

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: Preferred Behavioral Health Group
(PRINT)

Preparer's Name: Jillian Gibb

Signature: *Jillian Gibb* (PRINT) 10/23/2023
(DATE)

Address: 40 Christopher Way Suite 101
Eatontown, NJ 07724

Telephone No.: 732.663.1800 ext. 2670

Fax No.: N/A

E-Mail Address: kmccarthy@preventionfirst.net
*****(This should be the email where Contracts would be sent)*****

Contact Person: Kaitlin McCarthy, Director of Prevention First Services

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
Circle (1)

Prevention Services

Recovery Support Services

Community-Based Alcohol/Drug Use "Selective and Indicated" Prevention Services (Al's Pals Program)
Service Modality

1. Name of Contractor Prevention First, A Division of Preferred Behavioral Health Group					
2. Street Address 40 Christopher Way		City Eatontown	County Monmouth	State NJ	Zip Code 07724
3. Name and Title of Fiscal Contact Peter Kisylia Chief Financial Officer			Telephone No. 732.367.4700 Ext. 3101		
4. Name and Title of Director Kaitlin McCarthy, Director of Prevention First Services			Telephone No. 732.663.1800 ext. 2670		
5. Name and Title of Program Manager/Medical Director N/A			Telephone No. N/A		
6. Employer ID No. [REDACTED]		NJ State License No., if Applicable N/A		Accreditations N/A	
7. Location of Proposed Project Long Branch School District Monmouth County, NJ 07740 and Neptune Township School District Monmouth County, NJ 07753		City	County	State	Zip Code
8. Total Proposed Level of Service in 2024 850 Total Hours (332 direct /518 indirect)			9. Unit of Service Cost in 2024 \$70.59 (\$60,000/850 Total Hours)		
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 checked="" type="checkbox"/> NO <input 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 **\$60,000.00**

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) Dr. Tara Chalakani C.E.O.	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 10/23/2023
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**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)

Community-Based Early Childhood Alcohol/Drug Use Prevention Services
(AI's Pals Program Pre-K to First Grade Freehold Township School District
Focus) Service Modality

1. Name of Contractor Prevention First, A Division of Preferred Behavioral Health Group.					
2. Street Address 40 Christopher Way		City Eatontown	County Monmouth	State NJ	Zip Code 07724
3. Name and Title of Fiscal Contact Peter Kisylia Chief Financial Officer			Telephone No. 732.367.4700 Ext. 3101		
4. Name and Title of Director Kaitlin McCarthy, Director of Prevention First Services			Telephone No. 732.663.1800 ext. 2670		
5. Name and Title of Program Manager/Medical Director N/A			Telephone No. N/A		
6. Employer ID No. <div style="background-color: black; width: 100px; height: 15px;"></div>	NJ State License No., if Applicable N/A		Accreditations N/A		
7. Location of Proposed Project Freehold, Monmouth County, NJ 07728		City Freehold	County Monmouth	State NJ	Zip Code 07728
8. Total Proposed Level of Service in 2024 850 Total Hours (332 direct /518 indirect)			9. Unit of Service Cost in 2024 \$70.59 (\$60,000/850 Total Hours)		
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 checked="" type="checkbox"/> NO <input 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 \$60,000.00					

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) Dr. Tara Chalakani C.E.O.	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 10/23/2023
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**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH
APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type: Treatment Services
Circle (1)

Prevention Services

Recovery Support Services

Halfway House Services Men-Philip House

Service Modality

1. Name of Contractor Prevention First, A Division of Preferred Behavioral Health Group				
2. Street Address	City	County	State	Zip Code
40 Christopher Way	Eatontown	Monmouth	NJ	07724
3. Name and Title of Fiscal Contact Peter Kisylia Chief Financial Officer			Telephone No. 732.357.4700 Ext. 3101	
4. Name and Title of Director Kaitlin McCarthy, Director of Prevention First Services			Telephone No. 732.663.1800 ext. 2670	
5. Name and Title of Program Manager/Medical Director N/A			Telephone No. N/A	
6. Employer ID No. [REDACTED]	NJ State License No., If Applicable N/A		Accreditations N/A	
7. Location of Proposed Project	City	County	State	Zip Code
Long Branch Monmouth County, NJ, 07740				
8. Total Proposed Level of Service in 2024 803 Total Hours			9. Unit of Service Cost in 2024 \$68.49 (\$55,000/803 Total Hours)	
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 checked="" type="checkbox"/> NO <input 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 **\$55,000.00**

