

**CITY OF BRIGANTINE
RFP DOCUMENT SUBMISSION CHECKLIST**

Required
With
Response

Read, Signed
and Submitted
(Respondent's initials)

A. FAILURE TO SUBMIT ANY OF THESE ITEMS IS MANDATORY CAUSE FOR REJECTION OF RFP

- | | |
|--|---|
| ☒ Stocker Disclosure Certification | ✓ |
| ☒ Affidavit of Non-Collusion, properly notarized | ✓ |
| ☒ Required Evidence EEO/Affirmative Action Regulations Questionnaire | ✓ |
| Submit Copy of State Certificate of Employee Information Report | ✓ |
| ☒ Proposal Cost Form / Signature Page | ✓ |
| ☒ Acknowledgement of Receipt of Addenda (To be completed if Addenda is issued) | ✓ |
| ☒ Disclosure of Investment Activities in Iran – Submit with bid response | ✓ |
| ☐ Other: | ✓ |

B. MANDATORY ITEMS, REQUIRED NO LATER THAN TIME PERIOD INDICATED

- | | |
|---|---|
| ☒ Business Registration Certificate – Bidder – Prefer with Bid Response
Required by Law Prior to Award of Contract | ✓ |
| ☒ License(s) or Certificates Required by the Specifications – RFP Response | ✓ |
| ☒ Certificates of the Required Insurance Naming Brigantine Additionally Insured
Required Prior to Award of Contract | ✓ |
| ☒ Evidence of Medical Malpractice or Professional Liability Insurance:
Supply Certificate Prior to Award of Contract | ✓ |

C. FAILURE TO SUBMIT ANY OF THESE ITEMS AT TIME OF RFP MAY BE CAUSE FOR REJECTION

- | | |
|--|---|
| ☒ Qualification Statement | ✓ |
| ☒ Key Personnel Information | ✓ |
| ☒ Three (3) references for similar projects | ✓ |
| ☒ CD or USB Flash Drive with PDF of RFP along w/printed Copies
CD or USB Flash Drive must be labeled with respondent's name | ✓ |

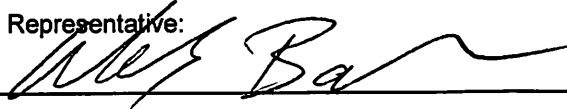
D. READ ONLY

Americans with Disability Act of 1990 Language	✓
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This checklist is provided for bidder's use in assuring compliance with required documentation; however, it does not include all specifications requirements and does not relieve the respondent bidder of the need to read and comply with the specifications.

Name of Respondent: Wesley Barber Date: 8/20/23

By Authorized Representative:

Signature: 

Print Name & Title: Wesley Barber Managing Member Phone: 609-225-6856



Request for Proposal

INFORMATION TECHNOLOGY CONSULTING & MANAGEMENT SERVICES

Prepared for:

City of Brigantine
1417 West Brigantine Ave.
Brigantine, NJ 08203
(609) 266-7600

Prepared by:

Wesley Barber
Barber Consulting Services, LLC
32 Central Ave
Mays Landing, NJ 08330
(609) 225-6856
wesb@wbconsulting.net
www.wbconsulting.net

Issue Date: 8/22/23

BARBER

CONSULTING SERVICES

Qualifications:

We have been in business since 2008 and we currently service over 40 municipalities throughout South Jersey. We have 5 full-time technicians and 1 part-time technician. Our client retention is excellent, which speaks for our level of service.

- Network Systems Engineer for Edmunds & Associates, Inc. for over 9 years.
- Over 27 years' experience in the IT field, nine of which focused on municipal network infrastructure implementation and support.
- Microsoft Certified Systems Engineer
- Microsoft Certified Professional
- Certified Novel Administrator
- A+ certifications for PC
- 24 years' experience with MCS32 & MCSJ Edmunds & Associates, Inc. applications.
- 24 years' experience with Pervasive SQL database software.
- Working relationship with Edmunds & Associates, Inc.

BARBER

CONSULTING SERVICES

Term:

This contract is for a one-year period starting 10/1/23 and ending 9/30/24.

Services to be performed:

Complete network maintenance, Installation of all the latest service packs and fixes, Spyware removal & prevention, Backup maintenance, Consulting Services, Support for all software, Upgrade recommendations, Virus protection maintenance, Installation and configuration of Servers & PC's and any other IT functions needed.

The services include all labor and travel, weekly scheduled on-site visit. Unlimited Phone support and remote support is also included. All issues must be troubleshot remotely before an extra on-site visit is scheduled. Unlimited service also includes Remote Monitoring & Management, Malwarebytes Endpoint Detection & Response, E-Mail Spam Filter, and Cloud Backup service for servers. Unlimited service is charged per device.

