Town of West New York
Hudson County, NJ
Notice for R.F.P.
(Request for Proposal)

Request for Proposals will be received by the **Town Clerk** of the Town of West New York, in the County of Hudson, New Jersey, at the **Town Clerk's Office** in the Municipal Building, 428-60th Street, West New York, N.J. on **Wednesday, January 13, 2010** at **10:00 a.m.** for the following, in accordance with the Request for Proposals now on file in the office of the Town Clerk, Municipal Building, 428-60th Street, West New York, N.J., where same may be obtained during office hours from 9:00 a.m. to 4:00 p.m.:

Workers Compensation Clinical Services

All RFPs shall be submitted in sealed envelopes addressed to the Town Clerk of West New York, the envelope shall have marked conspicuously on its face on the top right-hand side in letters not less than one inch the word **"Request for Proposals"** followed immediately below those words in letters not less than one half inch high: **"Request for Proposals for "Workers Compensation Clinical Services" for the Town of West New York"** and underneath that **"To be received on the 13th day of January, 2010 at 10:00 a.m." Proposals will not be accepted by facsimile transmission or e-mail.**

Requests for Proposals are available in the Office of the Town Clerk, 428 – 60th Street, West New York, NJ (telephone no. 201-295-5090; fax no. 201-861-2576). Proposals shall be submitted on the forms provided and shall be in accordance with the specifications contained in the Request for Proposals.

The Town intends to award any contract for these services pursuant to N.J.S.A. 40A:11-5.

If RFPs are to be accepted by mail or courier, the RFPs must be placed in an outer envelope, which on the top right-hand side shall clearly designate in the same manner as set forth above, the same size and information. The inner envelope shall have specifically placed in the center the same information as set forth above and on the bottom left-hand side the name and address of the Respondent.

Proposals are being solicited through a fair and open process in accordance with N.J.S.A. 19:44A-20.5 et seq. Responders are required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 and all other requirements set forth in the Request for Proposal.

Respondents must submit an original and three (3) copies of their Proposal to the designated contact person or designee:

Carmela Riccie, Town Clerk
West New York Municipal Building
428 – 60th Street (Room 2)
West New York, NJ 07093

The Town of West New York reserves the right to reject any or all Proposals, to waive any informalities or to accept a Proposal which, in its judgment, best serves the interest of the Town.

Dated: December 22, 2009

By Order of the Municipal Administrator of the Town of West New York

Carmela Riccie, RMC
Town Clerk

TOWN OF WEST NEW YORK

REQUEST FOR PROPOSALS

MEDICAL SERVICES - WORKERS COMPENSATION CLINICAL SERVICES

Qualification Period – January 20, 2010- November 22, 2011

SUBMISSION DEADLINE

10:00 A.M. January 13, 2010

ADDRESS ALL PROPOSALS TO
DESIGNATED CONTACT PERSON:

Ms. Carmela Riccie,
West New York Town Clerk
Municipal Building
428 60th Street
West New York, New Jersey 07093

All proposals must indicate on the outside envelope:
RFP: WORKERS COMPENSATION CLINICAL SERVICES

GENERAL INFORMATION & SUMMARY

ORGANIZATION REQUESTING STATEMENT OF QUALIFICATION

Town of West New York
Municipal Building
428 60th Street
West New York, NJ 07093

CONTACT PERSON

Ms. Carmela Riccie,
West New York Town Clerk
Municipal Building
428 60th Street
West New York, New Jersey 07093

PURPOSE OF REQUEST

The Town of West New York (Town) is requesting Proposals from qualified attorneys to provide Medical Services as Workers Compensation Clinical Services. Proposals will be evaluated in accordance with the criteria set forth in this Request for Proposals (RFP). One or more individuals/firms may be selected to provide all or part of the requested services, or no one may be selected. If a Respondent is selected, the governing body will approve a resolution awarding a contract to the Respondent based on a rate of compensation to be set by the Governing Body not to exceed an amount specified in the resolution without further action by the Governing Body.

PERIOD OF QUALIFICATION

January 20, 2010 through November 22, 2011.

CONTRACT FORM

If selected to provide services, a qualified Respondent shall be required to execute a form contract, which may include indemnification, insurance, termination and licensing provisions. A response to this Request for Proposals constitutes consent for the Town to award a successful Respondent a contract, substantially in line with the terms of this Request for Proposals, subject to negotiation.

It must also be agreed and understood that the acceptance by the respondent of the final payment shall be considered a release in full of all claims against the Town of West New York arising out of, or by reason of, the work done and materials furnished under a Contract.

