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:	New Hope Integrated Behavioral Health Care
	(PRINT)
Preparer's Name:	David Roden, LCSW, LCADC
Signature:	Cotober 23, 2023 (DATE
Address:	80 Conover Road
	Marlboro, NJ 07746
Telephone No.:	732-946-3030 x2251
Fax No.:	732-946-4891
E-Mail Address:	droden@newhopeibhc.org
	(This should be the email where Contracts would be sent)
Contact Person:	David Roden, LCSW, LCADC
FEIN:	
(Federal Employee ID)	
BRC:	

(Revised 2/2017)



Service Type:

Treatment Services

Prevention Services

Recovery Support Services

Ç	ircle (1)	_				
		Adolescent 8	Short-Term Res	idental		
		Sei	vice Modality			
1.	Name of Contractor					
Net	w Hope Integrated Behavioral	Health Care				
2.	Street Address	City	County		State	Zip Code
80 C	Conover Road	Marlboro	Monmouth		NJ	07746
3.	Name and Tille of Fiscal Contact			Telephone No	о.	
Mai	rge Ruchaevsky, Vice Preside	ont & CEO		732-946-3	030 v2253	
4.	Name and Title of Director	int a Ci O	 -	Telephone No		
					•	
Ar	thony Comerford, Ph.D., CEC)		732-946-3	3030 x2250	
5.	Name and Tille of Program Manager/	Medical Director		Telephone No	D	
_						
Day 6.	vid Roden, LCSW, LCADC, P Employer ID No.		No. if Applicable	732-946-3	030 x2251	
ъ.	Employer ID No.	NJ State License I	No., if Applicable		Accreditations	
					CARF	
7.	Location of Proposed Project	City	County		State	Zip Code
80	Conover Road	Marlboro	Monmouth		NJ	07746
8.	Total Proposed Level of Service in 2024	1710112010	9. Unit of Service	e Cost in 2024	140	07740
180) bed days		\$360 / bed da	٧		
10.	Type of Agency (check one) PRIVATE NON-PROFIT	GOVERNMENT	☐ HOSPITAL	☐ Other	(specify)	•
11.	If political subdivision, covered by NJ	12. Affirmative Act	tion Plan		awarded, will fur	
	Civil Service Merit System?	☐ YES	X NO	replace other funds which would be available in absence of award?		
	☐ YES ☐ NO X N/A		^	↑ □ YES X		
		COST O	F PROJECT			
14.	Total Funds Requested	\$65	,000			
of the of the subject which be the subject of the s	tification: The undersigned assures, tained in this application and attachmene Contractor and the services describinis application. The undersigned furth ject to the conditions and other policies include provisions described in the avioral Health to contact State, Courvant financial, budget, programmatic an request, the organization's budget ar	declares and certifier onts are true and corre ed herein will be provi- er understands and ag s, regulations and rules e grant application. Inty and Federal agen and contract information	s that to the best of the application had ded to the extent aggrees that any grant is issued by the Courlin addition, the uncless as well as characteristics.	as been duly au reed upon in the received as a r ity of Monmouth dersigned gives stitable funding	uthorized by the e contract develor result of this app n for the adminis permission to sources to disc	governing body oped as a result lication shall be tration of grants the Division of cuss and share
ΝA	ME AND TITLE OF CONTRACTOR (P	rint) SIGNATURE (OF CONTRACTOR	DATE OF	APPLICATION	
	David Roden, LCSW, LCADC President & COO David Folia October 23, 2023					