Payment:

Total for MIS Services for 80 PC's and 4 server is \$4,200.00 per month.

Remote Monitoring and Management 84 devices - \$504.00 per month included.

Malwarebytes EDR 80 PC's & 4 Servers \$314.67 per month included.

1TB Cloud Backup for servers \$60.00 per month included.

Email Spam Filter \$20.00 per month included.

Yearly total for all services = \$50,400.00

Monthly payment of \$4200.00 or one payment of \$45,000 for a \$5,400.00 discount.

Parts & Supplies:

All parts, supplies, licenses, or software needed for repairs, maintenance or upgrades will be purchased by the municipality except for the included items.



M.I.S. Services Contract

This contract dated _____ is between the City of Brigantine and Barber Consulting Services, LLC.

Term:

This contract is for a one-year period starting 10/1/23 and ending 9/30/24.

Services to be performed:

Complete network maintenance, Installation of all the latest service packs and fixes, Spy ware removal & prevention, Backup maintenance, Consulting Services, Support for all software, Upgrade recommendations, Virus protection maintenance, Installation and configuration of Servers & PC's and any other IT functions needed.

The services include all labor and travel, weekly scheduled on-site visit. Unlimited Phone support and remote support is also included. All issues must be troubleshot remotely before an extra on-site visit is scheduled. Unlimited service also includes Remote Monitoring & Management, Malwarebytes Endpoint Detection & Response, E-Mail Spam Filter, and Cloud Backup service for servers. Unlimited service is charged per device.

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Email Spam Filter \$20.00 per month included.

Yearly total for all services = \$50,400.00

Monthly payment of \$4200.00 or one payment of \$45,000 for a \$5,400.00 discount.

Parts & Supplies:

All parts, supplies, licenses, or software needed for repairs, maintenance or upgrades will be purchased by the municipality with the exception of the included items.

By signing this contract both parties agree to the terms & conditions listed above.

Client Signature



BCS Signature

**CITY OF BRIGANTINE
PROPOSAL COST FORM / SIGNATURE PAGE**

The undersigned declares that he/she has read the Notice, Instructions, Affidavits and Scope of Services attached, that he/she has determined the conditions affecting the proposal and agrees, if this proposal is accepted, to furnish and deliver services per the attached schedule of fees for the following:

PROFESSIONAL AND LEGAL SERVICES

The undersigned is a (Corporate)
(Partnership) under the laws of the State of New Jersey having
(Individual)

Its principal office at 32 Central Ave. Mays Landing, NJ 08330

Barber Consulting Services, LLC

Company

26-3507082

Federal I.D. # or Social Security #

32 Central Ave. Mays Landing, NJ 08330

Address


Signature of Authorized Agent

Wesley Barber

Type or Print Name

609-225-6856

Telephone Number

8/20/23

Date

N/A

Fax Number

wesb@wbconsulting.net

Email Address

**CITY OF BRIGANTINE
OWNERSHIP DISCLOSURE FORM**

LEGAL NAME OF BIDDER: Barber Consulting Services, LLC

Check the box that represents the type of business organization:

- | | | |
|---|--|--|
| ☐ Partnership | ☒ Corporation | ☐ Sole Proprietorship |
| ☐ Limited Partnership | ☐ Limited Liability Corporation | ☐ Limited Liability Partnership |
| ☐ Subchapter S Corporation | ☐ Other, Please List _____ | |

The list below contains the names and addresses of all stockholders who own ten (10%) percent or more of the above company's stock, and if there are **NO STOCKHOLDERS OF 10% OR MORE**, simply check the second box below. If one or more such stockholders or partner is itself a corporation or partnership, the stockholders holding 10% or more of that corporation's stock, or the individual partners owning 10% of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, must also be listed.

The disclosure shall be continued until names and addresses of every person who is a non-corporate stockholder, or individual partner, exceeding the 10% ownership criteria established in this act, has been listed, in full compliance with Chapter 33 of the New Jersey Public Laws of 1977.