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NAME AND TITLE OF CONTRACTOR (Print) Dr. Tara Chalakani C.E.O.	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 10/23/2023
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**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH
APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type: Treatment Services
Circle (1)

Prevention Services

Recovery Support Services

Halfway House Services Women-Epiphany House
Service Modality

1. Name of Contractor Prevention First, A Division of Preferred Behavioral Health Group				
2. Street Address	City	County	State	Zip Code
40 Christopher Way	Eatontown	Monmouth	NJ	07724
3. Name and Title of Fiscal Contact Peter Kisylia Chief Financial Officer			Telephone No. 732.367.4700 Ext. 3101	
4. Name and Title of Director Kaitlin McCarthy, Director of Prevention First Services			Telephone No. 732.663.1800 ext. 2670	
5. Name and Title of Program Manager/Medical Director N/A			Telephone No. N/A	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable N/A		Accreditations N/A	
7. Location of Proposed Project	City	County	State	Zip Code
Asbury Park, Monmouth County, NJ 07712				
8. Total Proposed Level of Service in 2024 830 Total Hours			9. Unit of Service Cost in 2024 \$72.29 (\$60,000/830 Total Hours)	
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 checked="" type="checkbox"/> NO <input 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	
14. Total Funds Requested \$60,000.00 COST OF PROJECT				

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NAME AND TITLE OF CONTRACTOR (Print)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Dr. Tara Chalakani C.E.O.		10/23/2023

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: Preferred Behavioral Health Group

(PRINT)

Preparer's Name: Dr. Tara Chalakani

(PRINT)

Signature:  October 24, 2023

(DATE)

Address: 700 Airport Road

Lakewood, New Jersey 08701

Telephone No.: 732-367-4700

Fax No.: 732-905-0789

E-Mail Address: tchalakani@preferredbehavioral.org

*****(This should be the email where Contracts would be sent)*****

Contact Person: Dr. Tara Chalakani, Chief Executive Officer

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:
Circle (1)

Treatment Services

Prevention Services

Recovery Support Services

Intensive Outpatient - Level 2.1
Service Modality

1. Name of Contractor Preferred Behavioral Health Group				
2. Street Address	City	County	State	Zip Code
700 Airport Road	Lakewood	Ocean	New Jersey	08701
3. Name and Title of Fiscal Contact Peter Kisylia			Telephone No. 732-367-4700 ext. 3101	
4. Name and Title of Director Laura Messina			Telephone No. 732-367-4700 ext 6129	
5. Name and Title of Program Manager/Medical Director Lawrance O'Brien			Telephone No. 732-367-4700 ext. 7119	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable N/A		Accreditations CARF	
7. Location of Proposed Project	City	County	State	Zip Code
40 Christopher Way,	Eatontown	Monmouth	New Jersey	0
8. Total Proposed Level of Service in 2024 12 Clients		9. Unit of Service Cost in 2024 \$5,069.00		
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 checked="" type="checkbox"/> NO <input 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 \$60,829.00				

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) Dr. Tara Chalakani Chief Executive Officer	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION October 25, 2023
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**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH
APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type:
Circle (1)

Treatment Services

Prevention Services

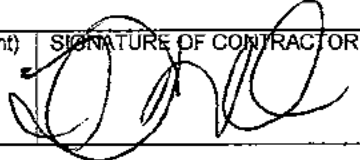
Recovery Support Services

Outpatient - Level 1

Service Modality

1. Name of Contractor Preferred Behavioral Health Group				
2. Street Address	City	County	State	Zip Code
700 Airport Road	Lakewood	Ocean	New Jersey	08701
3. Name and Title of Fiscal Contact Peter Kisylia			Telephone No. 732-367-4700 ext. 3101	
4. Name and Title of Director Laura Messina			Telephone No. 732-367-4700 ext 6129	
5. Name and Title of Program Manager/Medical Director Lawrance O'Brien			Telephone No. 732-367-4700 ext. 7119	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
[REDACTED]	N/A		CARF	
7. Location of Proposed Project	City	County	State	Zip Code
40 Christopher Way,	Eatontown	Monmouth	New Jersey	0
8. Total Proposed Level of Service in 2024 35 Clients		9. Unit of Service Cost in 2024 \$1,185.00		
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 checked="" type="checkbox"/> NO <input 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		\$41,470.00		

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
Dr. Tara Chalakani Chief Executive Officer		October 25, 2023