Service Type: Treatment Servi	ces P	revention Service	s Reco	overy Support Services
	Adult Short-Term Residential			
	Se	ervice Modality		
Name of Contractor	•			-
New Hope Integrated Behaviora	al Health Care			
2. Street Address	City	County	Stat	le Zip Code
80 Conover Road	Marlboro	Monmouth	N.	J 07746
3. Name and Title of Fiscal Contact			Telephone No.	_
Marge Ruchaevsky, Vice Presid	lent & CFO		732-946-3030 x	2253
4. Name and Title of Director			Telephone No.	
Anthony Comerford, Ph.D., CE	EO		732 - 946-3030 x	(2250
5. Name and Title of Program Manage			Telephone No.	
David Roden, LCSW, LCADC,	President & COO		732-946-3030 x	2251
6. Employer ID No.	NJ State License	No., if Applicable	Accre	ditations
			CAI	RF
7. Location of Proposed Project	City	County	State	e Zip Code
80 Conover Road	Mariboro	Monmouth	NJ	07746
Total Proposed Level of Service in 2024 Bo bed days		9. Unit of Service		
10. Type of Agency (check one)		\$245 / bed da		
PRIVATE NON-PROFIT [☐ GOVERNMENT	☐ HOSPITAL	Other (specify	<i>(</i>)
11. If political subdivision, covered by N Civil Service Merit System?	U 12. Affirmative A	ction Plan M NO		d, will funds be used to de which would be nee of award?
□ yes □ no X n/a		*	☐ YES	X NO
	COST	OF PROJECT	<u> </u>	·
14. Total Funds Requested		40,000		
Certification: The undersigned assure contained in this application and attachr				
of the Contractor and the services descr of this application. The undersigned fur	ibed herein will be prov	vided to the extent agr	reed upon in the contra	ect developed as a result
subject to the conditions and other polici	es, regulations and rule	es issued by the Cour	ty of Monmouth for the	administration of grants
which include provisions described in Behavioral Health to contact State, Co	unty and Federal age	incies as well as cha	ritable funding source	s to discuss and share
relevant financial, budget, programmatic upon request, the organization's budget		ion. The undersigned	I also agrees to make	available to the Division
NAME AND TITLE OF CONTRACTOR	(Print) SIGNATURE	OF CONTRACTOR	DATE OF APPLIC	CATION
David Roden, LCSW, LCADC		- 00		
Describert & COO	1 / / / /	. N. L. O.	10-4-4-400	1000

ORIGINAL

Service Type: Treatment Services Circle (1)		es Pro	Prevention Services			upport Services
		Men's	Halfway Hous	e		
		Sei	vice Modality		_	
1. Name of Co	ontractor		-			
New Hope In	tegrated Behavioral	Health Care				
2. Street Addr	ress	City	County		State	Zip Code
80 Conover R	toad	Marlboro	Monmouth		NJ	07746
3. Name and	Title of Fiscal Contact			Telephone No	o.	
Marge Rucha	evsky, Vice Presider	nt & CFO		732-946-36	030 x2253	
4. Name and	Title of Director			Telephone No).	
Anthony Co	merford, Ph.D., CEO			732-946-3	030 x2250	
5. Name and	Title of Program Manager/I	Medical Director		Telephone No).	
David Roden	, LCSW, LCADC, Pri	esident & COO		732-946-3	030 x2251	
6. Employer II	D No.	NJ State License !	No., if Applicable		Accreditations	
					CARF	
Location of	Proposed Project	City	County		State	Zip Code
190 Chelsea	Avenue	Long Branch	Monmouth		NJ	07740
	ed Level of Service in 2024	Long Brancin		e Cost in 2024	INU	07740
556 bed days	S		\$99 / bed day			
10. Type of Age	ency (check one) ATE NON-PROFIT	GOVERNMENT	☐ HOSPITAL	_	(specify)	
	ubdivision, covered by NJ	12. Affirmative Act	ion Plan		awarded, will fur	
☐ YES	e Merit System? □ NO XNA	☐ YES	X №	available i	er funds which would be absence of award? ES NO	
44 - Total C - 4	b	COST O	PROJECT			
14. Total Funds	s Requested	\$55,	,000			
contained in this of the Contractor of this application subject to the co-which include prehavioral Hear relevant financia upon request, the	The undersigned assures, application and attachment and the services describent. The undersigned further notitions and other policies, rovisions described in the to contact State, Countly, budget, programmatic are organization's budget and LE OF CONTRACTOR (Programmatics).	its are true and corred herein will be proving understands and agregulations and rules grant application. By and Federal agent contract information in the federal audit.	ct, the application haded to the extent aggrees that any grant issued by the Courlin addition, the uncoles as well as cha	as been duly au reed upon in the received as a re ity of Monmouth dersigned gives aritable funding d also agrees to	thorized by the contract development of this application for the administ permission to sources to disc	governing body uped as a result ication shall be tration of grants the Division of tuss and share
	n, LCSW, LCADC		- 01	1		
President &	•	1 17 10	ver Ille	October (23, 2023	



