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:	Preferred Behavioral Health Group	
	(PRINT)	_
Preparer's Name	: Jillian Gibb	
Signature:	10/23/2023 (DATE	
Address: _	40 Christopher Way Suite 101	,
_	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:		1
BRC:		
(Business Registration Ce	KBCS(C)	

(Revised 2/2017)

Treatment Services Prevention Services Service Type: Recovery Support Services Circle (1) Community-Based Alcohol/Drug Use "Selective and Indicated" Prevention Services (Al's Pals Program) Service Modality 1. Name of Contractor Prevention First, A Division of Preferred Behavioral Health Group Street Address County State Zio Code Eatontown Monmouth NJ 40 Christopher Way 07724 Telephone No. 3. Name and Title of Fiscal Contact 732.367.4700 Ext. 3101 Peter Kisylia Chief Financial Officer Name and Title of Director Telephone No. Kaitlin McCarthy, Director of Prevention First Services 732,663,1800 ext. 2670 5. Name and Title of Program Manager/Medical Director Telephone No. N/A N/A 6. Employer ID No. NJ State License No., if Applicable Accreditations N/A N/A /. Location of Proposed Project City County State Zip Code Long Branch School District Monmouth County, NJ 07740 and Neptune Township School District Monmouth County, NJ 07753 Total Proposed Level of Service in 2024 Unit of Service Cost in 2024 850 Total Hours (332 direct /518 indirect) \$70.59 (\$60,0000/850 Total Hours) Tyge of Agency (check one) PRIVATE NON-PROFIT ☐ GOVERNMENT HOSPITAL ☐ Other (specify) 11. If political subdivision, covered by NJ 12. Affirmative Action Plan 13. If grant is awarded, will funds be used to Civil Service Merit System? replace other funds which would be ☑ YES □ NO available in absence of award? YE\$ ☑ NO □NA YES NO COST OF PROJECT 14. Total Funds Requested \$60,000.00 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) DATE OF APPLICATION

10/23/2023

Dr. Tara Chalakani C.E.O.

Service Type: Treatment Services Circle (1)	Pre	vention Service	<u>s</u>	Recovery Su	pport Services		
Community-Based I	Early Childhoo	d Alcohol/Dru	ia Use Pre	vention Ser	vices		
(Al's Pals Program I							
Focus)		ice Modality	100000	<u></u>	71011 <u>101</u>		
1. Name of Contractor	·			 	· 		
Prevention First, A Division of P	referred Behavio	ral Health Gro	up.				
2. Street Address	City	County	<u>. </u>	State	Zip Code		
40 Christopher Way	Eatontown	Monmouth		NJ	07724		
3. Name and Title of Fiscal Contact			Telephone No	,			
Peter Kisylia Chief Financi	al Officer		732.36	7.4700 Ext	. 3101		
4. Name and Title of Director		<u>. </u>	Telephone No	·	•		
Kaitlin McCarthy, Director of P		Services	732.663	.1800 ext. 2	670		
5. Name and Title of Program Manager/M	edical Director		Telephone No).			
N/A			N/A				
6. Employer ID No.	NJ State License No	o., if Applicable		Accreditations			
	N/A			N/A			
7. Location of Proposed Project	City	County		State	Zip Code		
Freehold, Monn	nouth County,	NJ 07728					
Total Proposed Level of Service in 2024		9. Unit of Service	Cost in 2024				
850 Total Hours (332 direct /518 in	ndirect)	\$70.59 (\$60),0000/850 T	otal Hours)			
10. Type of Agency (check one) PRIVATE NON-PROFIT (GOVERNMENT	☐ HOSPITAL	☐ Other	(specify)			
	12. Affirmative Action	n Plan	-	awarded, will fund			
Civil Service Merit System?	☑ YES	□ NO		her funds which v n absence o∮awa			
☐ YES ☑ NO ☐ N/A			□ Y	res 👿 N	0		
	COST OF	PROJECT			.		
14. Total Funds Requested \$60,000	.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 (Prin) SICNATURE OF	CONTRACTOR	DATE OF A	APPLICATION			
Dr. Tara Chalakani C.E.O.	1/1	\mathbf{y}_{-} .	10/	23/2023			

