

RRFP #21-46
PS #73-21

Submitted by: Sockler Realty Services Group, Inc.
(Company Name)

PROPOSAL

PROVIDING PROFESSIONAL REAL ESTATE/APPRaisal SERVICES FOR RELOCATION ASSISTANCE, ONE (1) RENTAL LEASE HOLDER, 1,368 SQ. FT. RANCH STYLE SINGLE FAMILY HOME; 2 BED, 1 BATH; LOCATED AT 358 FORD ROAD, HOWELL, NJ; OWNER: TLAC CONSULTING, LLC (BANWELL); ADDITIONS TO METEDECONK RIVER GREENWAY, BLOCK 69, LOT 4, HOWELL TOWNSHIP

TO THE MONMOUTH COUNTY PARK SYSTEM, LINCROFT, NEW JERSEY.
TO THE MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS.

The undersigned hereby declares that he/she has carefully examined the advertisement, specifications, and form of contract for furnishing the specified items and that he/she will execute the contract according to the specifications, terms, and conditions with respect to the following:

- 1. Cost to provide all Relocation Assistance as specified \$ 3,500.00
 herein; including Relocation Report, one individual report, one for each Tenancy, Workable Relocation Assistance Plan (WRAP) for DCA approval, Referral List and "Check" estimate, interviews, written notifications, etc., with all work to be conducted per N.J. State Dept. of Community Affairs Statutes and Regulations.

TOTAL COST \$ 3,500.00

Relocation services shall not commence until appraiser receives a Purchase Order from the Park System and shall be completed **WITHIN FORTY-FIVE (45) DAYS** of receipt of Purchase Order.

Payment schedule for services shall be as follows:

100% of contracted amount shall be paid when _____

VARIANCE IF ANY: _____

The undersigned is a partnership under the laws of the State of _____

(circle one) a corporation an individual

having principle offices at:

ADDRESS: 299 Ward St, Suite C, Hightstown, NJ 08520

BUSINESS PHONE: 609-918-1000 FAX NUMBER: N/A

E-MAIL: pete@srsgi.com WEB ADDRESS: www.srsgi.com

Relocation Assistance – TLAC Consulting, LLC (Banwell) (PS#73-21)

CONSULTANT (Printed): Peter Sockler _____

SIGNATURE:  _____

DATED: 12/10/2021 _____

FEDERAL TAX ID # OR SOCIAL SECURITY #  _____

STATE CERTIFIED GENERAL REAL ESTATE APPRAISER:  _____

Please Note: Requirements for Certificate of Liability Insurance to be submitted before award of contract, Page 7, Item #2.3.7 (e)

**ALL RELOCATION REPORTS SHALL BECOME THE PROPERTY
OF THE MONMOUTH COUNTY PARK SYSTEM**

RRFP #21-46
PS #73-21

Submitted by: Stuart Appraisal Company, LLC
(Company Name)

PROPOSAL

PROVIDING PROFESSIONAL REAL ESTATE/APPRaisal SERVICES FOR RELOCATION ASSISTANCE, ONE (1) RENTAL LEASE HOLDER, 1,368 SQ. FT. RANCH STYLE SINGLE FAMILY HOME; 2 BED, 1 BATH; LOCATED AT 358 FORD ROAD, HOWELL, NJ; OWNER: TLAC CONSULTING, LLC (BANWELL); ADDITIONS TO METEDECONK RIVER GREENWAY, BLOCK 69, LOT 4, HOWELL TOWNSHIP

TO THE MONMOUTH COUNTY PARK SYSTEM, LINCROFT, NEW JERSEY.
TO THE MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS.

The undersigned hereby declares that he/she has carefully examined the advertisement, specifications, and form of contract for furnishing the specified items and that he/she will execute the contract according to the specifications, terms, and conditions with respect to the following:

- 1. Cost to provide all Relocation Assistance as specified herein; including Relocation Report, one individual report, one for each Tenancy, Workable Relocation Assistance Plan (WRAP) for DCA approval, Referral List and "Check" estimate, interviews, written notifications, etc., with all work to be conducted per N.J. State Dept. of Community Affairs Statutes and Regulations.

