

SIGNATURE PAGE

CC-2-2024

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: Brookdale Community College
(PRINT)

Preparer's Name: Dr. Joan Scocco as Officer of the Day on behalf of Dr. David M. Stout,
President
(PRINT)

Signature: 
(DATE)

Address: 765 Newman Springs Rd
Lincroft, NJ 07738

Telephone No.: 732-224-2685

Fax No.: 732-224-2444

E-Mail Address: spagano@brookdalecc.edu

***** (This should be the email where Contracts would be sent) *****

Contact Person: Susan Pagano

FEIN: [REDACTED]

(Federal Employee ID)

BRC: [REDACTED]
(Business Registration Cert)

(Revised 2/2017)

PROGRAM SUMMARY SHEET / PROPOSAL COVER

Agency Name: Brookdale Community College		FEIN number: [REDACTED]
Administrative Contact Person: Susan Pagano		Administrative Address: 765 Newman Springs Rd, Lincroft, NJ 07738
Administrative Phone #: 732-224-2685	Administrative Fax #: 732-224-2444	Administrative Email: spagano@brookdaleecc.edu
Program Contact Person: Susan Pagano		Program Address: 765 Newman Springs Rd, Lincroft, NJ 07738
Program Phone #: 732-224-2685	Program Fax #: 732-224-2444	Program Email: spagano@brookdaleecc.edu
Program Name (if Applicable): Brookdale Community College		Type of Program: A) One-Stop Operator Services
Total Budget Amount: \$100,000		Requested Budget Amount: \$100,000
Hours of Operation: 8:30am – 5:00pm		Number of Program Staff: One

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