CERTIFIED PEER RECOVERY SPECIALIST FIRST RESPONDER PROGRAM Hope Sheds Light

SIGNATURE PAGE

CC-24-2023

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:	Hope Sheds Light
	(PRINT)
Preparer's Name:	Painela Capaci / (PRINT)
Signature:	July 9/5/2:
Address:	2510 Apache Rd. Manasquan, NJ 08736
Telephone No.:	732-244-0783
Fax No.:	
E-Mail Address:	pam@hopeshedslight.org
	(This should be the email where Contracts would be sent)
Contact Person:	Pamela Capaci
FEIN:	
Federal Employee ID)	
BRC:	
(Business Registration Certific	cata)

(Revised 2/2017)

CERTIFIED PEER RECOVERY SPECIALIST FIRST RESPONDER PROGRAM Hope Sheds Light

APPLICATION FOR FUNDS

Certified Peer Recovery Specialist First Responder Program

Hope Sheds Light					
1. Name of Contractor					
2510 Apache Rd. Manasquar	n, Monmouth NJ	07836			
2. Street Address	City	County	•	State	Zip Code
Barbara Hoopengardner, Finance	Director		•	!	
3. Name and Title of Fiscal Contact			Telephone No).	
Pamela Capaci, CEO			732-244-0	783 ext. 101	
Name and Title of Director			Telephone No).	
Emily Esposito, Program Director			732-244-0783 ext.		
5. Name and Title of Program Manager			Telephone No).	
6. Employer ID No.	NJ State License No., if A	pplicable		Accreditations	
	Monmouth Countr			NII	
7 Lanation of Drawnood Drainet	Monmouth County			NJ	75- O1-
7. Location of Proposed Project	City	County		State	Zip Code
7. Total Proposed Level of Service in 2023/20	,		ce Cost in 2023/2	024	
1000	Þ .	200			
10. Type of Agency (check one) ☑ PRIVATE NON-PROFIT ☐	GOVERNMENT	HOSPITAL	☐ Othe	er (specify)	
11. If political subdivision, covered by NJ Civil Service Merit System?	12. Affirmative Action P	lan	13. If grant is awarded, will funds be used to		
•	☐ YES ☐ NO		replace other funds which would be available in absence of award?		
☐ YES ☐ NO ☐ N/A				YES X	NO
COST OF PROJECT	00 000 00				
14. Total Funds Requested - \$20	00,000.00				
Certification: The undersigned assures, contained in this application and attachmenthe Contractor and the services described this application. The undersigned further unto the conditions and other policies, regula include provisions described in the grant Health to contact State, County and Feder budget, programmatic and contract inform organization's budget and fiscal audit. NAME AND TITLE OF CONTRACTOR (Programment)	ats are true and correct, the herein will be provided to to a derstands and agrees that tions and rules issued by the application. In addition, the all agencies as well as charaction. The undersigned also also and the application and the addition.	application ha he extent agre any grant recei he County of Ne undersigned itable funding so agrees to n	s been duly au ed upon in the ived as a result Monmouth for t gives permiss sources to disc nake available	thorized by the government developed to this application the administration to the Division to	verning body of ed as a result of shall be subject of grants which n of Behavioral levant financial,
Pamela Capaci, CEO	\times_{\wedge} //	[]			
Hope Sheds Light	NAW 1	\ \ \	9/1/20)23	

ENHANCEMENTS TO CURRENT SUBSTANCE USE DISORDER SERVICES

Hope Sheds Light

SIGNATURE PAGE

CC-24-2023

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:	Hope Sheds Light	
	(PRINT)	
Preparer's Name:	Pamela Capaci	
	(PRINT)	
Signature:		
		(DATE
Address:	2510 Apache Rd. Manasquan, NJ 08736	
	•	
-		
Telephone No.:	732-244-0783	
Fax No.:		
E-Mail Address:		
•	pam@hopeshedslight.org	
	(This should be the email where Contracts would be sent)	
Contact Person:	Pamela Capaci	~
FEIN:	46-3910504	
(Federal Employee ID)		
BRC:	182992	
(Business Registration Certific	cate) (

(Revised 2/2017)

