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:	Senior Citizens Activities Network, Inc.
	(PRINT)
Preparer's Name:	Michael Ciavolino
Signature:	197. G. C. 1/12/21
Address:	Monmouth Mall, 180 Route 35 South
	Eatontown, NJ 07724
Telephone No.:	732-542-1326
Fax No.:	
E-Mail Address:	michaelc@scannj.org
	(This should be the email where Contracts would be sent)
Contact Person:	Millian Cinisteria
FEIN: (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: 8/12/21				
· ·	ESS OF AGENCY: Senior Citize	ens Activities Netwo	ork, Inc., 180 Route 35 So	uth, Eatontown, NJ 0772
Telephone Number:				
FAX: e-mail: michaelc@scan	eni org			
e-mail: michaele@sean	ng.org			
Type of Organization	Public Agency	X Private	Non-Profit	_ For Profit
NAME OF PROPOS	ED PROJECT:			
PROJECT DIRECTO	OR:			
Total Grant Request:	\$ 37,926			
	ed at a different address than address above and commu	above, provide		
Project is:	NEW	×	RENEWAL	
Days and hours of op Monday-Friday 9:0 Project will start: January 1, 2022	peration of proposed project: 00am-4:00pm			
	NICI -			
AGENCY PERSON	•			
Agency Director Project Director	MILHOUL CINVOLA	7.8		
Fiscal Contact	Tuonne Emley.			
Contact Person	MILHAUC GAROL	TY 1)		
				