

SIGNATURE PAGE

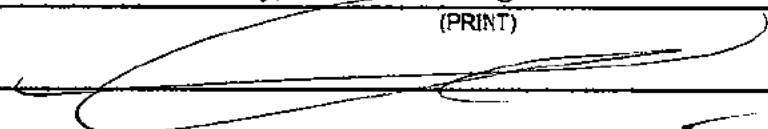
CC-8-2024

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: Hope Is NEVER Lost
(PRINT)

Preparer's Name: Nicole Tierney, Director of Programs and Services
(PRINT)

Signature:  10/30/2023
(DATE)


Address: 25 West Park Avenue
Belford, New Jersey 07718

Telephone No.: 732-687-9796


Fax No.: 732-769-2397

E-Mail Address: nikkitierney@aol.com
*****(This should be the email where Contracts would be sent)*****

Contact Person: Nicole Tierney

FEIN: 

(Federal Employee ID)

BRC: 

(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)

In Community/Group Prevention Services
Service Modality

1. Name of Contractor Hope Is NEVER Lost, A New Jersey Nonprofit Corp.				
2. Street Address	City	County	State	Zip Code
25 West Park Avenue	Belford	Monmouth	New Jersey	07718
3. Name and Title of Fiscal Contact Nicole Tierney, Director of Programs and Services			Telephone No. 732-687-9796	
4. Name and Title of Director Nicole Tierney, Director of Programs and Services			Telephone No. 732-687-9796	
5. Name and Title of Program Manager/Medical Director			Telephone No.	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
[REDACTED]	[REDACTED]			
7. Location of Proposed Project	City	County	State	Zip Code
At-Risk Communities in Monmouth County				
8. Total Proposed Level of Service in 2024		9. Unit of Service Cost in 2024		
10. Type of Agency (check one) <input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input checked="" type="checkbox"/> Other (specify) Public Charity				
11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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	
COST OF PROJECT				
14. Total Funds Requested		\$60,000		

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
Nicole Tierney, Hope Is NEVER Lost Director of Programs & Services		10/30/23