

SIGNATURE PAGE

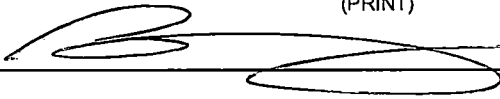
CC-15-2024

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: Discovery Institute for Addictive Disorders, Inc.
(PRINT)

Preparer's Name: Barbara Rexer
(PRINT)

Signature:  4/29/2024
(DATE)

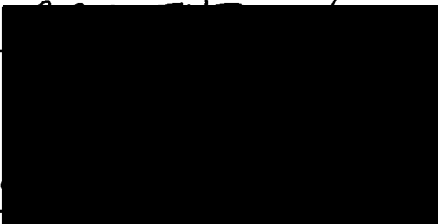
Address: 80 Conover Rd.
Marlboro, NJ 07746

Telephone No.: 732-946-9444 x125

Fax No.: 732-946-0758

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

Contact Person: Barbara Rexer

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

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

Service Type:
Circle (1)

Treatment

Prevention

Recovery Support

Innovation

Subacute Residential Detox Services ASAM Level 3.7-D

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

1. Name of Contractor Discovery Institute for Addictive Disorders, Inc.				
2. Street Address 80 Conover Road	City Marlboro	County Monmouth	State NJ	Zip Code 07746
3. Name and Title of Fiscal Contact Dominic Paris, Chief Financial Officer			Telephone 732-946-9444 Ext. 120	
4. Name and Title of Director Barbara Rexer, Chief Operating Officer			Telephone No. 732-946-9444 Ext. 125	
5. Name and Title of Program Manager/Medical Director Cindy McIntire, Director of Nursing			Telephone No. 732-946-9444 Ext.153	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations JCHO	
7. Location of Proposed Project 80 Conover Road	City Marlboro	County Monmouth	State NJ	Zip Code 07746
8. Total Proposed Level of Service in 2024 Detox			9. Unit of Service Cost in 2024 \$474.25	
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 type="checkbox"/> YES <input checked="" 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 **\$70,000.00**

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) Nicholas Boatman, President	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 04/30/24
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**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH
APPLICATION FOR 2024 COUNTY GRANT FUNDS**

Service Type:
Circle (1)

Treatment

Prevention

Recovery Support

Innovation

**Short Term Residential Services
ASAM Level 3.7**

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

1. Name of Contractor
Discovery Institute for Addictive Disorders, Inc.

2. Street Address City County State Zip Code
80 Conover Road Marlboro Monmouth NJ 07746

3. Name and Title of Fiscal Contact Dominic Paris, Chief Financial Officer	Telephone 732-946-9444 Ext. 120
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4. Name and Title of Director Barbara Rexer, Chief Operating Officer	Telephone No. 732-946-9444 Ext. 125
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5. Name and Title of Program Manager/Medical Director Cindy McIntire, Director of Nursing	Telephone No. 732-946-9444 Ext.153
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6. Employer ID No. 22-2511830	NJ State License No., if Applicable 1000051	Accreditations JCHO
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7. Location of Proposed Project City County State Zip Code
80 Conover Road Marlboro Monmouth NJ 07746

8. Total Proposed Level of Service in 2024 Short Term Residential Services	9. Unit of Service Cost in 2024 \$245.15
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10. Type of Agency (check one)
 PRIVATE NON-PROFIT
 GOVERNMENT
 HOSPITAL
 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 type="checkbox"/> YES <input checked="" 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
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COST OF PROJECT

14. Total Funds Requested **\$60,000.00**

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) Nicholas Boatman, President	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 04/30/24
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