

**SIGNATURE PAGE**

**CC-8-2024**

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.**

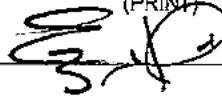
Company Name: NCADD of Middlesex County, Inc (NBA: Wellspring Center for Prevention)

(PRINT)

Preparer's Name: Ezra Helfand, Executive Director & CEO

(PRINT)

Signature: \_\_\_\_\_



10/11/2023  
(DATE)

Address: 620 Cranbury Rd – Suite 105

East Brunswick, NJ 08816

Telephone No.: (732) 254-3344 Ext:125

Fax No.: (732) 254-4224

E-Mail Address: Ezra.Helfand@WCPNJ.org

\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: Mara Carlin, Director of Prevention Programs

FEIN: \_\_\_\_\_

(Federal Employee ID)

BRC: \_\_\_\_\_

(Business Registration Certificate)

(Revised 2/2017)

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH  
APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type:    Treatment Services                      Prevention Services                      Recovery Support Services  
Circle (1)

**Community Based Alcohol/Drug Use "Selective and Indicated Prevention Services"**

**Service Modality**

|   |  |  |  |   |                   |
|---|--|--|--|---|-------------------|
| 1. Name of Contractor<br>NCADD of Middlesex County, d/b/a Wellspring Center for Prevention  |  |  |  |   |                   |
| 2. Street Address<br>620 Cranbury Road  |  | City<br>East Brunswick   | County<br>Middlesex                              | State<br>NJ   | Zip Code<br>08816 |
| 3. Name and Title of Fiscal Contact<br>Lizette Fallon   |  |  | Telephone No.<br>732-254-3344                    |   |                   |
| 4. Name and Title of Director<br>Mara Carlin, Director of Prevention Services   |  |  | Telephone No.<br>732-254-3344                    |   |                   |
| 5. Name and Title of Program Manager/Medical Director<br>Nicki Francis, Coordinator of Monmouth County  |  |  | Telephone No.<br>732-254-3344                    |   |                   |
| 6. Employer ID No.<br>[REDACTED]  |  | NJ State License No., if Applicable  |  | Accreditations  |                   |
| 7. Location of Proposed Project<br>Long Branch Middle School  |  | City<br>Long Branch  | County<br>Monmouth                               | State<br>NJ   | Zip Code<br>07740 |
| 8. Total Proposed Level of Service in 2024<br>1118 hours  |  |  | 9. Unit of Service Cost in 2024<br>\$51 per unit |   |                   |
| 10. Type of Agency (check one)<br><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?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A                             |  | 12. Affirmative Action Plan<br><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?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |                   |

**COST OF PROJECT**

14. Total Funds Requested \$ 60,000

**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)<br>Ezra Helfard Executive Director & CEO | SIGNATURE OF CONTRACTOR<br> | DATE OF APPLICATION<br>10/27/23 |
|---|--|---------------------------------|

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES  
DIVISION OF BEHAVIORAL HEALTH  
APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type: Treatment Services ~~Prevention Services~~ Recovery Support Services  
Circle (1)

**PREVENTION SERVICES (We're Not Buying It 2.0)**

Service Modality

1. Name of Contractor

NCADD of Middlesex County, d/b/a Wellspring Center for Prevention

2. Street Address City County State Zip Code

620 Cranbury Road East Brunswick Middlesex NJ 08816

|   |                               |
|---|-------------------------------|
| 3. Name and Title of Fiscal Contact<br>Lizette Fallon | Telephone No.<br>732-254-3344 |
|---|-------------------------------|

|   |                               |
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| 4. Name and Title of Director<br>Mara Carlin, Director of Prevention Services | Telephone No.<br>732-254-3344 |
|---|-------------------------------|

|  |                               |
|--|-------------------------------|
| 5. Name and Title of Program Manager/Medical Director<br>Nicki Francis, Coordinator of Monmouth County | Telephone No.<br>732-254-3344 |
|--|-------------------------------|

|                                  |                                     |                |
|----------------------------------|-------------------------------------|----------------|
| 6. Employer ID No.<br>[REDACTED] | NJ State License No., if Applicable | Accreditations |
|----------------------------------|-------------------------------------|----------------|

|  |                     |                    |             |                   |
|--|---------------------|--------------------|-------------|-------------------|
| 7. Location of Proposed Project<br>Long Branch Middle School | City<br>Long Branch | County<br>Monmouth | State<br>NJ | Zip Code<br>07740 |
|--|---------------------|--------------------|-------------|-------------------|

|   |  |
|---|--|
| 8. Total Proposed Level of Service in 2024<br>416 hours | 9. Unit of Service Cost in 2024<br>\$48 per unit |
|---|--|


10. Type of Agency (check one)  
 PRIVATE NON-PROFIT   
 GOVERNMENT   
 HOSPITAL   
 Other (specify)

|   |  |   |
|---|--|---|
| 11. If political subdivision, covered by NJ Civil Service Merit System?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A | 12. Affirmative Action Plan<br><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?<br><input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
|---|--|---|

**COST OF PROJECT**

14. Total Funds Requested \$20,000

**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.

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| NAME AND TITLE OF CONTRACTOR (Print)<br>Ezra Helfand Executive Director & CEO | SIGNATURE OF CONTRACTOR<br> | DATE OF APPLICATION<br>10/27/23 |
|---|--|---------------------------------|