	ce Type: cle (1)	Treatme	ent Service	P	rever	ntion Service	es	Recovery S	Support Services
				. (Outpa	atient			
				s	ervice	Modality		_	
1. 1	Name of Cor	ntractor							,
New	Hope Inte	egrated B	ehavioral l	Health Care					
2. 5	Street Addre	ess		City		County		State	Zip Code
80 Co	nover Ro	ad		Marlboro		Monmouth		NJ	07746
3. N	Name and T	itle of Fiscal	Contact				Telephone No	D .	
Marg	e Ruchae	evsky, Vic	e Presider	it & CFO			732-946-3	030 x2253	
		itle of Directo				<u> </u>	Telephone No	D .	
A 47.			- D 050				700.040.0	200 0050	
			h.D., CEO	ledical Director			732-946-3 Telephone No	3030 x2250	
J. 1	Name and 1		III Ivianayeniv	iedicai Director			Telephone N).	
David	d Roden,	LCSW, L	CADC, Pre	esident & COO)		732-946-3	030 x2251	
6. E	Employer ID	No.		NJ State License	No., i	f Applicable		Accreditations	5
		I						CARF	
7. 1	Location of F	roposed Pro	ject	City		County		State	Zip Code
	nmouth A		•	Freehold		Monmouth	1	ŊJ	07728
190	Cheisea A	Avenue		Long Branch		Monmout		NJ	07740
	-	d Level of Serv	ice in 2024		I -	Unit of Service	e Cost in 2024		
	hours Type of Ager	ncy (check o	ne)		1 2	70/hour			
,	PRIVAT	TE NON-PRO	ĎFÍT □	GOVERNMENT		HOSPITAL	_	•	
11. [f political sul Civil Service	bdivision, co Merit System	vered by NJ n?	12. Affirmative A	Action F	Plan -		awarded, will fu ther funds which	inds be used to I would be
Ī	☐ YES	ОИ	X N/A	☐ YES	>	(NO	available in absence of award?		
				COST	OF PR	OJECT	<u> </u>		· · · —
14.	Total Funds	Requested		\$3	0,000)			
contain of the of this subject which Behaver	ined in this a Contractor application of to the con include provioral Health ant financial,	application at and the serving. The under ditions and obvisions des- to contact budget, pro-	nd attachmen ices describer signed further other policies, cribed in the State, Count	declares and certifets are true and cordinate in the property of the property	fies that rect, the wided to agrees les issue In a encies	at to the best of the application of the extent age that any grant used by the Couddition, the un as well as ch	has been duly at preed upon in the treceived as a re nty of Monmouth dersigned gives aritable funding	othorized by the e contract deve esuit of this ap n for the admini- permission to sources to dis	governing body loped as a result plication shall be stration of grants the Division of scuss and share
NAM	E AND TITL	E OF CONT	RACTOR (Pri	nt) SIGNATURE	OF C	ONTRACTOR	DATE OF	APPLICATION	
	id Roden sident & C	, LCSW, L COO	CADC	Dava	if C	Kode	Octobe	23, 2023	



Service Type: Circle (1)	Treatment Service	es Pre	evention Service	s	Recovery Su	pport Services
		Withdraw	al Managemen	t		
			vice Modality		_	
1. Name of Cor	ntractor	· _	<u>-</u>			
New Hope Int	egrated Behavioral	Health Care				
Street Addre	SS	City	County		State	Zip Code
80 Conover Ro	ad	Mariboro	Monmouth		NJ	07746
3. Name and T	itle of Fiscal Contact			Telephone No.		
Marge Ruchae	evsky, Vice Presider	nt & CFO		732-946-30	30 x2253	
	itle of Director			Telephone No.		
Anthony Con	nerford, Ph.D., CEO	1		732-946-3	030 x2250	
	itle of Program Manager/f			Telephone No.		
David Rođen	LCSW, LCADC, Pr	esident & COO		732-946-30		
6. Employer ID		NJ State License N	lo., if Applicable	1 102-040-00	Accreditations	
			·		CARF	
7. Location of F	Proposed Project	City	County	!	State	Zip Cade
						•
80 Conover R		Mariboro	Monmouth		NJ	07746
	i Level of Service in 2024		9. Unit of Service			
379 bed days 10. Type of Ager	tov (check one)		[\$475 / bed da	у		
PRIVAT	E NON-PROFIT	GOVERNMENT	HOSPITAL	☐ Other (specify)	
	bdivision, covered by NJ Merit System?	12. Affirmative Acti	on Pian	13. If grant is a	warded, will funder funds which v	ds be used to
☐ YES	□ NO XN/A	☐ YES	X NO	available ir	nabsence of awa	
•		COST OF	PROJECT			
14. Total Funds	Requested	\$180	0.000			
contained in this a of the Contractor of this application subject to the con which include pro Behavioral Health relevant financial,	ne undersigned assures, application and attachment and the services describe. The undersigned furthe ditions and other policies, ovisions described in the to contact State, Counbudget, programmatic as organization's budget and	declares and certifies ints are true and correct the herein will be provide and understands and ag regulations and rules grant application. If ty and Federal agency and contract information	that to the best of the application had been to the extent agrees that any grant issued by the Country addition, the undies as well as challents.	as been duly aut reed upon in the received as a re ity of Monmouth dersigned gives witable funding :	chorized by the good contract development of this applifor the administration to tissuances to discussion to discussion to discussion to discussion to discussion to discussion to discussion.	poverring body ped as a result cation shall be ration of grants the Division of uss and share
NAME AND TITL	E OF CONTRACTOR (Pr	int) SIGNATURE O	F CONTRACTOR	DATE OF A	APPLICATION	
David Roden, LCSW, LCADC President & COO David Roden, LCSW, LCADC David Roden, LCSW, LCADC David Roden, LCSW, LCADC David Roden, LCSW, LCADC David Roden, LCSW, LCADC						
		17 17 17 0	87 1 V V V			



