SIGNATURE PAGE

CC-14-2024

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:	Visiting Nurse Association of Central Jersey, Inc.				
	(PRINT)				
Preparer's Name:	Colleen Nelson				
Signature:	Collem Welso 5/3/2029				
Address:	VNACJ Children & Family Health Institute				
	597 Park Ave, Suite C, Freehold, NJ 07728				
Telephone No.:	732-502-5158				
· Fax No.:					
E-Mail Address:	Colleen.Nelson@vnahg.org				
	(This should be the email where Contracts would be sent)				
Contact Person:	Colleen Nelson				
FEIN:					
(Federal Employee ID)					
BRC:					
(Business Registration Certif	icate)				

(Revised 2/2017)

COMMUNITY-BASED PROGRAMS AND SERVICES ADMINISTERED BY THE MONMOUTH COUNTY OFFICE OF MONMOUTH ACTS

Family Support and Success - Family Advocate-RFP# CC-14-2024

(Insert Service Modality being applied for above)

1.	Name of Contractor						
	Visiting Nurse Association of Central Jersey, Inc.						
2.	Street Address	City	County		State	Zip Code	
	597 Park Ave., Suite C, Freehold, NJ	07728		· ,			
3.	Name and Title of Fiscal Contact			Telephone No.			
	Maria Shummette, Director Finance and Grants			732-224-6779			
4.	Name and Title of Director			Telephone No.			
	Colleen Nelson, Vice President Child	ren & Family Health	Institute	732-502-5158			
5.	Name and Title of Program Manager		0 1 4	Telephone No			
	Mary Beth DeBrito, Program Manager, 1 CCYC, Family Advocate, Monmouth		are Coordination,	732-768	-2530	,	
6.	Employer ID No.	NJ State License	No., if Applicable		Accreditations,	if Applicable	
7.	Location of Proposed Project	City .	County .		State	Zip Code	
	597 Park Ave., Suite C, Freehold, NJ 07728						
8.	Total Proposed Level of Service in 2023/202			e Cost in 2023/20	24	•	
	600 unique participants \$125				<u> </u>		
10.	10. Type of Agency (check one) ☑ PRIVATE NON-PROFIT ☐ GOVERNMENT ☐ HOSPITAL ☐ Other (specify)						
11.	If political subdivision, covered by NJ	12. Affirmative Ad	. Affirmative Action Plan		13. If grant is awarded, will funds be used to		
	Civil Service Merit System?	☐ YES 🖾 NO		replace other funds which would be available in absence of award?			
	☐ YES ☐ NO ☐ N/A	=-			YES 🔼 N	0	
		COST C	F PROJECT	·			
14.	Total Funds Requested \$75,0	00		•			
cor the this sub whi Sei but	rtification: The undersigned assures, nationed in this application and attachmen Contractor and the services described is application. The undersigned further oject to the conditions and other policies, ich include provisions described in the gravices to contact State, County and Fede dget, programmatic and contract informational anization's budget and fiscal audit.	declares, and certifits are true and corre- nerein will be provide understands and ag regulations and rule ant application. In ad ral agencies as well ation. The undersign	ct, the application has ad to the extent agree rees that any grant r as issued by the Cour dition, the undersigne as charitable funding ned also agrees to m	s been duly aution of the concept of	norized by the governant develope sesult of this appli h for the administ slon to the Depart uss and share rel the Division upo	d as a result of cation shall be ration of grants ment of Human evant financial,	
N/	AME AND TITLE OF CONTRACTOR (Pr	int) SIGNATURE	OF CONTRACTOR	DATE OF APPLICATION			
	leen Nelson Children & Family Health Institute	Colle	Zer Nelson	5/3/202	4		

COMMUNITY-BASED PROGRAMS AND SERVICES ADMINISTERED BY THE MONMOUTH COUNTY OFFICE OF MONMOUTH ACTS

RFP #CC-14-2024 Community Health and Wellbeing - Community Healthcare - (VNACJ Community Health Nursing)

