

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: Family & Children's Service Inc
(PRINT)

Preparer's Name: Colleen Verniest
(PRINT)

Signature: Colleen 7/29/21
(DATE)


Address: 191 Bath Avenue
Long Branch, NJ 07740

Telephone No.: 732-222-9111 ext 133

Fax No.: 732-531-9526

E-Mail Address: cverniest@fcsmonmouth.org
*** (This should be the email where Contracts would be sent) ***

Contact Person: Colleen Verniest

FEIN: 
(Federal Employee ID)

(Revised 2/2017)

RFP #CC-1-2022
 Application #2
 original

**COUNTY OF MONMOUTH
 DEPARTMENT OF HUMAN SERVICES
 DIVISION ON AGING, DISABILITIES & VETERANS SERVICES**

**MONMOUTH COUNTY COMMISSIONER GRANT APPLICATION
 RFP# CC - 1 - 2022**

Service Applying For	County Public Health Funding-CHFA		
Incorporate Name of Contractor	Family Children's Service, INC of Monmouth		
Type:	<input type="checkbox"/> Public	<input type="checkbox"/> Profit	<input checked="" type="checkbox"/> Non-Profit
Federal I.D. Number:	[REDACTED]		
Address of Contractor:	191 Bath Avenue Long Branch, NJ 07740		
Address of Service(s):	Client's homes		
Contact Person and Phone #:	Colleen Verfest 732-222-9111 ext. 133		
Total Dollar Amount Requested:	\$123,272		
Total Number of Unduplicated Clients to be Served:	8		
Brief Description of Proposed Services, Level of Service and Unit Cost:			
Certified Home Health Aide Services, provided for 2,548.25 hours at \$35.28 per hour (unit cost) (2,548.25)			
Authorized Voucher Signature: Name/Title	Colleen Verfest, CEO		
Signature:	