

SIGNATURE PAGE

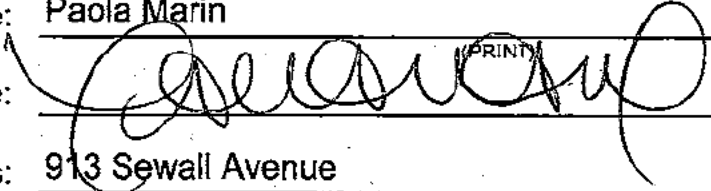
CC-4-2026

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: Community Affairs and Resource Center
(PRINT)

Preparer's Name: Paola Marin
(PRINT)

Signature:  10/20/25
(DATE)

Address: 913 Sewall Avenue
Asbury Park NJ 07712

Telephone No.: 732-774-3282

Fax No.: 732-502-8955

E-Mail Address: boesterheld@carcnj.org
*** (This should be the email where Contracts would be sent) ***

Contact Person: Beatriz Oesterheld

FEIN: [REDACTED]
(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Certificate)

(Revised 2/2017)

PROGRAM SUMMARY SHEET / PROPOSAL COVER

Agency Name: Community Affairs and Resource Center		FEIN number: [REDACTED]
Administrative Contact Person: Beatriz Oesterheld		Administrative Address: 913 Sewall Avenue Asbury Park NJ 07712
Administrative Phone #: 732-774-3282	Administrative Fax #: 732-502-8955	Administrative Email: boesterheld@carcnj.org
Program Contact Person: Paola Marin		Program Address: 60 Taylor Avenue Neptune NJ 07753
Program Phone #: 743-774-3282	Program Fax #: TBD	Program Email: pmarin@carcnj.org
Program Name (if Applicable): Career Services		Type of Program: A) Career Service Provider <input checked="" type="checkbox"/> _____
Total Budget Amount: \$1,600,000		Requested Budget Amount: \$1,600,000
Hours of Operation: Weekdays, 8:30 AM - 4:30 PM		Number of Program Staff: 10

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