SIGNATURE PAGE

CC-1-2022

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:	Caregiver Volunteers of Central Jersey		
	(PRINT)		
Preparer's Name:	Megan OKeefe		
Signature:	Megan CK/2 (PRINT) 8/12/202		
	(DATE)		
Address:	201 Hooper Ave, 1st Floor North Suite		
Telephone No.:	732-505-2273		
Fax No.:	732-505-9445		
E-Mail Address:	megano@caregivervolunteer.org		
	(This should be the email where Contracts would be sent)		
Contact Person:	Megan OKeefe		
FEIN:			
(Federal Employee ID)			

(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.

Telephone Number: FAX: 732-505-9445 e-mail: info@caregin	Co 61 ESS OF AGENCY: Fre 732-505-2273 vervolunteers.org	Georgia Road eehold, NJ 07728	bert Bellarmine, Rm 116
Type of Organization	nPublic Agenc	y x Private N	on-Profit For Profit
NAME OF PROPOS	ED PROJECT:		
PROJECT DIRECTO	DR:		
Total Grant Request:	\$_30,000		
Proposed Services:	Caregiver Respite		Cost \$ 30,000 Cost \$ Cost \$
Ti tile project is locate	at a unite ent auditess ti		ne audress.
Project is: Days and hours of op M- F 9am- 3pm	x NEW eration of proposed proje		_ RENEWAL
Project will start: 1/1/2022			
AGENCY PERSONI	NEL:		
Agency Director Project Director Fiscal Contact Contact Person	Megan OKeefe Priya Rathee Dave Manzo Christine MacKay		_ _ _