

PUBLIC NOTICE
Request for Proposals - Engineering Services (2nd Occasion)

**The Town of West New York Parking Authority Requests Proposals from Engineering Firms
Interested in Providing “Engineering Services” for the Period of one (1) year**

Introduction

Pursuant to the Fair and Open Process described under N.J.S.A. 19:44A-1, et seq., the Parking Authority seeks Request for Proposals (“RFP”) from engineering firms that wish to provide general engineering services to the Parking Authority for a contract period of one year. All candidates are required to comply with N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. as amended. (Affirmative Action). Each candidate shall submit proof of business registration with the New Jersey Division of Taxation (P.L. 2004, C.57). The successful firms must have significant experience in providing engineering services to New Jersey municipalities and/or other New Jersey public entities. Preference shall be given to firms that employ at least one Certified Municipal Engineer (“CME”).

The successful firms will provide the Parking Authority with engineering services relating, but not necessarily limited to planning and designing capital improvements for public buildings, roads, parks and recreational facilities. Additionally, the successful firms will provide engineering services in technical and administrative areas such as municipal budgeting, traffic engineering, pavement management, storm water management, water system operations, municipal land use, public contracts law, personnel practices, data management, infrastructure maintenance and any other matter as directed by the Parking Authority.

Request for Proposals will be received by the Executive Director, Amiris Perez of the West New York Parking Authority, in the County of Hudson, New Jersey, at the Parking Authority, 224-60th Street, West New York, N.J. 07093 on March 12, 2019 no later than 9:45 a.m., in accordance with the Request for Proposals now on file in the office of the Executive Director, 224-60th Street, West New York, N.J. (telephone 201-295-1575; aperez@wnypanj.com), where same may be obtained during office hours from 9:00 a.m. to 5:00 p.m. Monday – Friday.

All RFPs shall be submitted in sealed envelopes addressed to the Executive Director of The West New York Parking Authority, Amiris Perez, 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 Engineering Services 2nd Occasion for the West New York Parking Authority**” and underneath that “**To be received on the 12th day of March, 2019 by 9:45 a.m.**” **Proposals will not be accepted by facsimile transmission or e-mail.** Proposals shall be submitted using white 8.5” x 11” paper and shall be in accordance with the specifications contained in the Request for Proposals.

In order for RFPs to be accepted by mail or courier, the RFPs must be placed in an outer envelope, and be clearly marked in the same manner as set forth above, with the same size and information.

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. (P.L. 1975, c. 127 as amended) and N.J.A.C. 17:27-1.1 et seq. Respondents must submit an original and two (2) copies of their Proposal to:

West New York Parking Authority
Attn: Amiris Perez, Executive Director or Steven Rodas, Purchasing Agent
224 – 60th Street
West New York, NJ 07093

The West New York Parking Authority 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 West New York Parking Authority.

The RFP process commences with the issuance of this RFP. The deadline involved in the process and the anticipated completion dates are posted on the West New York Parking Authority website wnyparkingauthority.org. WNYPA reserves the rights to, among other things, amend, modify or alter the Procurement Schedule upon notice to all potential Respondents who have provided contact information to the Purchasing Agent upon receipt of this RFP.

Request for Proposals must be received by the Executive Director of the WNYPA, Amiris Perez, at the Administrative Offices of the West New York Parking Authority, 224-60th Street, West New York, N.J. 07093 on March 12, 2019 no later than 9:45 a.m., in accordance with the Request for Proposals now on file in the office of the Executive Director, 224-60th Street, West New York, N.J. (telephone 201-295-1575; aperez@wnypanj.com), where same may be obtained during office hours from 9:00 a.m. to 5:00 p.m. Monday – Friday.

All communications concerning this RFP or the procurement and contract award process shall be directed, in writing, to WNYPA's Designated Contact Person, Amiris Perez, Executive Director, West New York Parking Authority, 224 60th Street, West New York, New Jersey 07093 or via e-mail at aperez@wnypanj.com.

