

SIGNATURE PAGE

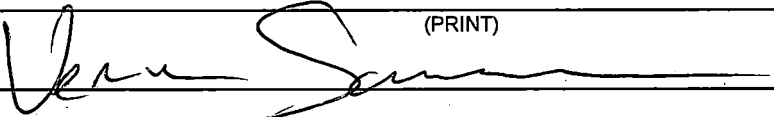
CC-15-2024

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: CPC Integrated Health
(PRINT)

Preparer's Name: Vera Sansone
(PRINT)

Signature:  4-18-24
(DATE)


Address: 10 Industrial Way East, Suite 108
Eatontown, NJ 07724

Telephone No.: 732-935-2220

Fax No.: 732-389-3207

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

Contact Person: Vera Sansone

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)

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

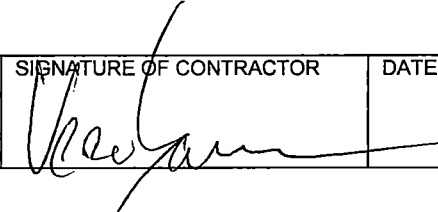
Service Type: Treatment Prevention Recovery Support Innovation
Circle (1)

Innovation - Recovery Diversion Program

(Insert Service Modality being applied for in the box above)

1. Name of Contractor CPC Integrated Health					
2. Street Address 10 Industrial Way East, Suite 108, Eatontown, NJ 07724		City Eatontown	County Monmouth	State NJ	Zip Code 07724
3. Name and Title of Fiscal Contact Dan Burns, Chief Financial Officer			Telephone No. 732-935-2220		
4. Name and Title of Director Vera Sansone, President & CEO			Telephone No. 732-935-2220		
5. Name and Title of Program Manager/Medical Director Donna Coyle, Senior Chief Clinical Officer			Telephone No. 732-935-2220		
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations The Joint Commission		
7. Location of Proposed Project 10 Industrial Way East, Suite 108, Eatontown, NJ 07724		City Eatontown	County Monmouth	State NJ	Zip Code 07724
8. Total Proposed Level of Service in 2024 1290 hours			9. Unit of Service Cost in 2024 77.52/hour		
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					
14. Total Funds Requested \$100,000					

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) Vera Sansone, President & CEO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 9-24-24
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**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH
APPLICATION FOR 2024 COUNTY GRANT FUNDS**

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

Treatment

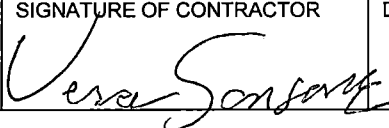
(Insert Service Modality being applied for in the box above)

1. Name of Contractor CPC Integrated Health		
2. Street Address 10 Industrial Way East, Suite 108, Eatontown, NJ 07724	City	County
3. Name and Title of Fiscal Contact Dan Burns, Chief Financial Officer	Telephone No. 732-935-2220	State
4. Name and Title of Director Vera Sansone, President & CEO	Telephone No. 732-935-2220	Zip Code
5. Name and Title of Program Manager/Medical Director Linda Lanni, Vice President of Addiction Recovery Services	Telephone No. 732-935-2220	
6. Employer ID No. 21-0719369	NJ State License No., if Applicable NJ Dept. of Health License # 2000679	Accreditations The Joint Commission
7. Location of Proposed Project 4539 Hwy 9, Howell, NJ 07724	City	County
8. Total Proposed Level of Service in 2024 2,600	9. Unit of Service Cost in 2024 \$28.16	State
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

14. Total Funds Requested \$73,214

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) Vera Sansone, President & CEO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 4/26/24
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