

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: Educational Data Systems, Inc. _____
(PRINT)

Preparer's Name: Kevin B. Schnieders _____
(PRINT)

Signature:  _____ October 13, 2025
(DATE)

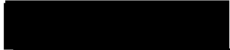
Address: 15300 Commerce Drive North, Dearborn, MI 48120 _____


Telephone No.: (313) 271-2660 _____

Fax No.: N/A _____

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

Contact Person: Kevin B. Schnieders _____

FEIN:  _____
(Federal Employee ID)

BRC:  _____
(Business Registration Certificate)

(Revised 2/2017)

PROGRAM SUMMARY SHEET / PROPOSAL COVER		
Agency Name: Educational Data Systems, Inc.		FEIN number: [REDACTED]
Administrative Contact Person: Kevin B. Schnieders, CEO		Administrative Address: 15300 Commerce Drive North Dearborn, MI 48120
Administrative Phone #: (313) 271-2660	Administrative Fax #: N/A	Administrative Email: kevin@edsi.com
[REDACTED]		
Program Contact Person: Tom Munday, Regional Director of Operations		Program Address: 60 North Taylor Avenue Neptune, NJ 07753
Program Phone #: (917) 922-1321	Program Fax #: N/A	Program Email: tmunday@edsi.com
Program Name (if Applicable): Career Services For Adult, Dislocated Worker, and Youth, RFP #CC-4-2026		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: 8 am-4:30 pm		Number of Program Staff: 11

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