

**RFP2023-10 ACCOUNTING SERVICES FOR THE DEPARTMENT OF FINANCE PROPOSAL**  
**OPENING DATE: 2/28/2023 AT 11:00AM**

RFP2023-10 ACCOUNTING SERVICES FOR THE DEPARTMENT OF FINANCE FOR A PERIOD OF ONE(10 ONE (1) YEAR - PROPOSAL OPENING DATE 2/28/2023 AT 11:00AM				
NUMBER OF RESPONDENTS:	4			
NAME OF BIDDER	HOLMAN, FRENIA, ALLISON, P.C.	SUPLEE, CLOONEY & COMPANY	NICOLA TRASENTE	MICHELENE DESRAVINES, CPA, LLC
ADDRESS	1985 CEDAR BRIDGE AVENUE SUITE 3	308 EAST BRAOD STREET	5 CHAMBERS ROAD	1030 GALLOP DRIVE
CITY, STATE, ZIP	LAKWOOD, NJ 08701	WESFIELD, NJ 07090-2122	FLEMINGTON, NJ 08822	LOXAHATCHEE, FL 33470
CONTACT NAME	MATTHEW F. HOLMAN	ROBERT W. SWISHER, PARTNER	NICOLA TRASENTE	MICHELENE DESRAVINES
TELEPHONE	732-797-1333	908-789-9300	239-292-3670	<b>561-214-2561</b>
FAX	732-797-1022	908-789-8525	N/A	561-708-4002
E-MAIL	<a href="mailto:mholman#HFAcpas.com">mholman#HFAcpas.com</a>	<a href="mailto:info@scnco.com">info@scnco.com</a>	<a href="mailto:nicktrasente@gmail.com">nicktrasente@gmail.com</a>	<a href="mailto:mdesravines@hotmail.com">mdesravines@hotmail.com</a>
STATEMENT OF OWNERSHIP DISCLOSURE	INCLUDED	INCLUDED	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONAIRE	INCLUDED	INCLUDED	INCLUDED	INCLUDED
EQUAL EMPLOYMENT OPPORTUNITY EXHIBIT A	INCLUDED	INCLUDED	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA #1 FROM (1-25-23)	INCLUDED	INCLUDED	INCLUDED	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	INCLUDED	INCLUDED	REQUIRED PRIOR TO AWARD OF THE
NON-COLLUSION AFFADAVIT	INCLUDED	INCLUDED	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED	INCLUDED	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED	INCLUDED	INCLUDED	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED	INCLUDED	INCLUDED	INCLUDED
PROHIBITED RUSSIA-BELARUS ACTIVITIES & IRAN INVESTMENT ACTIVITIES	INCLUDED	INCLUDED	INCLUDED	INCLUDED
EIC	CERT#7168 EXP. 3-15-2023	CERT#4761 EXP.5/15/2028	REQUIRED	REQUIRED
CITY OF TRENTON RESIDENT EMPLOYMENT	INCLUDED	INCLUDED	INCLUDED	INCLUDED
DEBARMENT FEDERAL GOVERNMENT CONTRACT	INCLUDED	INCLUDED	INCLUDED	INCLUDED
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS	REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS	REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS	REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS
REFERENCES	INCLUDED	N/A	INCLUDED	N/A
W-9	INCLUDED	N/A	INCLUDED	N/A
60-DAY EXTENSION COMPLIANCE	YES	YES	YES	YES
HOURLY RATE	\$120.00 -200.00	\$150 FOR EST. 500 HOURS	\$150.00 FOR 20-30 HRS. PER WEEK OR \$3,000 TO \$6,000 PER WEEK FOR	\$75.00
EXCEPTIONS (IF ANY)	NONE	NONE	NONE	NONE
FATAL FLAW	NONE	NONE	NONE	NONE