

SIGNATURE PAGE

CC-9-2024

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: IEP Youth Services, Inc.
(PRINT)

Preparer's Name: Martin Krupnick, Psy.D.
(PRINT)

Signature: *Martin Krupnick, Psy.D.* 11/6/2023
(DATE)

Address: 75 West Main Street
Freehold, New Jersey 07728-2114

Telephone No.: 732-431-2663

Fax No.: 732-577-1425

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

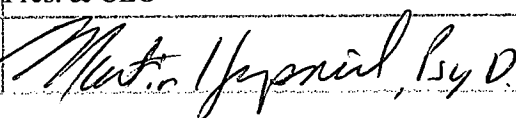
Contact Person: Dr. Martin Krupnick

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)

**2024 Funding Request Application
CC-9-2024**

Program Area Applying For:	Dispositional Option – Individualized Services for Youth on Probation		
Incorporate Name of Contractor	IEP Youth Services, Inc.		
Type:	<input type="checkbox"/> Public	<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> Non-Profit
Federal I.D. Number:	[REDACTED]		
Address of Contractor:	75 West Main Street Freehold, New Jersey 07728-2114		
Address of Service(s):	83 West Main Street Freehold, New Jersey 07728		
Contact Person, Phone # / e-mail address	Dr. Martin Krupnick 908-692-8316; MKrupnick@iepyouthservices.org		
Total Dollar Amount Requested:	\$75,000		
Total Number of Youth / Families to be Served	50		
Brief Description of Proposed Services, Level of Service (Direct & Indirect Hours) and Unit Cost:			
300 Individual & Family Sessions @ \$175/Session; 20 Groups @ \$250/group; 5 Psychological Evaluations @ \$2,500/ Evaluation			
Materials, Supplies & Training	\$2,000		
Juvenile Activities & Incentive Awards	\$3,000		
Authorized Voucher Signature: Name/Title	Dr. Martin I. Krupnick Pres. & CEO		
Signature:			

**2024 Funding Request Application
CC-9-2024**

Program Area Applying For:	Dispositional Option - Specialized Treatment Services for Youth with Problematic Sexual Behavior		
Incorporate Name of Contractor	IEP Youth Services, Inc.		
Type:	<input type="checkbox"/> Public	<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> Non-Profit
Federal I.D. Number:	22-2439656		
Address of Contractor:	75 West Main Street Freehold, New Jersey 07728-2114		
Address of Service(s):	83 West Main Street Freehold, New Jersey 07728		
Contact Person, Phone # / e-mail address	Dr. Martin Krupnick 908-692-8316; MKrupnick@iepyouthservices.org		
Total Dollar Amount Requested:	\$60,000		
Total Number of Youth / Families to be Served	15		
Brief Description of Proposed Services, Level of Service (Direct & Indirect Hours) and Unit Cost:	193 Individual or Family Sessions @ \$175/session; 45 Groups @ \$250/group; 10 Multi Family Education Groups @ \$250/group; 6 Social Skills Groups @\$125/group; 4 Intakes @\$200/intake; 6 Discharges @ \$175/discharge; 3 Psychological or Psycho-Sexual Evaluations @ \$2,500/eval. Also \$500 Transportation (Uber) and \$1,875 Materials, Supplies & Training		
Authorized Voucher Signature: Name/Title	Dr. Martin I. Krupnick Pres. & CEO		
Signature:	