\$ 3,950⁻

TOTAL COST \$ 3,950⁻

Relocation services shall not commence until appraiser receives a Purchase Order from the Park System and shall be completed **WITHIN FORTY-FIVE (45) DAYS** of receipt of Purchase Order.

Payment schedule for services shall be as follows:

100% of contracted amount shall be paid when _____

VARIANCE IF ANY: _____

The undersigned is a partnership under the laws of the State of _____

(circle one) a corporation an individual LLC

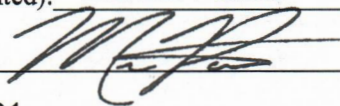
having principle offices at:

ADDRESS: 42 E Main St, Suite 202

BUSINESS PHONE: 732-409-6080 FAX NUMBER: 732-409-0538


E-MAIL: appraisals@stuartappraisalco.com WEB ADDRESS: www.stuartappraisalco.com

CONSULTANT (Printed): Michael Pallitto _____

SIGNATURE:  _____

DATED: 12/23/2021 _____

FEDERAL TAX ID # OR SOCIAL SECURITY #  _____

STATE CERTIFIED GENERAL REAL ESTATE APPRAISER:  _____

Please Note: Requirements for Certificate of Liability Insurance to be submitted before award of contract, Page 7, Item #2.3.7 (e)

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RRFP #21-46
PS #73-21

Submitted by: Comprehensive Appraisal Corp.
(Company Name)

PROPOSAL

PROVIDING PROFESSIONAL REAL ESTATE/APPRaisal SERVICES FOR RELOCATION ASSISTANCE, ONE (1) RENTAL LEASE HOLDER, 1,368 SQ. FT. RANCH STYLE SINGLE FAMILY HOME; 2 BED, 1 BATH; LOCATED AT 358 FORD ROAD, HOWELL, NJ; OWNER: TLAC CONSULTING, LLC (BANWELL); ADDITIONS TO METEDECONK RIVER GREENWAY, BLOCK 69, LOT 4, HOWELL TOWNSHIP

TO THE MONMOUTH COUNTY PARK SYSTEM, LINCROFT, NEW JERSEY.
TO THE MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS.

The undersigned hereby declares that he/she has carefully examined the advertisement, specifications, and form of contract for furnishing the specified items and that he/she will execute the contract according to the specifications, terms, and conditions with respect to the following:

- 1. Cost to provide all Relocation Assistance as specified 4,750
 herein; including Relocation Report, one individual report, one
 for each Tenancy, Workable Relocation Assistance
 Plan (WRAP) for DCA approval, Referral List
 and "Check" estimate, interviews, written notifications, etc.,
 with all work to be conducted per N.J. State Dept. of Community
 Affairs Statutes and Regulations. \$ _____

TOTAL COST \$ 4,750

Relocation services shall not commence until appraiser receives a Purchase Order from the Park System and shall be completed **WITHIN FORTY-FIVE (45) DAYS** of receipt of Purchase Order.

Payment schedule for services shall be as follows:

100% of contracted amount shall be paid when _____

VARIANCE IF ANY: _____

The undersigned is a partnership under the laws of the State of New Jersey
(circle one) a corporation an individual


having principle offices at:

ADDRESS: 330 Mounts Corner Dr, Freehold, NJ

BUSINESS PHONE: 732-308-0909 FAX NUMBER: 732-431-5031

E-MAIL: ronald@comprehensiveappraisal.com WEB ADDRESS: www.comprehensiveappraisal.com

CONSULTANT (Printed): Ronald Rubinstein

SIGNATURE: 

DATED: 12/23/2021

FEDERAL TAX ID # OR SOCIAL SECURITY # 

STATE CERTIFIED GENERAL REAL ESTATE APPRAISER: 

Please Note: Requirements for Certificate of Liability Insurance to be submitted before award of contract, Page 7, Item #2.3.7 (e)

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RRFP #21-46
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Submitted by: Gagliano & Company
(Company Name)

PROPOSAL

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TO THE MONMOUTH COUNTY PARK SYSTEM, LINCROFT, NEW JERSEY.
TO THE MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS.

