

## **REQUEST FOR PROPOSALS**

### **FOR PROFESSIONAL FEE ACCOUNTANT SERVICES**

The Housing Authority of the Township of Old Bridge (hereinafter referred to as “the Authority”) requires the services of a qualified individual or firm to provide the Authority with fee accountant services. The Authority administers a Section 8 Housing Choice Voucher Rental Assistance Program and a COAH account. The Authority’s fiscal year began on January 1, 2023.

### **SCOPE OF SERVICES**

**Provision of FEE ACCOUNTING SERVICES by a Certified Public Accountant(s) on a monthly basis, at an estimated twenty (20) hours per month, over a period of twelve (12) months. The specific services to be provided are set forth under Exhibit “A” hereof. Respondents are encouraged to contact the Authority’s Executive Director for the purpose of familiarizing themselves with same.**

### **PROPOSAL REQUIREMENTS**

Proposals shall contain a statement of corporate ownership, if applicable; respondent’s equal employment opportunity and affirmative action statements; a **description of the respondent’s qualifications and experience (see specifics cited below); respondent’s hourly billing rates for all categories of staff who will be assigned to perform contract services if a contract is awarded; other charges, if any to be billed under the contract; and respondent’s proposed total contract fee.**

The description of respondent’s qualifications and experience shall evidence/demonstrate possession of a broad and practical knowledge of HUD regulations, requirements, and rules, federal law and applicable procedures pertaining to the Scope of Services set forth herein; strong analytical, interpretive, oral and written communication skills, particularly with regard to said Scope of Services; and skills, capabilities and work experience of a level that would assure completion of the contract services in a timely and satisfactory manner.

### **EVALUATION CRITERIA**

Proposals will be evaluated based on the degree to which a respondent meets the qualifications and experience requirements; and the degree of acceptability of his/her/its proposed hourly billing rates, other charges, if any, and the total contract fee. A weight of 0% to 75% will be assigned to his/her/its qualifications and experience and a weight of 0% to 25% will be assigned to the proposed hourly billing rates, other charges, if any, and total contract fee, based on the degree of acceptability of same to the Authority.

## **CONTRACT AWARD**

It is the Housing Authority's intent to award a contract for the services required hereunder to the respondent whose proposal that, when evaluated, most successfully meets the stated evaluation criteria and therefore achieves the highest ranking.

The Housing Authority retains the right to reject any and all proposals or to award a contract to the respondent whose proposal is deemed to be most advantageous to the Authority, taking into consideration the evaluation factors cited above. Each unsuccessful offeror will be notified in writing promptly if a contract award is made under this RFP; such notice will identify the successful offer/contractor and provide an opportunity for a debriefing meeting with the Authority's contract officer to discuss any questions.

### **Submission of Proposals**

**Proposals (original + 2) shall be delivered to the Old Bridge Township Municipal Clerks Office no later than 10:00 AM on Thursday, May 16th, 2024, at which time they will be publically opened and read aloud. Same shall be addressed as follows:**

Kathryn Hutchinson, Municipal Clerk  
Old Bridge Municipal Complex  
1 Old Bridge Plaza  
Old Bridge, NJ 08857

**All proposals shall be submitted in sealed envelopes – the wording “Proposal for Fee Accounting Service” shall appear on the face thereof.**

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Kathryn Hutchinson, Municipal Clerk

Issued: April 18, 2024

**Attachments:** Proposal Evaluation Documents  
Proposed Form of Contract  
Certification Form  
Form of Non-Collusive Affidavit  
Disclosure of Ownership Form

## PROPOSAL EVALUATION DOCUMENTS

The Authority’s Review and Evaluation Committee will utilize the following format in its evaluation process:

Proposal was received by due date: \_\_\_\_\_ True      \_\_\_\_\_ False

Respondent’s name does not appear on HUD list of debarred, suspended or ineligible contractors: \_\_\_\_\_ True      \_\_\_\_\_ False

Proposal submitted complies with the Proposed Requirements set forth in the RFP: \_\_\_\_\_ True      \_\_\_\_\_ False

(Complete the following if above three are marked “True”)

<b><u>Proposal Evaluation Factor</u></b>	<b><u>Maximum Weight To Be Assigned*</u></b>	<b><u>Weight Assigned</u></b>
a. Degree to which respondent evidences possession of desired qualifications.	<u>10%</u>	_____
b. Degree of which respondent evidences possession of desired work related skills	<u>10%</u>	_____
c. Degree to which respondent evidences possession of desired experience and competence in the type of work required under the RFP.	<u>10%</u>	_____
d. Degree to which respondent evidences/ demonstrates possession of ability to provide required expertise to successfully perform the specified scope of work	<u>10%</u>	_____
e. Degree to which respondent evidences possession of specialized experience in areas related to the specified work scope	<u>5%</u>	_____