Service Type: Circle (1)

Treatment Services

Prevention Services

Recovery Support Services

Halfway House Services Men-Philip House

		Se	rvice Modality			
1.	Name of Contractor					
1	Prevention First, A Division of P	referred Behavior	al Health Group			
2,	Street Address	City	County		State	Zip Code
	40 Christopher Way	Eatontown	Monmouth		NJ	07724
3.	Name and Title of Fiscal Contact			Telephone N	0.	
	Peter Kisylia Chief Financial	Officer		732.367.4	4700 Ext. 3101	
4.	Name and Title of Director			Telephone N	o	
ı	Kaitlin McCarthy, Director of	Prevention First	Services	732.663	3.1800 ext. 26	670
5.	Name and Title of Program Manager	Medical Director		Telephone N	o.	-
	N/A			N/A		•
6.	Employer ID No.	NJ State License ?	No., if Applicable	· .	Accreditations	
		N/A			N/A	
7.	Location of Proposed Project	City	County	<u>-</u> .	State	Zip Code
	Long Branch I	Monmouth Coun	ty, NJ, 07740			
8,	Total Preposed Level of Service in 2024 803 Total Hours		9. Unit of Servic \$68.49 (\$55	e Cost in 2024 ,000/803 To	otal Hours)	••
10.	Type of Agency (check one) PRIVATE NON-PROFIT	GOVERNMENT	☐ HOSPITAL	☐ Other	(specify)	
11.	If political subdivision, covered by NJ Civil Service Merit System?	12, Affirmative Act	ion Plan		awarded, will fund	
	☐ YES ☑ NO ☐ N/A	☑ YES	□ NO	replace other funds which would be available in absence of award? YES M NO		
		COST O	FPROJECT			
14.	Total Funds Requested \$55,000		PROJECT			
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						
	Dr. Tara Chalakani C.E.O.		W.	10.	/23/2023	

Service Type: Circle (1) Treatment Services

Prevention Services

Recovery Support Services

Halfway House Services Women-Epiphany House

	• •	Ser	vice Modality			
1.	Name of Contractor	-	 -			
	Prevention First, A Division of Pr			<u></u>		
2.	Street Address	City	County		State	Zip Code
	40 Christopher Way	Eatontown	Monmouth		NJ	07724
3.	Name and Title of Fiscal Contact Peter Kisylia Chief Financia	Officer		Telephone No. 732.367	o. .4700 Ext. 31	01
4.	Name and Title of Director	_		Telephone No	D.	
ŀ	Kaitlin McCarthy, Director of Pr	evention First Se	ervices	1	3.1800 ext. 2	670
5.	Name and Title of Program Manager/I	/ledical Director		Telephone No	Ď.	
	N/A			N/A		
6.	Employer ID No.	NJ State License N	io., if Applicable	,	Accreditations	
		N/A			N/A	
7.	Location of Proposed Project	City	County		State	Zip Code
	Asbui	y Park, Monmout	h County, NJ 0	7712		
8.	Total Proposed Level of Service in 2024 830 Total Hours			ce Cost in 2024 60,000/830 T	otal Hours)	
10.	Type of Agency (check one) ✓ PRIVATE NON-PROFIT	GOVERNMENT	☐ HOSPITAL	. Cther	(specify)	
11.	If political subdivision, covered by NJ Civil Service Merit System? YES NO NA	12. Affirmative Acti ☑ YES	oπ Plan □ NO	replace of available	awarded, will fun ther funds which in absence of aw YES M N	would be
14.	Total Funds Requested \$60,000.	COST OF	PROJECT		_ ·	
of for substantial	tification: The undersigned assures, tained in this application and attachment the Contractor and the services describe his application. The undersigned furthe jied to the conditions and other policies, ch include provisions described in the navioral Health to contact State, Country and the provision of the provision of the provision of the navioral Health to contact State, Country and the programmatic are request, the organization's budget and	ats are true and correct d herein will be provided in understands and age regulations and rules grant application. If ty and Federal agency and contract information	ot, the application I led to the extent ag- rees that any grant issued by the Cou in addition, the un- cies as well as ch	nas been duly au greed upon in the t received as a r nty of Monmouth dersigned gives aritable funding	uthorized by the percentract development of this application for the administraction to be sourced to disc	governing body ped as a result ication shall be ration of grants the Division of cuss and share
- BIA	ME AND TITLE OF CONTRACTOR (Pr	int) LEIGHATHDE O	FCONTRACTOR	DATE OF	APPLICATION	
	Tara Chalakani C.E.O.				/23/2023	
	· ·		$\bigvee \bigvee$	'`		•

