

SIGNATURE PAGE

CC-1-2024

To the Monmouth County Board of County Commissioners: THE UNDERSIGNED HEREBY DECLARES THAT I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS. I (WÈ) HÉREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE WITH YOUR REQUIREMENTS

Company Name:	Arbor E&T, LLC dba Equus Workforce Solutions		
, ,	(PRINT)		
Preparer's Name:	Mark Douglass		
	(PRINT)		
Signature:	10/09/2023		
	(DATE)		
Address:	9200 Shelbyville Road, Suite 210		
	Louisville, KY 40222		
Telephone No.:	502-630-7307		
Fax No.:	502-812-1059		
E-Mail Address:	proposals@equusworks.com		
	(This should be the email where Contracts would be sent)		
Contact Person:	Michael Dunne		
FEIN:			
(Federal Employee ID)			

(Revised 2/2017)



County of Monmouth Workforce Development Board Career Services for Adult, Dislocated Worker, Youth and Work First NJ Customers

PROGRAM SUMMARY SHEET/PROPOSAL COVER

PROGRAM SUMMARY SHEET / PROPOSAL COVER			
Agency Name: Arbor I Workforce Solutions	E&T, LLC dba Equus	FEIN number:	
Administrative Contact	t Person: Rudy Racine	Administrative Address: 9200 Shelbyville Road, Suite 210, Louisville KY 40222	
Administrative Phone #: (502) 630-7307	Administrative Fax # (502) 812-1059	Administrative Email: proposals@equusworks.com	
Program Contact Perso	n: Michael Dunne	Program Address: 60 North Taylor Ave Neptune, NJ 07753	
Program Phone #:	Program Fax #	Program Email:	
(646) 737-2527	(502) 812-1059	Michael.Dunne@EquusWorks.com	
Program Name (if App	licable): County of	Type of Program:	
Monmouth Career Serv			
Dislocated Worker, Yo Jersey Customers	uth and Work First New	A) Career Service Provider X	
Total Budget Amount:	\$2,250,000	Requested Budget Amount: \$2,250,000	
Hours of Operation: Mo	onday – Friday, 8AM –	Number of Program Staff: 13 FTE	

Please complete this Program Summary Sheet. This is the TOP sheet for your proposal submission.