	(Insert Service Modality being applied for above)						
1	Name of Contractor	······································		<u> </u>			
	Visiting Nurse Association of Ce	ntral Jersey, Inc.		•			
2.	Street Address	City	County		State	Zip Code	
					•		
		ehold .l	Monmouth		NJ	07728	
3. ·	Name and Title of Fiscal Contact			·Telephone No	0.		
	Maria Shummette, Director Gra	ants Finance		732-224-6779			
4.	Name and Title of Director	anto i manoc	·· · · · · · · · · · · · · · · · · · ·	Telephone No			
•	·		•				
	Colleen Nelson, VP VNACJ	Children & Family	Health Center	732-502-5158			
5.	Name and Title of Program Manager			Telephone No	0.		
	Denise Andino, Director Maternal C	Childhood Initiative	s	732-768-1905 -			
6.	Employer ID No.	NJ State License	No., if Applicable		Accreditation	ns, if Applicable	
_						•	
		. N	Α .			NA	
7.	Location of Proposed Project .	City	County		State	Zip Code	
<u></u>		reehold,	Monmouth Cour		NJ	07728	
8.	Total Proposed Level of Service in 2023/202	14	ĺ	e Cost in 2023/20	24	` ~	
	1,513 participants		\$145/p	participant		 	
10.		GOVERNMENT	☐ HOSPITAL	☐ Other	(specify)		
11.	If political subdivision, covered by NJ	12. Affirmative Ac	tion Plan		3. If grant is awarded, will funds be used to		
	Civil Service Merit System?	☐ YES	☐ YES DX NO		replace other funds which would be available in absence of award?		
	☐ YES NO ☐ N/A	. 🗀 120	120		YES 🔯	NÓ	
		2007.0	r ppo irot				
COST OF PROJECT 14. Total Funds Requested \$220,000							
Certification: The undersigned assures, declares, and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of the Contractor and the services described herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be							
subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants which include provisions described in the grant application. In addition, the undersigned gives permission to the Department of Human							
Services to contact State, County and Federal agencies as well as charitable funding sources to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make available to the Division upon request, the organization's budget and fiscal audit.							
NAI	ME AND TITLE OF CONTRACTOR (Pri	nt) SIGNATURE	OF CONTRACTOR	DATE OF	APPLICATION	N	
Col	lleen Nelson. VNACJ VP CFH	, Coll	eer Wel	ノ 5	1312	ory	

COMMUNITY-BASED PROGRAMS AND SERVICES ADMINISTERED BY THE MONMOUTH COUNTY OFFICE OF MONMOUTH ACTS

Community Health and Wellbeing- Community Health Care
Special Child Health Services (RFP# CC-14-2024)

(Insert Service Modality being applied for above)

	(Hisert Serv	rice Modanty being applied i	·			
1.	Name of Contractor					
	Visiting Nurse Association of Central-Jer	sey, Inc.				
2.	street Address	City County	State Zip Code			
	597 Park Ave., Suite C, Freehold, NJ 07	28				
3.	Name and Title of Fiscal Contact	•	Telephone No.			
	Maria Shummelte, Director Finance and	732-224-6779				
4	Name and Tlile of Director		Telepho'ne No.			
	Colleen Nelson, Vice President Children	& Family Health Institute	732-502-5158			
5.	Name and Title of Program Manager		_Telephone No.			
	Gail Szente, Program Manager SCh	732-6778714				
6.	Employer ID No.	U State Lice,:ise No., if Applicable	Accreditations, if Applicable			
7.	Location of Proposed Profect Ci	ty · County	state Zîp Code			
	597 Park Ave., SuheC, Freehold. NJ 07728					
e.	Total Proposed Level of Service in 2023/2024 618 unique paiticipants	e Cost in 2023/2024 Ticipant				
· 10.	0. Type of Agency (check one) CCJ PRIVATE NON-PROFIT O GOVERNMENT 0 HOSPITAL D Other (specify)					
11.	If polillcal subdivision, covered by NJ Civil Service Merit System?	2. Affirmative Action Plan	13. If grant is awarded, will funds be used to replace other funds which would be			
	0 YES DI NO O NIA	0 YES 🐞 NO	available in absence of award? 0 YES !Jj NO			
		COST OF PROJECT				
14. Total Funds Requested \$43,000						
Certification: The undersigned assures, declares, and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of						
the Contractor and the services cjescribed herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be						
subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants						
which include provisions described in the grant application. In addition, the undersigned gives permission to the Department of Human Services to contact state, County and Federal agencies as well as charitable funding sources to discuss and share relevant financial,						
budget, programmatic and contract information. The uridersigned also agrees to make available to the Division upon request, the						
organization's budget and fiscal audit.						
NAN	ME AND TITLE OF CONTRACTOR(Print)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION .,			
Colle	en Nelson	Collea Melson	5/3/2024			
VP C	VP Children & Family Health Institute					