The undersigned hereby declares that he/she has carefully examined the advertisement, specifications, and form of contract for furnishing the specified items and that he/she will execute the contract according to the specifications, terms, and conditions with respect to the following:

- 1. Cost to provide all Relocation Assistance as specified \$ 5,200
 herein; including Relocation Report, one individual report, one for each Tenancy, Workable Relocation Assistance Plan (WRAP) for DCA approval, Referral List and "Check" estimate, interviews, written notifications, etc., with all work to be conducted per N.J. State Dept. of Community Affairs Statutes and Regulations.

TOTAL COST \$ 5,200

Relocation services shall not commence until appraiser receives a Purchase Order from the Park System and shall be completed **WITHIN FORTY-FIVE (45) DAYS** of receipt of Purchase Order.

Payment schedule for services shall be as follows:

100% of contracted amount shall be paid when Appraisal is completed

VARIANCE IF ANY: _____

The undersigned is a partnership under the laws of the State of New Jersey

(circle one) (a corporation) an individual

having principle offices at:

ADDRESS: 287 Rumson Road, Little Silver, NJ. 07739

BUSINESS PHONE: (732) 380-0880 FAX NUMBER: (732) 380-1521

E-MAIL: rgagliano@gaglianoco.com WEB ADDRESS: www.gaglianoco.com

CONSULTANT (Printed): Robert Gagliano _____

SIGNATURE:  _____

DATED: December 21, 2021 _____

FEDERAL TAX ID # OR SOCIAL SECURITY #  _____

STATE CERTIFIED GENERAL REAL ESTATE APPRAISER:  _____

Please Note: Requirements for Certificate of Liability Insurance to be submitted before award of contract, Page 7, Item #2.3.7 (e)

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RRFP #21-46
PS #73-21

Submitted by: Wood Appraisal, LLC
(Company Name)

PROPOSAL

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TO THE MONMOUTH COUNTY PARK SYSTEM, LINCROFT, NEW JERSEY.
TO THE MONMOUTH COUNTY BOARD OF RECREATION COMMISSIONERS.

The undersigned hereby declares that he/she has carefully examined the advertisement, specifications, and form of contract for furnishing the specified items and that he/she will execute the contract according to the specifications, terms, and conditions with respect to the following:

- 1. Cost to provide all Relocation Assistance as specified \$ 6,500
 herein; including Relocation Report, one individual report, one for each Tenancy, Workable Relocation Assistance Plan (WRAP) for DCA approval, Referral List and "Check" estimate, interviews, written notifications, etc., with all work to be conducted per N.J. State Dept. of Community Affairs Statutes and Regulations.

TOTAL COST \$ 6,500

Relocation services shall not commence until appraiser receives a Purchase Order from the Park System and shall be completed **WITHIN FORTY-FIVE (45) DAYS** of receipt of Purchase Order.

Payment schedule for services shall be as follows:

100% of contracted amount shall be paid when _____

VARIANCE IF ANY: _____

The undersigned is a partnership under the laws of the State of New Jersey
(circle one) a corporation an individual LLC

having principle offices at:

ADDRESS: 460 Main Street

BUSINESS PHONE: 732-201-6445 FAX NUMBER: _____

E-MAIL: Gwade@woodappraisal.net WEB ADDRESS: www.woodappraisalllc.com

CONSULTANT (Printed): Wade Appraisal, LLC

SIGNATURE: [Signature]

DATED: 12/13/21

FEDERAL TAX ID # OR SOCIAL SECURITY # [Redacted]

STATE CERTIFIED GENERAL REAL ESTATE APPRAISER: [Signature] [Redacted]

Please Note: Requirements for Certificate of Liability Insurance to be submitted before award of contract, Page 7, Item #2.3.7 (e)

ALL RELOCATION REPORTS SHALL BECOME THE PROPERTY OF THE MONMOUTH COUNTY PARK SYSTEM