CONTRACT PERIOD

A contract for MEDICAL SERVICES - WORKERS COMPENSATION CLINICAL SERVICES may be issued at any time during the Qualification Period for a period not to exceed a year (for example, a contract may be issued in December 2010 for a term December 2010 through December 2011).

GLOSSARY

The following definitions shall apply to and are used in this Request for Proposals (RFP):

"Proposal"- refers to the complete responses to this RFP submitted by the Respondents.

"Qualified Respondent" - refers to those Respondents who (in the sole judgment of the Town) have satisfied the qualification criteria set forth in this RFP.

"RFP" - refers to this Request for Proposals, including any amendments thereof or supplements thereto.

"Respondent" or "Respondents" - refers to the interested persons and/or firm(s) that submit a Proposal.

"Town" – refers to the Town of West New York.

SECTION 1

INTRODUCTION AND GENERAL INFORMATION

1.1. Introduction and Purpose.

The Town is soliciting Proposals from interested persons and/or firms for the provision of Services as more particularly described herein. Through a RFP process described herein, persons and/or firms interested in assisting the Town of West New York with the provision of such services must prepare and submit a Proposal in accordance with the procedure and schedule in this RFP. The Town will review Proposals only from those persons and/or firms that submit a Proposal which includes all information required to be included as described herein (in the sole judgment of the Town).

The Town intends to qualify person(s) and/or firm(s) that:

a. possess the professional, financial and administrative capabilities to provide the proposed services; and
b. will agree to work under the compensation terms and conditions determined by the Town to provide the greatest benefit to the taxpayers of West New York.

1.2. Procurement Process and Schedule.

The selection of Qualified Respondents is not subject to the Local Public Contracts Law, N.J.S.A. 40A: 11-1 et seq., as the services sought are "professional services" and/or "extraordinary unspecifiable services" as defined therein. The selection is subject to the "New Jersey Local Unit Pay-to-Play" Law, N.J.S.A. 19:44A-20.5 et seq. The Town has structured a fair and open procurement process in accordance with N.J.S.A. 19:44A-20. et seq.* that seeks to obtain the desired results described above, while establishing a competitive process to assure that each person and/or firm is provided an equal opportunity to submit a Proposal in response to the RFP. Proposals will be evaluated in accordance with the criteria set forth in Section 5 of this RFP, which will be applied in the same manner to each Proposal received.

Proposals will be reviewed and evaluated by the Town and its legal and/or financial advisors (collectively, the "Review Team"). The Proposals will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial areas described in this RFP. Under no circumstances will a member of the Review Team review responses to a RFP for which they or their firm has submitted a response. Based upon the totality of the information contained in the Proposal, including information about the reputation and experience of each Respondent, the Town will determine which Respondents are qualified (professionally, administratively and financially) to provide the services. Each Respondent that meets (in the sole judgment of the Town) the requirements of this RFP will be designated as a Qualified Respondent and will be given the opportunity to participate in the selection process determined by the Town.

The RFP process commences with the issuance of this RFP. The steps involved in the process and the anticipated completion dates are set forth in Table 1, Procurement Schedule. The Town reserves the right to, among other things, amend, modify or alter the Procurement Schedule upon notice to all potential Respondents.

All communications concerning this RFP or the RFP process shall be directed to the Town's Designated Contact Person, in writing.

Proposals must be submitted to, and be received by the Town Clerk, via mail or hand delivery, by **10:00 a.m. prevailing time on January 13, 2010**. Proposals shall be opened in public in the Town Clerk's Office located at 428 60th Street, Town of West New York, New Jersey.

All RFPs shall be submitted in sealed envelopes addressed to the Town Clerk of West New York, the envelope shall have marked conspicuously on its face on the top right-hand side in letters not less than one inch the word **"Request for Proposals"** followed immediately below those words in letters not less than one half inch high: **"Request for Qualification for (insert whichever title you are submitting a response)"** and underneath that **"To be received on the January 13, 2010 at 10:00 a.m." Proposals will not be accepted by facsimile transmission or e-mail.**

If RFPs responses are to be transmitted by mail or courier, the RFP responses must be placed in

an outer envelope, which on the top right-hand side shall clearly designate in the same manner as set forth above, the same size and information. The inner envelope shall have specifically placed in the center the same information as set forth above and on the bottom left-hand side the name and address of the Respondent.

The burden is upon the Respondent to comply specifically with the directions in this RFP. The Respondents are put on notice that because of precautions resulting from terrorist's threats, packages may be opened if directed to the wrong office of the Town.

Any RFP response not delivered in the manner shall be declared void unless the deviation is deemed to be a minor technical violation.

