

SIGNATURE PAGE

CC-5-2021

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: IEP Youth Services, Inc
(PRINT)

Preparer's Name: Martin Kupnick Psy D.
(PRINT)

Signature: Martin Kupnick Psy D 2/8/21
(DATE)

Address: 75 W. Main St
Freehold, NJ 07728-2114

Telephone No.: 732 431-2663

Fax No.: 732 577-1425

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

Contact Person: Dr. MARTIN Kupnick

FEIN: [REDACTED]
(Federal Employee ID)

(Revised 2/2017)

**COUNTY OF MONMOUTH
YOUTH SERVICES COMMISSION
OFFICE OF YOUTH SERVICES PLANNING**

ORIGINAL

2021 Funding Request Application
CC-5-2021

Program Area Applying For:	Dispositional Options - Individualized Services for Youth on Probation		
Incorporate Name of Contractor	IEP Youth Services, Inc.		
Type:	<input type="checkbox"/> Public	<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> Non-Profit
Federal I.D. Number:	[REDACTED]		
Address of Contractor:	75 West Main Street		
	Freehold, New Jersey 07728-2114		
Address of Service(s):	83 West Main Street		
	Freehold, New Jersey 07728		
Contact Person, Phone # / e-mail address	Dr. Martin Krupnick 732-431-2663 Ext. 100 MKrupnick@iepyouthservices.org		
Total Dollar Amount Requested:	\$33,254		
Total Number of Training Hours:			
Brief Description of Proposed Services, Level of Service and Unit Cost:			
174 Individual or Family Sessions @ \$150/Session; 10 Group Sessions @ \$225/Group 3 Psychological Evaluations @ \$1,500/Evaluation			
Materials, Supplies & Training \$404			
Authorized Voucher Signature: Name/Title	Martin Krupnick, Psy.D., Executive Director		
Signature:			