BIDDERS/RESPONDENTS MUST CHECK THE APPROPRIATE BOX:

- ☒ I certify that the list below contains the names and addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.
- ☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

☐

Publicly Traded - For publicly traded entities to comply with N.J.S.A. 52:25-24.2 they may submit the name and address of each publicly traded entity, and the name and address of each person holding 10% or more beneficial interest in the publicly traded entity as of the last annual filing with the Security Exchange Commission (SEC), or foreign equivalent

Submit here the Website (URL) providing the last annual Security Exchange Commission (SEC) filing, or foreign equivalent:

Stockholder Name Wesley Barber

Address 32 Central Ave. Mays Landing, NJ 08330

Percentage of Ownership 100 %

Stockholder Name _____

Address _____

Percentage of Ownership _____ %

Stockholder Name _____

Address _____

Percentage of Ownership _____ %

(Note: Attach additional pages if necessary)


(Respondent/Respondent Authorized Signature)

8/20/23

(Date)

Wesley Barber

(Print name of authorized signatory)

Managing Member

(Title)

**CITY OF BRIGANTINE
NON-COLLUSION AFFIDAVIT
(N.J.S.A. 52:34-15)**

State of New Jersey

County of Atlantic

ss:

I, Wesley Barber residing in
Hamilton Twp

(Name of Affiant)

(Name of Municipality)

in the County of Atlantic and State of New Jersey of full
age,

being duly sworn according to law on my oath depose and say that:

I am Managing Member of the firm of
Barber Consulting Services, LLC

(Title or Position)

(Name of Firm/Company)

the Bidder/Respondent making this Proposal for the Bid/RFP entitled
INFORMATION TECHNOLOGY CONSULTING & MANAGEMENT SERVICES

(Title of Proposal)

and that I executed the said Proposal with full authority to do so; that said Bidder/Respondent 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 City of Brigantine relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract. 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

Barber Consulting Services, LLC

(Name of Firm/Company)


(Signature of Affiant)

Wesley Barber

(Type or Print Name of Affiant)

**CITY OF BRIGANTINE
EEO/AFFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

All successful bidders are required to submit evidence of appropriate affirmative action compliance to the City and Division of Public Contracts Equal Employment Opportunity Compliance. During a review, Division representatives will review the city files to determine whether the affirmative action evidence has been submitted by the vendor/contractor. Specifically, each vendor/contractor shall submit to the City, prior to execution of the contract, one of the following documents:

Goods and General Service Vendors

1. Letter of Federal Approval indicating that the vendor is under an existing Federally approved or sanctioned affirmative action program. A copy of the approval letter is to be provided by the vendor to the City and the Division. This approval letter is valid for one year from the date of issuance.

Do you have a federally approved or sanctioned EEO/AA program?

Yes ☐ No ☐

If yes, please submit a photocopy of such approval.

2. A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with N.J.A.C. 17:27-1.1 et seq. The vendor must provide a copy of the Certificate to the City as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division. The period of validity of the Certificate is indicated on its face. Certificates must be renewed prior to their expiration date in order to remain valid.

Do you have a State Certificate of Employee Information Report Approval?

Yes ☐ No ☐

If yes, please submit a photo copy of such approval.

3. The successful vendor shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with \$150.00 Fee and forward a copy of the Form to the City. Upon submission and review by the Division, this report shall constitute evidence of compliance with the regulations. Prior to execution of the contract, the EEO/AA evidence must be submitted.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) on the Division website www.state.nj.us/treasury/contract_compliance.

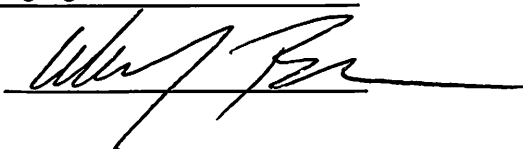
The successful vendor(s) must submit the AA302 Report to the Division of Public Contracts Equal Employment Opportunity Compliance, with a copy to Public Agency.

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

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

Company: Barber Consulting Services, LLC Title: Managing Member

Print Name: Wesley Barber

Signature: 

Date: 8/20/23

**CITY OF BRIGANTINE
EXHIBIT A**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-36 et seq. (P.L. 1975, C. 127) and N.J.A.C. 17:27 et seq.
Goods, Professional Service and General Service Contracts**

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A.10:5-31 et seq. as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted city employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

**CITY OF BRIGANTINE
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
(CONTINUED)**

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; and

Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

Submitted by: Barber Consulting Services, LLC

(Name of the Firm)

Name: Wesley Barber

(Please print or Type)

Signature: _____



Title: Managing Member

Dated: 8/20/23

CITY OF BRIGANTINE
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

The undersigned Bidder does hereby acknowledge the receipt of the following Addenda:

ADDENDUM NUMBER	DATE	ACKNOWLEDGE RECEIPT (Initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Acknowledgement for: Barber Consulting Services, LLC
(Name of Bidder)

By: 
(Signature of the Authorized Representative)

Name: Wesley Barber
(Please Print or Type)

Title: Managing Member

Date: 8/20/23

FORM NOT REQUIRED IF NO ADDENDA ISSUED

**CITY OF BRIGANTINE
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

Bidder: Barber Consulting Services, LLC

PART 1: CERTIFICATION

BIDDERS ARE TO COMPLETE PART 1 BY CHECKING **EITHER BOX BELOW**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal nonresponsive. If the Director finds a person or entity to be in violation of law, that they 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 party.

