SIGNATURE PAGE

CC-26-2023

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.
	First Baptist Church of Red Bank
Company Name:	The Feast NJ A Nonprofit Corporation
Preparer's Name:	Tyler J. Breaux, Esz.
Signature:	x Gler J. Freary
Address:	86 Maple Ave.
	Red Bank, NT
Telephone No.:	985-291-2809
Fax No.:	None
E-Mail Address:	
	(This should be the email where Contracts would be sent)
Contact Person:	Jared Murray, The Feast NJ / FBC
FEIN:	000
(Federal Employee ID)	
BRC: (Business Registration Certifi	ca

(Revised 2/2017)

APPLICATION FOR FUNDS RFP + CC - 2G - 2O27[INSERT FUNDING CATEGORY YOU ARE APPLYING FOR HERE]

	1717.0000	tion Pro	inusa("	(Opiod Sett)	lement.
1.	Name of Contractor		1		
ST BA	APTIST CHURCH OF RED	BANK ("FBCRB") / THE FEAST	NJ A NONPROFIT CO	ORP. ("The Fe
2.	Street Address	City	County	State	Žip Code
3.	84 MAPLE AVE, Name and Title of Fiscal Contact	Red Bank	Monmouth	. NJ	07701
		•			
Steph	hen R. Brown, Director FBC	732-991-6402			
4.	Name and Title of Director			Telephone No.	
red M	lurray, Pastor FBCRB / Exe	ecutive Director of	The Feast NJ	732-567-2327	
5.	Name and Title of Program Manag	er		Telephone No.	
Te	ena Lomack, Director of Op	(908) 433-4533			
6.	Employer ID No.	NJ State License	No., if Applicable	Accreditations	3
7.	Location of Proposed Project	City	County	State	Zip Code
7.	•	•	•		,
	90 Maple Ave,	Red Bank	Monmouth	NJ	07701
8.	Total Proposed Level of Service in 2024	•	9. Unit of Service	e Cost in 2024	
10.	Type of Agency (check one) PRIVATE NON-PROFIT	☐ GOVERNMENT		☐ Other (specify)	
11.	If political subdivision, covered by the Civil Service Merit System?	NJ 12. Affirmative Ac	replace other funds which would be		n would be ward?
	ST OF PROJECT Total Funds Requested	73, 800.	00		
con of the of the sub white Bet relee upo NA Step	rtification: The undersigned assurntained in this application and attaching the Contractor and the services described application. The undersigned fur object to the conditions and other policich include provisions described in havioral Health to contact State, Coevant financial, budget, programmation request, the organization's budget AME AND TITLE OF CONTRACTOR when R. Brown, Director FB	ments are true and correlated herein will be provided herein will be provided and a lies, regulations and rule the grant application. Dunty and Federal ager cand contract informatical and fiscal audit. (Print) SIGNATURE	ect, the application hided to the extent ag grees that any grant is issued by the Cour In addition, the und noies as well as cha	as been duly authorized by the reed upon in the contract devereceived as a result of this apity of Monmouth for the adminitersigned gives permission to distribute funding sources to distribute a discourage of the sources are also agrees to make available. DATE OF APPLICATION	e governing body loped as a result plication shall be stration of grants the Division of scuss and share le to the Division
Trea	surer of The Feast NJ, C f			10/31/2	023

RFP#CC-26-2023

(1	INSERT FUNDING CATEGORY YOU ARE APPLYING FOR HERE!										
.,	Enhancement to Current Substance use disorder funde										
1.	1. Name of Contractor										
FIRST BAPTIST CHURCH OF RED BANK ("FBCRB") / THE FEAST NJ A NONPROFIT CORP. ("The Feast NJ")											
2.	Street Address	City	County	State	Zip Code						
-	84 MAPLE AVE,	Red Bank	Monmouth	NJ	07701						
3.	Name and Title of Fiscal Contact	Telephone No.									
Stepl	hen R. Brown, Director FBCR	732-991-6402									
4.	Name and Title of Director	Telephone No.									
Jared M	lurray, Pastor FBCRB / Execu	732-567-2327									
5.	Name and Title of Program Manager			Telephone No.							
Te	ena Lomack, Director of Ope	rations		(908) 433-4533							
6.	Employer ID No.	NJ State License N	o., if Applicable	Accreditations							
7.	Location of Proposed Project	City	County	State	Zip Code						
••	-	•	Monmouth	NJ	•						
		ed Bank			07701						
8.	Total Proposed Level of Service in 2024		e Cost in 2024								
10.	Type of Agency (check one) A PRIVATE NON-PROFIT	GOVERNMENT	☐ HOSPITAL								
11.	11. If political subdivision, covered by NJ 12. Affirmative Action Plan 13. If grant is awarded, will funds be used to be used t										
	Civil Service Merit System?	☐ YES	iž no	replace other funds which would be available in absence of award?							
	☐ YES ☑ NO ☐ N/A	☐ YES 🔼 N	0								
	OST OF PROJECT Total Funds Requested	3,800.0	<u>්</u>								
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 policles, 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 Stephen R. Brown, Director FBCRB Treasurer of The Feast NJ, CFO											
	ed Murray, Pastor FBC RS ecutive Director of The Feast	NJ X form	Murz	10/36/2023							