

TABULATION SHEET

Project Name: Fee Accounting Services
 In House Cost Estimate: _____
 Date of Bid Opening: Wednesday, October 15, 2025


Bidder Name, Address, Email	Bid Bond Received	Consent of Surety	Bid Sheet	Amount of Bid	Date & Time Received	Non-Collusion / Ownership Disclosure		References	Sub Contractors
						Yes	Yes		
Polcari & Co.	N/A	N/A	Yes	\$58,800.00	09/29/2025 at 12:27PM	Yes	Yes	Yes	No
GilFlo Consulting	N/A	N/A	Yes	\$390,000.00	10/15/2025 at 1:04AM	Yes	Yes	Yes	No

In my review of the bid received, the information above reflects bid(s) submitted and reviewed.
 The proposed scope of work must conform with that defined in the bid document.

Name of Certifying Individual: Shemea Daniels
 Title: Executive Director

Name of Certifying Individual: Ed McDonald
 Title: Director of Maintenance

Signature of Certifying Individual: 

Signature of Certifying Individual: 

Name of Certifying Individual: Qaasim Johnson
 Title: Director of Housing

Signature of Certifying Individual: 