CHECK THE APPROPRIATE BOX

☒ I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P. L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

OR

☐ I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

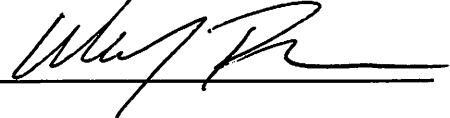
PART 2 – ADDITIONAL INFORMATION

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN. You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran on additional sheets provided by you.

PART 3: 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 is 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 to notify the State 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 City of Brigantine and that the City at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Wesley Barber

Signature: 

Title: Managing Member

Date: 8/20/23

BUSINESS ENTITY DISCLOSURE CERTIFICATION
FOR NON-FAIR AND OPEN CONTRACTS
Required Pursuant To N.J.S.A. 19:44A-20.8
CITY OF BRIGANTINE

Part I – Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that the <name of business entity> has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one year period preceding (date of award scheduled for approval of the contract by the governing body) to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the <name of entity of elected officials> as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

Barber Consulting Services, LLC	

Part II – Ownership Disclosure Certification

☒ I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business entity:

☐ Partnership ☒ Corporation ☐ Sole Proprietorship ☐ Subchapter S Corporation
☐ Limited Partnership ☐ Limited Liability Corporation ☐ Limited Liability Partnership

Name of Stock or Shareholder	Home Address
Wesley Barber	32 Central Ave. Mays Landing, NJ 08330

Part 3 – Signature and Attestation:

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Barber Consulting Services, LLC

Signature of Affiant: [Signature] Title: Managing Member

Printed Name of Affiant: Wesley Barber Date: 8/20/23

Subscribed and sworn before me this 20 day of
August, 2023

My Commission expires:

[Signature]
(Witnessed or attested by)

(Seal)

WALLIS R DOAN
Notary Public - State of New Jersey
My Commission Expires Sep 23, 2025

THE STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
DIVISION OF REVENUE
TREASURY BUILDING
TREASURY BUILDING

NOTICE TO TAXPAYER
The Department of Treasury, Division of Revenue, has received information from the Internal Revenue Service, Department of the Treasury, Washington, D.C., that the Internal Revenue Service has determined that the State of New Jersey is entitled to a refund of the Federal income tax paid by the State of New Jersey for the year 1964. The refund is being paid to the State of New Jersey in the amount of \$1,000,000.00. The refund is being paid to the State of New Jersey in the amount of \$1,000,000.00. The refund is being paid to the State of New Jersey in the amount of \$1,000,000.00.

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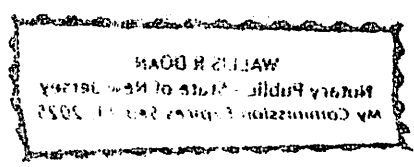
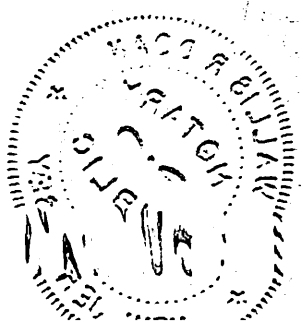
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BUSINESS ENTITY DISCLOSURE CERTIFICATION
FOR NON-FAIR AND OPEN CONTRACTS
Required Pursuant To N.J.S.A. 19:44A-20.8
CITY OF BRIGANTINE

The following is statutory text related to the terms and citations used in the Business Entity Disclosure Certification form.

“Local Unit Pay-To-Play Law” (P.L. 2004, c.19, as amended by P.L. 2005, c.51)

19:44A-20.6 Certain contributions deemed as contributions by business entity.

5. When a business entity is a natural person, a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity. When a business entity is other than a natural person, a contribution by any person or other business entity having an interest therein shall be deemed to be a contribution by the business entity.

19:44A-20.7 Definitions relative to certain campaign contributions.

