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:	Senior Citizens Activities Network, Inc.					
	(PRINT)					
Preparer's Name:	Michael Ciavolino					
Signature:	mad (PRINT) 5.2.73 (DATE)					
Address:	Monmouth Mall, 180 Route 35 South					
	Eatontown, NJ 07724					
Telephone No.:	732-542-1326					
Fax No.:						
E-Mail Address:	michaelc@scannj.org					
	(This should be the email where Contracts would be sent)					
Contact Person:	Michael Ciavolino					
FEIN:						
(Federal Employee ID) BRC:						
(Business Registration Certifica	te)					

(Revised 2/2017)

	RFP BUDGET								
County of M onmouth									
Department of Human Services									
Division on Aging,	Disabilities & Ve	eterans Se	rvices						
1. Title of Project: SCAN Health Edu	cation					1			
2. Type of Application: (Check one)		1		[
X New_	Renewal								
3. Project Director (Name, Title, Departme	nt & Address,			~					
Street, City, State, Zip Code):			From	Thru	Amount				
Andrea Tarr, Program Director SCAN, Inc. Monmouth Mall 180 Route 35 South Eatontown, NJ 07724			7/1/23	9/30/24	\$35,070				
			1/1/23	12/31/23					
			of Organiz	zation: (Ch	eck one)			1	
			Public Ag						
			X Private Non-Profit Agency						
		For Profit Agency							
4. Applicant Agency (Name and Address):	8. Payee (Specify to whom checks should be								
Senior Citizens Activities Net	work, Inc.	sent: Name, Title, Address):							
Monmouth Mall		Senior Citizens Activities Network, Inc. Monmouth Mall 180 Route 35 South					<u> </u>		
180 Route 35 South						<u> </u>	- 		
Eatontown, NJ 07724	Eatontown, NJ 07724					<u> </u>			
		}							
E Al Till Add COR in a decimal	0 /For 6	toto Amon	Llon's						
5. Name, Title, Address of Official authorized to sign for			tate Ager	ncy Use):					
applicant agency:					1				
Michael Ciavolino									
Executive Director					1				

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1.0		9	6		\$			i	
	0,658	XXX	XXX	\$35					
B. Estimated Project Income	· ·	XXX	XXX		\$0				
C. Project Net Costs (Line A Less Line B)			XXX	\$35	070				
D. Local Non-Federal Participation			#DIV/0!		\$0	-			
E. Funds Requested (Line C Less Line D)			#DIV/0!	\$35	,070				
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