

**TOWNSHIP OF SHREWSBURY  
COUNTY OF MONMOUTH, STATE OF NEW JERSEY  
REQUESTS FOR PROPOSALS/QUALIFICATIONS  
TOWNSHIP AUDITOR  
NT 2025-02**

Sealed proposals will be received by the Township Clerk of the Township of Shrewsbury, New Jersey and opened and read in public in the Committee Meeting Room, located, in the Township of Shrewsbury Municipal Complex, 1979 Crawford Street, Shrewsbury Township, New Jersey, on **December 19, 2024** at **10:00 am** for the following:

Request for Qualifications from Individuals and/or Firms Interested in Serving as "Township Auditor" to the Township of Shrewsbury for the period January 1, 2025 through December 31, 2025.

**BID/PROPOSAL # ST2025-02**

Successful applicants will be required to comply with requirements of N.J.S.A. 10:5-31, et seq./N.J.A.C. 17:27 (P.L. 1975, c. 123) (Equal Employment Opportunity) and N.J.S.A. 52:32-44, et seq. (New Jersey Business Registration).

The right is reserved to reject any or all proposals if it is deemed to be in the best interest of the Township of Shrewsbury to do so. The Township of Shrewsbury also reserves the right to conduct interviews of any or all applicants, as it deems necessary.

By order of the Township Committee of the Township of Shrewsbury

LESTER JENNINGS, Mayor, Township of Shrewsbury  
KATRINA THORNTON, Acting Municipal clerk, Township of Shrewsbury  
THOMAS X. SEAMAN, Chief Financial Officer, Township of Shrewsbury

**Request for Qualifications from Individuals and/or Firms  
Interested in Serving as “Township Auditor”  
to the Township of Shrewsbury for the  
Period January 1, 2025 through December 31, 2025**

**BID/PROPOSAL # ST2025-02**

**Introduction**

Pursuant to the Fair and Open Process established by N.J.S.A. 19:44A-1, et seq., the Township of Shrewsbury seeks Requests for Qualifications (“RFQ”) from Individuals and/or Firms licensed to practice Accounting in the State of New Jersey that wish to serve as Township Auditor for the Township of Shrewsbury. The successful individual/firm must have significant experience in representing New Jersey public entities in auditing and accounting consultation. The successful firm will provide the Township with professional guidance relating to, but not necessarily limited to:

Auditing the Township’s financial statements as of and for the year ending immediately prior to the Township’s hiring the auditor, and prepare an un audited annual financial statement and annual debt statement, all in accordance with generally accepted accounting principles in the State of New Jersey and in the United States Accounting contained in Government Audit Standards. This shall include informing the Township of any material errors; any fraudulent financial reporting or misappropriation of assets; and any violations of laws or governmental regulations, that come to the auditor’s attention, unless they are inconsequential. The Auditor will supply supplemental debt statements, at an additional cost to the Township, as may be requested by the Township. The Township may request the auditor to assist in the preparation of the Township Budget during the year that the auditor has been hired. The Township may also request assistance with any other budget review for other public entities for which the Township may have an obligation to review and approve or modify, in accordance with the Laws of the State of New Jersey. The Auditor may be requested to do any other accounting or auditing service, as may be requested by the Township.

The Township has adopted the following rate schedule for professional services rendered pursuant to this RFQ:

Annual Audit for year ending December 31, 2022; prepare the 2022 Unaudited Annual Financial Statement and Annual Debt Statement:

Cost of Preparation for each supplemental debt Statement:	\$ 13,000
Hourly Rates for other services requested by the Township:	
RMA	\$ 125.00
Manager:	\$ 90.00
Senior Staff:	\$ 70.00
Staff	\$50.00

## **Professional Information and Qualifications**

Each interested firm shall submit the following information:

1. Name of Firm;
2. Address of principal place of business and all Accountants or firm's offices and corresponding telephone and fax numbers. Please note specifically which Accountants or other individuals will be assigned to work with the Township, and in what capacity;
3. Description of education, experience, qualifications, number of years with the firm, for the firm's Accountants and other individuals who will work with the Township. Include a descriptive narrative of their experience with projects similar to those described above;
4. Experience related to representation of Municipalities and other public entities;
5. At least four references, three of which must have knowledge of your representation of a public entity;
6. Examples of your record representing public entities;
7. The firm's ability to provide the services in a timely fashion (including staffing, familiarity, and location of key staff);
8. Any other information which the interested firm deems relevant;
9. A copy of your New Jersey Business Registration Certificate.
10. A completed Statement of Ownership form (Attached below).