Available to any person(s) or firm(s) interested in providing professional services (as defined in N.J.S.A. 40A:11-2(6) to the West New York Parking Authority (hereinafter "Parking Authority").

1. The successful firm must have significant experience in representing New Jersey municipalities and/or Authorities. All candidates are required to comply with N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. as amended. (Affirmative Action).
2. **Appointment for Engineering Services:** Successful firm shall be appointed by the West New York Parking Authority Commissioners for a term of one (1) year with an option for one (1) additional one (1) year extension. The Parking Authority may appoint an individual or firm as the WNYPA Engineer.
3. **Compensation:** Compensation as agreed upon and approved by the Commissioners shall be the basis of payment for services rendered.

Conditions Applicable to RFP

Copies of this standardized submission requirements and selection criteria are on file and available from the Office of the West New York Parking Authority Executive Director. Upon submitting a Proposal in response to this RFP, the Respondent acknowledges and consents to the following conditions:

- All costs incurred by the Respondent in connection with responding to this RFP shall be borne solely by the Respondent. There shall be no claims whatsoever against the WNYPA, its staff or consultants for reimbursement or payment of costs or expenses incurred in the preparation of the Proposal or other information required by the RFP.
- WNYPA reserves the right to reject for any reason any and all Proposals and components thereof.
- WNYPA reserves the right to reject any Respondent that submits a Proposal that is incomplete or not responsive to the requirements of this RFP.
- WNYPA reserves the right, without prior notice, to supplement, amend, or modify this RFP, or to request additional information.
- All Proposals shall become the property of WNYPA and will not be returned.
- All Proposals will be made available to the public at the appropriate time, as determined by WNYPA in accordance with law.
- Any Proposals not received by WNYPA timely will be rejected.
- WNYPA shall not be liable for any claims or damages alleged to have been incurred as a result of this RFP process, including WNYPA's review of Proposals and its award of a contract.
- It is the responsibility of Respondents to ensure that they receive a copy of the RFP after formally requesting a copy.

Professional Information and Qualifications

Copies of this standardized submission requirements and selection criteria are on file and available from the Office of the Executive Director.

Each interested firm shall submit the following information:

1. Name of Firm;
2. Address of principal place of business and all other offices and corresponding telephone and fax numbers. Please note specifically which engineers will be assigned to work with the Parking Authority;
3. Description of firm's engineers' education, experience, qualifications, number of years with the firm and a description of their experience with projects similar to those described above;
4. Experience related to providing engineering services to public entities;
5. At least four (4) references, three (3) of which must have knowledge of your service to public entities;
6. Examples of your record of success (or significant achievements) servicing public entities;
7. The firm's ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff);
8. Cost details, including the hourly rates of each of the individuals who will perform the services and the time estimates for each individual, all expenses, and where appropriate, total cost of "not to exceed" amount;
9. Statement of corporate ownership (c.52:25-24.2)'
10. State whether your company/firm is presently involved in a lawsuit and whether it has been sued in the last five (5) years. If so, provide a description of each matter.

Selection Criteria

The selection criteria used in awarding a contract or agreement for professional services as described herein shall include:

1. Qualifications of the individuals who will perform the tasks and the amounts of their participation;
2. Experience and references;
3. Ability to perform the task in a timely fashion, including staffing and familiarity with the subject matter;
4. Cost competitiveness.

Submission Requirements

Sealed Proposals will be publicly opened by the West New York Parking Authority in the offices at the West New York Parking Authority, 224 60th Street, West New York, NJ at 9:45 a.m. on March 12, 2019. Proposals must be received no later than 9:45 a.m. on March 12, 2019. Proposals received after that date and time will be returned unopened.

