

**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**

<b>Program Area Applying For:</b>	Parent Child Conflict Resolution Program (WRAP) - Diversion		
<b>Incorporate Name of Contractor</b>	Mental Health Association of Monmouth County		
<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>	106 Apple Street, Suite 110, Tinton Falls, NJ 07724		
<b>Address of Service(s):</b>	Services provided throughout Monmouth County at various sites, including in the child/family's home		
<b>Contact Person, Phone # / e-mail address</b>	Ashley Lobbato, 732-542-6422 x111 alobbato@mentalhealthmonmouth.org		
<b>Total Dollar Amount Requested:</b>	\$171,754		
<b>Total Number of Youth / Families to be Served</b>	45 individual/60 group		
<b>Brief Description of Proposed Services, Level of Service (Direct &amp; Indirect Hours) and Unit Cost:</b>			
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.			
<b>Authorized Voucher Signature: Name/Title</b>	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**

<b>Program Area Applying For:</b>	Stationhouse Adjustment and Family Court Referral Resources		
<b>Incorporate Name of Contractor</b>	Mental Health Association of Monmouth County		
<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>	106 Apple Street, Suite 110, Tinton Falls, NJ 07724		
<b>Address of Service(s):</b>	Services provided throughout Monmouth County at various sites, including in the child/family's home		
<b>Contact Person, Phone # / e-mail address</b>	Ashley Lobbato, 732-542-6422 x111 alobbato@mentalhealthmonmouth.org		
<b>Total Dollar Amount Requested:</b>	\$78,640		
<b>Total Number of Youth / Families to be Served</b>	150		
<b>Brief Description of Proposed Services, Level of Service (Direct &amp; Indirect Hours) and Unit Cost:</b>			
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.			
<b>Authorized Voucher Signature: Name/Title</b>	Wendy DePedro, President/CEO		
<i>Wendy DePedro, CEO</i> <b>Signature:</b>	<i>Wendy DePedro</i>		

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

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

<b>Program Area Applying For:</b>	Diversion- Juvenile/Family Crisis Intervention Unit (FCIU)		
<b>Incorporate Name of Contractor</b>	Mental Health Association of Monmouth County		
<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>	106 Apple Street, Suite 110, Tinton Falls, NJ 07724		
<b>Address of Service(s):</b>	Youth/Family home, school and other sites throughout the community.		
<b>Contact Person, Phone # / e-mail address</b>	Ashley Lobbato 732-542-6422 x111/alobbato@mentalhealthmonmouth.org		
<b>Total Dollar Amount Requested:</b>	\$170,000		
<b>Total Number of Youth / Families to be Served</b>	350		
<b>Brief Description of Proposed Services, Level of Service (Direct &amp; Indirect Hours) and Unit Cost:</b>			
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.			
<b>Authorized Voucher Signature: Name/Title</b>	Wendy DePedro/President & CEO		
<b>Signature:</b>			