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 Somice Inc.
Preparer's Name:	College Verniest
Signature:	Cally 7/29/21
Address:	191 Barn Duenve
	Long Brach, NJONYO
Telephone No.:	732-222-9111 ext. 133
Fax No.:	
E-Mail Address:	C Verriest @ fcsmannath.org ***(This should be the email where Contracts would be sent)***
Contact Person:	College Verniest
FEIN:	

(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: 8/12/2021			
NAME AND ADDE	RESS OF AGENCY: Family & Children's Service Inc. 191 Ba	th Avenue, Long Branch, NJ 07740	
Telephone Number:	732-222-9111		
FAX: 732-728-2202			
e-mail: cverriest@fcsmc	onmouth.org		
Type of Organizatio	n Public Agency <u>X</u> Privat	e Non-Profit	_ For Profit
NAME OF PROPOS	SED PROJECT: JACC Admin	Contone	
PROJECT DIRECT	OR: michele O'showahn	esey	
Total Grant Request	<u>\$ 23,810</u>		
Proposed Services:	Jersey Assistance for Community Caregiving	Cost \$ 23,810	
		Cost \$	
		Cost \$	
		Cost \$	
		Cost \$	
		Cost \$ Cost \$	
		Cost \$	
		Cost \$	
			
If the project is locat	ted at a different address than above, provide	de the address:	
Project is: X	NEW	RENEWAL	
Days and hours of op Monday- Friday 8:30am- 4:	peration of proposed project:		
Project will start:			
AGENCY PERSON	NEL:		
Agency Director	Anna Buriau		
Project Director Fiscal Contact	Michele O'Shaughnessy Aurora Rosado Lazzaro		
Contact Person	Anna Burian		