

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: Visiting Nurse Association of Central Jersey, Inc.
(PRINT)

Preparer's Name: Colleen Nelson
(PRINT)

Signature: *Colleen Nelson*
(DATE)

Address: 597 Park Ave., Suite C (Children & Family Health Institute)
Freehold, NJ 07728

Telephone No.: 732-502-5158

Fax No.: _____

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

Contact Person: Colleen Nelson

FEIN: ██████████
(Federal Employee ID)

BRC: ██████████
(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: 9/5/2024
NAME AND ADDRESS OF AGENCY: Visiting Nurse Association of Central
Telephone Number: 732-502-5158
FAX: _____
e-mail: Colleen.Nelson@vnahg.org

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

NAME OF PROPOSED PROJECT:

Total Grant Request: \$ 82,997 (Amount from Funding Allocation Chart)

Proposed Services:	<u>Prof Ed & Support for Caregivers</u>	Cost \$ <u>82,997</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:
patients' homes

Days and hours of operation of proposed project:
Monday-Friday 8:30-4:30 by appointment

Project will start:
Jan. 1, 2025

AGENCY PERSONNEL:

Agency Director	<u>Colleen Nelson- 732-502-5158</u>
Project Director	<u>Robin McRoberts 732-471-9301</u>
Fiscal Contact	<u>Maria Shummette 732-224-6779</u>
Contact Person	<u>Amy Rosen - 732-219-7462</u>