SIGNATURE PAGE

CC-22-2023

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:	Visiting Nurse Association of Central Jersey, Inc.	
	(PRINT)	
Preparer's Name:	Colleen Nelson	
Signature:	Collen Nelso (PRINT) 7/24/20	23
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	ficate)	

(Revised 2/2017)

MONMOUTH COUNTY DEPARTMENT OF HUMAN SERVICES

CONTRACTOR

BUDGET & COST (EXPENSES)

CONTRACTOR

Salaries and Wages of Project Staff

Position	% of Time		REQUESTED FROM	OTHER	TOTAL ANTICIPATED
TBH -(MACS)Monmouth ACTS Service Coordinator	100% \$		\$ 70,000	\$ -	\$ 70,000
TBH -Community Health Worker	60% \$	25,740	\$ 25,740	\$ -	\$ 25,740
Mary Beth Debrito - Supervisor	3.65% \$	95,288	\$ 3,478	\$ -	\$ 3,478
Employee Fringe Benefits (Aprox. 25.8 %)	,		\$ 25,610	s -	\$ 25,610
Personnel Total					\$ 124,828
Contractors/Professionals					
Materials/Supplies			\$ 2,412	\$ -	\$ 2,412
Facility/Equipment	,		\$ 4,406	\$ -	\$ 4,406
Travel			\$ 3,918	\$ -	\$ 3,918
Other			\$ 14,437	\$ -	\$ 14,437
Total Expenses			\$ 150,000	\$ -	\$ 150,000