## SIGNATURE PAGE

#### GC-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.
Preparer's Name:	Granz Lowe (PRINT)
Signature:	M. J. (PRINT) 10/34/3
Address:	804 Yord Asc.
•	Asbury Park, N. Y. D7712
Telephone No.:	732.774.3416 EY.117
Fax No.:	737. 775-5001
E-Mail Address:	9 owe of the center in af. com ***(This should be the email where Contracts would be sent)***
	***(This should be the email where Contracts would be sent)***
Contact Person:	Cologe Lowe
F.E.I.N.:	
(Federal Employee ID)	
B.R.C.	

(Revised 2/2017)

## APPLICATION FOR FUNDS

## CERTIFIED PEER RECOVERY SPECIALIST LAW ENFORCEMENT REFERRAL PROGRAM

2.	Street Address	City	Co	ounty	,	State	Zip Code
	806 Third Ave.	Asbury Pa	rk Monn	nouth		NJ	07712
3.	Name and Title of Flacal Co	ontact .	<u> </u>		Talaphona No	4	
	Brian Fourry				732-774-3	416	
4.	Name and Title of Director		*		Telephone No	4	
	Michael Roland				732-774-3	3416	
5.	Name and Title of Program	Manager/Medical D	Vireator		Telephone No	,	
	Dr. George Lowe, I	LSW. DBH	RH		732-7743416		
6,	Employer ID No.		ate License No., If A	Applicable		Accreditati	ons
1.	Location of Proposed Projec	ct City		County		State	Zip Code
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			Limeta Brandi	mouth		NJ	07728
$\overline{}$	6 Third Ave.	Asbury Asbury			Chet la 2024		
80 8.	16 Third Ave. Total Proposed Level of Service	ASOUTY e.in 2024	Park Wolli	Unit of Service	Cost in 2024	_	
8.	Total Proposed Level of Service Type of Agency (check one)	e in 2024 )	9,	Unit of Service			
8,	Total Proposed Level of Service	e in 2024 )	9,		Cost in 2024		
10.	Total Proposed Level of Service  Type of Agency (check one)  PRIVATE NON-PROFT  If political subdivision, cover	e in 2024 ) T	9,	Unit of Service	Other	(specify) awarded, wi	Il funds be used to
10.	Total Proposed Level of Service  Type of Agency (check one)  PRIVATE NON-PROFI  If political subdivision, cover Civil Service Merit System?	e In 2024  T GOVER  red by NJ 12. A	NMENT []	Unit of Service	Other of the control	(specify) awarded, wi her funds w in absence o	hich would be of award?
10.	Total Proposed Level of Service  Type of Agency (check one)  PRIVATE NON-PROFI  If political subdivision, cover Civil Service Merit System?	e in 2024 ) T	NMENT   Ifilmative Action Pla	Unit of Service HOSPITAL	Other of the control	(specify) awarded, wi her funds w	hich would be
10.	Total Proposed Level of Service  Type of Agency (check one)  PRIVATE NON-PROFT  If political subdivision, cover Civil Service Merit System?  TYES  PRIVATE NO [	e in 2024  T GOVER  red by NJ 12. A	NMENT   Ifilmative Action Pla	Unit of Service HOSPITAL	Other of the control	(specify) awarded, wi her funds w in absence o	hich would be of award?
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10.	Total Proposed Level of Service  Type of Agency (check one)  PRIVATE NON-PROFI  If political subdivision, cover Civil Service Merit System?  Types Proposed Level of Service  Total Funds Requested \$1  Intification: The undersigned contration contained in this attention bod	e in 2024  T GOVER  Ted by NJ 12. A  N/A  COS  (81,500  Lassures, declares polication and stise by of the Contractor	NMENT  If the services of the	HOSPITAL  ANO  The best of his and correct, the less of herein	Cother of Other of Ot	(apecify) awarded, wither funds with absence of YES  e and belief has been ced to the ex	tich would be of award? NO NO  all duly tent
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#### APPLICATION FOR FUNDS

# ENHANCEMENTS TO CURRENT SUBSTANCE USE DISORDER SERVIC

SUBSTANCE USE DISORDER SERV

1. Name of Contractor

	Street Address	City	County	State	Zip Cod	
8	B06 Third Ave. As	bury 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 Na.		
	Dr. George Lowe, LSW, D	вн		732-7743416		
6.	Employer ID No.		nse No., if Applicable	Accreditati	ions	
22	-3253558					
1.	Location of Proposed Project	City	County	State	Zip Code	
		Asbury Park	Monmouth	NJ	07728	
8.	Total Proposed Level of Service in 2024		9. Unit of Service	ce Cost in 2024		
10.	Type of Agency (check one)  PRIVATE NON-PROFIT  If political subdivision, covered by NJ	GOVERNMENT		Other (specify)	ill funds be used to	
11.	Civil Service Merit System?			replace other funds which would be		
	☐ YES 🗓 NO 🗖 N/A	☐ YES	s Anno	available in absence	-//	
		COST OF P	RO IECT		<u> </u>	
1.	Total Funds Requested \$55.000	0031 01 11	(O)EO1			
info aut	rtification: The undersigned assures ormation contained in this application horized by the governing body of the reed upon in the contract developed a	i and attachments Contractor and the as a result of this	s are true and correct, services described her application. The under	the application has been ein will be provided to the ex rsigned further understands	duly dent and	
agr agr reg des to d	rees that any grant received as a resi- julations and rules issued by the Coul- scribed in the grant application. In add contact State, County and Federal age ancial, budget, programmatic and con- rision upon request, the organization's	nty of Monmouth fition, the undersigned incles as well as citract information.	or the administration of ned gives permission to t haritable funding source The undersigned also	grants which include provis the Division of Behavioral Ho is to discuss and share rele	ions ealth vant	
agr agr reg des to d fina Div	rees that any grant received as a rest julations and rules issued by the Coun scribed in the grant application. In add contact State, County and Federal age ancial, budget, programmatic and con	nty of Monmouth fition, the undersignericies as well as citract information, budget and fiscal a	or the administration of ned gives permission to t haritable funding source The undersigned also	grants which include provising Division of Behavioral House to discuss and share releagrees to make available to	ions paith vant the	