

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
(PRINT)

Signature: *Dawn Doherty* (DATE)

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: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)

(Revised 2/2017)

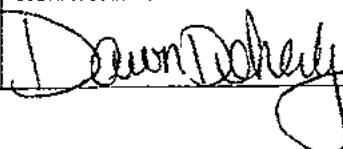
APPLICATION FOR FUNDS

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(Insert Service Modality being applied for above)

| | | | | |
|---|--|--|--|---|
| 1. Name of Contractor Society for the Prevention of Teen Suicide, Inc. | | | | |
| Street Address City County State Zip Code | | | | |
| 110 West Main Street, Freehold Monmouth NJ 07728 | | | | |
| 3. Name and Title of Fiscal Contact Dawn Doherty, Executive Director | | | Telephone No. 732-410-7900 ext. 102 | |
| 4. Name and Title of Director Susan Tellone, Clinical Director | | | Telephone No. 732-410-7900 ext. 104 | |
| 5. Name and Title of Program Manager Kalisha Smith, Associate Clinical Director | | | Telephone No. 732-410-7900 ext. 112 | |
| 6. Employer ID No. [Redacted] | | NJ State License No., if Applicable | | Accreditations |
| 7. Location of Proposed Project City County State Zip Code | | | | |
| Various location across Monmouth County | | | | |
| 8. Total Proposed Level of Service in 2023/2024 N/A - Not direct service | | | 9. Unit of Service Cost in 2023/2024 N/A - Not direct service | |
| 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 |
| COST OF PROJECT \$50,000 | | | | |
| 14. Total Funds Requested | | | | |

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 Child and Youth 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) Society for the Prevention of Teen Suicide Dawn Doherty, Executive Director | SIGNATURE OF CONTRACTOR  | DATE OF APPLICATION 4/30/2024 |
|--|---|----------------------------------|

AffLICATION.FQB.EJINps

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<Insert Service Modality being applied for above>

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| 7. Location of Proposed Project Various location across Monmouth County | City | County State Zip Code |
| 8. Total Proposed Level of Service in 2023/2024 NIA - Not direct service | 9. Unit of Service Cost in 2023/2024 N/A - Not direct service | |
| 10. Type of Agency (check one) <input checked="" type="checkbox"/> PRIVATE NON-PROFIT 0 GOVERNMENT <input type="checkbox"/> HOSPITAL D Other (specify) | | |
| 11. If political subdivision, covered by NJ Civil Service Merit System? 0 YES 0 NO 11/N/A | 12. Affirmative Action Plan YES 0 NO | 13. If grants awarded, will funds be used to replace other funds which would be available in absence of award? 0 YES XI NO |
| COST OF PROJECT | | |
| 14. Total Funds Requested | | \$37,973 |

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 Child and Youth Services to contact State, County and Federal agencies as well as charitable funding source to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make all available to the Division upon request the organization's budget and fiscal audit.

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