Subsequent to issuance of this RFP, the Town (through the issuance of addenda to all persons and/or firms that have requested and received a copy of the RFP) may modify, supplement or amend the provisions of this RFP in order to respond to inquiries received from prospective Respondents or as otherwise deemed necessary or appropriate by (and in the sole judgment of) the Town.

* Qualified Respondents are advised that a for-profit business entity that has received $50,000 or more through government contracts in a calendar year, must file an annual disclosure statement on political contributions with the New Jersey Election Law Commission pursuant to P.L. 2005 c. 271 by March 30. It is the Qualified Respondent's responsibility to determine if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us.

TABLE 1
ANTICIPATED PROCUREMENT SCHEDULE

ACTIVITY	DATE
1. Issuance of Request for Proposals	December 23, 2009
2. Receipt of Proposals	January 13, 2010
3. Completion of Evaluation of Proposals	January 20, 2010
4. Designation of Qualified Respondents	January 20, 2010

1.3 Conditions Applicable to RFP.

Upon submission of a Proposal in response to this RFP, the Respondent acknowledges and consents to the following conditions relative to the submission and review and consideration of its Proposal:

1. This RFP does not commit the Town to follow any other procurement or process for obtaining services.

2. All costs incurred by the Respondent in connection with responding to this RFP shall be

borne solely by the Respondent.

3. The Town reserves the right (in its sole judgment) to reject for any reason any and all responses and components thereof and to eliminate any and all Respondents responding to this RFP from further consideration for this procurement.
4. The Town reserves the right (in its sole judgment) to reject any Respondent that submits incomplete responses to this RFP, or a Proposal that is not responsive to the requirements of this RFP.
5. The Town reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFP, or otherwise request additional information.
6. All Proposals shall become the property of the Town and will not be returned.
7. All Proposals will be made available to the public at the appropriate time, as determined by the Town (in the exercise of its sole discretion) in accordance with law.
8. The Town may request Respondents to send representatives to the Town for interviews.
9. Any and all Proposals not received by the Town by 10:00 a.m. prevailing time on January 13, 2010 will be rejected.
10. Neither the Town nor its officers, officials or employees shall be liable for any claims or damages resulting from the solicitation or preparation of the Proposal, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Proposal or for participating in this procurement process.

1.4. <u>Rights of Town.</u>

The Town reserves, holds and may exercise, at its sole discretion, the following rights and options with regard to this RFP and the procurement process in accordance with the provisions of applicable law:

1. To determine that any Proposal received complies or fails to comply with the terms of this RFP.
2. To supplement, amend or otherwise modify the RFP through issuance of addenda to all prospective Respondents who have received a copy of this RFP.
3. To waive any technical non-conformance with the terms of this RFP.
4. To change or alter the schedule for any events called for in this RFP (upon the issuance of notice to all prospective Respondents who are known to have received a copy of this RFP, if prior to the date set for receipt of Proposals).
5. To conduct investigations of any or all of the Respondents, as the Town deems necessary or convenient, to clarify the information provided as part of the Proposal and to request additional information to support the information included in any Proposal.
6. To suspend or terminate the procurement process described in this RFP at any time (in its sole discretion.) If terminated, the Town may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to

the Respondents.

7. A response to this RFP is not considered to be a binding "bid". This RFP does not guarantee that a contract for Medical Services - Workers Compensation Clinical Services will be issued, or any set amount of compensation or limit on compensation if such a contract is issued. The Town of West New York disclaims any obligation to issue a contract pursuant to any compensation request contained in any Proposal, even if a contract is issued in response to such Proposal.
8. The Town shall be under no obligation to complete all or any portion of the procurement process described in this RFP.

1.5 Addenda or Amendments to RFP.

During the period provided for the preparation of responses to the RFP, the Town may issue addenda, amendments or answers to written inquiries. Those addenda will be noticed by the Town and will constitute a part of the RFP. All responses to the RFP shall be prepared with full consideration of the addenda issued prior to the Proposal submission date.

1.6 Cost of Proposal Preparation.

Each Proposal and all information required to be submitted pursuant to the RFP shall be prepared at the sole cost and expense of the Respondent. There shall be no claims whatsoever against the Town, its officers, officials or employees for reimbursement for the payment of costs or expenses incurred in the preparation of the Proposal or other information required by the RFP.

1.7 Proposal Format.

Proposals must cover all information requested in this RFP. Proposals which in the judgment of the Town and/or Commission fail to meet the requirements of the RFP or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors may be rejected.

