

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*
(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)

RFP BUDGET

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

1. Title of Project: Kosher Congregate Meals				
2. Type of Application: (Check one) <input checked="" type="checkbox"/> New <input type="checkbox"/> Renewal				
3. Project Director (Name, Title, Department & Address, Street, City, State, Zip Code): Joanne Glassoff Jewish Family & Children's Service of Monmouth County 705 Summerfield Avenue Asbury Park , New Jersey 07712	6. Dates	From	Thru	Amount
	Project Period	01/01/22	12/31/22	\$74,241
	Budget Year	01/01/22	12/31/22	\$74,241
	7. Type of Organization: (Check one)			
	<input type="checkbox"/> Public Agency <input checked="" type="checkbox"/> Private Non-Profit Agency <input type="checkbox"/> For Profit Agency			
4. Applicant Agency (Name and Address): Jewish Family & Children's Service of Monmouth County 705 Summerfield Avenue Asbury Park , New Jersey 07712	8. Payee (Specify to whom checks should be sent: Name , Title, Address): Jewish Family & Children's Service of Monmouth County 705 Summerfield Avenue Asbury Park, New Jersey 07712			
5. Name, Title, Address of Official authorized to sign for applicant agency: Leslie Kornfield Assistant Executive Director JF&CS Monmouth 705 Summerfield Avenue Asbury Park, New Jersey 07712	9. (For State Agency Use):			
	%			
A. Total Project Costs	XXXXXX	\$	74,241	
B. Estimated Project Income	XXXXXX		4,691	
C. Project Net Costs (Line A Less Line B)	XXXXXX		69,550	
D. Local Non-Federal Participation	28.76%		20,000	
E. Funds Requested (Line C Less Line D)	71.24%		\$49,550	