

**SIGNATURE PAGE**

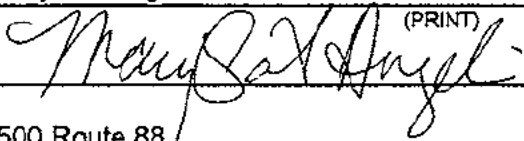
**CC-7-2021**

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: Preferred Behavioral Health Group  
(PRINT)

Preparer's Name: Mary Pat Angelini, CEO  
(PRINT)

Signature:  April 16, 2021  
(DATE)


Address: 1500 Route 88  
Brick, NJ 08724

Telephone No.: 732-367-4700

Fax No.: 732-364-4190

E-Mail Address: mpangelini@preferredbehavioral.org  
\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: Mary Pat Angelini, CEO

FEIN:   
(Federal Employee ID)

(Revised 2/2017)

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH  
APPLICATION FOR COUNTY FUNDS**

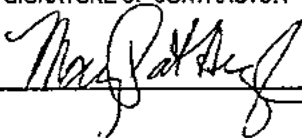
**"RECOVERY SUPPORT SERVICES"**

1. Name of Contractor Preferred Behavioral Health Group				
2. Street Address	City	County	State	Zip Code
1500 Route 88 West	Brick	Ocean	NJ	08724
3. Name and Title of Fiscal Contact Peter Kisylia, Chief Financial Officer			Telephone No. 732-367-4700	
4. Name and Title of Director of Addiction Services Laura Messina, Vice President Substance Use Services			Telephone No. 732-367-4700	
5. Name and Title of Medical Director Tony Juneja, MD, Medical Director Substance Use Services			Telephone No. 732-367-4700	
6. Employer ID No. [REDACTED]	NJ State Substance Abuse Treatment License No. 2000648		Accreditations CARF	
7. Location of Proposed Project	City	County	State	Zip Code
1405 Highway 35	Ocean	Monmouth	New Jersey	07712
8. Total Proposed Level of Service in 2021/2022 (residential=bed days; outpatient=hours). \$4,160.00		9. Unit of Service Cost in 2021/2022 (residential=bed days; outpatient=hours). \$26.44		
10. Type of Agency (check one) <input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (specify)				
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 checked="" type="checkbox"/> YES <input 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 \$110,000.00

**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 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) Mary Pat Angelini, CEO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION April 16, 2021
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