## **Selection Criteria**

The selection criteria used in awarding a contract or agreement for professional services as described herein shall include:

1. Qualifications of the individuals who will perform the tasks and the amounts of their respective participation;
2. Experience and references;
3. Ability to perform the task in a timely fashion, including staffing and familiarity with the subject matter; and
4. Cost effectiveness.

## **Submission Requirements**

Responses to this RFQ must be delivered in a sealed envelope bearing the title And Bid/Proposal Number no later than **10:00 am on December 19, 2024** to:

Township Clerk, Shrewsbury  
Township Shrewsbury Township  
Municipal  
1979 Crawford Street  
Shrewsbury Township, New Jersey 07724

Please submit one original and one copy of the Request for Qualifications (RFQ) on 8 ½" x 11" white paper.

## NEW JERSEY BUSINESS REGISTRATION REQUIREMENTS – NON-CONSTRUCTION

All New Jersey and out of State Business Organizations must obtain a Business Registration Certificate (BRC) from the Department of Treasury, Division of Revenue, prior to conducting business in the State of New Jersey. Proof of valid business registration with the Division of Revenue, Department of Treasury, State of New Jersey, must be submitted with this proposal. No contract will be awarded without proof of business registration with the Division of Revenue. The contract will contain provisions in compliance with N.J.S.A. 52:32-44, as amended, outlined below.

The Contractor shall provide written notice to its subcontractors and suppliers of the responsibility to submit proof of business registration to the Contractor.

Before final payment of the contract is made by the Contracting Agency, the Contractor shall submit an accurate list and proof of business registration of each subcontractor or supplier used in the fulfillment of the contract, or shall attest that no subcontractors were used.

For the term of the contract, the Contractor and each of its affiliates and each Subcontractor and each of its affiliates (N.J.S.A. 52:32-44 (g) (3) shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the "Sales and Use Tax Act" (N.J.S.A. 54:32 B-1, et seq.) on all sales of tangible personal property delivered into the State.

A Business Organization that fails to provide a copy of a registration as required pursuant to section 1 of P.L. 2001, c.144 (N.J.S.A. 52:32-44 et seq.) or subsection e. or f. of section 92 of P.L. 1977, c. 110 (N.J.S.A. 5:12-92), or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of \$25.00 for each day of violation, not to exceed \$50,000.00 for each business registration copy not properly provided under a contract with a contracting agency.

A sample Business Registration Certificate is attached. Other forms such as Certificate of Authority to collect Sales and Use Taxes or a Certificate of Employee Information Report Approval, are **not** acceptable.

Any questions in this regard can be directed to the Division of Revenue at (609) 292-1730. Form NJ-REG can be filed online at:

<http://www.state.nj.us/treasury/revenue/gettingregistered.htm#busentity>

**TOWNSHIP OF  
SHREWSBURY COUNTY OF  
MONMOUTH STATE OF NEW  
JERSEY**

**STATEMENT OF OWNERSHIP**

The Contractor is (check one): Individual: [  ] Partnership: [  ] P.A. [  ] L.L.C. [  ]

Corporation: [  ] Joint Venture: [  ] Other: [  ] Specify: \_\_\_\_\_ NAMES:

ADDRESSES:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

NAME OF CONTRACTOR: \_\_\_\_\_

SIGNED BY: \_\_\_\_\_

PRINT NAME & TITLE: \_\_\_\_\_





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

**NOTES:**

A. Attach additional sheets as needed and check here [  ].

**B.** If an entity owns a 10% or greater interest in the Contractor, attach a list of the owners of 10% or greater interest for each such entity. Repeat the process of disclosure as necessary for each tier or level of ownership until the name and address of each person who owns a 10% or greater interest has been disclosed. **If no person or entity owns a 10% or greater interest in a listed entity, so state.**

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STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N.J. 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
ADDRESS:	ISSUANCE DATE:	
EFFECTIVE DATE:		
FORM-BRC(08-01)	Acting Director	This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

**TOWNSHIP OF SHREWSBURY**

**NON-COLLUSION AFFIDAVIT**

State of New Jersey

County of \_\_\_\_\_ ss:

