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 ochildren's Sorvice IDC.
	(PRIMI)
Preparer's Name:	College Verriest
Signature:	Que \$ 8/5/21 (DATE)
Address:	191 Barn prense
	Lang Branch, 107 07740
Telephone No.:	733-333-9111 ext 133
Fax No.:	738-531-9526
E-Mail Address:	everient@fcsmannostr.org
	(This should be the email where Contracts would be sent)
Contact Person:	Colleon Verriest
FEIN:	
(Federal Employee ID)	

(Revised 2/2017)

MONMOUTH COUNTY OFFICE ON AGING REQUEST FOR PROPOSAL COVER PAGE

Telephone Number: 732-333-9111 FAX: 732-531-9526 e-mail: Cvercies to fcsmonwor.org	
Type of Organization Public AgencyPriv	vate Non-Profit For Profit
NAME OF PROPOSED PROJECT:	
PROJECT DIRECTOR:	
Total Grant Request: \$\frac{3560}{}) . , ,
Proposed Services: APS - TLB If the project is located at a different address than above, prov	Cost \$ 73510 - 543 Cost \$ Cost
50ne	vide the address.
Project is: NEW	RENEWAL
Days and hours of operation of proposed project:	
Project will start:	
AGENCY PERSONNEL:	
Agency Director Project Director Fiscal Contact Contact Person Contact Person Contact Person Contact Person Contact Person Contact Person Contact Person	Taro Sica Penes

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. NAME AND ADDRESS OF AGENCY: For Ly - Chicken's Source, Inc Telephone Number: 732-333-9111 FAX: 732-531-9526 e-mail: <u>Cverries to fas mormatu.</u> org Type of Organization _____ Public Agency ____ Private Non-Profit _____ For Profit NAME OF PROPOSED PROJECT: PROJECT DIRECTOR: Total Grant Request: \$\int \(\lambda \) \(\lambda \) \(\lambda \) Proposed Services: Cost \$ If the project is located at a different address than above, provide the address: Some. Project is: RENEWAL Days and hours of operation of proposed project: monpay - Friday 830,430 Project will start: Immediately AGENCY PERSONNEL: Agency Director

Project Director Fiscal Contact Contact Person

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: 850 NAME AND ADDRESS OF AGENCY: FORLY & Children's Source, Inc. Telephone Number: 732-333-9111 FAX: 732-531-9536 e-mail: Cvercies to fcsmonmot.org
Type of Organization Public Agency Private Non-Profit For Profit
NAME OF PROPOSED PROJECT:
PROJECT DIRECTOR:
Total Grant Request: \$366703
Proposed Services:
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: Tropect will start: Tropect will start:
AGENCY PERSONNEL:
Agency Director Project Director Fiscal Contact Contact Person College Wells Co