- |   |                   |              |
|---|-------------------|--------------|
| <p>f. Degree to which respondent demonstrates his/her/its understanding of the specific services to be provided to the HA; evidences knowledge and familiarity with the operations of the HA and the types of programs, projects and activities administered by the HA as same relate to the specified work scope</p> | <p><u>20%</u></p> | <p>_____</p> |
| <p>g. Degree to which respondent evidences financial stability and strength, and capability and capacity to accomplish the specified work scope in a timely and satisfactory manner</p>   | <p><u>10%</u></p> | <p>_____</p> |
| <p>h. Degree of acceptability of respondent's proposed fee and, if applicable, other charges for performance of the specified work scope</p>  | <p><u>25%</u></p> | <p>_____</p> |

Total Weight Assigned  
(sum of a. thru h. above  
Same cannot exceed 100%)

**\*The combined weights assigned for qualifications and experience factors, items a. thru g. above should not exceed a total of 75% nor should the weight assigned to the fee factor, item h. above, exceed 25%.**

**Note: The higher the weight assigned, the more acceptable the proposal.**

**Rating Key:**

**Factors a. thru d. and g.**

Excellent	10% points
Very Good	9% points
Good	8% points
Satisfactory	7% points
Unsatisfactory	0% points

**Factor e.**

Excellent	5% points
Very Good	4% points
Good	3% points
Satisfactory	2% points
Unsatisfactory	0% points

**Factor f.**

Excellent	20% points
Very Good	18% points
Good	16% points
Satisfactory	14% points
Unsatisfactory	0% points

**Factor h.**

**WITHIN HOUSING AUTHORITY BUDGET  
OVER HOUSING AUTHORITY BUDGET**

**25% points  
0% points**

**SCOPE OF FEE ACCOUNTING SERVICES**

Subject services shall be furnished with regard to the Authority's accounts.

The Accountant shall do, perform, and carry out, in a satisfactory and proper manner, as determined by the Authority, the following:

1. Review, in accord with established accounting procedures and applicable HUD regulations, the Authority's books of account and other financial records on a monthly basis.
2. Prepare the Cash Receipts and Cash Disbursements Ledger monthly.
3. Post books of original entry to General Ledger.
4. Prepare journal vouchers.
5. Review bank statements and reconciliations.
6. Test trial balances monthly.
7. Review monthly financial statements of costs as related to budgets.
8. Prepare Housing Operating and Section 8 budgets, and revisions thereto.
9. Prepare mid-year and year-end financial statements for submission to HUD and other responsible parties, as required.
10. Prepare financial reports, as required by HUD directives.
11. Monitor inventory records and controls.
12. Monitor required controls with regard to costs and finances.
13. Review work of Authority's bookkeeping staff and provide direction and training needed to assure that bookkeeping operations/functions/tasks are performed in a manner consistent with HUD requirements and acceptable bookkeeping practices.
14. Provide Authority with guidance and instructions on day-to-day fiscal operations, as needed.
15. Provide the Authority with guidance and assistance in the preparation of Monthly Pension Reports and Related Transactions.

**AGREEMENT FOR ACCOUNTING SERVICES**

This Agreement made and entered into the \_\_\_\_\_ day of \_\_\_\_\_ by and between the Housing Authority of the Township of Old Bridge, hereinafter called the "Authority" and \_\_\_\_\_, hereinafter called the "Accountant", witnesses:

Whereas, said Authority desires to retain and employ said Accountant in matters connected to the accounting books and records for said Authority;

Whereas, said Accountant desires to accept the position of advisor for said Authority in matters connected to the accounting books and records for the period beginning \_\_\_\_\_ and ending \_\_\_\_\_.

