

**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) \*\*\***

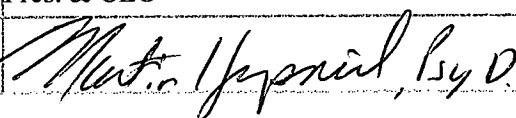
Contact Person: Dr. Martin Krupnick

FEIN: [REDACTED]  
(Federal Employee ID)

BRC: [REDACTED]  
(Business Registration Certificate)

(Revised 2/2017)

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

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

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

<b>Program Area Applying For:</b>	<b>Dispositional Option - Specialized Treatment Services for Youth with Problematic Sexual Behavior</b>		
<b>Incorporate Name of Contractor</b>	IEP Youth Services, Inc.		
<b>Type:</b>	<input type="checkbox"/> Public	<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> Non-Profit
<b>Federal I.D. Number:</b>	[REDACTED]		
<b>Address of Contractor:</b>	75 West Main Street Freehold, New Jersey 07728-2114		
<b>Address of Service(s):</b>	83 West Main Street Freehold, New Jersey 07728		
<b>Contact Person, Phone # / e-mail address</b>	Dr. Martin Krupnick 908-692-8316; MKrupnick@iepyouthservices.org		
<b>Total Dollar Amount Requested:</b>	\$60,000		
<b>Total Number of Youth / Families to be Served</b>	15		
<b>Brief Description of Proposed Services, Level of Service (Direct &amp; Indirect Hours) and Unit Cost:</b>	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		
<b>Authorized Voucher Signature: Name/Title</b>	Dr. Martin I. Krupnick Pres. & CEO		
<b>Signature:</b>	