

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: Interfaith Neighbors, Inc.

(PRINT)

Preparer's Name: Kelly Aliperti

(PRINT)

Signature: *Kelly Aliperti*

(DATE)

Address: 810 Fourth Ave

Asbury Park, NJ 07712

Telephone No.: [REDACTED]

Fax No.: _____

E-Mail Address: kellya@interfaithneighbors.org

***** (This should be the email where Contracts would be sent) *****

Contact Person: Kelly Aliperti

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)

(Revised 2/2017)

**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: 9/10/24

NAME AND ADDRESS OF AGENCY: Interfaith Neighbors, Inc. 810 Fourth

Telephone Number: 732-775-0525

FAX: _____

e-mail: kellya@interfaithneighbors.org

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

NAME OF PROPOSED PROJECT:

Total Grant Request: \$ 1,662,211 (Amount from Funding Allocation Chart)

Proposed Services:	<u>Congregate</u>	Cost \$ <u>508,038</u>
	<u>Home Delivered</u>	Cost \$ <u>741,244</u>
	<u>Home Delivered SASS</u>	Cost \$ <u>215,856</u>
	<u>Weekend & Holiday</u>	Cost \$ <u>97,781</u>
	<u>Home Delivered - under 60</u>	Cost \$ <u>99,292</u>
	_____	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:

810 Fourth Ave. Asbury Park, NJ 07733

Days and hours of operation of proposed project:

M-F 8-4

Project will start:

1/1/25-12/31/25

AGENCY PERSONNEL:

Agency Director	<u>Walter Craig, Esq</u>
Project Director	<u>Beth Paterno</u>
Fiscal Contact	<u>Tracy Rademacher</u>
Contact Person	<u>Kelly Aliperti</u>