Town of Secaucus
1203 Paterson Plank Road
Secaucus, New Jersey 07094

RFP/Q Documents
for
LEAD PAINT INSPECTION AND ABATEMENT CONSULTANT CONCESSION SERVICES COMPETITIVE CONTRACT

RFP/Q OPENING DATE: July 7, 2026
RFP/Q OPENING TIME: 10:00am

TOWN OF SECAUCUS
OFFICE OF PURCHASING
1203 PATERSON PLANK ROAD
SECAUCUS, NEW JERSEY 07094

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1.0 RFP/Q NOTICE

LEAD PAINT INSPECTION AND ABATEMENT CONSULTANT CONCESSION SERVICES

PLEASE TAKE NOTICE that the Town of Secaucus requests submission of Proposals & Qualifications (RFP/Q) for Lead Paint Inspection and Abatement Consultant Concession Services. RFP/Qs will be received by the Town Clerk of the Town of Secaucus ("Town"), or their designee, on **July 7, 2026 at 10:00 a.m.,** prevailing time, at 1203 Paterson Plank Road, Chambers 2, Secaucus, New Jersey 07094, at which time said RFP/Qs will be publicly opened and considered.

Obtaining RFP/Q Documents:

RFP/Q documents may be examined and obtained online at www.Secaucusnj.gov or at the Office of Purchasing, 1203 Paterson Plank Road, 3rd Floor, Secaucus, New Jersey 07094, phone 201-330-2026, during business hours, 9:00 a.m. until 4:00 p.m.

All RFP/Q addenda or clarifications will be issued on the Town's website at www.Secaucusnj.gov. All interested Proposers are solely responsible for checking the website through the RFP/Q opening date and time listed above for any changes to the RFP/Q specifications or RFP/Q opening.

The Town of Secaucus is only responsible for forwarding addendum to the Proposers who obtained the RFP/Q documents from the Secaucus Office of Purchasing and have left the appropriate contact information, or those who have put the Town of Secaucus on notice that they have received the specifications from the Town Website.

Submission of RFP/Q

The office hours of the Town Clerk to receive Proposals are weekdays from 9:00 a.m. to 4:00 p.m., holidays excepted. The within RFP/Q must be provided to the Town Clerk prior to or in person at the time and place fixed for the RFP/Q opening.

An original and two (2) copies of the proposal documents must be submitted to and be received by the Town, via mail or hand delivery, by the time and place stated in the Legal Notice to Proposers. RFP/Q documents **will not** be accepted by facsimile transmission or e-mail. Any and all documents submitted to this RFP/Q Request not received by the Town by the time and date specified for receipt will be rejected. Proposals must be enclosed in sealed envelopes bearing on the outside: The name and address of the Proposer, the word "RFP/Q", and the RFP/Q project number (if applicable) and title. Said RFP/Qs shall be addressed to the Town Clerk, Town of Secaucus, 1203 Paterson Plank Road, 2nd Floor, Secaucus, New Jersey 07094. It is the Proposer's responsibility that RFP/Qs are presented at the time and at the place designated.

The Town reserves the right to consider RFP/Qs for sixty (60) days after the receipt thereof and further reserves the right to waive any technical non-conformance or minor irregularities therein.as well as the option to reject any and all bids for any reason set forth in N.J.S.A.40A:11-13.2 et seq. and N.J.A.C. 17-27.

This RFP/Q has been advertised in accordance with the "Fair and Open Basis", and nothing further shall be required under the Pay-to-Play Legislation (N.J.S.A. 19:44A-20.7).

By order of the Town of Secaucus.

Michael Marra
Town Clerk

2.0 DEFINITIONS

“RFP/Q DOCUMENTS” means all documents requesting proposals including the Legal Notice, Definitions, Instructions to Bidders, Scope of Work, RFP/Q Proposal Checklist, RFP/Q Proposal Form, and all required documents submitted by the Contractor.

“CONTRACT” means the written agreement executed by and between the Contractor and the Town, which is a legally binding relationship enforceable by law, as amended, changed, or modified and shall include all RFP/Q Documents.

“CONTRACTOR” means any respondent to the Request for Proposals (RFP) issued by the contracting unit.