SECTION 2

SCOPE OF SERVICES

It is the intent of the Town to solicit Proposals from Respondents that have expertise in the provision of services as described below. Respondents must demonstrate that they will have the continuing capabilities to perform these services.

The Town of West New York is soliciting Request for Proposal from interested persons and/or firms for the provision of **Worker's Compensation Clinical Services** to the Town. The successful respondents shall have experience in providing a broad range of services to New Jersey municipalities.

The successful respondent will provide the Town of West New York with a program to act as the district's designated gatekeeper and provider of worker's compensation related examination and treatment. The successful respondent will assure board policy and insurance guidelines will be followed during program implementation and will maintain compliance with same and all Federal, State and relevant requirements.

Proposed Scope of Work

Services provided within the Program are:

1. Implementation of complete injury care to be provided at a primary care center.
2. Oversee and direct all physical and occupational therapy.
3. Transition return to work determinations in keeping with board policy for light duty and temporary reassignment.
4. Provide specialist referrals in keeping with the district appointed panel of physicians.
5. Tailor pre-placement examinations.
6. Provide DOT examinations, compliance and education.
7. Provide emergency drug and alcohol testing.
8. Provide OSHA mandated medical testing.
9. Provide, as required, FCE's (functional capacity exams) and HPE's (Human Performance Evaluation).
10. Provide Health and Wellness education as requested by the district.
11. Provide all forms necessary for documentation and authorization of proposed treatment and worker notification.
12. Work closely with the board of education, the TPA, and the Town's insurance company to contain costs and reduce lost time on the job.

The Town will cooperate with the successful respondent by appointing a primary contact, by providing a comprehensive list of all facilities, by providing appropriate and required notifications and documentation, and shall secure full employee compliance to the respondent's established medical program.

SECTION 3

SUBMISSION REQUIREMENTS

3.1 General Requirements.

The Proposal submitted by the Respondent must meet or exceed the professional, administrative and financial qualifications set forth in this Section 3 and shall incorporate the information requested below.

In addition to the information required as described below, a Respondent may submit supplemental information that it feels may be useful in evaluating its Proposal. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

3.2 Administrative Information Requirements.

The Respondent shall, as part of its Proposal, provide the following information:

1. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Proposal.
2. An executed Letter of Qualification.
3. Name, address and telephone number of the Respondent submitting a Proposal pursuant to this RFP, and the name of the key contact person.
4. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each Respondent, its ownership and its organizational structure.
    a. Provide the names and business addresses of all Principals of the Respondent submitting the Proposal. For purposes of this RFP, "Principals" means persons possessing an ownership interest in the Respondent. If the Respondent is a corporation, "Principals" shall include each investor who has any operational control over the Respondent, and every stockholder having an ownership interest of 10% or more in the firm.
    b. If a Respondent is a partially owned or a fully-owned subsidiary of another firm, identify the parent company and describe the nature and extent of the parents' approval rights over the activities of the Respondent submitting a Proposal. Describe the approval process.
    c. If the Respondent is a partnership or a joint venture or similar organization, provide comparable information as required in (b) above for each member of the partnership, joint venture or similar organization.
    d. A statement that the Respondent has complied with all applicable affirmative action (or similar) requirements with respect to its business activities, together with evidence of such compliance.
5. The number of years Respondent has been in business under the present name.
6. The number of years Respondent has been under the current management.
7. Any judgments within the last three (3) years in which Respondent has been adjudicated liable for professional malpractice or breach of contract. If yes, please explain.
8. Whether the Respondent is now or has been involved in any bankruptcy or re-organization proceedings in the last ten (10) years. If yes, please explain.
9. Confirm appropriate federal and state licenses to perform activities.

10. Describe those portions of the Respondent’s services, if any, that the Respondent presently anticipates subcontracting out to a subcontractor if awarded a contract for Medical Services. (A subcontractor means any business organization that is not a contractor that **knowingly** provides goods or performs services for a contractor or another subcontractor in the fulfillment of a contract issued by a contracting agency where the cost of the subcontractors work exceeds 15% of the contracting unit’s bid threshold. Please note that **if** you identify any subcontractors in your Proposal you must provide a copy of a Business Registration Certificate for such subcontractor; we are **not** asking you to identify subcontractors at this time) (See Item H. attached hereto).

10. An executed letter of intent.

3.3 <u>Professional Information Requirements</u>.

1. Respondent shall submit a description of its overall experience in providing the type of services sought in the RFP. At a minimum, the following information on past experience should be included as appropriate to the RFP:

    a. Description and scope of work by Respondent.

    b. Name, address and contact information of reference to the RFP.

    c. Explanation of perceived relevance of the experience to the RFP, including any Board Certification in relevant areas of practice.

