

**SIGNATURE PAGE**

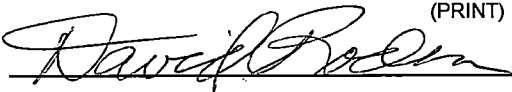
**CC-26-2023**

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: New Hope Integrated Behavioral Health Care  
(PRINT)

Preparer's Name: David Roden, LCSW, LCADC  
(PRINT)

Signature:  October 25, 2023  
(DATE)

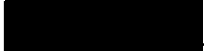
Address: 80 Conover Road  
Marlboro, NJ 07746


Telephone No.: 732-946-3030 x2251

Fax No.: 732-946-4891

E-Mail Address: drodan@newhopeibhc.org  
**\*\*\*(This should be the email where Contracts would be sent)\*\*\***

Contact Person: David Roden, LCSW, LCADC

FEIN:   
(Federal Employee ID)

BRC:   
(Business Registration Certificate)

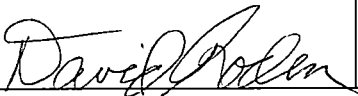
(Revised 2/2017)

## APPLICATION FOR FUNDS

**[INSERT FUNDING CATEGORY YOU ARE APPLYING FOR HERE]**

1. Name of Contractor New Hope Integrated Behavioral Health Care				
2. Street Address	City	County	State	Zip Code
80 Conover Road	Marlboro	Monmouth	NJ	07746
3. Name and Title of Fiscal Contact Marge Ruchaevsky, Vice President & CFO			Telephone No. 732-946-3030 x2253	
4. Name and Title of Director Anthony Comerford, Ph.D., CEO			Telephone No. 732-946-3030 x2250	
5. Name and Title of Program Manager David Roden, LCSW, LCADC, President & COO			Telephone No. 732-946-3030 x2251	
6. Employer ID No. [REDACTED]	NJ State License No., if Applicable [REDACTED]		Accreditations CARF	
7. Location of Proposed Project	City	County	State	Zip Code
80 Conover Road	Marlboro	Monmouth	NJ	07746
300 4th Avenue	Asbury park	Monmouth	NJ	07712
8. Total Proposed Level of Service in 2024 N/A			9. Unit of Service Cost in 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 type="checkbox"/> YES <input checked="" 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
<b>COST OF PROJECT</b>				
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) David Roden, LCSW, LCADC President & COO	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION October 25, 2023
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