"***AUTHORIZED AGENT***" means a duly-appointed qualified purchasing agent, legal counsel, or administrator of a contracting unit using competitive contracting

"**RESPONSIBLE**" means able to complete the contract in accordance with its requirements, including but not limited to requirements pertaining to experience, moral integrity, operating capacity, financial capacity, credit, and workforce, equipment, and facilities availability.

"**RESPONSIVE**" means conforming in all material respects to the terms and conditions, specifications, legal requirements, and other provisions of the request.

“TOWN” refers to the Town of Secaucus.

“LEGAL NEWSPAPER” for purposes of these Bid Documents, means THE BERGEN RECORD

Definitions set forth in N.J.S.A. 40A:11-2 are incorporated herein by reference.

3.0 RFP/Q PROPOSAL CHECKLIST

Applicable to RFP/Q if marked "X"	DOCUMENTATION REQUIRED OR REVIEWED	Initials	When Due
	RFP/Q Guarantee (RFP/Q Bond or Certified/Cashier's Check) (with POA for full amount of RFP/Q Bond)		With RFP/Q Submission
	Consent of Surety (Certificate from Surety company)		With RFP/Q Submission
	Performance Bond and Labor and Material Payment Bond (Required from the Awarded Contractor)		At signing of contract
	Maintenance Bond in the Amount of 100 % for a period indicated in "General Conditions" Required from the Awarded Contractor Upon Acceptance of Project		Upon Acceptance of Project
X	Acknowledgement of Receipt of Addenda (To be Completed if Addenda are Issued)		With RFP/Q Submission
X	Ownership Disclosure Form		With RFP/Q Submission
X	Named Subcontractors in RFP/Q for Listed Specialty Trades		With RFP/Q Submission
	Public Works Contractor Registration Certificate(s) for the Proposer and all Subcontractors		Prior to Award, but effective at time of RFP/Q
X	Business Registration Certificate – Proposer and all Subcontractors		Prior to Contract Award
X	Certificate of Employee Information Report, Form AA 302, or Letter of Federal Affirmative Action Plan Approval		With RFP/Q Submission
X	Experience and Qualifications		Prior to Contract Award
X	Insurance and Indemnification Certificate		Prior to Contract Award
X	Disclosure of Investment Activities in Iran Form		Prior to Contract Award
X	Disclosure of Investment Activities in Russia/Form		Prior to Contract Award
X	Federal Debarment Form		Prior to Contract Award
X	New Jersey Debarred List Affidavit		Prior to Contract Award
	Prevailing Wage Certification (PL 2021, C301)		Prior to Contract Award
	Equipment Certification		With RFP/Q Submission
X	Proposers Checklist		With RFP/Q Submission

This checklist is provided for Proposer's use in assuring compliance with required documentation; however, it does not include all specifications requirements and does not relieve the Proposer of the need to read and comply with the specifications.

Proposer Name: _____ Date: _____

Authorized Representative: _____

Signature: _____

Print Name & Title: _____

4.0 REQUEST FOR PROPOSAL

4.1 Introduction

The Town of Secaucus is seeking a state certified lead evaluation contractor to provide lead-based paint inspections on behalf of the Town when such inspections are required under N.J.S.A. 52:27D-437.1 *et seq*.

The selected vendor will work under the direction of the Construction Official or designee to handle lead-based paint inspections, as they are required. The highest rated vendor will be selected for these professional services. The Town intends to select one or more qualified vendor to enter into a master agreement for a one (1) year term, with two (2), one (1) year extension options at the discretion of the Town. The master agreement will specify the billing rates, personnel to be assigned, and other terms. The selected vendor must perform the work, the use of subcontractors shall be strictly prohibited without prior written consent of the Town, in its sole discretion.

4.2 Scope of Services

The certified lead evaluation contractor shall inspect via dust-wipe sampling any applicable properties in accordance with the provisions of P.L.2021, c.182 and implementing regulations and shall certify the dwelling unit as lead-safe on a form prescribed by the Department of Community Affairs; or, if lead-based paint exists in a dwelling unit upon conducting an inspection, the said contractor shall conduct additional inspections to certify that the hazard no longer exists. If a lead-based paint hazard exists, the contractor shall notify the Commissioner of the Department of Community Affairs.