6. As used in sections 2 through 12 of this act:

“business entity” means any natural or legal person, business corporation, professional services corporation, limited liability company, partnership, limited partnership, business trust, association or any other legal commercial entity organized under the laws of this State or of any other state or foreign jurisdiction;

“interest” means the ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit, as appropriate;

Temporary and Executing

12. Nothing contained in this act shall be construed as affecting the eligibility of any business entity to perform a public contract because that entity made a contribution to any committee during the one-year period immediately preceding the effective date of this act.

~~~~~

**The New Jersey Campaign Contributions and Expenditures Reporting Act (N.J.S.A. 19:44A-1 et seq.)**

**19:44A-3 Definitions. In pertinent part...**

p. The term "political party committee" means the State committee of a political party, as organized pursuant to R.S.19:5-4, any county committee of a political party, as organized pursuant to R.S.19:5-3, or any municipal committee of a political party, as organized pursuant to R.S.19:5-2.

q. The term "candidate committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) for the purpose of receiving contributions and making expenditures.

r. the term "joint candidates committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) by at least two candidates for the same elective public offices in the same election in a legislative district, county, municipality or school district, but not more candidates than the total number of the same elective public offices to be filled in that election, for the purpose of receiving contributions and making expenditures. For the purpose of this subsection: ...; the offices of member of the board of chosen freeholders and county executive shall be deemed to be the same elective public offices in a county; and the offices of mayor and member of the municipal governing body shall be deemed to be the same elective public offices in a municipality.

**19:44A-8 and 16 Contributions, expenditures, reports, requirements.**



*While the provisions of this section are too extensive to reprint here, the following is deemed to be the pertinent part affecting amounts of contributions:*

“The \$300 limit established in this subsection shall remain as stated in this subsection without further adjustment by the commission in the manner prescribed by section 22 of P.L.1993, c.65 (C.19:44A-7.2)

Certification **43200**

**CERTIFICATE OF EMPLOYEE INFORMATION REPORT**      **RENEWAL**

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-Apr-2021 to 15-Apr-2028**

**BARBER CONSULTING SERVICES LLC**  
**32 CENTRAL AVE**  
**MAYS LANDING**      **NJ**      **08330**



*Elizabeth Maher Muoio*  
**ELIZABETH MAHER MUOIO**  
State Treasurer



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

|                            |                                          |
|----------------------------|------------------------------------------|
| <b>Taxpayer Name:</b>      | BARBER CONSULTING SERVICES LLC           |
| <b>Trade Name:</b>         |                                          |
| <b>Address:</b>            | 32 CENTRAL AVE<br>MAYS LANDING, NJ 08330 |
| <b>Certificate Number:</b> | 1442429                                  |
| <b>Effective Date:</b>     | October 10, 2008                         |
| <b>Date of Issuance:</b>   | October 10, 2008                         |

**For Office Use Only:**  
20081010143131441



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/27/2023

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

|                                                                                                               |                             |              |
|---------------------------------------------------------------------------------------------------------------|-----------------------------|--------------|
| <b>PRODUCER</b><br>INSURE YOUR COMPANY.COM<br>13652856<br>225 GORDONS CORNER RD UNIT 1H<br>MANALAPAN NJ 07726 | <b>CONTACT NAME:</b>        |              |
|                                                                                                               | <b>PHONE</b> (888) 242-4675 | <b>FAX</b>   |
|                                                                                                               | <b>(A/C, No, Ext):</b>      |              |
|                                                                                                               | <b>E-MAIL ADDRESS:</b>      |              |
| <b>INSURER(S) AFFORDING COVERAGE</b>                                                                          |                             | <b>NAIC#</b> |
| INSURER A : Hartford Insurance Company of the Midwest                                                         |                             | 37478        |
| <b>INSURED</b><br>BARBER CONSULTING SERVICES LLC SERVICES LLC<br>32 CENTRAL AVE<br>MAYS LANDING NJ 08330-1519 | <b>INSURER B :</b>          |              |
|                                                                                                               | <b>INSURER C :</b>          |              |
|                                                                                                               | <b>INSURER D :</b>          |              |
|                                                                                                               | <b>INSURER E :</b>          |              |
|                                                                                                               | <b>INSURER F :</b>          |              |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE                                                                                        | ADDL INSR                                           | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |             |
|----------|----------------------------------------------------------------------------------------------------------|-----------------------------------------------------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|-------------|
| A        | COMMERCIAL GENERAL LIABILITY                                                                             |                                                     |          | 13 SBM NN9951 | 02/25/2023              | 02/25/2024              | EACH OCCURRENCE                           | \$1,000,000 |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                           |                                                     |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$300,000   |
