

SIGNATURE PAGE

CC-26-2023

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: Habit Opco, LLC DBA: Central Jersey Comprehensive Treatment Center
(PRINT)

Preparer's Name: Ronald Greene
(PRINT)

Signature: *Ronald Greene*
(DATE)


Address: 111 State Route 35, Cliffwood, NJ 07721

Telephone No.: 717-617-8507

Fax No.: 732-566-1937

E-Mail Address: ronald.greene@ctcprograms.com
CTCGrants@acadiahealthcare.com
*****(This should be the email where Contracts would be sent)*****

Contact Person: _____

FEIN: 
(Federal Employee ID)

BRC: _____
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

Innovation Proposal

1. Name of Contractor Habit Opco, LLC DBA: Central Jersey Comprehensive Treatment Center				
2. Street Address	City	County	State	Zip Code
111 State Route 35	Cliffwood	Monmouth	NJ	07721
3. Name and Title of Fiscal Contact Bert Brande			Telephone No. (732) 727-2555	
4. Name and Title of Director Ronald Green			Telephone No. (717) 617-8507	
5. Name and Title of Program Manager Patricia Kazanowski			Telephone No. (732) 727-2555	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations CARF, SAMHSA	
7. Location of Proposed Project	City	County	State	Zip Code
111 State Route 35	Cliffwood	Monmouth	NJ	07721
8. Total Proposed Level of Service in 2024		9. Unit of Service Cost In 2024 \$80,000		
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) For Profit, OTP				
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 \$80,000				

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) Ronald K. Greene Regional Director	SIGNATURE OF CONTRACTOR <i>Ronald K. Greene</i>	DATE OF APPLICATION 10/30/2023
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