

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: RWJBH Behavioral Health, Prevention and Recovery, Inc.
dba RWJBarnabas Health Institute for Prevention and Recovery
(PRINT)

Preparer's Name: Connie Greene
(PRINT)

Signature:  9/5/2023
(DATE)


Address: 1691 RT 9
Toms River, NJ 08755


Telephone No.: 732-837-9433

Fax No.: 732-542-1514

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

Contact Person: Connie Greene

FEIN: 
(Federal Employee ID)

BRC: 
(Business Registration Certificate)

(Revised 2/2017)

APPLICATION FOR FUNDS


ENHANCEMENT TO CURRENT SUBSTANCE USE DISORDER SERVICES

1. Name of Contractor RWJBH Behavioral Health, Prevention and Recovery, Inc. dba RWJBarnabas Health Institute for Prevention and Recovery				
2. Street Address 1691 RT 9	City Toms River	County Ocean	State NJ	Zip Code 08755
3. Name and Title of Fiscal Contact Susan McGuire, Finance Director			Telephone No. 732-604-8220	
4. Name and Title of Director Gina Bucci (Zaccagnino), Director			Telephone No. 201-403-0176	
5. Name and Title of Program Manager Jennifer Luyster, Assistant Director of Clinical Services			Telephone No. 848-303-0244	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable Not Applicable		Accreditations Not Applicable	
7. Location of Proposed Project 442 NJ-35, Building A, 3rd Floor	City Eatontown	County Monmouth	State NJ	Zip Code 07724
8. Total Proposed Level of Service in 2023/2024 5,415 Service Hours	9. Unit of Service Cost in 2023/2024 \$47.52/unit			
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 \$257,322

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) Connie Greene, Senior Vice President	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION 9/5/2023
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