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.

Company Name:	Hope Sheds hight
Preparer's Name:	Parme a Cafação
Signature:	(PRINT) /0/1Ce/23
Address:	25/0 Apach Pd
	Manasquan, NJ 08736
Telephone No.:	722-244-0783
Fax No.:	
E-Mail Address:	fam chope sheds light. 019
	(This should be the email where Contracts would be sent)
Contact Person:	Jamela Capaci
FEIN:	
(Federal Employee ID)	
BRC:	note)

(Revised 2/2017)

Innovation Grant – Family to Family Hope Sheds Light

APPLICATION FOR FUNDS

Innovation Grant – Family to Family

Hope Sheds Light				·	
 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			732-244-0	783 ext.	
5. Name and Title of Program Manager			Telephone No).	
6. Employer ID No.	NJ State License No.	, if Applicable		Accreditations	
	Monmouth Cou	ıntv		NJ	•
7. Location of Proposed Project	City	County		State	Zip Code
7. Total Proposed Level of Service in 2023/20	24	8. Unit of Servi	ce Cost in 2023/2	024	
300		\$300	,		
10. Type of Agency (check one) ☑ PRIVATE NON-PROFIT □	GOVERNMENT	☐ HOSPITAL	. Dthe	er (specify)	
11. If political subdivision, covered by NJ	12. Affirmative Acti	on Plan		s awarded, will fu	
Civil Service Merit System?	☐ YES	□ NO		other funds which e in absence of a	
☐ YES ☐ NO ☐ N/A		•		YES 🛚	NO
COST OF PROJECT	2.215.00				
14. Total Funds Requested - \$92	2,215.00				
Certification: The undersigned assures, contained in this application and attachmer the 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.	nts are true and correct, herein will be provided inderstands and agrees ations and rules issued application. In addition ral agencies as well as	, the application ha I to the extent agre that any grant rece by the County of I n, the undersigned charitable funding	as been duly au eed upon in the sived as a result Monmouth for d gives permiss sources to disc sources to disc	thorized by the go contract develop t of this application the administration sion to the Division cuss and share in	overning body of ed as a result of a shall be subject a of grants which on of Behavioral elevant financial,
		M = 1			
NAME AND TITLE OF CONTRACTOR (P	rint) SIGNATURE O	F CONTRACTOR	DATE O	F APPLICATION	
Pamela Capaci, CEO	Ita 1	1./_			
Hope Sheds Light	1 1 Cont		10/12/	/2023	

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. 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	
4. Name and Title of Director			Telephone No).	
Emily Esposito, Program Director			732-244-0	783 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 Cour	nty		NJ	
7. 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 Servi	ce Cost in 2023/2		
·			55 555 2525.2		
500 10. Type of Agency (check one)		171.74			
PRIVATE NON-PROFIT	GOVERNMENT [] HOSPITAL	. 🔲 Othe	er (specify)	
11. If political subdivision, covered by NJ Civil Service Merit System?	12. Affirmative Action	n Plan	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 N	10
COST OF PROJECT	5 060 nn				
14. Total Funds Requested - \$85	3,808.00				
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 a Health to contact State, County and Federa budget, programmatic and contract inform organization's budget and fiscal audit.	ats are true and correct, therein will be provided to derstands and agrees the tions and rules issued by application. In addition, all agencies as well as c	the application had the extent agree that any grant receive the County of the undersigned that the undersigned that the the the the the the the the the th	es been duly au eed upon in the sived as a result Monmouth for to d gives permiss sources to disc sources to disc	thorized by the gov contract develope of this application the administration sion to the Division cuss and share rei	rerning body of d as a result of shall be subject of grants which of Behavioral evant financial,
	(),	/ /			
NAME AND TITLE OF CONTRACTOR (Pr	int) SIGNATURE OF	CONTRACTOR	DATE O	F APPLICATION	
Pamela Capaci, CEO	Y				
Hope Sheds Light	_ wa		10/12/	/2023	

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 0'	7836			
2. Street Address	City Cour	nty	State	Zip Code	
Barbara Hoopengardner, Finance l	Director				
3. Name and Title of Fiscal Contact		Telephone N	No.	 	
Pamela Capaci, CEO		732-244-	0783 ext. 101		
4. Name and Title of Director		Telephone i	No.		
Emily Esposito, Program Director		732-244-	732-244-0783 ext.		
5. Name and Title of Program Manager		Telephone N	No.		
46-3910504					
6. Employer ID No.	NJ State License No., if Applica	ble	Accreditations		
	Monmouth County		NJ		
7. Location of Proposed Project	City Count	y	State	Zip Code	
7. Total Proposed Level of Service in 2023/202		t of Service Cost in 2023	/2024		
1000	\$ 200				
10. Type of Agency (check one) ☑ PRIVATE NON-PROFIT □	GOVERNMENT HO	SPITAL Oti	her (specify)	 -	
11. If political subdivision, covered by NJ	12. Affirmative Action Plan		t is awarded, will fun		
Civil Service Merit System?	YES NO		e other funds which ole in absence of aw		
☐ YES ☐ NO ☐ N/A			YES 🗵 N	10	
COST OF PROJECT					
14. Total Funds Requested - \$20	00,000.00				
Certification: The undersigned assures, contained in this application and attachmen the Contractor and the services described this application. The undersigned further un to the conditions and other policies, regular include provisions described in the grant at Health to contact State, County and Federa budget, programmatic and contract informations organization's budget and fiscal audit.	ts are true and correct, the applic herein will be provided to the ext derstands and agrees that any gr tions and rules issued by the Co application. In addition, the und al agencies as well as charitable	ation has been duly a ent agreed upon in the ant received as a resu unty of Monmouth for ersigned gives permi funding sources to di	nuthorized by the government of the contract develope alt of this application of the administration of the Division to the Division scuss and share rel	rerning body of d as a result of shall be subject of grants which n of Behavioral evant financial,	
		<u> </u>			
NAME AND TITLE OF CONTRACTOR (Pr	int) SIGNATURE OF CONTR	ACTOR DATE	OF APPLICATION		
Pamela Capaci, CEO Hope Sheds Light	Youly	9/1/2	.023		