

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: New Hope Integrated Behavioral Health Care
(PRINT)

Preparer's Name: David Roden, LCSW, LCADC
(PRINT)

Signature:  April 15, 2024
(DATE)

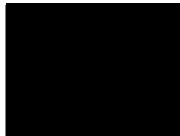
Address: 80 Conover Road, Marlboro, NJ 07746

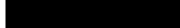
Telephone No.: 732-946-3030 x2251

Fax No.: 732-946-4891

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

Contact Person: David Roden, LCSW, LCADC, President & COO

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)

Short-Term Residential Services ASAM Level 3.7

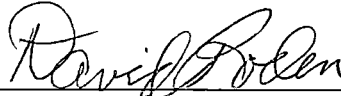
(Insert Service Modality being applied for in the box above)

1. Name of Contractor				
New Hope Integrated Behavioral Health Care				
2. Street Address	City	County	State	Zip Code
80 Conover Road	Marlboro	Monmouth	NJ	07746
3. Name and Title of Fiscal Contact			Telephone No.	
Marge Ruchaevsky, Vice President & CFO			732-946-3030 x2253	
4. Name and Title of Director			Telephone No.	
Anthony Comerford, Ph.D., CEO			732-946-3030 x2250	
5. Name and Title of Program Manager/Medical Director			Telephone No.	
David Roden, LCSW, LCADC, President & COO			732-946-3030 x2251	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
			CARF	
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		9. Unit of Service Cost in 2024		
245 bed days		\$245 per bed day		
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?	12. Affirmative Action Plan		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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
David Roden, LCSW, LCADC President & COO		April 15, 2024

ORIGINAL

**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

Outpatient Services ASAM Level 1 and 2.1

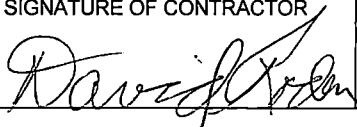
(Insert Service Modality being applied for in the box above)

1. Name of Contractor New Hope Integrated Behavioral Health Care				
2. Street Address 80 Conover Road	City Marlboro	County Monmouth	State NJ	Zip Code 07746
3. Name and Title of Fiscal Contact Marge Ruchaevsky, Vice President & CFO			Telephone No. 732-946-3030 x2253	
4. Name and Title of Director Anthony Comerford, Ph.D., CEO			Telephone No. 732-946-3030 x2250	
5. Name and Title of Program Manager/Medical Director David Roden, LCSW, LCADC, President & COO			Telephone No. 732-946-3030 x2251	
6. Employer ID No. 22-2116914	NJ State License No., if Applicable 2000307 & 2000110		Accreditations CARF	
7. Location of Proposed Project 2 Monmouth Avenue 190 Chelsea Avenue	City Freehold Long Branch	County Monmouth Monmouth	State NJ NJ	Zip Code 07728 07740
8. Total Proposed Level of Service in 2024 368 hours	9. Unit of Service Cost in 2024 \$95 per 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 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 **\$35,000**

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) David Roden, LCSW, LCADC President & COO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION April 15, 2024
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**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH
APPLICATION FOR 2024 COUNTY GRANT FUNDS**

ORIGINAL

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

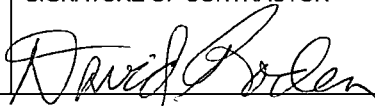
Subacute Residential Detoxification Services ASAM Level 3.7-D
(Insert Service Modality being applied for in the box above)

1. Name of Contractor New Hope Integrated Behavioral Health Care				
2. Street Address	City	County	State	Zip Code
80 Conover Road	Marlboro	Monmouth	NJ	07746
3. Name and Title of Fiscal Contact			Telephone No.	
Marge Ruchaevsky, Vice President & CFO			732-946-3030 x2253	
4. Name and Title of Director			Telephone No.	
Anthony Comerford, Ph.D., CEO			732-946-3030 x2250	
5. Name and Title of Program Manager/Medical Director			Telephone No.	
David Roden, LCSW, LCADC, President & COO			732-946-3030 x2251	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
22-2116914	1000053		CARF	
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		9. Unit of Service Cost in 2024		
148 bed days		\$475 per bed day		
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?		12. Affirmative Action Plan		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 type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO

COST OF PROJECT

14. Total Funds Requested **\$70,000**

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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David Roden, LCSW, LCADC President & COO		April 15, 2024

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

ORIGINAL

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

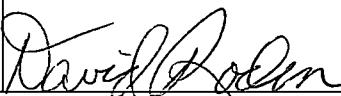
Halfway House Services ASAM Level 3.1
(Insert Service Modality being applied for in the box above)

1. Name of Contractor New Hope Integrated Behavioral Health Care				
2. Street Address 80 Conover Road	City Marlboro	County Monmouth	State NJ	Zip Code 07746
3. Name and Title of Fiscal Contact Marge Ruchaevsky, Vice President & CFO			Telephone No. 732-946-3030 x2253	
4. Name and Title of Director Anthony Comerford, Ph.D., CEO			Telephone No. 732-946-3030 x2250	
5. Name and Title of Program Manager/Medical Director David Roden, LCSW, LCADC, President & COO			Telephone No. 732-946-3030 x2251	
6. Employer ID No. 22-2116914	NJ State License No., if Applicable 1000058, 1000105 & 1000020		Accreditations CARF	
7. Location of Proposed Project 373 Brighton Avenue 300 4th Street 190 Chelsea Avenue	City Long Branch Asbury Park Long Branch	County Monmouth Monmouth Monmouth	State NJ NJ NJ	Zip Code 07740 07712 07740
8. Total Proposed Level of Service in 2024 350 bed days	9. Unit of Service Cost in 2024 \$100 per bed day			
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 **\$35,000**

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NAME AND TITLE OF CONTRACTOR (Print) David Roden, LCSW, LCADC President & COO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION April 15, 2024
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