Respondents must submit an original and two (2) copies of their Proposal using white 8 1/2" x 11" paper to:

**West New York Parking Authority
Attn: Amiris Perez, Executive Director or Steven Rodas, Purchasing Agent
224 – 60th Street
West New York, NJ 07093**

Sealed Proposals will be publicly opened by the West New York Parking Authority in the offices at the West New York Parking Authority, 224 60th Street, West New York, NJ at 9:45 a.m. on March 12, 2019. Proposals must be received no later than 9:00 a.m. on March 12, 2019. Proposals received after that date and time will be returned unopened.

Submission of Proposals

Proposals must provide all requested information, and must be in strict conformance with the instructions set forth herein:

1. Respondents must submit an original and **two** copies of their Proposals using white 8 1/2" x 11".
2. Proposals must be received no later than the Due Date, and must be mailed or hand-delivered.
3. Proposals forwarded by facsimile or email **will not** be considered. Proposals received after the designated time on the Due Date will be returned, unopened, to the sender. **The Respondent is solely responsible for delays in delivery.**
4. Proposals and all Forms and other related information must be stapled or bound, and signed by the Respondent. If Respondent is other than a natural person, the Proposal must be signed by an individual with power to bind the Respondent.
5. The name of the Respondent and the position or contract for which the submission is being made must be printed on the outside of the package containing Respondent's submission. The West New York Parking Authority will, in its sole discretion, determine whether to qualify more than one Respondent for the Services.
6. Respondents are reminded to see attached Checklist for the documents that must be submitted with the Proposal and those that the Successful Respondent must present to WNYPA prior to the award of a contract for performance of the Services.
7. Respondent's Proposal 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 described below, Respondents are invited to submit supplemental information that may be useful to WNYPA in evaluating the Proposal. Respondents are encouraged to be clear, factual, and concise in their presentation of information. Copies of this standardized submission requirements and selection criteria are on file and available from the Office of the Executive Director.

Disclosure of Contribution to New Jersey Election Law Enforcement of Commission

Business entities are advised of their responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission ("ELEC") pursuant to N.J.S.A. 19:44A-20.27 if they receive contracts in excess of \$50,000 from public entities in a calendar year. Business entities are responsible for determining if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us.

EVALUATION

WNYPA's objective in soliciting Proposals is to enable it to select a firm, individual, or organization that will provide high quality and cost effective Services to help communicate properly with the residents of the Town of West New York, its business community and visitors. WNYPA will consider Proposals only from firms, individuals, or organizations that, in WNYPA's sole judgment, have demonstrated the capability and willingness to provide high quality Services in the manner described in this RFP. WNYPA will consider all relevant factors, including, but not limited to:

- Experience similar to the Services requested in this RFP, including adherence to deadlines, efficiencies, and economies utilized to reduce time and cost of an assignment.
- Staffing; professionals and support staff available to assist WNYPA.
- Familiarity with the WNYPA and/or similar public entities.
- Respondent's apparent understanding of the scope of Services requested.
- Completeness of the Proposal.
- Other factors determined to be in the best interests of the WNYPA.

CHECKLIST FOR ITEMS TO BE SUBMITTED WITH PROPOSAL

	APPENDIX	CHECK IF PROVIDED
A	Letter of Intent	
B	Letter of Qualification	
C	Mandatory Equal Employment Opportunity Language	
D	Ownership Disclosure Statement	
E	Affirmative Action Compliance Notice	
F	Minority/Women Business Enterprise	
G	Americans With Disabilities Act of 1990	
H	Non-Collusion Affidavit	
I	Business Entity Disclosure Certification	
G	Disclosure Statement	
K	Disclosure of Investment Activities in Iran	
L	Business Registration Certificate from the State of New Jersey Department of Treasury, Division of Revenue (<u>N.J.S.A. 52:32-44</u>) and W9 Form	
M	Certificate of Insurance Evidencing Comprehensive Liability, Property/Casualty (\$2 million aggregate/\$1 million per occurrence) (or less if Umbrella coverage is present); Workers Compensation (statutory limits); and Professional Malpractice (if applicable) (\$2 million aggregate/\$1 million per occurrence) naming WNYPA as an additional insured.	
N	Letter of Federal Affirmative Action Plan Approval <u>OR</u> Certificate of Employee Information Report <u>OR</u> Employee Information Report Form AA302 (available at www.stte.nj.us/treasure/contract_compliance)	
O	W-9 Form	

Signature: The undersigned Respondent hereby acknowledges that he/she has submitted the required documents with the Proposal, and will submit the remaining required documents prior to execution of a contract with the WNYPA, if the same are not also submitted with the Statement.

