

**SIGNATURE PAGE**

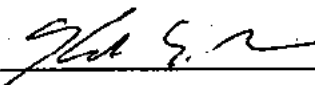
**CC-4-2026**

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: Brookdale Community College  
(PRINT)

Preparer's Name: Dr. Katie Lynch  
(PRINT)

Signature:  10/20/25  
(DATE)

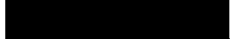
Address: 765 Newman Springs Road  
Lincroft, NJ 07738


Telephone No.: 732-224-2204

Fax No.: \_\_\_\_\_

E-Mail Address: dstout@brookdalecc.edu  
**\*\*\* (This should be the email where Contracts would be sent) \*\*\***

Contact Person: Susan Pagano

FEIN:   
(Federal Employer ID)

BRC:   
(Business Registration Certificate)

(Revised 2/2017)

**PROGRAM SUMMARY SHEET / PROPOSAL COVER**

Agency Name: Brookdale Community College		FEIN number: [REDACTED]
Administrative Contact Person: Susan Pagano		Administrative Address: 765 Newman Springs Road Lincroft, NJ 07738
Administrative Phone #: 732-224-2685	Administrative Fax #	Administrative Email: spagano@brookdalecc.edu
Program Contact Person: Susan Pagano		Program Address: 765 Newman Springs Road Lincroft, NJ 07738
Program Phone #: 732-224-2685	Program Fax #	Program Email: spagano@brookdalecc.edu
Program Name (if Applicable): Brookdale Community College One Stop Career Center		Type of Program: A) Career Service Provider _____
Total Budget Amount: \$1,606,500		Requested Budget Amount: \$1,600,000
Hours of Operation: 8:30am – 5:00pm		Number of Program Staff: 10

**Please complete this Program Summary Sheet. This is the TOP sheet for your proposal submission.**