

SIGNATURE PAGE

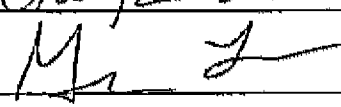
CG-26-2023

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: The Center In Asbury Park, Inc.
(PRINT)

Preparer's Name: George Lowe
(PRINT)

Signature:  10/26/23
(DATE)

Address: 806 Third Ave.
Asbury Park, N.Y. 07712

Telephone No.: 732. 774. 3416 Ext. 117

Fax No.: 732. 775-5001

E-Mail Address: glowe@thecenterinap.com
This should be the email where Contracts would be sent

Contact Person: George Lowe

F.E.I.N.: _____
(Federal Employee ID)

B.R.C.: _____
(Business Registration Certificate)

APPLICATION FOR FUNDS

CERTIFIED PEER RECOVERY SPECIALIST LAW ENFORCEMENT REFERRAL PROGRAM

1. Name of Contractor

The Center In Asbury Park, Inc.

2. Street Address City County State Zip Code

806 Third Ave. Asbury Park Monmouth NJ 07712

3. Name and Title of Fiscal Contact Telephone No.

Brian Fourry 732-774-3416

4. Name and Title of Director Telephone No.

Michael Roland 732-774-3416

5. Name and Title of Program Manager/Medical Director Telephone No.

Dr. George Lowe, LSW, DBH 732-7743416

6. Employer ID No. NJ State License No., if Applicable Accreditations

1. Location of Proposed Project City County State Zip Code

806 Third Ave. Asbury Park Monmouth NJ 07728

8. Total Proposed Level of Service in 2024 9. Unit of Service Cost in 2024

10. Type of Agency (check one)

PRIVATE NON-PROFIT GOVERNMENT HOSPITAL 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?

YES NO N/A YES NO YES NO

COST OF PROJECT

1. Total Funds Requested \$181,500

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

Michael Roland Michael Roland 10/26/23

APPLICATION FOR FUNDS

**ENHANCEMENTS TO CURRENT
SUBSTANCE USE DISORDER SERVIC**

1. Name of Contractor

The Center In Asbury Park, Inc.

2. Street Address City County State Zip Code

806 Third Ave. Asbury Park Monmouth NJ 07712

3. Name and Title of Fiscal Contact Telephone No.

Brian Fourry

732-774-3416

4. Name and Title of Director Telephone No.

Michael Roland

732-774-3416

5. Name and Title of Program Manager/Medical Director Telephone No.

Dr. George Lowe, LSW, DBH

732-7743416

6. Employer ID No. NJ State License No., if Applicable Accreditations

22-3253558

1. Location of Proposed Project City County State Zip Code

806 Third Ave. Asbury Park Monmouth NJ 07728

8. Total Proposed Level of Service in 2024 9. Unit of Service Cost in 2024

10. Type of Agency (check one)
 PRIVATE NON-PROFIT GOVERNMENT HOSPITAL Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System?
 YES NO N/A

12. Affirmative Action Plan
 YES NO

13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?
 YES NO

COST OF PROJECT

1. Total Funds Requested \$55,000

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
Michael Roland Executive Director	Michael Roland	10/24/23