I, \_\_\_\_\_ residing in \_\_\_\_\_ (Name of  
affiant) (Name of municipality)

in the County of \_\_\_\_\_ and State of \_\_\_\_\_ of full  
age, being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of the firm of \_\_\_\_\_  
(Title or position) (Name of firm)

\_\_\_\_\_, the bidder making this Proposal for the RFP

entitled \_\_\_\_\_,  
(Title RFP)

and that I executed the said proposal with full authority to do so that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the **Township of Shrewsbury** relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project. I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by

\_\_\_\_\_.  
(Name of Business Entity)

Subscribed and sworn to before me \_\_\_\_\_, 20\_\_\_\_\_

Signature

\_\_\_\_\_  
(Type or print name under signature)

Notary Public \_\_\_\_\_

My Commission expires \_\_\_\_\_

(Seal



# **TOWNSHIP OF SHREWSBURY**

## **INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM**

Certificate(s) of Insurance shall be filed with the Township's Clerk's Office upon award of contract by the Township Committee.

The minimum amount of insurance to be carried by the Professional Service Entity shall be as follows:

### **A. Commercial General Liability (CGL)**

1. CGL with limits of insurance of not less than \$1,000,000 Each Occurrence, \$2,000,000 Products -Completed Operations Aggregate, \$1,000,000 Personal & Advertising Injury, and \$2,000,000 General Annual Aggregate.
2. CGL coverage shall be written on a current version of ISO Occurrence Commercial General Liability Coverage form CG 00 01 or a form providing equivalent coverage and shall cover liability arising from premises, ongoing operations, independent contractors, products-completed operations, and personal and advertising injury.
3. The Owner and all other parties required by the Owner, shall be named as additional insureds on the CGL coverage part using Additional Insured - Owners, Lessees or Contractors CG 20 10, Additional Insured - Owners, Lessees or Contractors - Completed Operations CG 20 37, or endorsements providing equivalent coverage to the additional insureds. Coverage for the additional insureds shall be as broad as the coverage provided for the named insured Professional Service Entity. It shall apply as primary and non-contributory insurance before any other insurance or self-insurance, including any deductible, maintained by, or provided to, the additional insured.
4. The Professional Service Entity shall maintain CGL coverage for itself and all additional insureds for the duration of the contract.

### **A. Automobile Liability**

1. Business Auto Liability with limits of at least \$ 1,000,000 each accident.
2. Business Auto coverage must include coverage for liability arising out of all owned, leased, hired and non-owned automobiles.

### **C. Commercial Umbrella**

1. Umbrella limits must be at least \$ 1,000,000 and must provide coverage over all underlying policies.
2. Umbrella coverage must include as additional insureds all entities that are additional insureds on the CGL.

### **D. Workers Compensation and Employers Liability**

1. Coverage A- Statutory
2. Coverage B -Employers Liability Insurance limits of at least \$1,000,000 each accident for bodily injury by accident, \$1,000,000 each employee for injury by disease and \$1,000,000 for total policy bodily injury by disease.
3. Where applicable, U.S. Longshore and Harbor workers Compensation Act Endorsement shall be attached to the policy.
4. Where applicable, the Maritime Coverage Endorsement shall be attached to the policy.

**E. Professional Liability Insurance**

Limits shall be a minimum of \$1,000,000.00 for each claim and \$1,000,000.00 aggregate each policy period.

**F. Waiver of Subrogation (Waiver of Transfer of Rights of Recovery Against Others to Us)**

Professional Service Entity shall waive all rights against Owner and their agents, officers, directors, and employees for recovery of damages to the extent these damages are covered by commercial general liability, commercial umbrella liability, business auto liability or workers compensation and employers' liability insurance maintained per requirements stated above and where permitted by law.

**G. Certificates of Insurance**

Professional Service Entity shall provide the Owner, prior to commencement of work, valid Certificates of Insurance, and all applicable additional insured endorsements, verifying that the foregoing insurance requirements have been met. Professional Service Entity understands the terms of this Insurance Requirements agreement and acknowledges that it is part of any contract or as a standalone Insurance Requirements Agreement.