Name of Respondent/ Firm: _____

Print Name and Title: _____

Signature: _____

Date: _____

APPENDIX A
LETTER OF QUALIFICATION

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

Amiris Perez
Executive Director
West New York Parking Authority
224 60th Street
West New York, New Jersey 07093

Dear Executive Director Perez:

The undersigned have reviewed our Qualification Statement-Proposal submitted in response to the Request for Proposals (RFP) issued by the Parking Authority of West New York ("Parking Authority"), dated *(Insert Date)* in connection with the Parking Authority's need for Services **Engineering Services**.

We affirm that the contents of our Qualification Statement-Proposal (which Qualification Statement-Proposal is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement-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 Qualification Statement-Proposal, each participant must execute this Letter of Qualification

APPENDIX B
LETTER OF INTENT

STATE OF NEW JERSEY

PARKING AUTHORITY 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 Parking Authority in regards to Services –

Engineering 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 Parking Authority 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 Parking Authority's procurement schedule;
5. Respondent acknowledges that all costs incurred by it in connection with the preparation and submission of the Qualification Statement-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 Parking Authority have any liability to Respondent for any costs incurred by the Respondent for the Qualification Statement-Proposal.
6. Respondent acknowledges and agrees that the Parking Authority 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

APPENDIX C
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE PER
N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27-1 et seq.

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

Throughout the performance of the Services required pursuant to this RFP, Respondent agrees as follows:

- a) Respondent, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status or sex. Respondent will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to the age, race, creed, color, national origin, ancestry, marital status 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. Respondent 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 non-discrimination clause;
- b) Respondent, where applicable, will in all solicitations or advertisements for employees placed by or on behalf of the Architect, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status or sex;
- c) Respondent, 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 Respondent's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment;
- d) Respondent, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time;
- e) Respondent agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed in N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable county employment goals determined by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time;
- f) Respondent agrees to inform in writing appropriate recruitment agencies in the area, including 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 or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices;
- g) Respondent 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;
- h) Respondent 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 or sex, and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions; and
- i) Respondent and any subcontractors shall furnish such reports or other documents to the Affirmative Action Office 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 Affirmative Action Office for conducting a compliance investigation.

APPENDIX D
OWNERSHIP DISCLOSURE STATEMENT
In conformance with N.J.S.A. 52:25-24.2

Name of Business:

Principal Place of Business:

PARTNERSHIP **CORPORATION** **SOLE PROPRIETORSHIP**

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned. If one or more of the below is itself a corporation or partnership, I have annexed the names and addresses of anyone owning a 10% or greater interest therein.

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

PLEASE CHECK APPROPRIATE BOXES ABOVE AND SIGN BELOW.

STOCKHOLDERS: NAME	STREET ADDRESS	% OF STOCK OR PARTNERSHIP
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

I further certify that no officer or employee of the WNYPA has any interest, direct or indirect, in this corporation or partnership or in the contract for the Services. I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

Signature

Print or Type Name and Title

Subscribed and sworn to before me

this _____ day of _____

(Seal) Notary Public of New Jersey

My Commission Expires _____

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.

