

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: Preferred Behavioral Health Group
(PRINT)

Preparer's Name: Jillian Gibb

Signature: *Jillian Gibb* (PRINT) (DATE)

Address: 40 Christopher Way Suite 101
Eatontown, NJ 07724

Telephone No.: 732-663-1800 Ext. 2670

Fax No.: N/A

E-Mail Address: kmccarthy@preventionfirst.net
***** (This should be the email where Contracts would be sent) *****

Contact Person: Kaitlin McCarthy, Director of Prevention First Services

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(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)

Community Based Alcohol/Drug Use Prevention Services Men's Halfway House

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

1. Name of Contractor
Prevention First, A Division of Preferred Behavioral Health Group

2. Street Address	City	County	State	Zip Code
40 Christopher Way	Eatontown	Monmouth	NJ	07724

3. Name and Title of Fiscal Contact	Telephone No.
Peter Kisylia Chief Financial Officer	732.367.4700 Ext. 3101

4. Name and Title of Director	Telephone No.
Kaitlin McCarthy, Director of Prevention First Services	732-663-1800 Ext. 2670

5. Name and Title of Program Manager/Medical Director	Telephone No.
N/A	N/A

6. Employer ID No.	NJ State License No., if Applicable	Accreditations
██████████	N/A	N/A

7. Location of Proposed Project	City	County	State	Zip Code
Long Branch Monmouth County, NJ 07740				

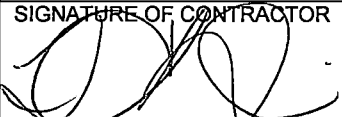
8. Total Proposed Level of Service in 2024 730 TOTAL HOURS	9. Unit of Service Cost in 2024 \$68.49 (\$50,000/730)
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10. Type of Agency (check one)
 PRIVATE NON-PROFIT
 GOVERNMENT
 HOSPITAL
 Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input 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
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14. Total Funds Requested **\$50,000.00** **COST OF PROJECT**

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
Dr. Tara Chalakani Chief Executive Officer		4/26/24