

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

Preparer's Name: Colleen Nelson
(PRINT)

Signature: *Colleen Nelson* 5/3/21
(DATE)

Address: 23 Main Street, Suite D1
Holmdel, NJ 07733

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**

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

DATE: 5/1/2023
NAME AND ADDRESS OF AGENCY: Visiting Nurse Association of Central Jersey, Inc, 23 Main St. Holmdel, NJ 07733
Telephone Number: 732- 768-6113
FAX: _____
e-mail: Colleen.Nelson@vnahg.org

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

NAME OF PROPOSED PROJECT: VNACJ Professional In-Home Support and Education for Caregivers

PROJECT DIRECTOR: Robin McRoberts

Total Grant Request: \$ \$160,000

Proposed Services:	<u>In-Home Support and Education for Caregivers</u>	Cost \$ <u>160,000</u>
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____

If the project is located at a different address than above, provide the address:
Services will be provided at patients' homes in Monmouth County

Project is: _____ X _____ NEW _____ RENEWAL

Days and hours of operation of proposed project:
9am-4pm

Project will start:
7/1/2023

AGENCY PERSONNEL:

Agency Director	<u>Colleen Nelson</u>
Project Director	<u>Robin McRoberts</u>
Fiscal Contact	<u>Maria Shumette</u>
Contact Person	<u>Robin McRoberts</u>

**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: 5/1/23

NAME AND ADDRESS OF AGENCY: Visiting Nurse Assoc. of Central Jersey, Inc. 23 Main Street, Suite D1, Holmdel, NJ 07733

Telephone Number: 732-768-6113

FAX: _____

e-mail: Colleen.Nelson@VNAHG.org

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

NAME OF PROPOSED PROJECT: VNACJ Wellness and Education for Seniors Program

PROJECT DIRECTOR: Robin McRoberts

Total Grant Request: \$ 78,610

Proposed Services:	<u>Health Assessments/Education</u>	Cost \$ <u>78,610</u>
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____

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

Services will be finalized after award but include new or expanded VNACJ Senior Wellness low income sites throughout Monmouth County

Project is: X _____ NEW _____ RENEWAL

Days and hours of operation of proposed project:
9 am - 4 pm

Project will start:
7/1/23

AGENCY PERSONNEL:

Agency Director	<u>Colleen Nelson</u>
Project Director	<u>Robin McRoberts</u>
Fiscal Contact	<u>Maria Shumette</u>
Contact Person	<u>Robin McRoberts</u>