

SIGNATURE PAGE

CC-7-2022

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: Brookdale Community College
(PRINT)

Preparer's Name: David M. Stout, Ph. D.
(PRINT)

Signature: *David M Stout* 3/28/22
(DATE)

Address: 765 Newman Springs Rd, Lincroft, NJ 07738

Telephone No.: 732-224-2204

Fax No.: _____

E-Mail Address: jscocco@brookdalecc.edu
***** (This should be the email where Contracts would be sent) *****

Contact Person: Joan Scocco, Dean, Continuing & Professional Studies

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

(Revised 2/2017)

SECTION II BUDGET

All Consultants must complete this part.
 The contract will be based on achievement of deliverables and this budget backup MUST be included for cost analysis purposes.

Agency: Brookdale Community College
 Program Name: One Stop Operator Services

I. LINE-ITEM SUMMARY

Category	RFP Request	In-Kind	Total
1. Administrative Costs	\$2,500		\$2,500
2. Program Costs	\$47,500		\$47,500
3. Profit (Private For-Profit Organizations only)			
TOTAL PROPOSAL COSTS	\$50,000		\$50,000

II. LINE-ITEM BUDGET

Program Costs	RFP Request	In-Kind/Other Sources	Total Budget
1. Total Salaries	\$42,500		\$42,500
2. Total Fringe Benefits _____ %	\$5,000		\$5,000
3. Staff Travel: \$.44 Per mi. x number of miles			
4. Utilities (Specify type)			
5. Office Supplies (consumable)			
6. Equipment*1			
7. Communications*			
8. Other (specify)			
9. Other (specify)			
TOTAL PROGRAM COSTS	\$47,500		\$47,500

***All Supplies, Materials, Equipment, Communication, and "other" category needs must be detailed in Section III of this Part.**

1 All Equipment authorized for purchase will become the property of the Monmouth County Workforce Development Board unless otherwise agreed to in final contract.

III. BUDGET NARRATIVE Use this space to:

1) Provide any explanation regarding items in budget:

The One Stop Operator will work 20 hours per week and includes salary offset for the administration/oversight of the grant and management of employee. \$817.30 per week x 52 weeks = \$42,500

2) List/describe sources of in-kind/other funds being made available in support of the program/activity:

N/A

3) Provide detail relative to the need for items requested and cost of supplies, materials, equipment and communications:

N/A

STAFF BUDGET WORKSHEET

POSITION/TITLE *		CHARGED TO CONTRACT				
		ANNUAL SALARY	NUMBER of WEEKS	SALARY/WEEK	% OF TIME	TOTAL \$
1.	One Stop Operator	\$42,500	52	\$817.30	53%	\$42,500
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
Total Staff Costs		Sum of all cost categories must equal total \$ for each position title				\$42,500

* Job Descriptions including position qualifications must be submitted with the RFP response (as Attachment 5).