

**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 Verriest  
(PRINT)

Signature: *Colleen Verriest* 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: cverriest@fcsmonmouth.org  
\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: Colleen Verriest

FEIN: [REDACTED]  
(Federal Employee ID)

(Revised 2/2017)



## RFP BUDGET

**County of Monmouth  
Department of Human Services  
Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b> Certified Home Health Aide-SASS			
<b>2. Type of Application:</b> (Check one)			
<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Renewal
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b> Michele O'Shaughnessy Director of Community Support Services 191 Bath Ave Long Branch, NJ 07740	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>
	Project Period	01/01/22	12/31/22
	Budget Year	01/01/22	12/31/22
	<b>Amount</b>		\$409,192
<b>7. Type of Organization:</b> (Check one)			
Public Agency			
<input checked="" type="checkbox"/> Private Non-Profit Agency			
For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b>  Family & Children's Service, Inc of Monmouth County 191 Bath Ave Long Branch, NJ 07740	<b>8. Payee (Specify to whom checks should be sent: Name, Title, Address):</b> Micheal Luciano Accounting Manager 191 Bath Ave Long Branch, NJ 07740		
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b> Anna Burian CEO 191 Bath Ave Long Branch, NJ 07740	<b>9. (For State Agency Use):</b>   		
	%	\$	
<b>A. Total Project Costs</b>	XXXXXX	409,192	
<b>B. Estimated Project Income</b>	XXXXXX		
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX	409,192	
<b>D. Local Non-Federal Participation</b>	5.19%	21,228	
<b>E. Funds Requested (Line C Less Line D)</b>	94.81%	\$387,964	

## RFP BUDGET

**County of Monmouth**  
**Department of Human Services**  
**Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b> Housekeeping-SASS			
<b>2. Type of Application:</b> (Check one)			
<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Renewal
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b> Michele O'Shaughnessy Director of Community Support Services 191 Bath Ave Long Branch, NJ 07740	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>
	Project Period	01/01/22	12/31/22
	Budget Year	01/01/22	12/31/22
	<b>Amount</b>		\$136,397
<b>7. Type of Organization:</b> (Check one)			
Public Agency			
<input checked="" type="checkbox"/> Private Non-Profit Agency			
For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b> Family & Children's Service, Inc of Monmouth County 191 Bath Ave Long Branch, NJ 07740	<b>8. Payee (Specify to whom checks should be sent: Name, Title, Address):</b> Micheal Luciano Accounting Manager 191 Bath Ave Long Branch, NJ 07740		
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b> Anna Burian CEO 191 Bath Ave Long Branch, NJ 07740	<b>9. (For State Agency Use):</b>		
	%	\$	
<b>A. Total Project Costs</b>	XXXXXX	136,397	
<b>B. Estimated Project Income</b>	XXXXXX		
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX	136,397	
<b>D. Local Non-Federal Participation</b>	5.19%	7,076	
<b>E. Funds Requested (Line C Less Line D)</b>	94.81%	\$129,321	

## RFP BUDGET

**County of Monmouth  
Department of Human Services  
Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b> Certified Home Health Aide - Title III			
<b>2. Type of Application:</b> (Check one) <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal			
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b> Michele O'Shaughnessy Director of Community Support Services 191 Bath Ave Long Branch, NJ 07740	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>
	Project Period	01/01/22	12/31/22
	Budget Year	01/01/22	12/31/22
	<b>Amount</b>		\$108,039
<b>7. Type of Organization:</b> (Check one) <input type="checkbox"/> Public Agency <input checked="" type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b> Family & Children's Service, Inc of Monmouth County 191 Bath Ave Long Branch, NJ 07740	<b>8. Payee (Specify to whom checks should be sent: Name, Title, Address):</b> Micheal Luciano Accounting Manager 191 Bath Ave Long Branch, NJ 07740		
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b> Anna Burian CEO 191 Bath Ave Long Branch, NJ 07740	<b>9. (For State Agency Use):</b>   		
	%	\$	
<b>A. Total Project Costs</b>	XXXXXX	108,039	
<b>B. Estimated Project Income</b>	XXXXXX		
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX	108,039	
<b>D. Local Non-Federal Participation</b>			
<b>E. Funds Requested (Line C Less Line D)</b>	100.00%	<b>\$108,039</b>	