Service Type: Treatment Services

Prevention Services

Recovery Support Services

Circle (1)	.				[]	
		's Halfway Hour	se			
Name of Contractor						
New Hope Integrated Behaviora	il Health Care					
2. Street Address	City	County		State	Zîp Code	
80 Conover Road	Mariboro	Monmouth		NJ	07746	
3. Name and Title of Fiscal Contact			Telephone N	lo.	-	
Marge Ruchaevsky, Vice Presid	ent & CFO		732-946-3	3030 x2253		
Name and Title of Director	**********	·	Telephone N			
Anthony Comerford, Ph.D., CE	0		732-046-	3030 x2250		
5. Name and Title of Program Manage			Telephone N			
David Roden, LCSW, LCADC, F 6. Employer ID No.	President & COO NJ State License	No. if Applicable	732-946-3	3030 x2251 Accreditation:	2:	
C. Employer 15 No.	NO CIARC EICCISC	no., ii Applicable	•	, ribereditation	•	
				CARF		
7. Location of Proposed Project	City	County		State	Zip Code	
300 4th Avenue	Asbury Park	Monmouth	1	NJ	07712	
373 Brighton Avenue 8. Total Proposed Level of Service in 2024	Long Branch	Monmouth	n De Cost in 2024	NJ	<u> 07740 </u>	
606 bed days		9. Unit of Service \$99 / bed day				
10. Type of Agency (check one)		TWOOT BEG GET	<u>-</u>			
PRIVATE NON-PROFIT] GOVERNMENT	☐ HOSPITAL	. 🗌 Othe	r (specify)		
11. If political subdivision, covered by N. Civil Service Merit System?	J 12. Affirmative Ac	tion Plan		s awarded, will fr		
	☐ YES	☐ YES 💢 NO		replace other funds which would be available in absence of award?		
□ yes □ no 🕱 n/a		^	☐ YES 💢 NO			
44 Total Funda Banusated	COST O	F PROJECT			-	
14. Total Funds Requested		,000				
Certification: The undersigned assure contained in this application and attachm of the Contractor and the services description of this application. The undersigned furth subject to the conditions and other policies which include provisions described in the Behavioral Health to contact State, Conrelevant financial, budget, programmatic upon request, the organization's budget as	nents are true and corre- bed herein will be proving her understands and a les, regulations and rule the grant application. unty and Federal agen- and contract information	act, the application it ided to the extent ag grees that any grants is issued by the Cou In addition, the un incies as well as ch	has been duly a greed upon in that t received as a enty of Monmout dersigned give taritable funding	authorized by the ne contract deve result of this ap th for the admini s permission to g sources to die	e governing body loped as a result plication shall be estration of grants the Division of scuss and share	
NAME AND TITLE OF CONTRACTOR (Print) SIGNATURE	OF CONTRACTOR	DATE OF	F APPLICATION	[
David Roden, LCSW, LCADC		-VI	\neg			
President & COO TOUR October 23, 2023						