SIGNATURE PAGE

CC-8-2024

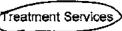
To the Monmouth County Board of County Commissioners:

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:	Preferred Behavioral Health Group
- -	(PRINT)
Preparer's Name:	Dr. Tara Chalakani
Signature: ((PRINT) October 24, 2023
	(OATE)
Address:	700 Airport Road
	Lakewood, New Jersey 08701
Telephone No.:	732-367-4700
Fax No.:	732-905-0789
E-Mail Address:	tchalakani@preferredbehavioral.org
	(This should be the email where Contracts would be sent)
Contact Person:	Dr. Tara Chalakani, Chief Executive Officer
FEIN:	
(Federal Employee ID)	
BRC:	
(Business Registration Certific	atē)

(Revised 2/2017)

	rice Type: rcle (1)	Treatme	nt Services	S P(revent	ion Service	S	Recovery Su	pport Services
			1	ntensive Outpa		Level 2.1			
	N:								
1.	Name of Co		al Wastin C						
2.	Street Addr	Behaviora	и пеаки с	City	C	oùnty		State	Zip Code
				,	_				•
	700 Airpo			akewood	O	ean	N	ew Jersey	08701
3.	Name and	Title of Fiscal	Contact			_	Telephone No).	
	Dotor Kin	viio.					722 267 /	700 ext. 310	1
4.	Peter Kisy Name and	/iid Title of Directo	ıΓ				Telephone No		<u> </u>
			•				, ,		
!	Laura Me	ssina			•		732-367-4	700 ext 6129)
5.	Name and	Title of Progra	m Manager/N	ledical Director			Telephone No).	•
		OlD-i					700 007 4	700 and 711	n
6.	Lawrance Employer II			NJ State License	No if	Applicable	132-301-4	700 ext. 711	
<u>. </u>	anipioyo: ii			740 4(2)0 2:001:00		фриссино			
				N/A				CARF	
7.	Location of	Proposed Pro	ject	City	(County	•	State	Zip Code
	40.05-4-4	{ } A [r-4±			Ala:	ur lasanı	0
· ė.		opher Way ed Level of Sen	,	Eatontown	1V/O	nmouth	e Cost in 2024	w Jersey	
	12 Clies				"	\$5,069.0			
10.	Type of Age	ency (check o							
	X PRIVA	ATE NON-PRO	OFIT []	GOVERNMENT	L	HOSPITAL	Other	(specify)	
11.		ubdivision, co		12. Affirmative A	ction Pl	an	13. If grant is	awarded, will fun	ds be used to
		e Merit Syster	n?	☑ YES		NO	available	ther funds which in absence of aw	ard?
	☐ YES	⊠ NO	□ N/A			İ		YES 🗓 N	Ю
				COST	OF PRO	JECT	 .		
		s Requested		B29.00					
con of the subj white Beh rele upo	tained in this ne Contracto nis applicatio ject to the och include p avioral Heal vant financia n request, th	application a r and the serven. The under onditions and conditions des provisions des tith to contact al, budget, pro- progenization	nd attachmer rices describe signed furthe softner policies, scribed in the State, Coun- grammatic ar s's budget and		rect, the vided to agrees the issue in addencies attorn. The	e application has the extent ago that any grant or the Court dition, the unus well as chi	has been duly at preed upon in the received as a control of Monmoul dersigned gives aritable funding d also agrees to	athorized by the good contract develor esuit of this apple for the administation to its sources to disc	poverning body ped as a result ication shall be ration of grants the Division of uss and share
_	r. Tara Ch	LE OF CONT	MOTOR (PI		K		•		
		iaiakaiii Itive Office	r	ソ ノス	1	1	Octob	per 25, 2023	



