SHOULD BE CC-8-2024

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: The Center In Asbury Park, Inc.
(PRINT)

Preparer's Name: George Lowe
(PRINT)

Signature: [signature] 10/26/23
(DATE)

Address: 806 Third Ave.
Asbury Park, N.J. 07712

Telephone No.: 732-774-3416 Ex. 117

Fax No.: 732-775-5001

E-Mail Address: glowe@thecenterinap.com
*****(This should be the email where Contracts would be sent)*****

Contact Person: George Lowe

F.E.I.N.:
(Federal Employee ID)

B.R.C.:
(Business Registration Certificate)

(Revised 2/2017)

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 — circled)

Recovery Support Services
Service Modality

1. Name of Contractor The Center In Asbury Park, Inc.					
2. Street Address 806 Third Ave.	City Asbury Park	County Monmouth		State NJ	Zip Code 07712
3. Name and Title of Fiscal Contact Brian Fourry			Telephone No. 732-774-3416		
4. Name and Title of Director Michael Roland			Telephone No. 732-774-3416		
5. Name and Title of Program Manager/Medical Director Dr. George Lowe, LSW, DBH			Telephone No. 732-7743416		
6. Employer ID No. [redacted]	NJ State License No., if Applicable		Accreditations		
7. Location of Proposed Project 806 Third Ave.	City Asbury Park	County Monmouth		State NJ	Zip Code 07728
8. Total Proposed Level of Service in 2024		9. Unit of Service Cost in 2024			

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 Action Plan	13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award?
☐ YES ☒ NO ☐ N/A	☐ YES ☒ NO	☐ YES ☒ NO

COST OF PROJECT

14. Total Funds Requested $150,000

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
Michael Roland	[signature]	10/20/23