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 Olfe (PRINT) 8/0/2025 |
| 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. Caregiver Volunteers of Central Jersey, Co Cathedral of St. Robert Bellarmine, Rm 116 DATE: 8/12/2021 DATE: 8/12/2021 61 Georgia Road
NAME AND ADDRESS OF AGENCY: Freehold, NJ 07728 Telephone Number: <u>732-505-2273</u> FAX: 732-505-9445 e-mail: info@caregivervolunteers.org Type of Organization Public Agency X Private Non-Profit For Profit NAME OF PROPOSED PROJECT: PROJECT DIRECTOR: Total Grant Request: \$ 14,040 Assisted Transportation Cost \$ 14.040 Proposed Services: Cost \$____ Cost \$ Cost \$ Cost \$ Cost \$_____ Cost \$ Cost \$ Cost \$ If the project is located at a different address than above, provide the address: Project is: NEW x RENEWAL Days and hours of operation of proposed project: M- F 9am- 3pm Project will start: 1/1/2022 AGENCY PERSONNEL: Megan OKeefe Agency Director Francesca Freno Project Director

Dave Manzo

Christine MacKay

Fiscal Contact

Contact Person