

SIGNATURE PAGE

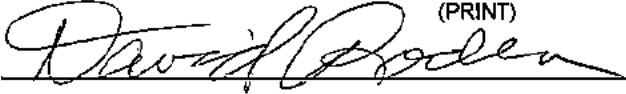
CC-8-2024

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
(PRINT)

Signature:  October 23, 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)

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

ORIGINAL

Service Type:
Circle (1)

Treatment Services

Prevention Services

Recovery Support Services

Adolescent Short-Term Residential

Service Modality

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	Telephone No.
Marge Ruchaevsky, Vice President & CFO	732-946-3030 x2253

4. Name and Title of Director	Telephone No.
Anthony Comerford, Ph.D., CEO	732-946-3030 x2250

5. Name and Title of Program Manager/Medical Director	Telephone No.
David Roden, LCSW, LCADC, President & COO	732-946-3030 x2251

6. Employer ID No.	NJ State License No., if Applicable	Accreditations
[REDACTED]	[REDACTED]	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	9. Unit of Service Cost in 2024
180 bed days	\$360 / bed day

10. Type of Agency (check one)
 PRIVATE NON-PROFIT
 GOVERNMENT
 HOSPITAL
 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
---	--	---

COST OF PROJECT

14. Total Funds Requested
\$65,000

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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
David Roden, LCSW, LCADC President & COO	<i>David Roden</i>	October 23, 2023

ORIGINAL

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

Service Type:
Circle (1)

Treatment Services

Prevention Services

Recovery Support Services

Adult Short-Term Residential

Service Modality

1. Name of Contractor New Hope Integrated Behavioral Health Care				
2. Street Address 80 Conover Road	City Marlboro	County Monmouth	State NJ	Zip Code 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/Medical Director 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 80 Conover Road	City Marlboro	County Monmouth	State NJ	Zip Code 07746
8. Total Proposed Level of Service in 2024 980 bed days		9. Unit of Service Cost in 2024 \$245 / bed day		
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

COST OF PROJECT

14. Total Funds Requested
\$240,000

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 <i>David Roden</i>	DATE OF APPLICATION October 23, 2023
---	---	---

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

ORIGINAL

Service Type:
Circle (1)

Treatment Services

Prevention Services

Recovery Support Services

Men's Halfway House

Service Modality

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	Telephone No.
Marge Ruchaevsky, Vice President & CFO	732-946-3030 x2253

4. Name and Title of Director	Telephone No.
Anthony Comerford, Ph.D., CEO	732-946-3030 x2250

5. Name and Title of Program Manager/Medical Director	Telephone No.
David Roden, LCSW, LCADC, President & COO	732-946-3030 x2251

6. Employer ID No.	NJ State License No., if Applicable	Accreditations
[REDACTED]	[REDACTED]	CARF

7. Location of Proposed Project	City	County	State	Zip Code
190 Chelsea Avenue	Long Branch	Monmouth	NJ	07740

8. Total Proposed Level of Service in 2024	9. Unit of Service Cost in 2024
556 bed days	\$99 / bed day

10. Type of Agency (check one)
 PRIVATE NON-PROFIT
 GOVERNMENT
 HOSPITAL
 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
---	--	---

COST OF PROJECT

14. Total Funds Requested
\$55,000

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)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION
David Roden, LCSW, LCADC President & COO	<i>David Roden</i>	October 23, 2023

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

ORIGINAL

Service Type:
Circle (1)

Treatment Services

Prevention Services

Recovery Support Services

Outpatient

Service Modality

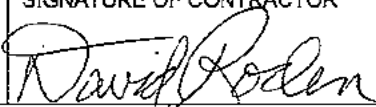
1. Name of Contractor New Hope Integrated Behavioral Health Care				
2. Street Address	City	County	State	Zip Code
80 Conover Road	Marlboro	Monmouth	NJ	07746
3. Name and Title of Fiscal Contact Marge Ruchaevsky, Vice President & CFO			Telephone No. 732-946-3030 x2253	
4. Name and Title of Director Anthony Comerford, Ph.D., CEO			Telephone No. 732-946-3030 x2250	
5. Name and Title of Program Manager/Medical Director David Roden, LCSW, LCADC, President & COO			Telephone No. 732-946-3030 x2251	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations	
[REDACTED]	[REDACTED]		CARF	
7. Location of Proposed Project	City	County	State	Zip Code
2 Monmouth Avenue	Freehold	Monmouth	NJ	07728
190 Chelsea Avenue	Long Branch	Monmouth	NJ	07740
8. Total Proposed Level of Service in 2024 429 hours		9. Unit of Service Cost in 2024 \$70/hour		
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

COST OF PROJECT

14. Total Funds Requested

\$30,000

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 23, 2023
---	--	---

ORIGINAL

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

Service Type:
Circle (1)

Treatment Services

Prevention Services

Recovery Support Services

Withdrawal Management
Service Modality

1. Name of Contractor: New Hope Integrated Behavioral Health Care
2. Street Address: 80 Conover Road, Marlboro, Monmouth, NJ, 07746
3. Name and Title of Fiscal Contact: Marge Ruchaevsky, Vice President & CFO
4. Name and Title of Director: Anthony Comerford, Ph.D., CEO
5. Name and Title of Program Manager/Medical Director: David Roden, LCSW, LCADC, President & COO
6. Employer ID No., NJ State License No., if Applicable, and Accreditations: CARF
7. Location of Proposed Project: 80 Conover Road, Marlboro, Monmouth, NJ, 07746
8. Total Proposed Level of Service in 2024: 379 bed days
9. Unit of Service Cost in 2024: \$475 / bed day
10. Type of Agency (check one): PRIVATE NON-PROFIT
11. If political subdivision, covered by NJ Civil Service Merit System? N/A
12. Affirmative Action Plan: NO
13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? NO
14. Total Funds Requested: \$180,000

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.

NAME AND TITLE OF CONTRACTOR (Print): David Roden, LCSW, LCADC, President & COO
SIGNATURE OF CONTRACTOR: [Handwritten Signature]
DATE OF APPLICATION: October 23, 2023

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

ORIGINAL

Service Type:
Circle (1)

Treatment Services

Prevention Services

Recovery Support Services

Women's Halfway House

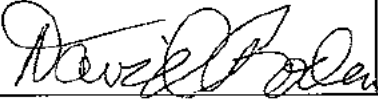
Service Modality

1. Name of Contractor New Hope Integrated Behavioral Health Care					
2. Street Address 80 Conover Road		City Marlboro	County Monmouth	State NJ	Zip Code 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/Medical Director 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 300 4th Avenue 373 Brighton Avenue		City Asbury Park Long Branch	County Monmouth Monmouth	State NJ NJ	Zip Code 07712 07740
8. Total Proposed Level of Service in 2024 606 bed days			9. Unit of Service Cost in 2024 \$99 / bed day		
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	

COST OF PROJECT

14. Total Funds Requested **\$60,000**

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 23, 2023
---	---	--