APPENDIX G

AMERICANS WITH DISABILITIES ACT OF 1990 EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DIABILITY

The RESPONDENT and the WEST NEW YORK PARKING AUTHORITY (“WNYPA”) do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (“Act”) (42 U.S.C. S12101 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 regulation promulgated pursuant thereto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the WNYPA pursuant to this contract, the RESPONDENT agrees that the performance shall be in strict compliance with the Act. In the event the RESPONDENT, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the RESPONDENT shall defend the WNYPA in any action or administrative proceeding commenced pursuant to this Act. The RESPONDENT shall indemnify, protect, and save harmless the WNYPA, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind or nature arising out of the alleged violation. The RESPONDENT 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 WNYPA’s grievance procedure, the RESPONDENT agrees to abide by any decision of the WNYPA, which is rendered pursuant to, said grievance procedure. If any action or administrative proceeding results in an award of damages against the WNYPA or if the WNYPA incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure the RESPONDENT shall satisfy and discharge the same at its own expense.

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

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

It is further agreed and understood that the WNYPA assumes no obligation to indemnify or save harmless the RESPONDENT, its agents, servants, employees and subcontractors for any claim that may arise out of their performance of the Services. Furthermore, the RESPONDENT expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the RESPONDENT’s obligations in providing the Services, nor shall they be construed to relieve the RESPONDENT from any liability, nor preclude the WNYPA from taking any actions available at law.

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: _____.

APPENDIX H
NON-COLLUSION AFFIDAVIT

I, _____ of the City of _____, in the
County of _____, and the State of _____, of full
age, being duly sworn according to law on my oath depose and say that:

I am _____ of
the firm of _____, the Respondent
herein, and I executed the Proposal with full authority to do so; that the Respondent has not directly or
indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in
restraint of free, competitive proposing in connection with the Proposal, and that all statements
contained in the Proposal and in this affidavit are true and correct, and made with full knowledge that
the West New York Parking Authority relies upon the truth of the statements contained in the Proposal
and the statement 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 a
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 the
Respondent.

Signature

Print or Type Name and Title

Subscribed and sworn to before me

this _____ day of _____

(Seal) Notary Public of New Jersey

My Commission Expires _____

APPENDIX I
BUSINESS ENTITY DISCLOSURE CERTIFICATION
 FOR NON-FAIR AND OPEN CONTRACTS
 Required Pursuant To N.J.S.A. 19:44A-20.8
 <NAME OF CONTRACTING AGENCY>

Part I – Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that <name of entity> has not made and will not make any contributions in violation of NJ State **Pay-to-Play Regulations**, and 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 as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

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

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 Respondent/ Firm: _____

Print Name and Title of Affiant: _____

Signature of Affiant: _____

Date: _____

Subscribed and sworn to before me
 this _____ day of _____

 (Seal) Notary Public of New Jersey

My Commission Expires _____

BUSINESS ENTITY DISCLOSURE CERTIFICATION

FOR NON-FAIR AND OPEN CONTRACTS

Required Pursuant To N.J.S.A. 19:44A-20.8

<NAME OF CONTRACTING AGENCY>

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. 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.
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

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).”



**APPENDIX J**

**DISCLOSURE STATEMENT**

(To be submitted with Proposal)

In the past five (5) years, is or was anyone in your firm or company a County officer or employee or an officer or employee of an independent county authority, commission or agency? If yes, then provide the name of the individual and position held.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Term \_\_\_\_\_

Has any individual who would provide service under this contract ever been sanctioned by the appropriate licensing board?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Term \_\_\_\_\_

***Reason for censure:***

Has any individual who would provide services under this contract or has the firm been sued in malpractice during the last five years?

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Term \_\_\_\_\_

***Reason for Action:***

***Outcome:***

Has any member of your firm ever been barred from doing business with any state, county or municipal government? If yes, then please provide further written explanation including the date and copies of relevant documentation.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name  
State, County or Municipality Government  
Term

Has any member of your firm sued or represented a party in any matter against the West New York Parking Authority or the Town of West New York in the past five (5) years? If yes, then please identify the matter/case and provide further written explanation including the date and copies of relevant documentation.

