

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: PARTNERSHIP FOR A DRUG-FREE NEW JERSEY
(PRINT)

Preparer's Name: Angelo M. Valente
(PRINT)

Signature: Angelo M Valente
(DATE)

Address: 155 Millburn Avenue
Millburn, NJ 07041

Telephone No.: 201-919-1136

Fax No.: 973-467-2188

E-Mail Address: angelo@drugfreenj.org, diane@drugfreenj.org
***** (This should be the email where Contracts would be sent) *****

Contact Person: Angelo M. Valente

FEIN: ██████████
(Federal Employee ID)

BRC: ██████████
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS

[INSERT SERVICE NAME]

PARTNERSHIP FOR A DRUG-FREE NEW JERSEY ("PDFNJ")

1. Name of Contractor 155 Millburn Avenue Millburn Essex NJ 07041				
2. Street Address City County State Zip Code Larry Agne, COO, PDFNJ, 155 Millburn Avenue, Millburn, NJ 07041				
3. Name and Title of Fiscal Contact Angelo M. Valente, Executive/Creative Director			Telephone No. 201-919-1136	
4. Name and Title of Director Matthew Birchenough			Telephone No. 201-916-1032	
5. Name and Title of Program Manager [REDACTED] N/A			Telephone No. 973-467-2100	
6. Employer ID No. [REDACTED]		NJ State License No., if Applicable [REDACTED]		Accreditations NJ 07041
7. Location of Proposed Project City County State Zip Code N/A N/A				
8. Total Proposed Level of Service in 2023/2024 N/A			9. Unit of Service Cost in 2023/2024 N/A	
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 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
COST OF PROJECT				
14. Total Funds Requested \$100,000				

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) PARTNERSHIP FOR A DRUG-FREE NEW JERSEY	SIGNATURE OF CONTRACTOR <i>Angelo M Valente</i>	DATE OF APPLICATION August 31, 2023
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