

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: Ringside Rescue Advocates for at Risk Youth
(PRINT)

Preparer's Name: Stephanie Lashley
(PRINT)

Signature: Stephanie Lashley (DATE)

Address: 2 Jonathan Pl.
Maple NJ 07053

Telephone No.: 732-895-9422

Fax No.: _____

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

Contact Person: Stephanie Lashley

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)

Prevention Services

Service Modality

1. Name of Contractor Ringside Rescue Advocates for At Risk Youth				
2. Street Address	City	County	State	Zip Code
2 Jonathan Pl	Neptune	Monmouth	NJ	07753
3. Name and Title of Fiscal Contact Chelsey Brunson CFO			Telephone No. 848-469-0533	
4. Name and Title of Director Stephanie Lashley Vice President & ED			Telephone No. 732-895-9422	
5. Name and Title of Program Manager/Medical Director Stephanie Lashley			Telephone No. 732-895-9422	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable		Accreditations	
7. Location of Proposed Project	City	County	State	Zip Code
34 Hwy 35	Neptune	Monmouth	NJ	07753
8. Total Proposed Level of Service in 2024		9. Unit of Service Cost in 2024		
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
\$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) Chelsey Brunson CFO	SIGNATURE OF CONTRACTOR <i>Chelsey Brunson</i>	DATE OF APPLICATION 10-27-2023
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