

**SIGNATURE PAGE**

**CC-8-2024**

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: Discovery Institute for Addictive Disorders, Inc.  
(PRINT)

Preparer's Name: Mike Meyers  
(PRINT)

Signature: Michael Meyers 10/27/23  
(DATE)

Address: 80 Conover Road Marlboro, NJ 07746

Telephone No.: 732-946-9444 Ext. 120

Fax No.: \_\_\_\_\_

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

Contact Person: Mike Meyers

FEIN: [REDACTED]  
(Federal Employee ID)

BRC: [REDACTED]  
(Business Registration Certificate)

(Revised 2/2017)

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH  
APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type: **Treatment Services**      Prevention Services      Recovery Support Services  
Circle (1)

**Outpatient Services**

Service Modality

1. Name of Contractor  
Discovery Institute for Addictive Disorders, Inc.

2. Street Address      City      County      State      Zip Code  
80 Conover Road      Marlboro      Monmouth      NJ      07746

3. Name and Title of Fiscal Contact  
Mike Meyers, Controller      732-946-9444 ext.120

4. Name and Title of Director  
Barbara Rexer, COO      Telephone No. 732-946-9444 ext.125

5. Name and Title of Program Manager/Medical Director  
Cindy McIntire, DON      Telephone No. 732-946-9444 ext.153

6. Employer ID No.      NJ State License No., if Applicable      Accreditations  
[Redacted]      [Redacted]      JCHO

7. Location of Proposed Project      City      County      State      Zip Code  
80 Conover Road      Marlboro      Monmouth      NJ      07746

8. Total Proposed Level of Service in 2024  
**Outpatient Services**      9. Unit of Service Cost in 2024 **70.00**

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**

14. Total Funds Requested: **\$145,000.00**

**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 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 Meyers, Controller	<i>Michael Meyers</i>	10/30/23

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH  
APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type: **Treatment Services**      Prevention Services      Recovery Support Services  
Circle (1)

**Short Term Residential Services**

*Service Modality*

1. Name of Contractor  
Discovery Institute for Addictive Disorders, Inc.

2. Street Address                                  City                                  County                                  State                                  Zip Code  
80 Conover Road      Marlboro                                  Monmouth                                  NJ                                  07746

3. Name and Title of Fiscal Contact  
Mike Meyers, Controller                                  732-946-9444 ext.120

4. Name and Title of Director  
Barbara Rexer, COO                                  Telephone No. 732-946-9444 ext.125

5. Name and Title of Program Manager/Medical Director  
Cindy McIntire, DON                                  Telephone No. 732-946-9444 ext.153

6. Employer ID No.	NJ State License No., if Applicable	Accreditations
[REDACTED]	[REDACTED]	JCHO

7. Location of Proposed Project      City                                  County                                  State                                  Zip Code  
80 Conover Road      Marlboro                                  Monmouth                                  NJ                                  07746

8. Total Proposed Level of Service in 2024  
**Short Term Residential Services**      9. Unit of Service Cost in 2024 **244.00**

10. Type of Agency (check one)  
 PRIVATE NON-PROFIT       GOVERNMENT       HOSPITAL       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 type="checkbox"/> YES <input checked="" 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
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**COST OF PROJECT**

14. Total Funds Requested: \$240,000.00

**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 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 Meyers, Controller	<i>Michael Meyers</i>	10/31/23

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES**  
**DIVISION OF BEHAVIORAL HEALTH**  
**APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type: **Treatment Services**                      Prevention Services                      Recovery Support Services  
 Circle (1)

**Subacute Residential Detoxification**  
 Service Modality

1. Name of Contractor  
 Discovery Institute for Addictive Disorders, Inc.

2. Street Address                      City                      County                      State                      Zip Code  
 80 Conover Road      Marlboro                      Monmouth                      NJ      07746

3. Name and Title of Fiscal Contact  
 Mike Meyers, Controller                      732-946-9444 ext.120

4. Name and Title of Director  
 Barbara Rexer, COO                      Telephone No.  
 732-946-9444 ext.125

5. Name and Title of Program Manager/Medical Director  
 Cindy McIntire, DON                      Telephone No.  
 732-946-9444 ext.153

6. Employer ID No.                      NJ State License No., if Applicable                      Accreditations  
 [Redacted]                      [Redacted]                      JCHO

7. Location of Proposed Project                      City                      County                      State                      Zip Code  
 80 Conover Road      Marlboro                      Monmouth                      NJ      07746

8. Total Proposed Level of Service in 2024  
**Subacute Residential Detoxification**                      9. Unit of Service Cost in 2024 **395.00**

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**

14. Total Funds Requested: **\$180,000.00**

**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 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 Meyers, Controller	<i>Michael Meyers</i>	10/31/23