The proposed services will include the following:

1. If a Unit Visual is required, the selected vendor(s) will provide proper staffing to perform:
    a. Visual Inspections (Section 3.3.4 of P.L.2021, c.182)
        i. The certified lead evaluation contractor shall examine rental dwellings for deteriorated paint or visible surface dust, debris, or residue. Paint if deteriorated when it is peeling, chipping, chalking, or cracking. Tack and nail holes, small hairline cracks, and other surface imperfections may not be considered deteriorated paint.
        ii. The certified lead evaluation contractor shall look for deteriorated paint on all painted building components, especially any walls, windows, or trim. Also the certified lead evaluation contractor shall look on surfaces that experience friction or impact. When two surfaces slide across each other or strike on another, the painted surface may become deteriorated. Examples of friction and impact surfaces are doors, windows, floors, and trim areas. The certified lead evaluation contractor shall look for paint chips or dust from painting activities that were not cleaned up and paint residue on the floors, which could be a hazard for small children.

2. If a Unit dust wipe sample(ing) is required, the selected vendor will provide staffing to perform:
    a. Dust Wipe Sampling (Section 3.3.5 of P.L.2021, c.182)
        i. Dust wipe sampling is collected by wiping representative surfaces, including floors (both carpeted and uncarpeted), interior windowsills, and other similar surfaces, and testing in accordance with a method approved by HUD.
        ii. These samples must be undertaken properly to ensure that results are accurate.
        iii. N.J.A.C. 5:17 contains requirements for dust wipe sampling. In addition, Appendix 13.1 of the HUD Guidelines for the Evaluation and Control of Lead-Based Paint Hazards in Housing provides the protocol for sample collection. This Appendix is available online at: https://www.hud.gov/sites/documents/LBPH-40.PDF.
        iv. It is recommended that the certified lead evaluation contractor also perform a visual inspection when undertaking a dust wipe sampling.
        v. If it is determined upon inspection that no lead-based paint hazards exist in a dwelling, the certified lead evaluation contractor will provide the appropriate support documentation so the local enforcing agency shall certify the dwelling unit as lead-safe.
3. Post-Remediation Inspection (Section 4.4.0 of P.L. 2021, c.182)
    a. If a Unit has completed remediation of identified hazards, the certified lead evaluation contractor can provide for post-remediation inspection.
        i. After remediation has been completed, whether through interim controls or abatement, the certified lead evaluation contractor must perform an additional inspection within sixty (60) days of the initial periodic lead-based paint inspection to ensure there are no further lead-based paint hazards.
        ii. Upon conducting the reinspection in dwellings that have been remediated using interim controls, if no lead-based paint hazards are found, the certified lead evaluation contractor must certify the dwelling to be a lead safe pursuant to P.L.2021, c.182.

The certified lead evaluation contractor(s) shall perform all such services in accordance with an as required by EPA's 40 C.F.R. Part 745, HUD's 24 C.F.R. Part 35, the HUD Guidelines Evaluation and Control of Lead Based Hazards in Housing (2012 Edition), and N.J.A.C. 5:17, 8:62.

4.3 Proposal Format and Content

The proposal shall be brief, precise, and shall not include unnecessary promotional material. The proposal should contain the elements listed below:

1. An executive summary of not more than two (2) pages identifying and substantiating why the vendor is best qualified to provide the requested services. The letter shall be signed by a person authorized to negotiate a contract with the Town.

2. Qualifications and experience of the vendor on similar projects, emphasize successful projects completed for local government clients within the last five (5) years.

3. A staffing plan listing those persons who will be assigned to the engagement if the vendor is selected, including the designation of the person who would be the vendor's officer responsible for all services required under the engagement. This portion of the proposal shall include individual resumes, licenses, and certifications for all staff to be assigned to this contract.

4. The most current rate/fee schedule that includes the rates of all applicable staff that may be assigned to this contract.

5. A plan on how staff will be assigned to the contract to manage costs to the Town.

6. A minimum of three (3) references and no more than six (6) (contact name, agency, title, address, email, and telephone number) for recent similar or related work.

7. Any additional relevant information that may be helpful in the selection process.

8. In its proposal, the vendor must identify any existing or potential conflicts of interest and disclose any representation of parties or other relationships that might be considered a conflict of interest with regard to this engagement, or the Town.

4.4 Evaluation Criteria

The vendor who is determined to be the most advantageous to the Town, price and other factors considered shall be awarded a contract at the discretion of the Town up to a total of five (5) years. Under no circumstances shall the provisions of this proposal be subject to negotiations.

