

**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: YMCA of Greater Monmouth County  
(PRINT)

Preparer's Name: Laurie Groganizer  
(PRINT)

Signature: Laurie Groganizer 4/30/24  
(DATE)

Address: 170 Patterson Avenue  
Shrewsbury NJ 07702

Telephone No.: 732-671-5505

Fax No.: 732-671-5517

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

Contact Person: John Kelly

FEIN: [REDACTED]  
(Federal Employee ID)

BRC: [REDACTED]  
(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 <b>YMCA of Greater Monmouth County</b>					
2. Street Address <b>170 Patterson Ave.</b>		City <b>Shrewsbury</b>	County <b>Monmouth</b>	State <b>NJ</b>	Zip Code <b>07702</b>
3. Name and Title of Fiscal Contact <b>John Kelly, Chief Financial Officer</b>			Telephone No. <b>732-671-5505 x129</b>		
4. Name and Title of Director <b>Marissa Murray, Director Outpatient Services</b>			Telephone No. <b>732-290-3040 x431</b>		
5. Name and Title of Program Manager <b>Marissa Murray, Director Outpatient Services</b>			Telephone No. <b>732-290-3040 x431</b>		
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations		
7. Location of Proposed Project <b>166 Main St.</b>		City <b>Matawan</b>	County <b>Monmouth</b>	State <b>NJ</b>	Zip Code <b>07747</b>
8. Total Proposed Level of Service in 2023/2024 <b>1080 hours</b>			9. Unit of Service Cost in 2023/2024 <b>\$172.05</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 checked="" type="checkbox"/> NO <input 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 <b>\$105,920</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>Laurie Gargner, President &amp; CEO</b>	SIGNATURE OF CONTRACTOR <i>Laurie Gargner</i>	DATE OF APPLICATION <b>4/30/24</b>
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