SIGNATURE PAGE

CC-9-2024

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:	November 02, 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, President & COO		
FEIN:			
(Federal Employee ID)			
BRC:			
(Business Registration Certific	cate)		

(Revised 2/2017)

ORIGINAL

COUNTY OF MONMOUTH OFFICE OF CHILD AND YOUTH SERVICES YOUTH SERVICES COMMISSION

2024 Funding Request Application CC-9-2024

Program Area Applying For:	Disposition - Adolescent Substance Abuse Treatment Services				
Incorporate Name of Contractor	New Hope Integrated Behavioral Health Care				
Туре:	() Public	() Profit	(x) Non-Profit		
Federal I.D. Number:					
Address of Contractor:	80 Conover Road				
sa"	Marlboro, NJ 07746				
Address of Service(s):	80 Conover Road				
	Marlboro, NJ 07746				
Contact Person, Phone # / e-mail address	David Roden, LCSW, LCADC 732-946-3030 x2251 : droden@newhopeibhc.org				
Total Dollar Amount Requested:	\$60,000				
Total Number of Youth / Families to be Served	2 unduplicated clients				
Brief Description of Proposed Services, Level of Service (Direct & Indirect Hours) and Unit Cost:					
New Hope IBHC proposes to provide the Court with dispositional options by providing Adolescent Intensive Inpatient Substance Abuse Treatment (American Society of Addiction					
Medicine [ASAM] Level 3.7). Specifically the funds (\$60,000) provides 150 bed days at \$360/day for approimately 2 court-referred youths using a 75-day average length of stay					
for computation. Our program is licensed by the State of New Jersey, Department of Children and Families, Office of Licensing.					
Authorized Voucher Signature: Name/Title	David Ro	oden, LCSW, LCADC,	President & COO		
Signature: David Polen					