

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: Louis Schwarz 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: 9/9/2024 _____
NAME AND ADDRESS OF AGENCY: FCS 191 Bath Ave. Long Branch, NJ 07440
Telephone Number: 731-222-9111 _____
FAX: 732-728-2202 _____
e-mail: jfarley@fcsmonmouth.org

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

NAME OF PROPOSED PROJECT: Wellness Initiative for Senior Education (WISE)

Total Grant Request: \$22,050 _____ (Amount from Funding Allocation Chart)

Proposed Services:	<u>Evidence-Based Health and Education</u>	Cost \$ <u>22,050</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:

Days and hours of operation of proposed project:
M - F 8:30 am - 4:30 pm

Project will start: January 1, 2025

AGENCY PERSONNEL:

Agency Director Louis A. Schwarcz
Project Director Jenee Farley
Fiscal Contact Chelsey Luzetsky
Contact Person Jenee Farley