

SIGNATURE PAGE

CC-18-2023

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 Inc. of Monmouth

(PRINT)

Preparer's Name: Louis A. Schwarcz

(PRINT)

Signature: *Louis Schwarcz* 5/3/23

(DATE)

Address: 191 Bath Ave.

Long Branch, NJ 07740

Telephone No.: 732-222-9111

Fax No.: _____

E-Mail Address: lschwarcz@fcsmonmouth.org

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

Contact Person: Louis A. Schwarcz

FEIN: XXXXXXXXXX

(Federal Employee ID)

BRC: _____
(Business Registration Certificate)

(Revised 2/2017)

**MONMOUTH COUNTY OFFICE ON AGING
REQUEST FOR PROPOSAL COVER PAGE**

A completed 'Request for Information' and 'Review Criteria' for the proposed project must be attached to this cover sheet.

DATE: 5/8/2023

NAME AND ADDRESS OF AGENCY: Family and Children's Service Inc. of Monmouth 191 Bath Ave. Long Branch, NJ

Telephone Number: 732-222-9111 ~~-07740~~

FAX: _____

e-mail: lschwarcz@fcsmonmouth.org

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

NAME OF PROPOSED PROJECT: Wellness Initiative for Senior Education

PROJECT DIRECTOR: Jenee Farley

Total Grant Request: \$ 35,070

Proposed Services:	<u>Wellness Initiative for Senior Education</u>	Cost \$ <u>35,070</u>
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____

If the project is located at a different address than above, provide the address:

Project is: NEW _____ RENEWAL

Days and hours of operation of proposed project:

1.5 hours per week for six weeks at different locations throughout the County

Project will start:

8/1/2023

AGENCY PERSONNEL:

Agency Director	<u>Louis A. Schwarcz</u>
Project Director	<u>Jenee Farley</u>
Fiscal Contact	<u>Chelsey Luzetsky</u>
Contact Person	<u>Louis A Schwarcz</u>