

**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

Preparer's Name: Pamela Capaci (PRINT)

Signature:  (PRINT)

9/5/23
(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: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)

(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. Manasquan, Monmouth NJ 07836

2. Street Address

City

County

State

Zip Code

Barbara Hoopengardner, Finance Director

3. Name and Title of Fiscal Contact

Pamela Capaci, CEO

Telephone No.

732-244-0783 ext. 101

4. Name and Title of Director

Emily Esposito, Program Director

Telephone No.

732-244-0783 ext.

5. Name and Title of Program Manager

[REDACTED]

Telephone No.

6. Employer ID No.

NJ State License No., if Applicable

Accreditations

Monmouth County

NJ

7. Location of Proposed Project

City

County

State

Zip Code

7. Total Proposed Level of Service in 2023/2024

1000

8. Unit of Service Cost in 2023/2024

\$ 200

10. Type of Agency (check one)

PRIVATE NON-PROFIT GOVERNMENT HOSPITAL Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System?

YES NO N/A

12. Affirmative Action Plan

YES NO

13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?

YES NO

COST OF PROJECT

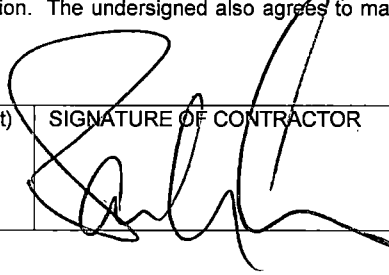
14. Total Funds Requested - \$200,000.00

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)

Pamela Capaci, CEO
 Hope Sheds Light

SIGNATURE OF CONTRACTOR



DATE OF APPLICATION

9/1/2023

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 Certificate)

(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

1. Name of Contractor

2510 Apache Rd. Manasquan, 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

732-244-0783 ext. 101

4. 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

7. Location of Proposed Project

City

County

State

Zip Code

2510 Apache Rd.

7. Total Proposed Level of Service in 2023/2024

8. Unit of Service Cost in 2023/2024

500

\$171.74

10. Type of Agency (check one)

PRIVATE NON-PROFIT

GOVERNMENT

HOSPITAL

Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System?

YES NO N/A

12. Affirmative Action Plan

YES NO

13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?

YES NO

COST OF PROJECT

14. Total Funds Requested - \$85,868.00

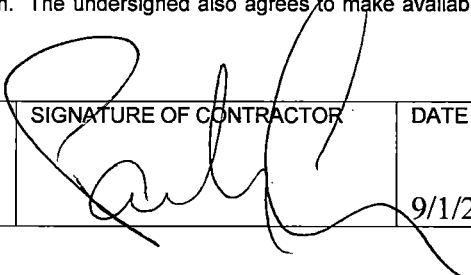
Certification: The undersigned assures, declares and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of the Contractor and the services described 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)

SIGNATURE OF CONTRACTOR

DATE OF APPLICATION

Pamela Capaci, CEO
Hope Sheds Light



9/1/2023

Innovation Grant
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: 1829992

(Business Registration Certificate)

(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

2510 Apache Rd. Manasquan, Monmouth NJ 07836

2. Street Address

City

County

State

Zip Code

Barbara Hoopgardner, Finance Director

3. Name and Title of Fiscal Contact

Pamela Capaci, CEO

Telephone No.

732-244-0783 ext. 101

4. Name and Title of Director

Emily Esposito, Program Director

Telephone No.

732-244-0783 ext.

5. Name and Title of Program Manager

46-3910504

Telephone No.

6. Employer ID No.

NJ State License No., if Applicable

Accreditations

Monmouth County

NJ

7. Location of Proposed Project

City

County

State

Zip Code

7. Total Proposed Level of Service in 2023/2024

300

8. Unit of Service Cost in 2023/2024

\$300

10. Type of Agency (check one)

PRIVATE NON-PROFIT

GOVERNMENT

HOSPITAL

Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System?

YES NO N/A

12. Affirmative Action Plan

YES NO

13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?

YES NO

COST OF PROJECT

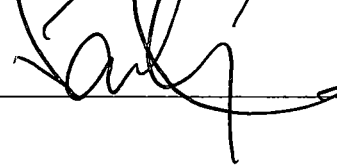
14. Total Funds Requested - \$92,215.00

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)

Pamela Capaci, CEO
Hope Sheds Light

SIGNATURE OF CONTRACTOR



DATE OF APPLICATION

9/1/2023