***Acknowledgement of Insurance Requirement:***

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(Signature)

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(Date)

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(Printed Name and Title)

**TOWNSHIP OF SHREWSBURY**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY NOTICE**

**(N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.)**

**GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS**

This form is a summary of the successful professional service entity's requirement to comply with the requirements of **N.J.S.A. 10:5-31 et seq.** and **N.J.A.C. 17:27 et seq.**

The successful professional service entity shall submit to the Township of Shrewsbury, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the vendor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

**OR**

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-1.1 et seq.;

**OR**

(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division of Contract Compliance and distributed to the Township of Shrewsbury to be completed by the vendor in accordance with N.J.A.C. 17:27-1.1 et seq.

The successful professional service entity may obtain the Employee Information Report (AA302) from the Township of Shrewsbury during normal business hours.

The successful professional service entities must submit the white and canary copies of the AA302 (Employee Information Report) to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The pink *Public Agency* copy is submitted to the Township of Shrewsbury, and the gold *Vendor* copy is retained by the professional service entity.

**The undersigned professional service entity certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. and agrees to furnish the required forms of evidence.**


**The undersigned professional service entity further understands that his/her submission shall be rejected as non-responsive if said professional service entity fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.**

COMPANY: \_\_\_\_\_


SIGNATURE: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

# SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646-0252
TAXPAYER NAME: <b>TAX REGISTRATION TEST ACCOUNT</b>	TRADE NAME: <b>CLIENT REGISTRATION</b>	 Acting Director
TAXPAYER IDENTIFICATION#: <b>970-097-382/500</b>	SEQUENCE NUMBER: <b>0107330</b>	
ADDRESS: <b>847 ROEBLING AVE TRENTON NJ 08611</b>	ISSUANCE DATE: <b>07/14/04</b>	
EFFECTIVE DATE: <b>01/01/01</b>		
FORM-BRC(08-01)		

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
	
<b>Taxpayer Name:</b>	TAX REG TEST ACCOUNT
<b>Trade Name:</b>	
<b>Address:</b>	847 ROEBLING AVE TRENTON, NJ 08611
<b>Certificate Number:</b>	1093907
<b>Date of Issuance:</b>	October 14, 2004
<b>For Office Use Only:</b>	
	20041014112823533

**TOWNSHIP OF SHREWSBURY**  
**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

Contract Number: \_\_\_\_\_ Bidder/Proposer: \_\_\_\_\_

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Township of Shrewsbury finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule, or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default, and seeking debarment or suspension of the person or entity.

**I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to submit a bid/proposal:**

- is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran,

**AND**

- is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

**In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Township of Shrewsbury under penalty of perjury. Failure to provide such will result in the bid/proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.**

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

**You must provide a detailed, accurate and precise description of the activities of the proposer, or one of its parents, subsidiaries, or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.**

Name: \_\_\_\_\_ Relationship to Proposer: \_\_\_\_\_

Description of Activities: \_\_\_\_\_

Duration of Engagement: \_\_\_\_\_ Anticipated Cessation Date: \_\_\_\_\_

Proposer Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey and the Township of Shrewsbury are relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State and the Township of Howell to notify the State and the Township of Shrewsbury in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and the Township of Shrewsbury and that the State and the Township of Shrewsbury at its option may declare any contract(s) resulting from this certification void and unenforceable.**

**Full Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_**  
**Title: \_\_\_\_\_ Date: \_\_\_\_\_**

# TOWNSHIP OF SHREWSBURY

## CHECKLIST

***The following items, as indicated below (X), shall be provided with the receipt of sealed submissions:***

1. Non-Collusion Affidavit .....   X
2. Disclosure of Ownership Form .....   X
3. Insurance Requirement Acknowledgement Form Including Title Page of Existing Professional Liability Insurance Policy .....   X
4. Mandatory Equal Employment Opportunity Notice Acknowledgement Including attached certificate of Employee Information report.....   X
5. Copy of your ***Business Registration Certificate*** as issued by the State of New Jersey, Department of Treasury, Division of Revenue (Strongly suggested that this be submitted with submission) .....   X
6. Submission of Resume of Qualification and Educational experience and proposed Contract for Services Form .....   X
7. Disclosure of Investment Activities in Iran.....   X

### **Reminder**

**Please submit one (1) original, one (1) copy of your proposal and all required documents, labeled ON THE SEALED ENVELOPE with your name & the title of submission.**

Sample Business Registration Certificate (for example purposes only)

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 352 TRENTON, N.J. 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
ADDRESS:	ISSUANCE DATE:	
EFFECTIVE DATE:		
FORM-BRC(08-01)	Acting Director	This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.