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| LEGAL SERVICES FOR LEGAL ADVISORY SERVICES FOR CITY COUNCIL | TERM OF CONTRACT: ONE (1) YEAR | | | | |
| NUMBER OF RESPONDENTS: | 5 | | | | |
| NAME OF BIDDER | LYLE P. HOUGH, JR. | LAW OFFICES OF BERTHA L. SCOTT | ROBERT H. YOSTEMSKI | LENORE HANNAH, ESQ. | ALFRED B. VUOCOLO, ATTORNEY AT LAW |
| ADDRESS | 79 MORGAN AVENUE | 101 KENSINGTON AVENUE | 205 CORNWALL AVENUE | 121 PINEWOOD CIRCLE | 1083 LAWRENCE ROAD |
| CITY, STATE, ZIP | YARDLEY, PA 19067 | TRENTON, NJ 08618-3329 | TRENTON, NJ 08618 | NEW HOPE, PA 18938 | LAWRENCEVILLE, NEW JERSEY 08648 |
| CONTACT NAME | LYLE P. HOUGH, JR. | BERTHA L. SCOTT | ROBERT H. YOSTEMSKI | LENORE HANNAH | ALFRED B. VUOCOLO, ATTORNEY AT LAW |
| TELEPHONE | 215-584-3155 | 609-532-7722 | 609-393-0280 | 609-315-5454 | 609-637-9572 |
| FAX | N/A | N/A | N/A | N/A | 609-637-9572 |
| E-MAIL | LYLEHOUGH@GMAIL.COM | BISCOTT@COMCAST.NET | N/A | LENOREGRANARZ@MSN.COM | ABVLAW@COMCAST.NET |
| STOCKHOLDER DISCLOSURE STATEMENT | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| NJ BUSINESS REGISTRATION CERTIFICATE | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| NON-COLLUSION AFFADAVIT | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| AFFIRMATIVE ACTION STATEMENT | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| DISCLOSURE OF INVESTED ACTIVITIES IN IRAN | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| EIC | CERT#47023 EXP.7/15/2018 | REQUIRED FROM AWARDED VENDOR | CERT#41598 EXP. 4/15/2022 | CERT#51561 EXP. 9/15/2020 | CERT#42473 EXP. 8/15/2015 |
| 60-DAY EXTENSION COMPLIANCE | YES | YES | YES | YES | YES |
| EXCEPTIONS (IF ANY) | NONE | NONE | NONE | NONE | NONE |
| CERTIFICATE OF INSURANCE | REQUIRED FROM AWARDED VENDOR | REQUIRED FROM AWARDED VENDOR | REQUIRED FROM AWARDED VENDOR | REQUIRED FROM AWARDED VENDOR | REQUIRED FROM AWARDED VENDOR |
| W-9 | INCLUDED | INCLUDED | INCLUDED | INCLUDED | INCLUDED |
| WILLING TO PROVIDE PRIORITY EMERGENCY SERVICES | YES | YES | YES | YES | YES |
| RATE PER SESSION | \$215.00 | \$200.00 | \$200.00 | \$200.00 | \$25.00 |
| FATAL FLAW | NONE | NONE | NONE | NONE | NONE |