

SIGNATURE PAGE

P-28-2021

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: Solix, Inc. _____
(PRINT)

Preparer's Name: Eric D. Seguin _____
(PRINT)

Signature: Eric D Seguin _____ 3/29/2021
(DATE)


Address: 10 Lanidex Plaza West _____
Parsippany, NJ 07054 _____

Telephone No.: 973-581-7676 _____

Fax No.: 973-599-6540 _____

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

Contact Person: Eric D. Seguin, Senior Vice President _____

FEIN:  _____
(Federal Employee ID)

(Revised 2/2017)

PROPOSAL SHEET

**FINANCIAL AND PROGRAM MANAGEMENT SERVICES FOR THE
EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP)
AS A PROFESSIONAL SERVICE**

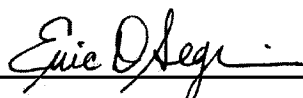
RFP #P-28-2021

The undersigned hereby declare that they have carefully examined the specifications covering the FINANCIAL AND PROGRAM MANAGEMENT SERVICES FOR THE EMERGENCY RENTAL ASSISTANCE PROGRAM (ERAP) AS REQUIRED BY THE COUNTY OF MONMOUTH and shall contract to furnish and deliver all the services in this specification in the manner prescribed therein.

<u>DESCRIPTION</u>	<u>TOTAL COST</u>
Financial and Program Management Services:	\$ <u>871,000</u>

Proposals will not be accepted unless signed by the owner or authorized corporate officer.

Respectfully submitted,
NAME OF AUTHORIZED CORPORATE OFFICER: Eric D. Seguin
(TYPED OR PRINTED)

SIGNED: 

ADDRESS: Solix, Inc.; 10 Lanidex Plaza West; Parsippany, NJ 07054

PHONE: 973-581-7676

FAX NUMBER: 973-599-6540

CONTACT E-MAIL: Eric.Seguin@solixinc.com

BILLING E-MAIL: receivables@solixinc.com

TAX ID NUMBER: 

PLEASE INCLUDE A COPY OF YOUR W-9.