

SIGNATURE PAGE

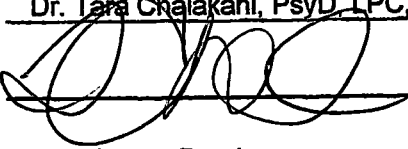
CC-24-2023

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: Preferred Behavioral Health Group
(PRINT)

Preparer's Name: Dr. Tara Chalakani, PsyD, LPC, RN
(PRINT)

Signature:  August 17, 2023
(DATE)


Address: 700 Airport Road
Lakewood, New Jersey 08701


Telephone No.: 732-36-4700 ext. 3133

Fax No.: 732-905-0789

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

Contact Person: Dr. Tara Chalakani, Chief Executive Officer

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS


ENHANCEMENTS TO CURRENT SUBSTANCE USE DISORDER SERVICES

1. Name of Contractor Preferred Behavioral Health Group				
2. Street Address	City	County	State	Zip Code
700 Airport Road	Lakewood	Ocean	New Jersey	08701
3. Name and Title of Fiscal Contact Peter Kisylia			Telephone	No.
			732-367-4700 ext. 3101	
4. Name and Title of Director Laura Messina			Telephone	No.
			732-367-4700 ext. 6129	
5. Name and Title of Program Manager Lawrance O'Brien			Telephone	No.
			732-367-4700 ext. 7119	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
[REDACTED]	[REDACTED]		CARF	
7. Location of Proposed Project	City	County	State	Zip Code
1405 Route 35 North,	Ocean	Monmouth	New Jersey	07712
8. Total Proposed Level of Service in 2023/2024 100 clients		9. Unit of Service Cost in 2023/2024 \$1,156.00/unit		
10. Type of Agency (check one)				
<input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input checked="" 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 checked="" type="checkbox"/> NO <input type="checkbox"/> N/A		<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

COST OF PROJECT

14. Total Funds Requested **\$115,600.00**

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) Preferred Behavioral Health Group	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION August 17, 2023
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APPLICATION FOR FUNDS

INNOVATION PROPOSALS

1. Name of Contractor Preferred Behavioral Health Group				
2. Street Address	City	County	State	Zip Code
700 Airport Road	Lakewood	Ocean	New Jersey	08701
3. Name and Title of Fiscal Contact Peter Kisylia			Telephone	No.
			732-367-4700 ext. 3101	
4. Name and Title of Director Laura Messina			Telephone	No.
			732-367-4700 ext. 6129	
5. Name and Title of Program Manager Lawrance O'Brien			Telephone	No.
			732-367-4700 ext. 7119	
6. Employer ID No. 22-2196988	NJ State License No., if Applicable N/A		Accreditations CARF	
7. Location of Proposed Project	City	County	State	Zip Code
1405 Route 35 North,	Ocean	Monmouth	New Jersey	07712
8. Total Proposed Level of Service in 2023/2024 60 clients		9. Unit of Service Cost in 2023/2024 \$1,667.00/unit		
10. Type of Agency (check one) <input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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 **\$100,000.00**

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.

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