

**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: Preferred Behavioral Health Group
(PRINT)

Preparer's Name: Jillian Gibb
(PRINT)

Signature: Jillian Gibb 10/23/23
(DATE)


Address: 40 Christopher Way
Eatontown, NJ 07724


Telephone No.: 732.663.1800 ext. 2670

Fax No.: N/A

E-Mail Address: kmccarthy@preventionfirst.net
*****(This should be the email where Contracts would be sent)*****

Contact Person: Kaitlin McCarthy, Director of Prevention First Services

FEIN: 
(Federal)

BRC: 
(Business Registration Certificate)
(Revised 2/2017)

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
Dr. Tara Chalakani C.E.O.		10/23/2023