

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: CGD LLC
(PRINT)

Preparer's Name: Cherie Griffith-Dunn
(PRINT)

Signature: Cherie Griffith-Dunn 10/17/25
(DATE)

Address: 185 Ridgefield St, Hartford, CT 06112

Telephone No.: 860-890-1889

Fax No.: _____

E-Mail Address: cgriffithdunn@cgdgovsolutions.com
***** (This should be the email where Contracts would be sent) *****

Contact Person: Cherie Griffith-Dun

FEIN: [REDACTED]
(Federal Employee ID)

BRC: _____
(Business Registration Certificate)

(Revised 2/2017)

PROGRAM SUMMARY SHEET / PROPOSAL COVER

Agency Name: CGD LLC		FEIN number: [REDACTED]
Administrative Contact Person: Cherie Griffith-Dunn		Administrative Address: 185 Ridgefiel St Hartford CT 06112
Administrative Phone #: 860-890-1889	Administrative Fax #	Administrative Email: cgriffithdunn@cgdgovsolutions.com
Program Contact Person: Cherie Griffith-Dunn		Program Address: 185 Ridgefiel St Hartford CT 06112
Program Phone #: 860-890-1889	Program Fax #	Program Email: cgriffithdunn@cgdgovsolutions.com
Program Name (if Applicable):		Type of Program: A) Career Service Provider _____
Total Budget Amount: \$1,530,870.		Requested Budget Amount: \$1,487,870.
Hours of Operation: 8:30am-5:00pm		Number of Program Staff: 12

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