2. Brief description of Respondent's relevant clients, including a listing of all municipal government or other public entity clients, during the last three (3) years.
3. Resumes of key employees, and an indication of which employees would be directly working with the Town.
4. A narrative statement of the Respondent's understanding of the Town's needs and goals.
5. List all immediate relatives of Principal(s) of Respondent who are Town employees or elected officials of the Town. For purposes of the above, "immediate relative" means a spouse, parent, stepparent, brother, sister, child, stepchild, direct-line aunt or uncle, grandparent, grandchild and in-laws.
6. Limits of Malpractice/liability insurance coverage and name of insurance carrier.
7. A listing of <u>all</u> other engagements where services of the type proposed were provided in the past five (5) years. This should include other municipal governments and other levels of government, including the Town of West New York. Contact information for the recipients of the similar services must be provided. The Town may obtain references from any of the parties listed.
8. Demonstration of ability with appropriate personnel or other arrangements to perform the required tasks in a timely fashion, including the attendance at meetings, as necessary.
9. Demonstration of ability to properly perform the services of a Workers Compensation Clinical Services.
10. A listing of all professional organization memberships.
11. Respondents must list all cases where they have been adverse to the Town or in which they sued the Town or in which they represented a client that sued the Town in cases filed within the last five calendar years.
12. A listing of all employment positions with the Town, its Boards, Agencies and subordinate entities, including both salaried positions and/or professional service or other contracts of Respondent, stating the period of time and position held.

13. A detailed statement of whether potential conflicts exist that would preclude the issuance of a contract for the Medical Services herein described.

14. Provide evidence of experience in providing worker's compensation clinical services. Indicate years in business and other related professional expertise.

3.4 Cost Proposal

1. Respondent **must** include a detailed cost and services proposal for the provision of Workers Compensation Clinical Services, including a proposed annual not-to-exceed amount.

(Please note that selection will not be based upon the proposal having the lowest price, but rather, the Proposal that is most advantageous to the Town, in its sole judgment, price and other factors considered. Any cost proposal submitted shall not be considered to be a binding "bid".

This RFP does not guarantee that: (1) a contract for Workers Compensation Clinical Services will be issued; (2) any set amount of compensation or limit on compensation if such a contract is issued.

The Town of West New York disclaims any obligation to issue a contract pursuant to any compensation request contained in any Proposal, even if a contract is issued in response to such Proposal. The Town expressly reserves the right to negotiate any contract price, if a contract is to be issued pursuant to this RFP.)

SECTION 4

INSTRUCTIONS TO RESPONDENTS

4.1. Submission of Proposals.

Respondents must submit an original and three (3) copies of their Proposal to the Designated Contact Person:

Proposals must be received by the Town no later than 10:00 a.m. prevailing time on January 13, 2010**,** and must be mailed or hand-delivered. Proposals forwarded by facsimile or e-mail will not be accepted.

To be responsive, Proposals must provide all requested information, and must be in strict conformance with the instructions set forth herein. Proposals and all related information must be bound, and signed and acknowledged by the Respondent.

SECTION 5

EVALUATION

The Town's objective in soliciting Proposals is to enable the Town to select a Respondent that will provide high quality and cost effective services to the citizens of the Town of West New York. The Town will consider Proposals only from Respondents that, in the Town's 's sole judgment, have demonstrated the capability and willingness to provide high quality services to the citizens of the Town in the manner described in this RFP.

Proposals will be evaluated by the Town and Qualified Respondents will be selected based on the evaluation factors set forth below:

1. Experience and reputation in the field;
2. Knowledge of the Town and the subject matter of the pertinent contract**;**
3. Availability to accommodate the required meetings of the Town ;
4. Experience in the areas of law described in Section 2 of this RFP;
5. Pertinent government experience; and
6. Other factors demonstrated to be in the best interests of the Town .
7. Experience and references of the physicians in the following specialties:

   Orthopedic Surgeon
   Physical Medicine and Rehabilitation
   Neurology
   Ophthalmology

8. Ability to provide appropriate medical evaluation and treatment in a timely manner;

Each Proposal must satisfy the objectives and requirements detailed in this RFP. The Town will select the most advantageous Proposals based on all of the evaluation factors set forth in this RFP.

Each Proposal must satisfy the objectives and requirements detailed in this RFP. Successful Respondents shall be determined by an evaluation of the total content of the Proposal submitted. The Town reserves the right to:

1. not select any of the Proposals;
2. award a contract for the requested services at any time within the qualification period;
3. award one or more contracts to qualified respondents for all or any part or parts of the services (in any manner provided for under the Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq., or other law) such that more than one respondent may be engaged for the entire scope of work, multiple respondents may be engaged for various portions of the needed work, and any respondent may be obligated to work with others in connection with the provision of the requested services. A Respondent to this RFP who is qualified may be awarded a contract as a special Workers Compensation Clinical Services.

