

SIGNATURE PAGE

CC-8-2024

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: [Handwritten Signature] (PRINT)

Address: 2516 Apache Rd.
Manasquan, NJ 08736 (DATE)

Telephone No.: 732-244-0783

Fax No.: _____

E-Mail Address: pam@hopeshedslight.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)

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES
DIVISION OF BEHAVIORAL HEALTH
APPLICATION FOR 2024 STATE GRANT FUNDS**

Service Type: Treatment Services Prevention Services
Circle (1)

Recovery Support Services

Community-Based Recovery Support Services

Service Modality

Hope Sheds Light

1. Name of Contractor
2510 Apache Rd. Manasquan Monmouth County NJ 08736

2. Street Address City County State Zip Code

Barbara Hoopengardner Finance Director 732-244-0783

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 Hendricks 732-244-0783 ext. 121

5. Name and Title of Program Manager/Medical Director Telephone No.

N/A N/A

6. Employer ID No. 46-3910504 NJ State License No., if Applicable Accreditations

1. Location of Proposed Project City County State Zip Code

2510 Apache Rd. Manasquan, Monmouth County, NJ 08736

8. Total Proposed Level of Service in 2024 9. Unit of Service Cost in 2024

2000 \$75.00

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

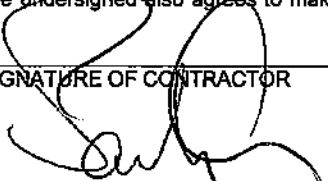
12. Affirmative Action Plan
 YES NO

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 \$150,000.00

1. Total Funds Requested \$150,000.00

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 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) <i>Pamela Capaci, CEO</i>	SIGNATURE OF CONTRACTOR 	DATE OF APPLICATION <i>10/27/23</i>
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