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
Preparer's Name:	Colleged Verrest (PRINT)
Signature:	Calle 7/29/21 (DATE
Address:	191 Bath Avenue
	Long Branch, n J 07746
Telephone No.:	722-222-9111 ext. 133
Fax No.:	733-531-9526
E-Mail Address:	Cverriest Ofconomatuara
	(This should be the email where Contracts would be sent)
Contact Person:	Collega Vernest
FEIN:	
(Federal Employee ID)	

(Revised 2/2017)

RFP#cc-1-2022 Ppplication#1 Original

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: 8/12/2021		
NAME AND ADDI	RESS OF AGENCY: Family & Children's Service Inc. 19	1 Bath Avenue, Long Branch, NJ 97740
Telephone Number:	732-222-9111	····
FAX: 732-728-2202		
e-mail: cverriest@fcsm	onmouth.org	
Type of Organizatio	on Public Agency X Priv	rate Non-Profit For Profit
NAME OF PROPOS	SED PROJECT: Howsekeeping .	certified Horetceith Aide
	OR: michele O'sheughnes	
Total Grant Request		•
Proposed Services:	Housekeeping III B	O - 4 # 20 042
r roposca services.	Housekeeping SASS	Cost \$ 36,013
	Certified Home Health Aide III B	Cost \$ 129,321 Cost \$ 108,039
	Certified Home Health Aide SASS	Cost \$ 387,964
	Certified Home Health Aide Medicaid Match	Cost \$ 32,859
	Certified Home Health Aide III E	Cost \$ 62,977
		Cost \$
		Cost \$
		Cost \$
If the project is locat	ed at a different address than above, prov	vide the address:
Project is: X	NEW	RENEWAL
Dave and houre of or	peration of proposed project:	
Monday- Friday 8:30am- 4:3		
Project will start:		
AGENCY PERSON	NEL:	
Agency Director	Anna Burian	
Project Director	Michele O'Shaughnessy	
Fiscal Contact	Aurora Rosado Lazzaro	
Contact Person	Anna Burian	

1. Title of Project: Certified Home Health Aide-SASS						
2. Type of Application: (Check one)						
X New Renew	al					
3. Project Director (Name, Title, Department & Address,						
Street, City, State, Zip Code):	6. Dates	From	Thru	Amount		
Michele O'Shaughnessy	Project					
Director of Community Support Services	Period	01/01/22	12/31/22	\$409,192		
191 Bath Ave	Budget					
Long Branch, NJ 07740	Year	01/01/22	12/31/22	\$409,192		
	7. Type o	f Organiz	ation: (Che	ck one)		
		Public Ag	ency			
	X	Private No	on-Profit Ag	gency		
		For Profit				
4. Applicant Agency (Name and Address):	8. Payee (Specify to w	hom checks s	hould be		
	sent: Na	sent: Name, Title, Address):				
Family & Children's Service, Inc of Monmouth County	Micheal L	uciano				
191 Bath Ave	Accountin	g Manager	•			
Long Branch, NJ 07740	191 Bath A	Ave				
	Long Branch, NJ 07740					
5. Name, Title, Address of Official authorized to sign for	9. (For S	ate Ageno	y Use):			
applicant agency:	1					
Anna Burian						
CEO	1					
191 Bath Ave						
Long Branch, NJ 07740						
	0	/ ₀	<u> </u>	<u>\$</u>		
A. Total Project Costs		XXX		409,192		
B. Estimated Project Income	XXX	XXX				
C. Project Net Costs (Line A Less Line B)	XXX	XXX		409,192		
D. Local Non-Federal Participation		5.19%		21,228		
E. Funds Requested (Line C Less Line D)		94.81%		\$387,964		

