

Proposal

Submitted by _____

FURNISHING AND DELIVERY OF A SCIENCE EDUCATION PROGRAM FOR CHILDREN OF MIXED AGES FROM FIRST TO THIRD GRADE

TO THE MONMOUTH COUNTY PARK SYSTEM, LINCROFT, NJ
TO THE MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS

The undersigned hereby declares that I have carefully examined the advertisement, specifications, and form of contract for furnishing the specified items and that I will execute the contract according to the specifications, terms, and conditions with respect to the following:

1. **PROGRAM, CHILD ONLY: Fee of \$ 14.00 per child per hour of instruction.**

NAME OF PROGRAM:

After School Enrichment 8 week session

PLEASE SPECIFY THEMES/OF PROGRAMS TO BE OFFERED Science Education

VARIANCE IF ANY:

112.00 for 8 week session per child. Classes meet once a week for one hour. Cost is for one instructor. min 12 max 20

2. **PROGRAM, PARENT/CHILD: Fee of \$ _____ per first child per hour of instruction.**

Fee of \$ _____ per additional child per hour of instruction.

NAME OF PROGRAM:

PLEASE SPECIFY THEMES/OF PROGRAMS TO BE OFFERED: _____

VARIANCE IF ANY:

3. **CAMP, 3 HOUR WEEK-LONG: Fee of \$ 165.00 per child (5 half-days).**

NAME OF PROGRAM:

Mad Science Summer Camp

PLEASE SPECIFY THEMES/OF PROGRAMS TO BE OFFERED Science Education -

Themes attached.

VARIANCE IF ANY:

2 instructors 10 child minimum 20 child maximum

4. BIRTHDAY PARTY: Flat rate fee of \$ 330.00 per 2-hour party (includes 1 hour of instruction).

NAME OF PROGRAM:

Mad Science Birthday Party

PLEASE SPECIFY THEMES/OF PROGRAMS TO BE OFFERED Ooey-Gooey Party,
or Chemistry Party or Light and Electricity

VARIANCE IF ANY:

Up to 20 children / 1 mad Scientist

The undersigned is (circle one) - a partnership - a corporation - an individual under the laws of the State of New Jersey

CONTRACTOR NAME: Mad Science of West New Jersey

CONTACT PERSON: Susan Henrich

SIGNATURE: Susan Henrich

ADDRESS: 1580 Reed Road Suite C4, Pennington NJ 088534

BUSINESS PHONE: 609-737-0313 FAX NO.: _____

CELL PHONE NO.: 215 630 8538 PAGER NO: _____

E-MAIL ADDRESS: susan@madscienceofnj.com

FEDERAL TAX ID# OR SOCIAL SECURITY# [REDACTED]

DATE: 1/2/2022