

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: Mental Health Association of Monmouth County
(PRINT)

Preparer's Name: Wendy De Pedro
(PRINT)

Signature: Wendy De Pedro 11/13/2023
(DATE)

Address: 106 Apple St. Suite 110
Tinton Falls, NJ 07724

Telephone No.: 732 542-6422

Fax No.: 732 542-2477

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

Contact Person: Ashley Lobbatto

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)

(Revised 2/2017)

**COUNTY OF MONMOUTH
OFFICE OF CHILD AND YOUTH SERVICES
YOUTH SERVICES COMMISSION**

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

| | | | |
|---|---|---------------------------------|--|
| Program Area Applying For: | Parent Child Conflict Resolution Program (WRAP) - Diversion | | |
| Incorporate Name of Contractor | Mental Health Association of Monmouth County | | |
| Type: | <input type="checkbox"/> Public | <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Non-Profit |
| Federal I.D. Number: | [REDACTED] | | |
| Address of Contractor: | 106 Apple Street, Suite 110, Tinton Falls, NJ 07724 | | |
| Address of Service(s): | Services provided throughout Monmouth County at various sites, including in the child/family's home | | |
| Contact Person, Phone # / e-mail address | Ashley Lobbato, 732-542-6422 x111 alobbato@mentalhealthmonmouth.org | | |
| Total Dollar Amount Requested: | \$171,754 | | |
| Total Number of Youth / Families to be Served | 45 individual/60 group | | |
| Brief Description of Proposed Services, Level of Service (Direct & Indirect Hours) and Unit Cost: | | | |
| Services will provide for a Parent Child Conflict Resolution program that will serve as a juvenile-family crisis intervention and school resource. | | | |
| Referrals to the program can be made by the Family Crisis Intervention Unit (FCIU) and the Family Court as a diversion program. Cost per youth (unit) is \$1,635. | | | |
| | | | |
| Authorized Voucher Signature: Name/Title | Wendy DePedro, President/CEO | | |
| <i>Wendy De Pedro CEO</i> Signature: | <i>Wendy De Pedro</i> | | |

**COUNTY OF MONMOUTH
OFFICE OF CHILD AND YOUTH SERVICES
YOUTH SERVICES COMMISSION**

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

| | | | |
|---|---|---------------------------------|--|
| Program Area Applying For: | Stationhouse Adjustment and Family Court Referral Resources | | |
| Incorporate Name of Contractor | Mental Health Association of Monmouth County | | |
| Type: | <input type="checkbox"/> Public | <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Non-Profit |
| Federal I.D. Number: | 21-0665639 | | |
| Address of Contractor: | 106 Apple Street, Suite 110, Tinton Falls, NJ 07724 | | |
| Address of Service(s): | Services provided throughout Monmouth County at various sites, including in the child/family's home | | |
| Contact Person, Phone # / e-mail address | Ashley Lobbato, 732-542-6422 x111 alobbato@mentalhealthmonmouth.org | | |
| Total Dollar Amount Requested: | \$78,640 | | |
| Total Number of Youth / Families to be Served | 150 | | |
| Brief Description of Proposed Services, Level of Service (Direct & Indirect Hours) and Unit Cost: | | | |
| Services will provide for Stationhouse Adjustment and Family Court Referral Resource (Take2) program that will array of community-based service interventions for short term, immediate consequence for low-level offenses. Cost per youth (unit) is \$524. | | | |
| | | | |
| Authorized Voucher Signature: Name/Title | Wendy DePedro, President/CEO | | |
| <i>Wendy DePedro, CEO</i> Signature: | <i>Wendy DePedro</i> | | |

**COUNTY OF MONMOUTH
OFFICE OF CHILD AND YOUTH SERVICES
YOUTH SERVICES COMMISSION**

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

| | | | |
|---|--|---------------------------------|--|
| Program Area Applying For: | Diversion- Juvenile/Family Crisis Intervention Unit (FCIU) | | |
| Incorporate Name of Contractor | Mental Health Association of Monmouth County | | |
| Type: | <input type="checkbox"/> Public | <input type="checkbox"/> Profit | <input checked="" type="checkbox"/> Non-Profit |
| Federal I.D. Number: | 210-665-639 | | |
| Address of Contractor: | 106 Apple Street, Suite 110, Tinton Falls, NJ 07724 | | |
| Address of Service(s): | Youth/Family home, school and other sites throughout the community. | | |
| Contact Person, Phone # / e-mail address | Ashley Lobbato 732-542-6422 x111/alobbato@mentalhealthmonmouth.org | | |
| Total Dollar Amount Requested: | \$170,000 | | |
| Total Number of Youth / Families to be Served | 350 | | |
| Brief Description of Proposed Services, Level of Service (Direct & Indirect Hours) and Unit Cost: | | | |
| Services will provide for a 24 hour on-call service to approximately 350 juveniles and their families. | | | |
| Services are designed to stabilize family crises, refer juveniles and their families to the appropriate community service and divert juveniles from entering the juvenile justice system. Unit cost is \$485. | | | |
| Authorized Voucher Signature: Name/Title | Wendy DePedro/President & CEO | | |
| Signature: |  | | |