Every Proposal should be valid through the entire qualification period.

The Town shall not be obligated to explain the results of the evaluation process to any Respondent.

SECTION 6

GENERAL TERMS AND CONDITIONS

1. The Town reserves the right to reject any or all Proposals, if necessary, or to waive any informalities in the Proposals, and, unless otherwise specified by the Respondent, to accept any item, items or services in the Proposal should it be deemed in the best interest of the Town to do so.
2. Each Proposal must be signed by the person authorized to do so.
3. Proposals may be hand delivered or mailed consistent with the provisions of the legal notice to Respondents. In the case of mailed Proposals, the Town assumes no responsibility for Proposals received after the designated date and time and will return late Proposals unopened. Proposals will not be accepted by facsimile or e-mail.
4. No Respondent shall influence, or attempt to influence, or cause to be influenced, any Town officer or employee to use his/her official capacity in any manner which might tend to impair the objectivity or independence of judgment of said officer or employee.
5. No Respondent shall cause or influence, or attempt to cause or influence, any Town officer or employee to use his/her official capacity to secure unwarranted privileges or advantages for the respondents or any other person.
6. Should any difference arise between the contracting parties as to the meaning or intent of these instructions or specifications, the Town Attorney's decision shall be final and conclusive.
7. The Town shall not be responsible for any expenditure of monies or other expenses incurred by the Respondent in making its proposal.

END OF GENERAL INSTRUCTIONS

TOWN OF WEST NEW YORK

VENDOR: _____

RESPONDENT'S CHECKLIST

Item	Respondent Initials	AA/EEO Review
A. Non-Collusion Affidavit properly notarized		
B. Public Disclosure Statement		
C. Mandatory Affirmative Action Language		
D. Americans with Disabilities Act		
E. Affirmative Action Compliance Notice		
F. MWBE Questionnaire (2 copies)		
G. Form AA302 - Employee Information Report (Note: See Affirmative Action Compliance Notice, Item E)(You may alternatively include a copy of your Certificate of Employee Information Report)		
H. Copy of Business Registration Certificate of Respondent **and** of any subcontractor identified in Proposal. (See Item H).		
I. Original signature(s) on all required forms.		

APPENDIX A

LETTER OF QUALIFICATION

(To be Typed on Respondent's Letterhead. NO MODIFICATIONS MAY BE MADE TO THIS LETTER)

Town Clerk Carmela Riccie
Municipal Building
428-60th Street (Room #2)
West New York, New Jersey 07093

Dear Mrs. Riccie:

The undersigned have reviewed our Proposal submitted in response to the Request for Proposals (RFP) issued by the Town of West New York ("Town"), dated *(Insert Date)* in connection with the Town's need for Medical Services - Workers Compensation Clinical Services.

We affirm that the contents of our Proposal (which Proposal is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Proposal is submitted in good faith upon express understanding that any false statement may result in the disqualification of *(Insert Name of Respondent)*

_____	_____
Chief Executive Officer	Chief Financial Officer
Dated: _____	Dated:_____

Respondent shall sign and complete the spaces as provided above. If a joint venture, partnership or other formal organization is submitting a Proposal, <u>each participant must execute this Letter of Qualification</u>

APPENDIX B

LETTER OF INTENT

STATE OF NEW JERSEY
TOWN OF WEST NEW YORK ss:

I _____certify that I am the _____

of the firm of _____ , the Respondent

submitting Qualifications in response to a Request for same from the Town in regards to Medical Services - Workers Compensation Clinical Services.. I further certify that:

1. I executed said Proposal with full authority so to do; and
2. All statements contained in the Submission and in this affidavit are accurate, factual and complete, and made with full knowledge that the Town of West New York is relying upon the truth of the statements contained in the Submission and the statements contained in this affidavit in evaluating Respondent's Qualifications; and
3 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 through participation with any other person, firm or party; and
4. Respondent agrees to participate in good faith in the procurement process as described in the RFP and to adhere to the Town's procurement schedule;
5. Respondent acknowledges that all costs incurred by it in connection with the preparation and submission of the Proposal and any proposal prepared and submitted in response to the RFP, or any negotiation which results therefrom, shall be borne exclusively by the Respondent. In no event shall the Town have any liability to Respondent for any costs incurred by the Respondent for the Proposal.
6. Respondent acknowledges and agrees that the Town may modify, amend, suspend and/or terminate the procurement process in its sole judgment.
7. Respondent is aware that any contract executed with respect to the services referred to in the RFP must comply with the applicable affirmative action and similar laws, and agrees to take such actions as may be required to comply with such applicable laws in the event that a contract is formed.