Ser	rvice Type:	eatment Services	s) Pre	vention Service	es .	Recovery Su	pport Service
	4		Outpatient - Leve	el 1			
			Serv	ice Modality			
1.	Name of Contracto	<u> </u>		*** • • • • • • • • • • • • • • • • • •	-, -, -, -, -		
	Preferred Beha	vioral Health G	Group				
2.	Street Address		City	County	·	State	Zip Code
	700 Airport Ro		akewood	Ocean		ew Jersey	08701
3.	Name and Title of F	Fiscal Contact			Telephone No) .	:
	Peter Kisylia					700 ext. 3101	<u> </u>
4.	Name and Title of i	Director			Telephone No	о.	
	Laura Messina				732-367-4	700 ext 6129	
5.	Name and Title of I	Program Manager/N	ledical Director		Telephone No) .	
	Lawrance O'Bri	en		<u> </u>	732-367-4	700 ext. 7119	9
6.	Employer ID No.		NJ State License N	o., if Applicable		Accreditations	
			N/A			CARF	
7.	Location of Propos	ed Project	City	County		State	Zp Code
	40 Christopher	\A/av	Eatontown	Monmouth	Ne	w Jersey	0
8.	Total Proposed Level		LEIOITOVII		ce Cost in 2024	Woolsey	-
	35 Clients			\$1,185.	00		
10.	Type of Agency (ch PRIVATE NO	neck one) N-PROFIT [GOVERNMENT	☐ HOSPITAL	_	(specify)	
11.	If political subdivisi		12. Affirmative Acti	on Plan		awarded, will fund	
	Civil Service Merit	System?	X YES	□ NO	replace other funds which would be available in absence of award?		
	☐ YES 🗵	NO 🗀 N/A				_	O
			COST OF	PROJECT	<u> </u>		
14.	. Total Funds Reque	ested \$41.4	470.00				
of to substitute with the substitute of the subs	ntained in this application Contractor and the this application. The bject to the conditions ich include provision havioral Health to contract the conditions in the contract	dersigned assures, ation and attachmer the services describe undersigned furthers and other policies, as described in the portact State, Counter, programmatic ar	declares and certifies are true and correct dispersion will be provided understands and again regulations and rules grant application. It and contract information declaration and contract information	ot, the application led to the extent a rees that any gran issued by the Cou in addition, the undies as well as character.	has been duly at greed upon in the it received as a unty of Monmouth dersigned given antable funding	uthorized by the g e contract develop result of this applith h for the administration to the sources to discrete	poverning body ped as a result cation shall be ration of grants the Division of uss and share
— <u>K7</u>	AME AND TITLE OF	CONTRACTOR (S-	AN I SIGNATURE O	F CONTRACTOR	I DATE OF	APPLICATION	
197	MINIE MIND TITLE OF	CONTRACTOR (PI	int) SIGNATURE O	, JULIANO OK	PAIEOL	PILETOVIION	
	r. Tara Chalaka hief Executive C				Octol	per 25, 2023	