

SIGNATURE PAGE

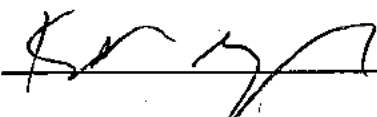
CC-16-2024

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: HMH – Jersey Shore University Medical Center
(PRINT)

Preparer's Name: Kenneth Esser
(PRINT)

Signature:  4/18/2024
(DATE)


Address: 61 Davis Ave
Neptune, NJ 07754

Telephone No.: 732-897-2703

Fax No.: 732-643-4378

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

Contact Person: Grace Hickey

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

MENTAL HEALTH SERVICES AND RELATED SUPPORT SERVICES

OUTPATIENT MENTAL HEALTH SERVICES

(Insert Service Modality being applied for above)

1. Name of Contractor HMH - Jersey Shore University Medical Center				
2. Street Address 61 Davis Ave	City Neptune	County Monmouth	State NJ	Zip Code 07724
3. Name and Title of Fiscal Contact Kevin Jackson			Telephone No. 201-723-1263	
4. Name and Title of Director Grace Hickey, PsyD Regional Director, Behavioral Health			Telephone No. 732-897-2703	
5. Name and Title of Program Manager Dana Boetinger, LPC, Clinical Operations Manager			Telephone No. 732-897-2724	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations The Joint Commission	
7. Location of Proposed Project 61 Davis Ave	City Neptune	County Monmouth	State NJ	Zip Code 07724
8. Total Proposed Level of Service in 2023/2024 5,200 Service Hours		9. Unit of Service Cost in 2023/2024 Cost per unit of service- \$9.86 (\$51,289/5200)		
10. Type of Agency (check one) <input type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input checked="" type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (specify)				
11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		12. Affirmative Action Plan <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO		13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
COST OF PROJECT				
14. Total Funds Requested \$51,289				

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 Division of Behavioral Health 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) HMH - Jersey Shore university Medical Center Kenneth Esser, EVP Behavioral Health CTS	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 4/18/24
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