

**SIGNATURE PAGE**

**CC-22-2023**

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: Mental Health Association of Monmouth County

(PRINT)

Preparer's Name: Ewa Farry

(PRINT)

Signature: \_\_\_\_\_

(DATE)

Address: 106 Apple Street, Suite 110, Tinton Falls, NJ 07724

Telephone No.: 732-542-6422

Fax No.: 732-542-2477

E-Mail Address: WDepedro@mentalhealthmonmouth.org

\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: Wendy DePedro, President and CEO

FEIN: ██████████

(Federal Employee ID)

BRC: ██████████

(Business Registration Certificate)

(Revised 2/2017)

**MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES**

**CONTRACTOR**

**Mental Health Association of  
Monmouth County**

**BUDGET & COST (EXPENSES)**

Mental Health Association of  
Monmouth County

CONTRACTOR

**Salaries and Wages of Project Staff**

Position	% of Time	Annual Salary	REQUESTED FROM COUNTY	OTHER	TOTAL ANTICIPATED
Program Manager	80%	\$44,000	\$88,000		\$88,000
Service Coordinator	100%	\$43,000	\$86,000		\$86,000
VP of Clinical Services	10%	\$9,000	\$18,000		\$18,000
Employee Fringe Benefits ( <u>27</u> %)			\$51,840		\$51,840
Personnel Total			\$243,840		\$243,840
Contractors/Professionals	G&A		\$30,000		\$30,000
Materials/Supplies			\$3,000		\$3,000
Facility/Equipment			\$10,000		\$10,000
Travel			\$12,000		\$12,000
Other Trainings			\$1,000		\$1,000
Total Expenses			\$296,840		\$296,840