ENHANCEMENTS TO CURRENT SUBSTANCE USE DISORDER SERVICES

Hope Sheds Light

APPLICATION FOR FUNDS

ENHANCEMENTS TO CURRENT SUBSTANCE USE DISORDER SERVICES

Hope Sheds Light		
Name of Contractor		
2510 Apache Rd. Manasquar	n, Monmouth NJ 07836	
2. Street Address Barbara Hoopengardner, Finance	City County Director	State Zip Code
3. Name and Title of Fiscal Contact		Telephone No.
Pamela Capaci, CEO		732-244-0783 ext. 101
Name and Title of Director		Telephone No.
Emily Esposito, Program Director		732-244-0783 ext. 121
5. Name and Title of Program Manager		Telephone No.
46-3910504		
6. Employer ID No.	NJ State License No., if Applicable	Accreditations
	Monmouth County	NJ
Location of Proposed Project	City County	State Zip Code
2510 Apache Rd.		
7. Total Proposed Level of Service in 2023/202	24 8. Unit of Serv	rice Cost in 2023/2024
500	\$171.7 4	
10. Type of Agency (check one) ☑ PRIVATE NON-PROFIT	GOVERNMENT HOSPITA	L 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
☐ YES ☐ NO ☐ N/A	☐ YES ☐ NO	available in absence of award? ☐ YES 🗵 NO
COST OF PROJECT		· · · · · · · · · · · · · · · · · · ·
14. Total Funds Requested - \$85	5,868.00	
contained in this application and attachmen the Contractor and the services described this application. The undersigned further ur to the conditions and other policies, regula include provisions described in the grant a Health to contact State, County and Federa	ts are true and correct, the application herein will be provided to the extent agriderstands and agrees that any grant rections and rules issued by the County of application. In addition, the undersigned agreement as well as charitable funding	of his/her knowledge and belief, all information as been duly authorized by the governing body of eed upon in the contract developed as a result of eived as a result of this application shall be subject Monmouth for the administration of grants which d gives permission to the Division of Behavioral repurces to discuss and share relevant financial, make available to the Division upon request, the
		/
NAME AND TITLE OF CONTRACTOR (Pr	int) SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Pamela Capaci, CEO		
Hope Sheds Light		9/1/2023

SIGNATURE PAGE

CC-24-2023

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:	Hope Sheds Light	
	(PRINT)	
Preparer's Name:	Pamela Capaci	
	(PRINT)	
Signature:		
Address:	2510 Apache Rd. Manasquan, NJ 08736	(DATE
Telephone No.:	732-244-0783	
Fax No.:		
E-Mail Address:	pam@hopeshedslight.org	
	(This should be the email where Contracts would be sent)	
Contact Person:	Pamela Capaci	
FEIN:	46-3910504	
(Federal Employee ID)		
BRC:	49999 1829991	
(Business Registration Certific	cate)	

(Revised 2/2017)

Innovation Grant – Family to Family Hope Sheds Light

APPLICATION FOR FUNDS

Innovation Grant – Family to Family

Hope Sheds Light					
1. Name of Contractor					1
2510 Apache Rd. Manasquar	n, Monmouth	NJ 07836			
2. Street Address	City	County	•	State	Zip Code
Barbara Hoopengardner, Finance	Director				
3. Name and Title of Fiscal Contact			Telephone No	D .	
Pamela Capaci, CEO			732-244-0	0783 ext. 101	
4. Name and Title of Director			Telephone No.		
Emily Esposito, Program Director			732-244-0783 ext.		
5. Name and Title of Program Manager	<u></u> -		Telephone No	D .	
46-3910504		,			
6. Employer ID No.	NJ State License No	o., if Applicable	<u> </u>	Accreditations	
	Monmouth Co	unty		NJ	
7. Location of Proposed Project	City	County		State	Zip Code
7. Total Proposed Level of Service in 2023/202	24	I	ce Cost in 2023/2	024	
300		\$300			
10. Type of Agency (check one) ☑ PRIVATE NON-PROFIT	GOVERNMENT	☐ HOSPITAL	. 🗍 Othe	er (specify)	
11. If political subdivision, covered by NJ Civil Service Merit System?	12. Affirmative Ac	tion Plan		s awarded, will fu	
☐ YES ☐ NO ☐ N/A	☐ YES	□ NO	replace other funds which would be available in absence of award? YES 🔀 NO		
COST OF PROJECT			<u>.</u>		
14. Total Funds Requested - \$92	2,215.00				
Certification: The undersigned assures, contained in this application and attachmen the Contractor and the services described this application. The undersigned further unto the conditions and other policies, regula include provisions described in the grant a Health to contact State, County and Federa budget, programmatic and contract informorganization's budget and fiscal audit.	Its are true and correct herein will be provide iderstands and agreest tions and rules issue- application. In additional agencies as well as	t, the application had to the extent agrees that any grant reced by the County of on, the undersigned charitable funding	as been duly au eed upon in the eived as a resulf Monmouth for to d gives permiss sources to disc	thorized by the go contract develop t of this application the administration sion to the Division cuss and share	overning body of ped as a result of a shall be subject a of grants which on of Behavioral elevant financial,
	()	(
NAME AND TITLE OF CONTRACTOR (Pr	int) SIGNATURE	OF CONTRACTOR	DATE O	F APPLICATION	
Pamela Capaci, CEO		\mathbb{X}_{1}	0/1/00	000	
Hope Sheds Light	1 1/0	~	9/1/20	123	