**Yes** \_\_\_\_\_ **No** \_\_\_\_\_

Name \_\_\_\_\_ Position \_\_\_\_\_ Term \_\_\_\_\_

List all immediate relatives of principals and/or employees of Respondent who are employees of the West New York Parking Authority or elected officials of the Town of West New York. For purposes of the above "immediate relative" means a spouse, parent, step-parent, brother, sister, child stepchild, direct-line aunt or uncle, grandparent, grandchild and in-laws.

**Exhibit K**

**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

**Respondent:** \_\_\_\_\_

**PART 1: CERTIFICATION**

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX. FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or 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 bid non-responsive.** If the West New York Parking Authority finds a person or entity to be in violation of law, the West New York Parking Authority 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.

**PLEASE 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 N.J. 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 non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**PART 2: 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 outlined above by completing the boxes below.

**EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS, PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, PLEASE PROVIDE ON A SEPARATE ATTACHED PAGE.**

Name \_\_\_\_\_ Relationship to Respondent \_\_\_\_\_

Description of Activities \_\_\_\_\_

Duration of Engagement \_\_\_\_\_ Anticipated Cessation Date \_\_\_\_\_

Respondent Contact Name \_\_\_\_\_ Contact Phone Number \_\_\_\_\_

**ADD ANY ADDITIONAL ACTIVITIES ENTRIES ON SEPARATE PAGE**

**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 West New York Parking Authority 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 West New York Parking Authority 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 West New York Parking Authority at its option may declare any contract(s) resulting from this certification void and unenforceable.

**Full Name (Print):** \_\_\_\_\_

**Signature:** \_\_\_\_\_

**Title:** \_\_\_\_\_

**Date:** \_\_\_\_\_

**APPENDIX L**

**NEW JERSEY BUSINESS REGISTRATION REQUIREMENTS**

Pursuant to N.J.S.A. 52:32-44, The West New York Parking Authority (“Contracting Agency”) is prohibited from entering into a contract with an entity unless the bidder/proposer/contractor, and each subcontractor that is required by law to be named in a bid/proposal/contract has a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services within the Department of the Treasury.

Prior to contract award or authorization, the contractor shall provide the Contracting Agency with its proof of business registration and that of any named subcontractor(s).

Subcontractors named in a bid or other proposal shall provide proof of business registration to the applicant, who in turn, shall provide it to the Contracting Agency prior to the time a contract, purchase order, or other contracting document is awarded or authorized.

During the course of contract performance:

1. the contractor shall not enter into a contract with a subcontractor unless the subcontractor first provides the contractor with a valid proof of business registration.
2. the contractor shall maintain and submit to the Contracting Agency a list of subcontractors and their addresses that may be updated from time to time.
3. the contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall collect and remit to the Director of the Division of Taxation in the Department of the Treasury, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into the State. Any questions in this regard can be directed to the Division of Taxation at (609)292-6400. Form NJ-REG can be filed online at [www.state.nj.us/treasury/revenue/busregcert.shtml](http://www.state.nj.us/treasury/revenue/busregcert.shtml).

Before final payment is made under the contract, the contractor shall submit to the Contracting Agency a complete and accurate list of all subcontractors used and their addresses.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration as required, or that provides false business registration information, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000, for each proof of business registration not properly provided under a contract with a contracting agency.

The undersigned acknowledges these requirements and understands that this proposal shall be rejected as nonresponsive if said Contractor fails to comply.

\_\_\_\_\_  
Printed Name of Authorized Agent

\_\_\_\_\_  
Signature of Authorized Agent

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

\_\_\_\_\_

**APPENDIX M**



**CERTIFICATE OF LIABILITY INSURANCE**

DATE (MM/DD/YYYY)

|                                                                     |                                                                                                                                                                                                               |               |
|---------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| <b>PRODUCER</b><br>Applicants Insurance Company Name<br>and Address | THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. |               |
|                                                                     | <b>INSURERS AFFORDING COVERAGE</b>                                                                                                                                                                            | <b>NAIC #</b> |
| <b>INSURED</b><br>Applicants Company Name and Address               | INSURER A:                                                                                                                                                                                                    |               |
|                                                                     | INSURER B:                                                                                                                                                                                                    |               |
|                                                                     | INSURER C:                                                                                                                                                                                                    |               |
|                                                                     | INSURER D:                                                                                                                                                                                                    |               |
|                                                                     | INSURER E:                                                                                                                                                                                                    |               |