|          | <input checked="" type="checkbox"/> General Liability                                                    |                                                     |          |               |                         |                         | MED EXP (Any one person)                  | \$10,000    |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                       |                                                     |          |               |                         |                         | PERSONAL & ADV INJURY                     | \$1,000,000 |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                                                     |          |               |                         |                         | GENERAL AGGREGATE                         | \$2,000,000 |
|          | OTHER:                                                                                                   |                                                     |          |               |                         |                         | PRODUCTS - COMP/OP AGG                    | \$2,000,000 |
| A        | AUTOMOBILE LIABILITY                                                                                     |                                                     |          | 13 SBM NN9951 | 02/25/2023              | 02/25/2024              | COMBINED SINGLE LIMIT (Ea accident)       | \$1,000,000 |
|          | ANY AUTO                                                                                                 |                                                     |          |               |                         |                         | BODILY INJURY (Per person)                |             |
|          | ALL OWNED AUTOS                                                                                          | <input type="checkbox"/> SCHEDULED AUTOS            |          |               |                         |                         | BODILY INJURY (Per accident)              |             |
|          | <input checked="" type="checkbox"/> HIRED AUTOS                                                          | <input checked="" type="checkbox"/> NON-OWNED AUTOS |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            |             |
|          | UMBRELLA LIAB EXCESS LIAB                                                                                |                                                     |          |               |                         |                         | EACH OCCURRENCE                           |             |
|          | <input type="checkbox"/> RETENTION \$                                                                    |                                                     |          |               |                         |                         | AGGREGATE                                 |             |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                            |                                                     |          |               |                         |                         | PER STATUTE                               | OTH-ER      |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                              | Y/N                                                 |          |               |                         |                         | E.L. EACH ACCIDENT                        |             |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                   |                                                     |          |               |                         |                         | E.L. DISEASE -EA EMPLOYEE                 |             |
|          |                                                                                                          |                                                     |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT               |             |
| A        | EMPLOYMENT PRACTICES LIABILITY                                                                           |                                                     |          | 13 SBM NN9951 | 02/25/2023              | 02/25/2024              | Each Claim Limit                          | \$5,000     |
|          |                                                                                                          |                                                     |          |               |                         |                         | Aggregate Limit                           | \$5,000     |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

## CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY  
32 CENTRAL AVE  
MAYS LANDING NJ 08330-1519

## CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

*Susan S. Castaneda*

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# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/27/2023

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|                                                                                                               |                                                 |            |
|---------------------------------------------------------------------------------------------------------------|-------------------------------------------------|------------|
| <b>PRODUCER</b><br>AUTOMATIC DATA PROCESSING INS AGCY<br>76250871<br>1 ADP BLVD M/S 625<br>ROSELAND NJ 07068  | <b>CONTACT NAME:</b>                            |            |
|                                                                                                               | <b>PHONE</b> (800) 524-7024                     | <b>FAX</b> |
|                                                                                                               | <b>(A/C, No, Ext):</b>                          |            |
|                                                                                                               | <b>E-MAIL ADDRESS:</b>                          |            |
|                                                                                                               | <b>INSURER(S) AFFORDING COVERAGE</b>            |            |
| <b>INSURED</b><br>BARBER CONSULTING SERVICES LLC SERVICES LLC<br>32 CENTRAL AVE<br>MAYS LANDING NJ 08330-1519 | <b>NAIC#</b>                                    |            |
|                                                                                                               | INSURER A : Hartford Casualty Insurance Company |            |
|                                                                                                               | INSURER B :                                     |            |
|                                                                                                               | INSURER C :                                     |            |
|                                                                                                               | INSURER D :                                     |            |
