

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: Prevention Resources, Inc

(PRINT)

Preparer's Name:

Meghan Moore

(PRINT)

Signature:

10/5/26 Meghan Moore

(DATE)

Address:

4 Walter E. Foran Blvd., Ste. 410

Flemington, NJ 08822

Telephone No.:

908-782-3909

Fax No.:

908-782-6025

E-Mail Address:

mmoore@njprevent.com

*** (This should be the email where Contracts would be sent) ***

Contact Person:

Meghan Moore

FEIN:

(Federal Employee ID)

BRC:

(Business Registration Certificate)

APPLICATION FOR FUNDS

COMMUNITY BASED SERVICE COORDINATION AND NAVIGATION

1. Name of Contractor Prevention Resources				
2. Street Address	City	County	State	Zip Code
4 Walter E Foran Blvd suite 410	Flemington	Hunterdon	NJ	08822
3. Name and Title of Fiscal Contact			Telephone No.	
Colette Camisa			908-782-3909	
4. Name and Title of Director			Telephone No.	
Meghan Moore			908-782-3909	
5. Name and Title of Program Manager			Telephone No.	
Candace Palmer			732-455-5277	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable	
7. Location of Proposed Project	City	County	State	Zip Code
41 Throckmorton St	Freehold	Monmouth	NJ	07728
8. Total Proposed Level of Service in 2026/2027 6,084 hours		9. Unit of Service Cost in 2026/2027 \$49.30 per hour		
10. Type of Agency (check one)				
☒ PRIVATE NON-PROFIT ☐ GOVERNMENT ☐ HOSPITAL ☐ Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System?		12. Affirmative Action Plan		13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?
☐ YES ☐ NO ☒ N/A		☐ X YES ☐ NO		☐ 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
Meghan Moore Executive Director of Support Services		10/5/2026