden, LCSW, LCADC
(PRINT)

Signature:  August 25, 2023
(DATE)

Address: 80 Conover Road
Marlboro, NJ 07746

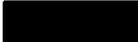
Telephone No.: 732-946-3030 x2251

Fax No.: 732-946-4891

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

Contact Person: David Roden, LCSW, LCADC

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

INSERT SERVICE NAME

1. Name of Contractor				
New Hope Integrated Behavioral Health Care				
2. Street Address	City	County	State	Zip Code
80 Conover Road	Marlboro	Monmouth	NJ	07746
3. Name and Title of Fiscal Contact			Telephone No.	
Marge Ruchaevsky, Vice President & CFO			732-946-3030 x2253	
4. Name and Title of Director			Telephone No.	
Anthony Comerford, Ph.D., President & CEO			732-946-3030 x2250	
5. Name and Title of Program Manager			Telephone No.	
David Roden, LCSW, LCADC, Vice President & COO			732-946-3030 x2251	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
[REDACTED]	[REDACTED]		CARF	
7. Location of Proposed Project	City	County	State	Zip Code
80 Conover Road	Marlboro	Monmouth	NJ	07746
8. Total Proposed Level of Service in 2023/2024		9. Unit of Service Cost in 2023/2024		
N/A		N/A		
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?		12. Affirmative Action Plan		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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
David Roden, LCSW, LCADC Vice President & COO		August 25, 2023