· COMMUNITY-BASED PROGRAMS AND SERVICES ADMINISTERED BY THE· MONMOUTH COUNTY OFFICE OF MONMOUTH ACTS

RFP CC-14-2024 Community Health and Wellbeing - Community Healthcare-(VNACJ Primary & Preventive)

(Insert Service Modality being applied for above)						
1.	Name of Contractor		<u> </u>		•	
	Visiting Nurse Association of Co	entral Jersey, Ind	C.			
2	Street Jl.ddress	City	County		State	Zip Code
	,	•				
	597 Park Avenue Fr	eehold	· Monmouth		NJ	07728
3	Name and Title of Fiscal Contact			Telephone N	O.	
	Maria Shummette, Director Gra	ants Finance `	•	732-224	1-6779	
4.	Name and Tliie of Director '			Telephone N	O.	*,
	•		•	1		
	Colleen Nelson, VP VNACJ	Children & Fam	ily Health Center	732-502-5158		
5.	Name and Title of Program Manager	•		Telephone N	O.	
	Robin. McRobert, Director	r Community P	rograms	732-6	09-7703	
6.	Employer ID No.		e No., if Applicable		Accreditation	s, If Applicable
		N/	Α .		NA	
7.	Location of Proposed ProJect	City	County		.State -	Zip Code
	•				<i>y</i> *	
	597 Park Avenue,	Freehold,	Monmouth Coul	nty	NJ.	07728
а.	a. Total Proposed Level of Service In 2023/2024 9. Unit of Service Cost in 2023/2024					
	427 participants		\$438/p	articipant		1
10.	Type of Agency (check one)	00/50/45/5	. LICODITAL	D ou	/ :: \	
	0 PRIVATE NON-PROFIT 0	GOVERNMENT	0 HOSPITAL	D Other	(ѕресіту)	
11.	If political subdivision, covered by NJ	12. Affirmative A	Action Plan	13. If grant is	awarded, will f	unds be used to
	Civil Service Merit System?	0 1/50	OV va	replace o	ther funds whic	h would be
	0 YES I51L NO □NIA	0 YES	OK NO	available	in absence of a	award? NO
	o lee Link					,
-14	/ Total Funda Danisatad	COST	OF PROJECT			
14. Total Funds Requested 187,000						
Certification: The undersigned assures, declares, and certifles that to the best of his/her knowledge and belief, all information						
contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of						
the Contractor and the services described herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be						
subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants						
which include provisions described in the grant application. In addition, the undersigned gives permission to the Department of Human						
Services to contact State. County and Federal agencies as well as charitable funding sources to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make available to the Division upon request, the						
organization's budget and fiscal audit.						
NAME AND TITLE OF CONTRACTOR (D. I) CICALITIES OF CONTRACTOR						
NAME AND TITLE OF CONTRACTOR (Print) SIGNATURE OF CONTRACTOR DATE OF APPLICATION						
Colleen Nelson, VNACJ VP CFHI Collen Nelson 5/3/2024						
Col	llleen Nelson, VNACJ VP CFH	1 WU	len Illen	7 • 51	21406	1 .