EVALUATION CRITERIA	Weighting of Score
TECHNICAL CRITERIA	50%
Vendor's proposal/response demonstrates a clear understanding of the scope of work and related objectives	
Vendor's proposal/response is complete and responsive to the technical RFP requirements	
Vendor evidences successful past performance of like projects	
MANAGEMENT CRITERIA	40%
History and experience in performing similar work	
Availability of personnel, facilities, equipment, etc.	
Qualification and experience of support personnel	
Significant experience in Lead Based Paint Inspections	

COST CRITERIA	10%
Cost of goods/services to be provided	
Quality and quantity of Vendor's services to previous clientele	
POINTS TOTALS	

4.5 Insurance Requirements

Worker's Compensation Insurance

Worker's Compensation Insurance shall be maintained in full force during the life of the contract, covering all employees engaged in performance of the contract pursuant to N.J.S.A. 34:15-12(a) and N.J.A.C. 12:235-1.6.

General Liability Insurance

The selected vendor shall furnish evidence to the Town of Secaucus prior to commencement of the work that they will provide Standard Liability for any operations to be performed by the vendor as follows:

General Liability Insurance shall be provided with limits of not less than $1,000,000.00 for any occurrence and $1,000,000.00 aggregate for bodily injury and property damage. Coverage shall be maintained in full force during the life of the contract.

Automotive Liability Insurance

Automotive Liability Insurance covering the vendor for claims arising from owned, hired, and non-owned vehicles with limits of not less than $1,000,000.00 for any one occurrence and $1,000,000.00 aggregate for bodily injury and property damage. Coverage shall be maintained in full force during the life of the contract.

Professional Liability Insurance

Professional Liability Insurance covering the vendor for claims arising from its representation of the municipality with limits of not less than $1,000,000.00 for any one occurrence, which shall be claim based, and coverage shall be maintained in full force and effect during the life of the contract.

The preceding insurance requirements may be amended before the issuance of the final contract at the sole and absolute discretion of the Town of Secaucus on a case-by-case basis.

4.6 Submission of Proposals, Time and Place

See Section 1.0, "RFP/Q NOTICE."

The delivery of the proposal to the Town of Secaucus Clerk's Office by the above date and time is solely and strictly the responsibility of the Respondent. The Town shall not, under any circumstances, be responsible for the loss of, delay or non-delivery of any proposal prior to the proposal opening.

4.7 Conditions

By responding to this RFP, the Respondent acknowledges and consents to the following conditions relative to the submission, review and consideration of its Proposal:

1. The issuance of the RFP is not intended to and shall not be construed to commit the Town to execute any agreement.

2. The Town reserves the exclusive rights set forth in Section 8 hereof.

3. Neither the Town, its staff, nor any of its consultants will be liable for any claims or damages resulting from the solicitation or collection of Proposals in response to this RFP, nor will there be any reimbursement to Respondents for the cost of preparing the Proposal or for participating in the RFP process.

4. By submitting a Proposal in response to the RFP, the Respondent accepts and consents to the procurement process selected (and implemented) by the Town and the Respondent waives any and all claims to same.

5. All Proposals submitted in response to this RFP will become the property of the Town and will not be returned.

6. Reasonable efforts will be taken by the Town to keep information of a confidential or proprietary nature confidential during and after the procurement process, as permitted by law, when such information has been previously and properly identified by the Respondent.

7. Failure of any Respondent to submit a Proposal that completely addresses the requirements of this RFP (including submittal as part of such Proposal of all documents required to be submitted under the terms of this RFP), at the times and in the manner specified in this RFP, may result in the rejection of the Proposal by the Town.

8. All documentation and information provided by the Town in connection with this RFP is believed to be accurate and correct; however, the Town makes no guarantees as to the accuracy of the information provided. Each Respondent is instructed to notify the Town if it believes that any information provided herein is not accurate and/or correct.

4.8 Rights of the Town

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

1. To eliminate any Respondent who submits an incomplete or inadequate Proposal or is otherwise not responsive.

2. To reject any or all Proposal(s) or any Proposal(s) deemed to be non-responsive to the RFP.

3. To supplement, amend, or otherwise modify the RFP.

4. To change or alter the schedule for any events called for in the RFP.

5. To conduct investigations of any or all of the Respondents and their Proposals as the Town deems necessary or convenient, to clarify the information provided as part of the Proposal, including discussions with contact persons of prior clients, regulatory agencies, and to request additional information to support the information included in any Proposal.

