SIGNATURE PAGE

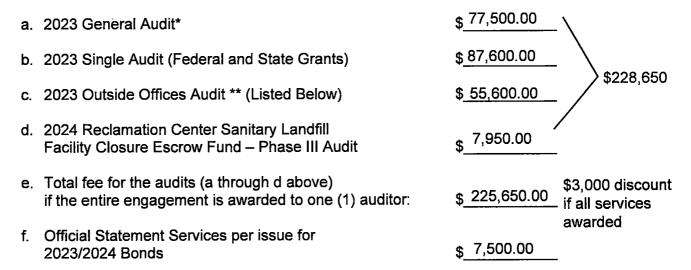
P-47-2023

To the Monmouth County Board of County Commissioners:

THE UNDERSIGNED HEREBY DECLARES THAT I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS. I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE WITH YOUR REQUIREMENTS

Company Name:	Holman Frenia Allison, P.C.
, ,	(PRINT)
Preparer's Name:	Robert W. Allison
	(PRINT)
Signature:	10.11.2023
Address:	194 E. Bergen Place
	Red Bank, NJ 07701
Telephone No.:	732-797-1333
Fax No.:	732-797-1022
E-Mail Address:	rchandran@hfacpas.com
	(This should be the email where Contracts would be sent)
Contact Person:	Ramya Chandran
FEIN:	
(Federal Employee ID) BRC:	
(Business Registration Ce	rtificate)

Proposal Cost Form



*NOTE: In previous years Monmouth County segregated the cost of auditing the Division of Social Services from the cost of auditing other Monmouth County departments (excluding the "Outside Offices"). The proposed cost of the audit should include the Division of Social Services.

**County Adjuster's Office, Parks and Recreation, Tuberculosis Clinic, Prosecutor's Office, Correctional Institution, Sheriff's Office, Surrogate's Office, County Clerk's Office, Health Department, Tax Board, Transportation, Library, Planning Board and Engineering.

Hourly Rates for auditing and/or consulting work unrelated to year-end audit:

Partner	\$_220.00
Supervisor	\$ <u>135.00 - 185.0</u> 0
Staff Accountant	<u>\$_100.00 - \$120.</u> 00
Other (specify)	\$_90.00