|                                                                                                               | INSURER E :                                     |            |
| INSURER F :                                                                                                   |                                                 |            |

## COVERAGES

## CERTIFICATE NUMBER:

## REVISION NUMBER:

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| INSR LTR | TYPE OF INSURANCE                                                                             | ADDL INSR                                                           | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                    |
|----------|-----------------------------------------------------------------------------------------------|---------------------------------------------------------------------|----------|---------------|-------------------------|-------------------------|-------------------------------------------|
|          | COMMERCIAL GENERAL LIABILITY                                                                  |                                                                     |          |               |                         |                         | EACH OCCURRENCE                           |
|          | <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR                           |                                                                     |          |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence) |
|          |                                                                                               |                                                                     |          |               |                         |                         | MED EXP (Any one person)                  |
|          |                                                                                               |                                                                     |          |               |                         |                         | PERSONAL & ADV INJURY                     |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                            |                                                                     |          |               |                         |                         | GENERAL AGGREGATE                         |
|          | <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC |                                                                     |          |               |                         |                         | PRODUCTS - COM/OP AGG                     |
|          | OTHER:                                                                                        |                                                                     |          |               |                         |                         |                                           |
|          | AUTOMOBILE LIABILITY                                                                          |                                                                     |          |               |                         |                         | COMBINED SINGLE LIMIT (Ea accident)       |
|          | <input type="checkbox"/> ANY AUTO                                                             |                                                                     |          |               |                         |                         | BODILY INJURY (Per person)                |
|          | <input type="checkbox"/> ALL OWNED AUTOS                                                      | <input type="checkbox"/> SCHEDULED AUTOS                            |          |               |                         |                         | BODILY INJURY (Per accident)              |
|          | <input type="checkbox"/> HIRED AUTOS                                                          | <input type="checkbox"/> NON-OWNED AUTOS                            |          |               |                         |                         | PROPERTY DAMAGE (Per accident)            |
|          | <input type="checkbox"/> AUTOS                                                                | <input type="checkbox"/> AUTOS                                      |          |               |                         |                         |                                           |
|          | UMBRELLA LIAB EXCESS LIAB                                                                     | <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE |          |               |                         |                         | EACH OCCURRENCE                           |
|          | <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$                            |                                                                     |          |               |                         |                         | AGGREGATE                                 |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                 |                                                                     |          | 76 WBG ZT5648 | 12/02/2022              | 12/02/2023              | X PER STATUTE OTH-ER                      |
|          | ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                   | Y/N                                                                 | N/A      |               |                         |                         | E.L. EACH ACCIDENT \$100,000              |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                        |                                                                     |          |               |                         |                         | E.L. DISEASE -EA EMPLOYEE \$100,000       |
|          |                                                                                               |                                                                     |          |               |                         |                         | E.L. DISEASE - POLICY LIMIT \$500,000     |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Those usual to the Insured's Operations.

## CERTIFICATE HOLDER

FOR INFORMATIONAL PURPOSES ONLY  
32 CENTRAL AVE  
MAYS LANDING NJ 08330-1519

## CANCELLATION

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AUTHORIZED REPRESENTATIVE

*Susan S. Castaneda*

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## References

| Client                  | Number of PC's | Client Since | Phone          | Contact            |
|-------------------------|----------------|--------------|----------------|--------------------|
| Cape May City           | 106            | 2019         | (609) 884-9525 | Mike Voll          |
| Lower Twp & Police      | 104            | 2008         | (609) 886-2005 | Margaret Vitelli   |
