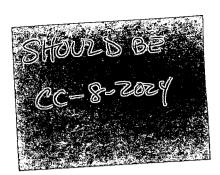
## **SIGNATURE PAGE**

CC-26-2023





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.
	(1 (0)(1)
Preparer's Name:	(360752 LOWE
Signature:	10/26/23 (DATE)
Address:	806 Third Asc.
	Asbury Park, N. y. 07713
Telephone No.:	732. 774. 3416 Ey. 117
Fax No.:	737. 775-5001
E-Mail Address:	glowe athecenterinap. com
	***(This should be the email where Contracts would be sent)***
Contact Person:	Catoly & Low &
F.E.I.N.:	
Federal Employee ID)	
2.2.0	
B.R.C.: (Business Registration Certific	
(Dusiness negistration Certific	ale)

(Revised 2/2017)

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

Treatment Services

Prevention Services

Recovery Support Services

	rcle (1)	reatment Service		evention Service	,		- Support Services	
			Recovery Supp	ort Services				
				ervice Modality				
1.	Name of Contract	or			<del></del>			
7	Γhe Center In A	sbury Park, Inc	,			•		
2.	Street Address		City	County		State	Zip Code	
	306 Third Ave.		bury Park	Monmouth	TZ	NJ	07712	
3.	Name and Title of	Fiscal Contact			Telephone No			
	Brian Four				732-774-3		·	
4. Name and Title of Director					Telephone No			
Michael Roland					732-774-3			
5. Name and Title of Program Manager/Medical Director					Telephone No			
Dr. George Lowe, LSW, DBH					732-7743	732-7743416		
6.	Employer ID No.		NJ State License	No., if Applicable	·	Accreditation	ons	
7.	Location of Propo	sed Project	City	County		State	Zip Code	
000	Third A		Ashum, Dark	Manmouth		NJ	07728	
8.	Third Ave.  Total Proposed Leve		Asbury Park	Monmouth  9. Unit of Service	ce Cost in 2024	INJ	01120	
10.	Type of Agency (				P7 60			
	☐ PRIVATE NO	N-PROFIT ∐	GOVERNMENT	☐ HOSPITAL	Other of	(specity)		
11.		sion, covered by NJ	12. Affirmative Ad	ction Plan		13. If grant is awarded, will funds be replace other funds which would		
	Civil Service Merit System?		☐ YES	☐ YES 📈 NO		available in absence of award?		
	☐ YES IV	NO □N/A				YES 19	NO NO	
14.	Total Funds Regu	ested \$150,000	COST	OF PROJECT				
							11-6 -11 1-6	
the this to the	tained in this applice. Contractor and the application. The under conditions and conditions desprovisions desprovisions desprovisions.	cation and attachme e services described indersigned further u other policies, regula scribed in the grant	declares and certifints are true and corre herein will be provide nderstands and agreeations and rules issue application. In addit	ct, the application had ed to the extent agrees that any grant rece ed by the County of ion, the undersigned	as been duly auth eed upon in the c eived as a result o Monmouth for the d gives permission	orized by the ontract deven f this applicate administration to the Div	e governing body of eloped as a result of tion shall be subject tion of grants which vision of Behavioral	
bud	Ith to contact State		al agencies as well a nation. The undersign	ned also agrees to r	nake available to	the Division	n upon request, the	
bud orga	Ith to contact State get, programmatic anization's budget	and contract inform	rint)   SIGNATURE	of CONTRACTOR	nake available to	APPLICATION	n upon request, the	