**COVERAGES**

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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSURANCE TYPE                                                                                                                                                                                                                                                                                                                              | TYPE OF INSURANCE                                                                                                                                                                                                                                              | POLICY NUMBER | POLICY EFFECTIVE DATE (MM/DD/YY) | POLICY EXPIRATION DATE (MM/DD/YY)                                                                                                                                                                     | LIMITS                                                                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|----------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> GENERAL LIABILITY<br><input type="checkbox"/> COMMERCIAL GENERAL LIABILITY<br><input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> OCCUR<br><input type="checkbox"/> GEN'L AGGREGATE LIMIT APPLIES PER:<br><input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC. |                                                                                                                                                                                                                                                                | Policy Number | Term                             |                                                                                                                                                                                                       | EACH OCCURRENCE \$ \$1,000,000<br>DAMAGE TO RENTED PREMISES (Ea occurrence) \$<br>MED EXP (Any one person) \$<br>PERSONAL & ADV INJURY \$<br>GENERAL AGGREGATE \$<br>PRODUCTS - COM/PROP AGG \$ |
|                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> AUTOMOBILE LIABILITY<br><input type="checkbox"/> ANY AUTO<br><input type="checkbox"/> ALL OWNED AUTOS<br><input type="checkbox"/> SCHEDULED AUTOS<br><input type="checkbox"/> HIRED AUTOS<br><input type="checkbox"/> NON-OWNED AUTOS | Policy Number | Term                             |                                                                                                                                                                                                       | COMBINED SINGLE LIMIT (Ea accident) \$ \$1,000,000<br>BODILY INJURY (Per person) \$<br>BODILY INJURY (Per accident) \$<br>PROPERTY DAMAGE (Per accident) \$                                     |
|                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> GARAGE LIABILITY<br><input type="checkbox"/> ANY AUTO                                                                                                                                                                                 |               |                                  |                                                                                                                                                                                                       | AUTO ONLY - EA ACCIDENT \$<br>OTHER THAN EA ACC \$<br>AUTO ONLY: AGG \$                                                                                                                         |
|                                                                                                                                                                                                                                                                                                                                             | <input type="checkbox"/> EXCESS/UMBRELLA LIABILITY<br><input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE<br><input type="checkbox"/> DEDUCTIBLE<br><input type="checkbox"/> RETENTION \$                                                      | Policy Number | Term                             |                                                                                                                                                                                                       | EACH OCCURRENCE \$ \$2,000,000<br>AGGREGATE \$<br>\$<br>\$                                                                                                                                      |
| <input type="checkbox"/> WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER ENCLOSED?<br>If yes, describe under SPECIAL PROVISIONS below<br>OTHER                                                                                                                                             | Policy Number<br>If applicable                                                                                                                                                                                                                                 | Term          |                                  | <input type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER<br>E.L. EACH ACCIDENT \$ \$100,000<br>E.L. DISEASE - EA EMPLOYED \$ \$100,000<br>E.L. DISEASE - POLICY LIMIT \$ \$500,000 |                                                                                                                                                                                                 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Leave Blank

|                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                            |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CERTIFICATE HOLDER</b><br>ATTN: Township Clerk<br>Township of Branchburg<br>1077 U.S. Highway 202 North<br>Branchburg, NJ 08876 | <b>CANCELLATION</b><br>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL _____ DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.<br>AUTHORIZED REPRESENTATIVE |
|------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