Now, therefore, in consideration of the foregoing premises, it is mutually agreed between the parties hereto as follows:

1. That the Authority hereby retains the Accountant for the said authority in matters concerning the accounting books and records of the Housing Authority of the Township of Old Bridge.
2. That the said Accountant shall:
  - a. Attend meetings of the Authority when requested.
  - b. Prepare the operating budgets and revisions of the Authority.
  - c. Compile and prepare the year-end annual financial reports.
  - d. Evaluate and suggest, if applicable, changes to existing financial procedures of the Authority.
  - e. Meet with and assist the auditor chosen by the Authority to perform the annual audit.
  - f. Prepare operating budgets in accordance with State requirements and comply with changes necessary to comply with State audit requirements.
  - g. Provide the services set forth under the attached Exhibit, entitled "Scope of Fee Accounting Services".
3. That the said Authority shall pay Accountant for the above services in the sum of \$\_\_\_\_\_ for the period covering \_\_\_\_\_ through \_\_\_\_\_ and said compensation will be paid monthly in equal amounts.
4. The parties hereto expressly agree that this contract shall not be deemed to create an employer-employee relationship between the Authority and the Firm, respectively, and no rights or privileges of an employee of the Authority shall inure to the Firm.
5. This Contract shall be governed by the laws of the State of New Jersey.
6. This instrument contains the entire agreement of the parties. This instrument may not be changed orally, but only by an agreement in writing signed by the party against whom enforcement of any waiver, change, modification, extension or discharge is sought.

THIS AGREEMENT shall extend to and be binding upon the successors and assigns of the Housing Authority of the Township of Old Bridge.

**IN WITNESS WHEREOF, with the intent to be legally bound, the parties hereto have executed this contract as of the day and year first above written for a period of twelve (12) months.**

\_\_\_\_\_

(Name of Firm/Fee Accountant)

BY \_\_\_\_\_

(Name)

(Date)

HOUSING AUTHORITY OF THE TOWNSHIP OF OLD BRIDGE

(Name of Public Housing Agency)

BY \_\_\_\_\_

(Name and Title of authorized official)

(Date)

Executive Director



**CERTIFICATION**

I, \_\_\_\_\_, certify that I am the  
\_\_\_\_\_ of the corporation named as  
Contractor herein; that \_\_\_\_\_, who signed  
this Contract on behalf of the Contractor, was duly signed for and on behalf of said  
corporation by authority of its Board of Directors.

BY \_\_\_\_\_  
(Name) (Date)

**FORM OF NON-COLLUSIVE AFFIDAVIT**

State of \_\_\_\_\_ }

SS

County of \_\_\_\_\_ }

I, \_\_\_\_\_ being first duly sworn, deposes and says:

That he/she/it is

\_\_\_\_\_,  
(a partner or officer of the firm of, etc.)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham; that said bidder has not colluded, conspired, connived or agreed, directly or indirectly, with any bidder or person to put in a sham bid or refrain from bidding, and has not, in any manner, directly or indirectly, sought by agreement or collusion, or communication or conference, with any person, to fix the bid prices of affiant or any other bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other bidder, or to secure any advantage against the Housing Authority of the Township of Old Bridge or any person interested in the proposed contract, and that all statements in said proposal or bid are true.

\_\_\_\_\_  
Firm:

By \_\_\_\_\_

\_\_\_\_\_  
(Title)

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 2023.

\_\_\_\_\_

My commission expires

\_\_\_\_\_, 20 \_\_\_\_\_

DISCLOSURE OF OWNERSHIP FORM

N.J.S.A. 52:25-24.2 reads in part that “no corporation or partnership shall be awarded any contract by the state, County, Municipality or School District, or any subsidiary or agency thereof, unless prior to the receipt of the submission of the corporation or partnership, there is provided to the public contracting unit a statement setting forth the names and addresses of all individuals who own 10% or more of the stock or interest in the corporation or partnership.”

1. If the professional service entity is a partnership, then the statement shall set forth the names and addresses of all partners who own a 10% or greater interest in the partnership.
2. If the professional service entity is a corporation, then the statement shall set forth the names and addresses of all stockholders in the corporation who own 10% or more of its stock of any class.
3. If a corporation owns all or part of the stock of the corporation or partnership providing the submission, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that corporation.
4. If the professional service entity is other than a corporation or partnership, the contractor shall indicate the form of corporate ownership as listed below.

COMPLETE ONE OF THE FOLLOWING STATEMENTS:

- I. Stockholders or Partners owning 10% or more of the company providing the submission:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Name: \_\_\_\_\_

Address: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- II. No Stockholder or Partner owns 10% or more of the company providing this submission:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- III. Submission is being provided by an individual who operates as a sole proprietorship:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

- IV. Submission is being provided by a corporation or partnership that operates as a (check one of the following):

\_\_\_\_\_ Limited Partnership                      \_\_\_\_\_ Limited Liability Corporation

\_\_\_\_\_ Limited Liability Partnership                      \_\_\_\_\_ Subchapter S corporation

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_