

**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: Mental Health Association of Monmouth County  
(PRINT)

Preparer's Name: Ewa Farry, MA  
(PRINT)

Signature:  4/29/24  
(DATE)


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


Telephone No.: 732-542-6422

Fax No.: 732-542-2477

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

Contact Person: Achille Dejean, LPC Executive Director

FEIN:   
(Federal Employee ID)

BRC:   
(Business Registration Certificate)

**APPLICATION FOR FUNDS**

**MENTAL HEALTH SERVICES AND RELATED SUPPORT SERVICES**

Suicide Prevention - Adults

**(Insert Service Modality being applied for above)**

1. Name of Contractor <b>Mental Health Association of Monmouth County</b>				
2. Street Address <b>106 Apple St., Suite 110,</b>		City <b>Tinton Falls</b>	County <b>Monmouth</b>	State <b>New Jersey</b>
3. Name and Title of Fiscal Contact <b>Achille Dejean, LPC</b>		Telephone No. <b>732-542-6422 Ext. 102</b>		
4. Name and Title of Director <b>Achille Dejean, LPC</b>		Telephone No. <b>732-542-6422 ext. 102</b>		
5. Name and Title of Program Manager <b>Achille Dejean, LPC</b>		Telephone No. <b>732-542-6422 ext. 102</b>		
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable <b>NJ DMHAS License No. [REDACTED]</b>		Accreditations <b>Outpatient [REDACTED]</b>	
7. Location of Proposed Project <b>Varied community locations in Monmouth County</b>		City	County	State
8. Total Proposed Level of Service in 2023/2024 <b>650</b>		9. Unit of Service Cost in 2023/2024 <b>\$76.92</b>		
10. Type of Agency (check one) <input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input 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
<b>COST OF PROJECT</b>				
14. Total Funds Requested		<b>\$50,000</b>		

**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) <b>Achille Dejean, LPC, Executive Director</b>	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION <b>4/29/24</b>
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