1. Title of Project: Housekeeping-SASS						
2. Type of Application: (Check one)						
X New Renewa	al					
3. Project Director (Name, Title, Department & Address,						
Street, City, State, Zip Code):	6. Dates	Frem	Thru	Amount		
Michele O'Shaughnessy	Project					
Director of Community Support Services	Period	01/01/22	12/31/22	\$136,397		
191 Bath Ave	Budget					
Long Branch, NJ 07740	Year		12/31/22	\$136,397		
	7. Type o	f Organiz	ation: (Che	ck one)		
		Public Ag	ency			
	X	Private No	on-Profit A	gency		
		For Profit	Agency			
4. Applicant Agency (Name and Address):	8. Payee (Specify to w	hom checks	should be		
	sent: Na	sent: Name, Title, Address):				
Family & Children's Service, Inc of Monmouth County	Micheal L	Micheal Luciano				
191 Bath Ave	Accountin	Accounting Manager				
Long Branch, NJ 07740	191 Bath Ave					
	ech, NJ 077	740				
5. Name, Title, Address of Official authorized to sign for applicant agency:						
Anna Burian						
CEO						
191 Bath Ave	ŀ					
Long Branch, NJ 07740						
Dong Diakon, Na 07740						
	9,	<u>/</u> 6		\$		
A. Total Project Costs	_	XXX		136,397		
B. Estimated Project Income	XXX	XXX				
C. Project Net Costs (Line A Less Line B)	XXX	XXX		136,397		
D. Local Non-Federal Participation		5.19%		7,076		
E. Funds Requested (Line C Less Line D)		94.81%	i	\$129,321		

1. Title of Project: Certified Home Health Aide - Title III						
2. Type of Application: (Check one)						
X New Renew	al	,				
3. Project Director (Name, Title, Department & Address,						
Street, City, State, Zip Code):	6. Dates	From	Thru	Amount		
Michele O'Shaughnessy	Project					
Director of Community Support Services	Period	01/01/22	12/31/22	\$108,039		
191 Bath Ave	Budget	ļ				
Long Branch, NJ 07740	Year		12/31/22	\$108,039		
	7. Type o	f Organiza	ation: (Che	ck one)		
		Public Age	ency			
	X	Private No	on-Profit Ag	gency		
		For Profit Agency				
4. Applicant Agency (Name and Address):	8. Payee (Specify to wi	hom checks s	hould be		
	sent: Na	sent: Name, Title, Address):				
Family & Children's Service, Inc of Monmouth County	Micheal L	Micheal Luciano				
191 Bath Ave	Accountin	Accounting Manager				
Long Branch, NJ 07740	191 Bath A	191 Bath Ave				
	Long Branch, NJ 07740					
5. Name, Title, Address of Official authorized to sign for	9. (For S	tate Agenc	y Use):			
applicant agency:						
Anna Burian	1					
CEO]					
191 Bath Ave	1					
Long Branch, NJ 07740						
	0	/ ₀		<u> </u>		
A. Total Project Costs		XXX		108,039		
B. Estimated Project Income	XXX	XXX				
C. Project Net Costs (Line A Less Line B)	XXX	XXX		108,039		
D. Local Non-Federal Participation		<u> </u>				
E. Funds Requested (Line C Less Line D)		100.00%		\$108,039		
Plofé			1			

1. Title of Project: Housekeeping-Title III						
2. Type of Application: (Check one)						
X New Renewa	1		,			
3. Project Director (Name, Title, Department & Address,						
Street, City, State, Zip Code):	6. Dates	From	Thru	Amount		
Michele O'Shaughnessy	Project					
Director of Community Support Services	Period	01/01/22	12/31/22	\$36,013		
191 Bath Ave	Budget					
Long Branch, NJ 07740	Year		12/31/22	\$36,013		
	7. Type o	f Organiza	ation: (Che	ck one)		
		Public Age	•			
	X	Private No	on-Profit Ag	gency		
	For Profit Agency					
4. Applicant Agency (Name and Address):	8. Payee (8. Payee (Specify to whom checks should be				
	sent: Na	sent: Name, Title, Address):				
Family & Children's Service, Inc of Monmouth County	Micheal L	Micheal Luciano				
191 Bath Ave	Accountin	g Manager	•			
Long Branch, NJ 07740	191 Bath Ave					
	Long Bran	ich, NJ 077	740			
5. Name, Title, Address of Official authorized to sign for	9. (For State Agency Use):					
applicant agency:						
Anna Burian						
CEO						
191 Bath Ave						
Long Branch, NJ 07740						
	0	/o		s		
A. Total Project Costs		XXX		36,013		
B. Estimated Project Income	XXX	XXX				
C. Project Net Costs (Line A Less Line B)	XXX	XXX		36,013		
D. Local Non-Federal Participation						
E. Funds Requested (Line C Less Line D)		100.00%		\$36,013		
Rioff			· · · · · · · · · · · · · · · · · · ·			

