

**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  
(PRINT)

Preparer's Name: Colleen Verriest  
(PRINT)

Signature: *Colleen Verriest* 8/5/21  
(DATE)

Address: 191 Bath Ave.  
Long Branch, NJ 07740

Telephone No.: 732-531-9111

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)

**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: 8/5/21

NAME AND ADDRESS OF AGENCY: Family & Children's Service, Inc

Telephone Number: 732-232-9111

FAX: 732-531-9526

e-mail: Cverniest@fcsmonmouth.org

Type of Organization  Public Agency  Private Non-Profit  For Profit

NAME OF PROPOSED PROJECT:

PROJECT DIRECTOR:

Total Grant Request: \$ 117,462

Proposed Services:	<u>APS - <del>PH</del> Public Health</u>	Cost \$	<u>117,462</u> - <del>0</del>
		Cost \$	
		Cost \$	
		Cost \$	
		Cost \$	
		Cost \$	
		Cost \$	
		Cost \$	
		Cost \$	

\$43.81 per unit

If the project is located at a different address than above, provide the address:  
same

Project is:  NEW  RENEWAL

Days and hours of operation of proposed project:  
Monday - Friday 830-430

Project will start:  
immediately

**AGENCY PERSONNEL:**

Agency Director Caitleen Verneest  
 Project Director Jessica Reyes  
 Fiscal Contact Alicia Rosado Lazzaro  
 Contact Person Caitleen Verneest | Jessica Reyes