

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: Team Title, LLC DBA Team Civic Solutions
(PRINT)

Preparer's Name: Thomas Richards
(PRINT)

Signature: 
(DATE)


Address: 690 90 Hwy 190 East. Service Rd.
Suite 200

Telephone No.: 985-327-7227

Fax No.: 985-327-7233

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

Contact Person: Thomas Richards

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>830,951.52</u>

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

Respectfully submitted,

NAME OF AUTHORIZED CORPORATE OFFICER: Thomas Richards
(TYPED OR PRINTED)

SIGNED: [Signature]

ADDRESS: 690 90 Hwy 190 E. Service RD. Suite 200

PHONE: 985-327-7227

FAX NUMBER: 985-327-7233

CONTACT E-MAIL: TRichards@teamtitle.com

BILLING E-MAIL: same

TAX ID NUMBER: [Redacted]

PLEASE INCLUDE A COPY OF YOUR W-9.