

CC-1-2025

**SIGNATURE PAGE**


**CC-1-2025**

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: Caregiver Volunteers of Central Jersey  
(PRINT)

Preparer's Name: Bob Scott  
(PRINT)

Signature:  9/2/2024  
(DATE)


Address: 201 Hooper Ave., First Floor, North Suite  
Toms River, NJ 08753

Telephone No.: 732-505-2273

Fax No.: 732-505-9445

E-Mail Address: bobs@caregivervolunteers.org  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: Bob Scott

FEIN:   
(Federal Employee ID)

BRC:   
(Business Registration Certificate)

(Revised 2/2017)

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MONMOUTH COUNTY OFFICE ON AGING  
REQUEST FOR PROPOSAL COVER PAGE

Completed 'Request for Information' and 'Review Criteria' forms for the proposed project must follow this coversheet

DATE: 9/2/2024 Caregiver Volunteers of Central Jersey  
NAME AND ADDRESS OF AGENCY: \_\_\_\_\_  
Telephone Number: 732-505-2273 201 Hooper Ave, First Floor, North Suite  
FAX: 732-505-9445 Toms River, NJ 08753  
e-mail: info@caregivervolunteers.org

Type of Organization \_\_\_\_\_ Public Agency  Private Non-Profit \_\_\_\_\_ For Profit

NAME OF PROPOSED PROJECT:

Total Grant Request: \$ 231,327 (Amount from Funding Allocation Chart)

Proposed Services:	<u>Transportation (106)</u>	Cost \$ <u>231,327</u>
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____

(The total cost of proposed services must equal the total budgeted cost of the program)

If the project is located at a different address than above, provide the address:  
61 Georgia Rd., Room 116, Freehold, NJ 07728

Days and hours of operation of proposed project:  
Mon.-Fri. 9am-4pm

Project will start:  
1/1/2025

AGENCY PERSONNEL:

Agency Director	<u>Bob Scott</u>
Project Director	<u>Christine MacKay</u>
Fiscal Contact	<u>Dave Manzo</u>
Contact Person	<u>Christine MacKay</u>