SIGNATURE PAGE

CC-18-2023

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:	Caregiver Volunteers of Central Jersey	
	(PRINT)	
Preparer's Name:	Megan O'Keefe	
	(PRINT)	
Signature:	Mega Okofa 51	8/23
		(DATE)
Address:	201 Hooper Ave., 1st Floor, North Suite	
	Toms River, NJ 08753	
Telephone No.:	732-505-2273	
Fax No.:	732-505-9445	
E-Mail Address:	megano@caregivervolunteers.org	
	(This should be the email where Contracts would	ld be sent)
Contact Person:		
FEIN:		
(Federal Employee ID)		
BRC:		
usiness Registration Certificat	ATE)	

(Revised 2/2017)

MONMOUTH COUNTY OFFICE ON AGING REQUEST FOR PROPOSAL COVER PAGE

A completed 'Request for Information' and 'Review Criteria' for the proposed project must be attached to this cover sheet.

DATE: 5/5/2023				
NAME AND ADDR	ESS OF AGENCY: Caregiver	/olunteers o	of Central Jersey	
Telephone Number:				
FAX: 732-505-94	45			
e-mail: info@care	givervolunteers.org			
Type of Organization	Public Agency X	Private No	n-Profit For Prof	ĩit
NAME OF PROPOS	EED PROJECT:			
PROJECT DIRECTO	OR:			
Total Grant Request:	\$20,000			
Proposed Services:	Caregiver Home Maintena	nce	Cost \$ \$20,000	
•			Cost \$	
			Cost \$	
			Cost \$	
			Cost \$	
			Cost \$	
	ed at a different address than abov	e, provide the	address:	
Project is: X	NEW	 	RENEWAL	
Days and hours of op M - F 9am - 3pm	peration of proposed project:			
Project will start: 7/1/2023				
AGENCY PERSON	NEL:			
Agency Director	Megan O'Keefe			
Project Director	Nicole Steed			
Fiscal Contact	Dave Manzo			
Contact Person	Christine MacKay			

MONMOUTH COUNTY OFFICE ON AGING REQUEST FOR PROPOSAL COVER PAGE

A completed 'Request for Information' and 'Review Criteria' for the proposed project must be attached to this cover sheet.

Telephone Number: 732-505-94		<u>∍r Volunteers o</u>	<u>f Central Je</u> rsey	
Type of Organization	Public Agency 2	Private Non-	-Profit For Prof	it
NAME OF PROPOS	ED PROJECT:			
PROJECT DIRECTO	R:			
Total Grant Request:	\$80,000			
	Home Maintenance		Cost \$ \$80,000 Cost \$ Cost \$ Cost \$ Cost \$ Cost \$ Cost \$ Address:	
	NEW		RENEWAL	
Days and hours of ope M - F 9am - 3pm	eration of proposed project:			
Project will start: 7/1/2023		_		
AGENCY PERSONN	NEL:			
Agency Director Project Director Fiscal Contact Contact Person	Megan O'Keefe Nicole Steed Dave Manzo Christine MacKay			