# APPENDIX N

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](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<br><input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE<br><input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 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: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> 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 AWARDED CONTRACT CITY COUNTY STATE ZIP CODE                                                                              |                                                                                                                                                                                                          |                                              |
| Official Use Only                                                                                                                          | DATE RECEIVED                                                                                                                                                                                            | NAUG. 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 |          |                 |       |             |                   |          |                 |       |             |  |  |
|------------------------------------------------|-------------------------------------------------------------------------------------------|----------------|------------------|----------------------------------------------------|----------|-----------------|-------|-------------|-------------------|----------|-----------------|-------|-------------|--|--|
|                                                | COL. 1<br>TOTAL<br>(Cols. 2 & 3)                                                          | COL. 2<br>MALE | COL. 3<br>FEMALE | ***** MALE*****                                    |          |                 |       |             | ***** FEMALE***** |          |                 |       |             |  |  |
|                                                |                                                                                           |                |                  | BLACK                                              | HISPANIC | AMER.<br>INDIAN | ASIAN | NON<br>MIN. | BLACK             | HISPANIC | AMER.<br>INDIAN | ASIAN | NON<br>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<br><input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify) | 14. IS THIS THE FIRST Employee Information Report Submitted?<br>1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> | 15. IF NO, DATE LAST REPORT SUBMITTED<br>MO. DAY YEAR |
| 13. DATES OF PAYROLL PERIOD USED<br>From: _____ To: _____                                                                                                                                                       |                                                                                                                                |                                                       |

#### SECTION C - SIGNATURE AND IDENTIFICATION

|                                                    |           |        |                                                  |
|----------------------------------------------------|-----------|--------|--------------------------------------------------|
| 16. NAME OF PERSON COMPLETING FORM (Print or Type) | SIGNATURE | TITLE  | DATE<br>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 Phillipine 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 AWARDED 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

# APPENDIX O

|                                                                                                   |                                                                                              |                                                           |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|
| Form <b>W-9</b><br>(Rev. December 2014)<br>Department of the Treasury<br>Internal Revenue Service | <h2 style="margin: 0;">Request for Taxpayer<br/>Identification Number and Certification</h2> | Give Form to the<br>requester. Do not<br>send to the IRS. |
|---------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------|-----------------------------------------------------------|

|                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                          |
|-------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|
| Print or type<br>See Specific Instructions on page 2. | <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                          |
|                                                       | <b>2</b> Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                          |
|                                                       | <b>3</b> Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes:<br><input type="checkbox"/> Individual/sole proprietor or single-member LLC<br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____<br>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.<br><input type="checkbox"/> Other (see instructions) ▶ _____ | <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate |
|                                                       | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br>Exempt payee code (if any) _____<br>Exemption from FATCA reporting code (if any) _____<br><small>(Applies to accounts maintained outside the U.S.)</small>                                                                                                                                                                                                                                                                                                               |                                                                                                                                                          |
|                                                       | <b>5</b> Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | Requester's name and address (optional)                                                                                                                  |
|                                                       | <b>6</b> City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                          |
|                                                       | <b>7</b> List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                          |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| <b>Part I Taxpayer Identification Number (TIN)</b><br>Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.<br><b>Note.</b> If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter. | <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td colspan="10" style="text-align: center;">Social security number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td colspan="10" style="text-align: center;">OR</td> </tr> <tr> <td colspan="10" style="text-align: center;">Employer identification number</td> </tr> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table> | Social security number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | OR |  |  |  |  |  |  |  |  |  | Employer identification number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Social security number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| Employer identification number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                        |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |    |  |  |  |  |  |  |  |  |  |                                |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
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|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|
| <b>Part II Certification</b><br>Under penalties of perjury, I certify that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |  |
| 1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |  |
| 2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and                                                                                                                                                                                                                                                                                       |  |
| 3. I am a U.S. citizen or other U.S. person (defined below); and                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |  |
| 4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |
| <b>Certification instructions.</b> You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3. |  |

|                  |                                  |              |
|------------------|----------------------------------|--------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ _____ | Date ▶ _____ |
|------------------|----------------------------------|--------------|

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filed-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.