## RFP BUDGET

**County of Monmouth**  
**Department of Human Services**  
**Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b> Housekeeping-Title III				
<b>2. Type of Application:</b> (Check one)				
<input checked="" type="checkbox"/>	New	<input type="checkbox"/>	Renewal	
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b> Michele O'Shaughnessy Director of Community Support Services 191 Bath Ave Long Branch, NJ 07740	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>	
	Project Period	01/01/22	12/31/22	Amount
	Budget Year	01/01/22	12/31/22	\$36,013
	<b>7. Type of Organization:</b> (Check one) <input type="checkbox"/> Public Agency <input checked="" type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b> Family & Children's Service, Inc of Monmouth County 191 Bath Ave Long Branch, NJ 07740	<b>8. Payee (Specify to whom checks should be sent: Name , Title, Address):</b> Micheal Luciano Accounting Manager 191 Bath Ave Long Branch, NJ 07740			
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b> Anna Burian CEO 191 Bath Ave Long Branch, NJ 07740	<b>9. (For State Agency Use):</b>			
	%	\$		
<b>A. Total Project Costs</b>	XXXXXX	36,013		
<b>B. Estimated Project Income</b>	XXXXXX			
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX	36,013		
<b>D. Local Non-Federal Participation</b>				
<b>E. Funds Requested (Line C Less Line D)</b>	100.00%	<b>\$36,013</b>		

## RFP BUDGET

**County of Monmouth  
Department of Human Services  
Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b> Certified Home Health Aide (As Respite for Caregiver)				
<b>2. Type of Application:</b> (Check one) <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal				
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b> Michele O'Shaughnessy Director of Community Support Services 191 Bath Ave Long Branch, NJ 07740	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>	
	Project Period	01/01/22	12/31/22	\$62,977
	Budget Year	01/01/22	12/31/22	\$62,977
	<b>7. Type of Organization:</b> (Check one) <input type="checkbox"/> Public Agency <input checked="" type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b> Family & Children's Service, Inc of Monmouth County 191 Bath Ave Long Branch, NJ 07740	<b>8. Payee (Specify to whom checks should be sent: Name, Title, Address):</b> Micheal Luciano Accounting Manager 191 Bath Ave Long Branch, NJ 07740			
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b> Anna Burian CEO 191 Bath Ave Long Branch, NJ 07740	<b>9. (For State Agency Use):</b>   			
	%	\$		
<b>A. Total Project Costs</b>	XXXXXX	62,977		
<b>B. Estimated Project Income</b>	XXXXXX			
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX	62,977		
<b>D. Local Non-Federal Participation</b>				
<b>E. Funds Requested (Line C Less Line D)</b>	100.00%	\$62,977		

## RFP BUDGET

**County of Monmouth  
Department of Human Services  
Division on Aging, Disabilities & Veterans Services**

<b>1. Title of Project:</b> Certified Home Health Aide-Medicaid Match				
<b>2. Type of Application:</b> (Check one) <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal				
<b>3. Project Director (Name, Title, Department &amp; Address, Street, City, State, Zip Code):</b> Michele O'Shaughnessy Director of Community Support Services 191 Bath Ave Long Branch, NJ 07740	<b>6. Dates</b>	<b>From</b>	<b>Thru</b>	
	Project Period	01/01/22	12/31/22	\$32,859
	Budget Year	01/01/22	12/31/22	\$32,859
	<b>7. Type of Organization:</b> (Check one) <input type="checkbox"/> Public Agency <input checked="" type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For Profit Agency			
<b>4. Applicant Agency (Name and Address):</b>  Family & Children's Service, Inc of Monmouth County 191 Bath Ave Long Branch, NJ 07740	<b>8. Payee (Specify to whom checks should be sent: Name, Title, Address):</b> Micheal Luciano Accounting Manager 191 Bath Ave Long Branch, NJ 07740			
<b>5. Name, Title, Address of Official authorized to sign for applicant agency:</b> Anna Burian CEO 191 Bath Ave Long Branch, NJ 07740	<b>9. (For State Agency Use):</b>   			
	%	\$		
<b>A. Total Project Costs</b>	XXXXXX	32,859		
<b>B. Estimated Project Income</b>	XXXXXX			
<b>C. Project Net Costs (Line A Less Line B)</b>	XXXXXX	32,859		
<b>D. Local Non-Federal Participation</b>				
<b>E. Funds Requested (Line C Less Line D)</b>	100.00%	<b>\$32,859</b>		