

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: Jewish Family & Children's Service of Monmouth County
(PRINT)

Preparer's Name: Leslie Kornfeld
(PRINT)

Signature: *Leslie Kornfeld* 8/16/21
(DATE)

Address: 705 Summerfield Avenue
Asbury Park, N.J.

Telephone No.: 732-774-6886

Fax No.: 732-774-8809

E-Mail Address: lesliek@jfcsmonmouth.org
***** (This should be the email where Contracts would be sent) *****

Contact Person: Leslie Kornfeld

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: 8/16/21

NAME AND ADDRESS OF AGENCY: Jewish Family & Children's Service of Monmouth Cty, 705 Summerfield Avenue, Aabury Park

Telephone Number: 732-774-6886

FAX: 732-774-8809

e-mail: lesliek@jfcsmonmouth.org

Type of Organization _____ Public Agency Private Non-Profit _____ For Profit

NAME OF PROPOSED PROJECT:

PROJECT DIRECTOR:

Total Grant Request: \$85,329

Proposed Services:	Kosher Home Delivered Meals	Cost \$175,424
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____
	_____	Cost \$ _____

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:
M-F 8-4

Project will start:
1/3/2022

AGENCY PERSONNEL:

Agency Director	Paul Freedman
Project Director	Joanne Glassoff
Fiscal Contact	Annette Seborowski
Contact Person	Leslie Kornfeld