

**SIGNATURE PAGE**

**CC-3-2026**

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: Brookdale Community College  
(PRINT)

Preparer's Name: Dr. David Stout  
(PRINT)

Signature: David M Stout 3/5/26  
(DATE)

Address: 765 Newman Springs Road  
Lincroft, NJ 07738

Telephone No.: 732-224-2204

Fax No.: \_\_\_\_\_

E-Mail Address: smcelroy@brookdalecc.edu  
\*\*\***(This should be the email where Contracts would be sent)**\*\*\*

Contact Person: Sarah McElroy

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]

(Business Registration Certificate)

(Revised 2/2017)

PROGRAM SUMMARY SHEET

ATTACHMENT 1

Please complete the following Program Summary Sheet for each program that you propose to deliver. If you intend to provide more than one program, please make the appropriate number of copies of this form and submit a separate summary sheet for each program.

Brookdale Community College

Agency Name:

Stacy Leimburg

Administrative Contact Person:

Administrative Fax Number:



FEIN Number:

765 Newman Springs Rd, Lincroft NJ 07738 732-224-2385

Administrative Address and Phone Number:

sleimburg@brookdalecc.edu

Administrative Email:



Melissa Borre

Program Contact Person:

Program Fax Number

Program Type (In-School/Out-of-School)

Brief Program Description:

765 Newman Springs Rd, Lincroft, NJ 07738 732-571-7166

Program Address and Phone Number:

mborre@brookdalecc.edu

Program Email:

Out-of-School

Total budget: 310,000

Total Budget Requested: \$ 310,000

Level of Service Requested 103

Cost per youth 3000