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: Preferred Behavioral Health Group
(PRINT)
Preparer's Name: Jillian Gibb
$(PRINT) \qquad \qquad \bigwedge \bigwedge \bigwedge \bigwedge $
Signature: 10/23/23
(DATE
Address: 40 Christopher Way
Eatontown,NJ 07724
Telephone No.: 732.663.1800 ext. 2670
Fax No.: N/A
E-Mail Address: kmccarthy@preventionfirst.net
(This should be the email where Contracts would be sent)
Contact Person: Kaitlin McCarthy, Director of Prevention First Services
·
FEIN:
(Federal
BRC:
(Business Registration Certificate) (Revised 2/2017)

APPLICATION FOR FUNDS

Innovation Proposals

1.Name of Contractor Prevention First, A Division of Preferred Behavioral Health Group

2.Street Address	City	,	County		State	Zip Code	
40 Christopher Way E		town M	lonmouth		NJ	07724	
3. Name and Title of Fiscal Co	ntact			Telephone No) .	· · · · · · · · · · · · · · · · · · ·	
Peter Kisylia Chief Financial Officer				732.367.4700 Ext. 3101			
4. Name and Title of Director				Telephone No.			
Kaitlin McCarthy, Dire	ctor of Pi	evention F	irst Services	732.66	3.1800 e	xt. 2670	
5. Name and Title of Program Manager				Telephone No.			
N/A				N/A			
6. Employer ID No.	6. Employer ID No. NJ State License No., if Applicable				Accreditation	s	
		N/A	Ą		N/A		
7. Location of Proposed Proje	ct C	ity	County		State	Zip Code	
	Eaton	town M	onmouth		N.	07724	
000.0				e Cost in 2024 33 per unit	(\$203,500	0.00/300)	
10. Type of Agency (check one) PRIVATE NON-PROFI	T □ GC	VERNMENT	☐ HOSPITAL	☐ Other	(specify)		
11. If political subdivision, covered by NJ Civil Service Merit System? ☐ YES ☑ NO ☐ N/A 12. Affirmative Action YES			tion Plan	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	203.500.0	 00				·	

<u>Certification</u>: 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

APPLICATION FOR FUNDS

Enhancement to Current Substance Use Disorder Services

1.Name of Contractor Prevention First, A Division of Preferred Behavioral Health Group 2.Street Address City County State Zip Code 40 Christopher Way Eatontown Monmouth NJ 07724 Name and Title of Fiscal Contact Telephone No. Peter Kisylia Chief Financial Officer 732.367.4700 Ext. 3101 Name and Title of Director Telephone No. Kaitlin McCarthy, Director of Prevention First Services 732.663.1800 ext. 2670 Name and Title of Program Manager Telephone No. N/A N/A Employer ID No. NJ State License No., if Applicable Accreditations N/A N/A 22-2196988 Location of Proposed Project City County State Zip Code Eatontown Monmouth NJ 07724 Total Proposed Level of Service in 2024 Unit of Service Cost in 2024 400 Community Members \$467.50 per unit (\$187,000.00/400) Type of Agency (check one)
PRIVATE NON-PROFIT ☐ GOVERNMENT HOSPITAL ☐ Other (specify) If political subdivision, covered by NJ 12. Affirmative Action Plan If grant is awarded, will funds be used to Civil Service Merit System? replace other funds which would be ☑ YES available in absence o∮ award? ☐ YES ☑ NO □ N/A YES NO **COST OF PROJECT** \$187,000.00

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

14. Total Funds Requested

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)

SIGNATURE OF CONTRACTOR

DATE OF APPLICATION

Dr. Tara Chalakani C.E.O

10/23/2023