

SIGNATURE PAGE

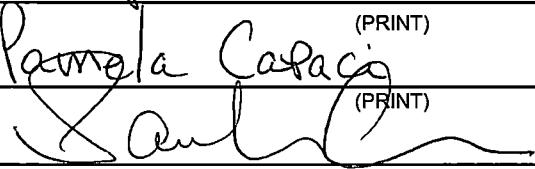
CC-26-2023

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 Light

Preparer's Name: Pamela Capaci (PRINT)

Signature:  (PRINT) 10/16/23 (DATE)

Address: 2510 Afach Rd
Manasquan, NJ 08736

Telephone No.: 732-244-0783

Fax No.: _____

E-Mail Address: pam@hope sheds light.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)

**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 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.

5. Name and Title of Program Manager

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

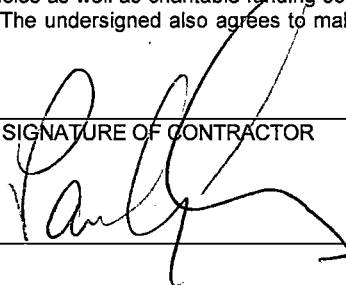
14. Total Funds Requested - \$92,215.00

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

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. 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

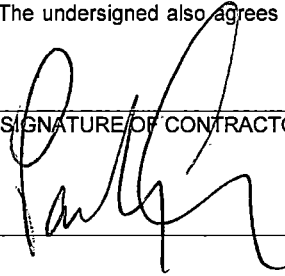
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NAME AND TITLE OF CONTRACTOR (Print)

SIGNATURE OF CONTRACTOR

DATE OF APPLICATION

Pamela Capaci, CEO
Hope Sheds Light



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 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
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4. Name and Title of Director Emily Esposito, Program Director	Telephone No. 732-244-0783 ext.
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5. Name and Title of Program Manager 46-3910504	Telephone No.
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6. Employer ID No.	NJ State License No., if Applicable Monmouth County	Accreditations NJ
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7. Location of Proposed Project	City	County	State	Zip Code
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7. Total Proposed Level of Service in 2023/2024 1000	8. Unit of Service Cost in 2023/2024 \$ 200
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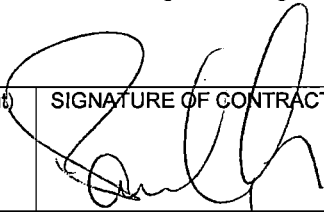
10. Type of Agency (check one) <input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> N/A	12. Affirmative Action Plan <input 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
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COST OF PROJECT

14. Total Funds Requested - \$200,000.00
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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
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