

**SIGNATURE PAGE**

**CC-26-2023**

To the Monmouth County Board of County Commissioners:

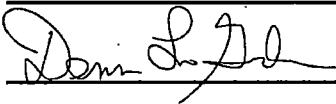
**THE UNDERSIGNED HEREBY DECLARES THAT  
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.  
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE  
WITH YOUR REQUIREMENTS.**

Company Name: Prevention Resources, Inc., dba Oceans Family Success Center

(PRINT)

Preparer's Name: Dennis P. LoGiudice, MPA, BECE

(PRINT)

Signature: 

28 October 2023

(DATE)

Address: 1004 Comstock Street, First Floor

Asbury Park, NJ 07712

Telephone No.: (908) 520-6857

Fax No.: (908) 520-6857

E-Mail Address: ccamisa@njprevent.com

**\*\*\*(This should be the email where Contracts would be sent)\*\*\***

Contact Person: Colette Camisa, CFO

FEIN: 

(Federal Employee ID)

BRC: 

(Business Registration Certificate)

(Revised 2/2017)

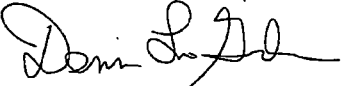
**APPLICATION FOR FUNDS**

**INSERT FUNDING CATEGORY YOU ARE APPLYING FOR HERE!**

Prevention Resources, Inc., dba Oceans Family Success Center

1. Name of Contractor			
1004 Comstock Street, First Floor, Asbury Park, NJ 07712			
2. Street Address	City	County	State      Zip Code
Colette Camisa, CFO, Prevention Resources, Inc.			(908) 280-0093
3. Name and Title of Fiscal Contact			Telephone No.
Dennis LoGiudice, Director of Oceans FSC			(908) 520-6857
4. Name and Title of Director			Telephone No.
Dennis LoGiudice, Director of Oceans FSC			(908) 520-6857
5. Name and Title of Program Manager			Telephone No.
[REDACTED]			CPRC
6. Employer ID No.	NJ State License No., if Applicable		Accreditations
Oceans Family Success Ctr	Asbury Park, Monmouth County		NJ      07712
7. Location of Proposed Project	City	County	State      Zip Code
an additional 600+ unduplicated annually			\$3,000 administrative cost annually
8. Total Proposed Level of Service in 2024		9. Unit of Service Cost in 2024	
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?		12. Affirmative Action Plan	
<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A		<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			
<b>COST OF PROJECT</b>			
14. Total Funds Requested		\$48,850.00	

**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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
Dennis P LoGiudice, MPA, BECE Director of Oceans FSC		10/28/2023