

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: Family and Children's Service of Monmouth County
(PRINT)

Preparer's Name: Louis Schwarz
(PRINT)

Signature: Tom Murray 9/14/24
(DATE)

Address: 191 Bath Ave
Long Branch NJ 07740

Telephone No.: 732-222-9111

Fax No.: 732-531-9526

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

Contact Person: Louis Schwarz

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

**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: 9/6/2024
NAME AND ADDRESS OF AGENCY: Family & Children's Service 191 Bath Ave. Long Branch, NJ 07740
Telephone Number: 732-222-9111
FAX: 732-728-2202
e-mail: lschwarcz@fcsmonmouth.org

Type of Organization _____ Public Agency Private Non-Profit _____ For Profit

NAME OF PROPOSED PROJECT: Housekeeping & Certified Home Health Aide

Total Grant Request: \$ \$715,921 (Amount from Funding Allocation Chart)

| | | |
|--------------------|---|------------------------|
| Proposed Services: | <u>Housekeeping- Title III</u> | Cost \$ <u>49,395</u> |
| | <u>Housekeeping- SASS</u> | Cost \$ <u>117,165</u> |
| | <u>Certified Home Health Aide- Title III</u> | Cost \$ <u>94,657</u> |
| | <u>Certified Home Health Aide- SASS</u> | Cost \$ <u>400,120</u> |
| | <u>Certified Home Health Aide- Medicaid Match</u> | Cost \$ <u>30,774</u> |
| | <u>Jersey Assistance for Community Caregiving</u> | Cost \$ <u>23,810</u> |
| | _____ | 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:
Monmouth County (Clients' homes)

Days and hours of operation of proposed project:
Monday-Friday 8:30am-4:30pm

Project will start:
Immediately

AGENCY PERSONNEL:

Agency Director Louis Schwarcz
Project Director Shari Barger
Fiscal Contact Chelsey Luzetsky
Contact Person Louis Schwarcz

APPLICATION FOR FUNDS

Family and Children's Service of Monmouth

CC-1-2025

| | | | | |
|---|---|--|------------------------|---|
| 1. Name of Contractor Family and Children's Service of Monmouth | | | | |
| 2. Street Address 191 Bath Ave., Long Branch, NJ | City 07740 | County Monmouth | State | Zip Code |
| 3. Name and Title of Fiscal Contact Chelsey Luzetsky - Director of Finance | | Telephone No. 732-222-9111 | | |
| 4. Name and Title of Director Louis A. Schwarcz, MA - CEO | | Telephone No. 732-222-9111 | | |
| 5. Name and Title of Program Manager Shari Barger - Director of Community Support Services | | Telephone No. 732-222-9111 | | |
| 6. Employer ID No. [REDACTED] | NJ State License No., if Applicable [REDACTED] | | Accreditations CAHC | |
| 7. Location of Proposed Project Monmouth County (client homes) | City | County | State | Zip Code |
| 8. Total Proposed Level of Service in 2025 (units to be provided) 3,188.42 | | 9. Unit of Service Cost in 2025 \$30.40 | | |
| 10. Type of Agency (check one) <input checked="" type="checkbox"/> PRIVATE NON-PROFIT <input type="checkbox"/> GOVERNMENT <input type="checkbox"/> HOSPITAL <input type="checkbox"/> Other (specify) | | | | |
| 11. If political subdivision, covered by NJ Civil Service Merit System? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> N/A | | 12. Affirmative Action Plan <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | 13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO |
| OF PROJECT | | | | |
| 14. Total Funds Requested \$123,272 | | | | |

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.

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|--|--|--------------------------------|
| NAME AND TITLE OF CONTRACTOR (Print) Louis Schwarcz | SIGNATURE OF CONTRACTOR <i>Louis Schwarcz</i> | DATE OF APPLICATION 9/14/24 |
|--|--|--------------------------------|