(Signature of Respondent) _____

SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____DAY OF 20_____

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL.

A. NON COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

TOWN OF WEST NEW YORK ss:

I certify that I am_____

of the firm of_____

the Respondent submitting the Qualification Statement in response to the within Request for Qualifications, and that I executed said Qualification Statement with full authority so to do; that said Respondent has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competition in connection with the within Request for Qualifications; and that all statements contained in the Respondent's Qualification Statement and in this affidavit are true and correct, and made with full knowledge that the Town of West New York will rely/relies upon the truth of the statements contained in said Qualification Statement and in the statements contained in this affidavit in awarding the contract(s) for the services sought in the within Request for Qualifications.

I further warrant that no person or selling agency has been employed to solicit or secure a contract for the services sought in the within Request for Qualification upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of the Respondent or as may be permitted by law.

(Signature of respondent)SUBSCRIBED AND SWORN TO

BEFORE ME THIS DAY OF 20

_____

(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF

MY COMMISSION EXPIRES: 20

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

B. PUBLIC DISCLOSURE INFORMATION

Chapter 33 of the Public Laws of 1977 provides that no corporation or partnership (general. Limited or joint venture) shall be awarded any State, City, Municipal or Schools District contracts for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or accompanying the bid of said corporation or partnership there is submitted a public disclosure information statement. The statement shall set forth the names and addresses of all stockholders in the corporation or partnership who own ten percent (10%) or more of its stock of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein.

STOCKHOLDERS:

Name	Address	% owned

SIGNATURE : _____

TITLE: _____

SUBSCRIBED AND SWORN TO
BEFORE ME THIS DAY _____ OF 20 _____
(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF
MY COMMISSION EXPIRES: 20

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

C. MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27

If your firm is awarded a contract your company/firm will be required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27. The following language, subject to any amendments by law or regulation, will be incorporated into any contract issued for the services advertised:

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 take affirmative action to ensure that such applicants are recruited and employed, 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 action 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, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act 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 employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. l7:27-5.2, or a binding determination of the

applicable county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its 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 applicable 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, 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.

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 Employee

Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Div. of Contract Compliance & EEO 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 Div. of Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

D. AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The contractor and theTown of West New York, (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 *U.S.C. 5121 01* et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract.

In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act.

In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act.

The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or natu[r]e arising out of or claimed to arise out of the alleged violation.

The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability (continued)

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement.

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Representative's Name/Title
(Print):_____

Representative's
Signature:_____

Name of
Company:_____

Tel. No.:_____

Date:_____.

E. AFFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS AND SERVICES CONTRACTS
(INCLUDING PROFESSIONAL SERVICES)

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

The successful bidder shall submit to the public agency, 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 contractor 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. 17:27-4;
☐.OR
☐.(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours. The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

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:_____

SIGNATURE: _____ DATE:_____

PRINT NAME:_____ TITLE:_____.

F. MINORITY/WOMAN BUSINESS ENTERPRISE (MWBE)
Questionnaire for Bidders

The town of West New York, in accordance with the stated policy of non-discrimination and equal employment opportunity in the Municipal Code, recognizes a goal of awarding 20% of the dollar amount of total city procurement to minority and woman owned business enterprises. To assist us in monitoring our achievement of this goal, please indicate below whether your company is or is not a minority owned and/or woman owned business, and return this form with your bid proposal.

Business Name: _____

Address: _____

Telephone No.: _____

Contact Name: _____

Please check applicable category :

_____ Minority Owned _____ Minority & Woman Owned
_____ Woman Owned _____ Neither

Definition of Minority Business Enterprise
Minority Business Enterprise means a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by persons who are African American, Hispanic, Asian American, American Indian or Alaskan native, defined as follows:

African American: a person having origins in any of the black racial groups of Africa

Hispanic: a person of Mexican, Puerto Rican, Central or South American or other non-European Spanish culture or origin regardless of race.

Asian: a person having origins in any of the original peoples of the Far East, South East Asia, Indian subcontinent, Hawaii or the Pacific Islands.

American Indian or Alaskan Native: a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Woman Business Enterprise: a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by a woman or women.