1. Title of Project: Certified Home Health Ai	de (As Respi	te for Caregiver)			
2. Type of Application: (Check one)						
X New	Ren	ewal			···	
3. Project Director (Name, Title, Department &	Address,					
Street, City, State, Zip Code):		6. Dates	From	Thru	Amount	
Michele O'Shaughnessy		Project				
Director of Community Support Services		Period	01/01/22	12/31/22	\$62,977	
191 Bath Ave		Budget				
Long Branch, NJ 07740		Year		12/31/22	\$62,977	
		7. Type o	f Organiza	ation: (Che	ck one)	
			Public Ag	ency		
		X	Private No	on-Profit Ag	gency	
			For Profit	Agency		
4. Applicant Agency (Name and Address):		8. Payee (8. Payee (Specify to whom checks should be			
		sent: Na	sent: Name, Title, Address):			
Family & Children's Service, Inc of Monmouth Co	unty	Micheal L	Micheal Luciano			
191 Bath Ave		Accountin	Accounting Manager			
Long Branch, NJ 07740		191 Bath 2	191 Bath Ave			
		Long Bran	Long Branch, NJ 07740			
5. Name, Title, Address of Official authorized to	o sign for	9. (For St	ate Agenc	y Use):		
applicant agency:						
Anna Burian						
CEO						
191 Bath Ave						
Long Branch, NJ 07740						
		0	6		\$	
A. Total Project Costs			XXX		62,977	
					04,711	
B. Estimated Project Income		XXX	XXX			
C. Project Net Costs (Line A Less Line B)		XXX	XXX		62,977	
D. Local Non-Federal Participation			·····		· ·	
E. Funds Requested (Line C Less Line D)			100.00%		\$62,977	
<u></u>				<u></u>		

1. Title of Project: Certified Home Health Aide-Medicaid Mate	ch			
2. Type of Application: (Check one)				
X New Renewal				
3. Project Director (Name, Title, Department & Address,				
Street, City, State, Zip Code):	6. Dates	From	Thru	Amount
Michele O'Shaughnessy	Project			
Director of Community Support Services	Period	01/01/22	12/31/22	\$32,859
191 Bath Ave	Budget			
Long Branch, NJ 07740	Year		12/31/22	\$32,859
	7. Type o	f Organiza	ation: (Che	ck one)
		Public Ag	ency	
	X	Private No	n-Profit Ag	gency
		For Profit		
4. Applicant Agency (Name and Address):	8. Payee (Specify to w	hom checks s	hould be
	sent: Na	me , Title, A	ddress):	
Family & Children's Service, Inc of Monmouth County	Micheal L	uciano		
191 Bath Ave	Accountin	g Manager		
Long Branch, NJ 07740	191 Bath Ave			
	Long Branch, NJ 07740			
5. Name, Title, Address of Official authorized to sign for	9. (For St	ate Agenc	y Úse):	
applicant agency:				
Anna Burian	1			
CEO				
191 Bath Ave				
Long Branch, NJ 07740				
	9,	6		\$
A. Total Project Costs	XXX	XXX		32,859
B. Estimated Project Income	XXX	XXX		
C. Project Net Costs (Line A Less Line B)	XXX	XXX		32,859
D. Local Non-Federal Participation				
E. Funds Requested (Line C Less Line D)		100.00%		\$32,859