SIGNATURE PAGE

CC-17-2024

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:	Society for the Prevention of Teen Suicide, Inc.
, ,	(PRINT)
Preparer's Name:	Dawn Doherty, Executive Director
Signature:	Jawn Dolland
Address:	110 West Main Street
	Freehold, NJ 07728
Telephone No.:	732-410-7900
Fax No.:	
E-Mail Address:	dawn@sptsusa.org
	(This should be the email where Contracts would be sent)
Contact Person:	Dawn Doherty
FEIN:	
(Federal Employee ID)	
BRC:	
(Business Registration Certif	cale)

(Revised 2/2017)

APPLICATION FOR FUNDS

	(Insert	Service Modality	being applied	for above)			
		•	•				
1. Name of Contract							
Society for the	e Prevention of T	een Suicide, Inc.					
Street Address	City	County State	Zip Code				
		d Monmouth NJ	07728				
3. Name and Title of	Fiscal Contact			Telephone No.			
Dawn Doherty, Executive Director				732-410-7900 ext. 102			
4. Name and Title of	Director			Telephone No.			
Susan Tellor	Susan Tellone, Clinical Director				732-410-7900 ext. 104		
5. Name and Title of	Program Manager			Telephone No.			
	Kalisha Smith, Associate Clinical Director				732-410-7900 ext. 112		
6. Employer ID No.		NJ State License No., if Applicable		<u> </u>	Accreditations		
			• •		<u> </u> 		
7. Location of Prepo	sed Project	City	County		State	Žiρ Code	
8. Total Proposed Leve	etion across Mon of Service in 2023/202 irect service	-		e Cost in 2023/20 direct service			
10. Type of Agency (c			1				
Ø PRIVATE NO	ON-PROFIT [GOVERNMENT	☐ HOSPITAL	_			
11. If political subdivisi	on, covered by NJ	12. Affirmative Actio	n Plan	13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?			
Čívil Service Meri	t System?	M YES	□ NO				
☐ YES ☐	NO 🖾 N/A			13	YES 🔀 1	10	
COST OF PROJECT	\$50,00	<u>. </u>					
Certification: The uncontained in this application. The unto the contractor and the this application. The unto the conditions and clinclude provisions describes to contact Stabudget, programmatic organization's budget a	dersigned assures, of ation and atlachmen services described in dersigned further until the prolicies, regulational in the grant aptile, County and Fede and contract information and contract information.	is are true and correct herein will be provided derstands and agrees ilons and rules issued pilcation. In addition, the	, the application ha I to the extent agre that any grant recei by the County of the the undersigned gives a charitable funding	s been duly aut ed upon in the o ved as a result o donmouth for th es permission to sources to disc	nonzed by the go contract develope of this application to administration of the Division of (tuss and share re	ed as a result of shall be subject of grants which Child and Yould devant financial	
NAME AND TITLE OF	CONTRACTOR (Pr	int) SIGNATURE C	F CONTRACTOR	DATE OF	APPLICATION		
ociety for the Prevent awn Doherty, Execut	ion of Teen Sulc		untaka	4/3	0/2024		
			<u> </u>	1			
			(1			

AffJ,ICALJON.FQB.E.JJNps

<Tnsert Service Modality being applied for above}</pre>

1.	Name of Contractor				*			
	Society for the Prevention of To	een Suicide, Inc.						
	street Address City	County State	Zip Code					
	110 West Main Street, Freehold	d Monmouth NJ	07728					
3.	Name and Title of Fiscal Contact				Telephone No.			
	Dawn Doherty, Executive Director				732-410-7900 ext. 102			
4.	Name and Tille of Director	ē		Telephone No.				
	Susan Tellone, Clinical Director	or		732-410-7900 ext. 104				
5.	Name and Tille of Program Manager			Telephone No	Telephone No.			
	Kalisha Smith, Associate Clin	732-410-7900 ext. 112						
6.	Employer ID No.	NJ State license No	o., if Applicable	-1	Accreditations	-		
7.	Location of Proposed Project	City	County		State	Zip Code		
	Various location across Moni	mouth County						
8.	Total Proposed Level of Service in 20231202	4		ce Cost in 2023.120		3.30		
-	NIA - Not direct service N/A - Not			direct service	<u> </u>			
	pe of Agency (check one) X PRIVATE NON-PROFIT 0	GOVERNMENT	☐ HOSPITAL	D Other	(specify)			
11. If	polilir.al subdivision, covered by NJ	12. Affirmative Action	n Plan		warded, will funds			
(Civil Service Merit System?	YES 0 NO		replace other funds which would be available in absence of award?				
(0 YES 0 NO 11'JN/A			0	YES IXI NO			
	T OF PROJECT Total Funds Requested \$37,97	3						
conta the C this ap to the includ Servic budge	fication: The undersigned assures, dined in this application and attachments ontractor and the services described his pplication. The undersigned further und econditions and other policies, regulative provisions described in the grant applices to contact State. County and Federalt, programmatic and contract informational initiation's budget and fiscal audil.	s are true and correct, erein 'All be provided erstands and agrees tons and rules issued dication. In addition, the all agencies as well as	the application hat to the extent agree that any grant receiby the County of Note undersigned gilling charitable funding	s been duly authed upon in the coved as a resull of Monmouth for the spermission losource to discu	norized by the gover contract developed of if lhis application sha e administralion of the Division of Chil cuss and hare relev	ming body of as a result or all be subject grants which d and Youth ant financial,		
	E AND TITLE OF CONTRACTOR (Pri	·	FCONTRACTOR	DATE OF	APPLICATION			
Society for	or the Prevention of Teen Suici,	4/30)/2024					
Dawn Do	pherty, Executive Director	Dawn	Mochanta					