Form AA302
Rev. 1/00

STATE OF NEW JERSEY

Division of Contract Compliance & Equal Employment Opportunity

EMPLOYEE INFORMATION REPORT

For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY

2. TYPE OF BUSINESS
☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE
☐ 4. RETAIL ☐ 5. OTHER

3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY

4. COMPANY NAME

5. STREET CITY COUNTY STATE ZIP CODE

6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) CITY STATE ZIP CODE

7. CHECK ONE: IS THE COMPANY: ☐ SINGLE-ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT

10. PUBLIC AGENCY AWARDING CONTRACT CITY COUNTY STATE ZIP CODE

Official Use Only	DATE RECEIVED	INAUG.DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. *DO NOT SUBMIT* AN EEO-1 REPORT.

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
				********* MALE**********					**********FEMALE**********				
	COL. 1 TOTAL (Cols.2 &3)	COL. 2 MALE	COL. 3 FEMALE	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/ Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment From previous Report (If any)													
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED?
☐ 1. Visual Survey ☐ 2. Employment Record ☐ 3. Other (Specify)

13. DATES OF PAYROLL PERIOD USED
From: To:

14. IS THIS THE FIRST Employee Information Report Submitted?
1. YES ☐ 2. NO ☐

15. IF NO, DATE LAST REPORT SUBMITTED
MO. DAY YEAR

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type) SIGNATURE TITLE DATE MO DAY YEAR

17. ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE PHONE (AREA CODE, NO.,EXTENSION)
- -

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT:

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE. **IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM. SEND COPY OF CURRENT CERTIFICATE TO THE PUBLIC AGENCY. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

ITEM 2 - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

ITEM 3 - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

ITEM 4 - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

ITEM 5 - Enter the physical location of the company. Include City, County, State and Zip Code.

ITEM 6 - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

ITEM 7 - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

ITEM 8 - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

ITEM 9 - Enter the total number of employees at the establishment being awarded the contract.

ITEM 10 - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code.

ITEM 11 - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. DO NOT attach an EEO-1 Report.

Racial/Ethnic Groups will be defined:
Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.
Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.
American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillippine Islands and Samoa.
Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

ITEM 12 - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

ITEM 13 - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

ITEM 14 - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

ITEM 15 - If the answer to Item 15 is "No", enter the date when the last Employee Information Report was submitted by this company.

ITEM 16 - Print or type the name of the person completing the form. Include the signature, title and date.

ITEM 17 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN COPY FOR THE VENDOR'S OWN FILES. THE VENDOR IS TO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDING THE CONTRACT AND FORWARD A COPY TO:

NJ Department of the Treasury
Division of Contract Compliance & Equal Employment Opportunity
P.O. Box 209
Trenton, New Jersey 08625-0209 **Telephone No. (609) 292-5475**

H. MANDATORY BUSINESS REGISTRATION LANGUAGE
Non Construction Contracts

All contractors and subcontractors must provide a Business Registration Certificate when seeking to do business with the State of New Jersey, and other public agencies in this state. Failure to submit proof of registration requires mandatory rejection of a bid as a non-waivable defect. Proof of registration must be received before the contract is issued for non-bid contracts: such as contracts exempt from public bidding that are over the bid threshold, professional services, and extraordinary unspecifiable services, and purchase orders that are under the bid threshold. For non-bid contracts only, if proof has been filed through a previous contract, the contracting agency may waive resubmission.

"New Jersey Business Registration Requirements"
N.J.S.A. 52:32-44(1)(b) No contract shall be entered into by any contracting agency unless the contractor provides a copy of its business registration in accordance with the following schedule:

(1) In response to a request for bids or a request for proposals, at the time a bid or proposal is submitted; or

(2) For all other transactions, before the issuance of a purchase order or other contracting document. In its sole discretion, the contracting unit may waive this requirement if a business registration has been previously provided to the contracting agency.

N.J.S.A. 52:32-44(1)(c) A subcontractor shall provide a copy of its business registration to any contractor who shall forward it to the contracting agency. No contract with a subcontractor shall be entered into by any contractor under any contract with a contracting agency unless the subcontractor first provides proof of valid business registration. The contracting agency shall file all business registrations received by the contracting agency with other procurement documents related to the contract.

For the term of the contract, the contractor and each of its affiliates and a 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 on all sales of tangible personal property delivered into this State, regardless of whether the tangible personal property is intended for a contract with a contracting agency.

N.J.S.A. 54:49-4.1 A business organization that fails to provide a copy of a business registration as required pursuant to section of P.L.2001, c.134 (C.52:32-44 et al.) or subsection e. or f. of section 92 of P.L.1977, c.110 (C.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 for each day of violation, not to exceed $50,000 for each business registration copy not properly provided under a contract with a contracting agency."