| North Wildwood & Police | 107            | 2008         | (609) 522-2030 | Nic Long           |
| Wildwood & Police       | 125            | 2011         | (609) 522-2444 | Chrissy Stackhouse |

## Client List

| Client                                | Number of Computers | Client Since | Phone          |
|---------------------------------------|---------------------|--------------|----------------|
| Absecon Vet                           | 70                  | 2018         | (609) 646-7013 |
| AC Sewer                              | 16                  | 2008         | (609) 345-0131 |
| Alloway                               | 13                  | 2011         | (856) 935-4080 |
| Art City Vets                         | 15                  | 2022         | (215) 563-8387 |
| AFVC - Audubon Family Vet Center      | 10                  | 2023         | (856) 387-7387 |
| Audubon Park                          | 4                   | 2011         | (856) 547-5236 |
| BCSCD                                 | 9                   | 2022         | (609) 267-7410 |
| Buena Borough                         | 13                  | 2009         | (856) 697-4881 |
| Buena MUA                             | 8                   | 2008         | (856) 697-1784 |
| Buena Vista                           | 17                  | 2008         | (856) 697-2101 |
| CCSCD                                 | 7                   | 2022         | (856) 767-6299 |
| Cape May City                         | 106                 | 2019         | (609) 884-9525 |
| Cape May Point                        | 13                  | 2010         | (609) 884-8468 |
| Cape Vet Hospital                     | 20                  | 2023         | (609) 884-9500 |
| Carneys Point & Police                | 38                  | 2012         | (856) 299-0070 |
| CPSA                                  | 5                   | 2018         | (856) 299-5210 |
| Collingswood & Police, Fire & Lib     | 66                  | 2009         | (856) 854-4895 |
| CFFA                                  | 14                  | 2018         | (856) 858-1000 |
| Corbin City                           | 7                   | 2011         | (609) 628-2673 |
| Egg Harbor City                       | 15                  | 2015         | (609) 965-4683 |
| EHT MUA                               | 10                  | 2008         | (609) 926-2671 |
| Estell Manor                          | 11                  | 2016         | (609) 476-2692 |
| Franklin                              | 40                  | 2022         | (856) 694-1234 |
| Franklin Alarm                        | 8                   | 2022         | (856) 728-6424 |
| Glen Cove                             | 6                   | 2022         | (609) 625-4444 |
| Gloucester City                       | 3                   | 2015         | (856) 456-3970 |
| Gloucester Soil Conservation District | 6                   | 2016         | 856-589-5250   |
| Haddon & Police                       | 39                  | 2009         | (856) 854-7153 |
| Haddonfield & Police                  | 50                  | 2015         | (856) 429-4700 |
| HCDC                                  | 3                   | 2020         | (856) 776-7979 |
| Jersey Tax                            | 7                   | 2014         | (609) 616-5065 |
| Lower Twp & Police                    | 104                 | 2008         | (609) 886-2005 |
| LTBFS                                 | 6                   | 2011         | (609) 889-0404 |
| Lower Twp Fire District 2             | 18                  | 2016         | (609) 886-5511 |
| Lower MUA                             | 15                  | 2015         | (609) 886-7146 |
| Mannington                            | 14                  | 2008         | (856) 935-8638 |
| Maurice River                         | 13                  | 2014         | (856) 785-1120 |
| Newfield                              | 8                   | 2022         | (856) 697-1100 |
| North Wildwood & Police               | 107                 | 2008         | (609) 522-2030 |

|                                      |            |             |                       |
|--------------------------------------|------------|-------------|-----------------------|
| <b>Our Lady of the Angels</b>        | <b>6</b>   | <b>2018</b> | <b>(609) 465-5432</b> |
| <b>Parish of St. John Nuemann</b>    | <b>6</b>   | <b>2023</b> | <b>(609) 884-1656</b> |
| <b>PVH - Pennsauken Vet Hospital</b> | <b>30</b>  | <b>2023</b> | <b>(856) 662-4450</b> |
| <b>Piles Grove</b>                   | <b>13</b>  | <b>2023</b> | <b>(856) 769-3222</b> |
| <b>Quinton Twp</b>                   | <b>11</b>  | <b>2016</b> | <b>(856) 935-2325</b> |
| <b>Shore Fasteners &amp; Supply</b>  | <b>8</b>   | <b>2022</b> | <b>(609) 646-6245</b> |
| <b>SCHS</b>                          | <b>8</b>   | <b>2019</b> | <b>(856) 935-5004</b> |
| <b>Swedesboro</b>                    | <b>17</b>  | <b>2009</b> | <b>(856) 467-0202</b> |
| <b>Watson's Regency Suites</b>       | <b>6</b>   | <b>2023</b> | <b>(609) 398-4300</b> |
| <b>Wenonah</b>                       | <b>8</b>   | <b>2023</b> | <b>(856) 468-6713</b> |
| <b>West Cape May</b>                 | <b>11</b>  | <b>2009</b> | <b>(609) 884-2727</b> |
| <b>West Wildwood</b>                 | <b>25</b>  | <b>2021</b> | <b>(609) 522-4845</b> |
| <b>Weymouth</b>                      | <b>10</b>  | <b>2013</b> | <b>(609) 476-3111</b> |
| <b>Wildwood &amp; Police</b>         | <b>125</b> | <b>2011</b> | <b>(609) 522-2444</b> |
| <b>Wildwood Housing Authority</b>    | <b>6</b>   | <b>2018</b> | <b>(609) 729-0220</b> |
| <b>Winterbottom</b>                  | <b>8</b>   | <b>2019</b> | <b>(609) 703-9845</b> |
| <b>Woolwich Fire</b>                 | <b>6</b>   | <b>2023</b> | <b>(856) 467-2195</b> |



# Certificate of Excellence

WESLEY R. BARBER

Microsoft® Certified  
Professional

Has **successfully** completed the **requirements**

to be recognized as a **Microsoft Certified Professional**

Systems Engineer

**Microsoft**

Signed by *Bill Gates*



# A+ Certification Program

*This certificate is awarded to*

**WESLEY R. BARBER**

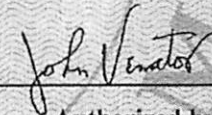
*in recognition of successful completion of the*

**A+ Service Technician Certification Examination  
with a specialty in the Microsoft® Windows® and DOS environments**

September 2, 1997

Valid Date

*This certificate is the sole property of the person named  
Requests for replacements should be made to 1-800-77MICRO*



Authorized by  
The Computing Technology Industry Association

Verification No. AE5DTT1306

Candidate No. 1A8835

# Certificate of *Excellence*

WESLEY R. BARBER

Microsoft® Certified  
**Professional**

+ Internet

Has **successfully** completed the **requirements**

to be recognized as a

**Microsoft Certified Professional + Internet**

**Microsoft**

Signed by

*Bill Gates*