

SIGNATURE PAGE

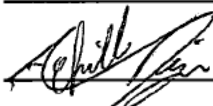
CC-11-2027

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: Achille Dejean
(PRINT)

Signature:  10/1/26
(DATE)

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

Telephone No.: 732-542-6422

Fax No.: 732-542-2477

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

Contact Person: Erin Murphy

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

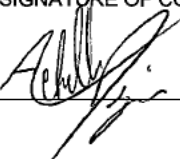
(Revised 2/2017)

APPLICATION FOR FUNDS

COMMUNITY BASED SERVICE COORDINATION AND NAVIGATION

1. Name of Contractor Mental Health Association of Monmouth County				
2. Street Address	City	County	State	Zip Code
106 Apple St. Suite 110	Tinton Falls	Monmouth County	NJ	07724
3. Name and Title of Fiscal Contact Ash Bakre			Telephone No. 732-542-6422	
4. Name and Title of Director Ewa Farry, Senior Director Erin Murphy, Senior Director			Telephone No. 732-547-6422	
5. Name and Title of Program Manager Nicole Cashman			Telephone No. 732-547-6422	
6. Employer ID No. 	NJ State License No., if Applicable		Accreditations, if Applicable	
7. Location of Proposed Project	City	County	State	Zip Code
106 Apple St. Suite 110	Tinton Falls	Monmouth County	NJ	07724
8. Total Proposed Level of Service in 2023/2024 2,548		9. Unit of Service Cost in 2023/2024 \$117		
10. Type of Agency (check one) ☒ PRIVATE NON-PROFIT ☐ GOVERNMENT ☐ HOSPITAL ☐ Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System? ☐ YES ☐ NO ☒ N/A		12. Affirmative Action Plan ☒ YES ☐ NO		13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? ☐ YES ☒ NO
COST OF PROJECT				
14. Total Funds Requested \$300,000				

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 Department of Human Services 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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Achille Dejean/ Executive Director		10/11/26