6. To decline to select a Successful Respondent or award a Contract for any reason.

7. To abandon this procurement process at the Town's convenience at any time for any reason.

8. To select the Proposal(s) that, in the Town's sole judgment, best serves the interest of the Town.

9. To interview any or all Respondents.

4.9 Term

In accordance with the term of competitive contracts, this procurement shall result in an award of a one (1) year term, with two (2) one (1) year extension options at the discretion of the Town, beginning August 1, 2026.

4.10 Contacts and Questions

All questions pertaining to process or technical questions shall be sent via email to csmith@secaucus.net.

5.0 PROPOSAL FORM

Proposals shall be attached and submitted with competitive contract response and this form executed.

_____

Company Name

_____

Address

_____	_____
Signature of Authorized Agent	Print Name Title:
_____	_____
Telephone Number	Date
_____	_____
Fax Number	Email Address

Town of Secaucus

ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA

Pursuant to the N.J.S.A. 40A:11-23(c) & (d), the undersigned bidder hereby acknowledges receipt of the following notices, revisions or addenda to the bid advertisement, specifications or bid documents. By indicating date of receipt, bidder acknowledges the submitted bid takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of notice to bidders shall take precedence and that failure to include provisions of changes in the bid proposal may be subject for rejection of the bid.

Title of Addendum/Revision	**Received Via (email, fax, etc.)**	**Date Received**

☐ No addenda were received

ACKNOWLEDGEMENT OF BIDDER

Name of Bidder: _____

Bidder's Signature: _____

Printed Name & Title: _____

Date: _____

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: _____

Organization Address: _____

Part I Check the box that represents the type of business organization:

☐ Sole Proprietorship (skip Parts II and III, execute certification in Part IV)

☐ Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)

☐ For-Profit Corporation (any type) ☐ Limited Liability Company (LLC)

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP)

☐ Other (be specific): _____

Part II

☐ The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (**COMPLETE THE LIST BELOW IN THIS SECTION**)

OR

☐ No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (**SKIP TO PART IV**)

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Address

NOTICE TO ALL BIDDERS

NOTICE OF INTENT TO SUBCONTRACT FORM

SUBCONTRACTOR UTILIZATION PLAN FORM

Pursuant to the General Conditions, **any bidder intending to subcontract must also complete the Subcontractor Utilization Form (Form).** Bidders are instructed to list ***all*** proposed subcontractors on the *Form*. A bidder intending to subcontract must include a completed and signed *Form* or be subject to rejection of its proposal as non-responsive.

All bidders must complete the Notice of Intent to Subcontract form. Failure to include a completed and signed *Notice of Intent to Subcontract* form will be sufficient cause to reject a bidder's proposal as non-responsive.

REQUIRED SUBMISSION

NOTICE OF INTENT TO SUBCONTRACT FORM

This NOTICE OF INTENT TO SUBCONTRACT FORM MUST BE COMPLETED AND INCLUDED AS PART OF EACH BIDDER'S PROPOSAL. FAILURE TO SUBMIT THIS FORM WILL BE CAUSE FOR REJECTION OF THE BID AS NON-RESPONSIVE.

Solicitation Number: _____ Solicitation Title: _____

Bidder's Name: _____

Bidder's Address: _____

INSTRUCTIONS: PLEASE CHECK ONE OF THE BELOW LISTED BOXES:

☐ **If awarded this contract, I will engage subcontractors to provide certain goods and/or services.**

ALL BIDDERS THAT INTEND TO ENGAGE SUBCONTRACTORS MUST ALSO SUBMIT A COMPLETED AND CERTIFIED ***SUBCONTRACTOR UTILIZATION FORM*** WITH THEIR BID PROPOSALS.

☐ **If awarded this contract, I do not intend to engage subcontractors to provide any goods and/or services.**

ALL BIDDERS THAT DO NOT INTEND TO ENGAGE SUBCONTRACTORS MUST ATTEST TO THE FOLLOWING CERTIFICATION:

I hereby certify that if the award is granted to my firm and if I determine at any time during the contract to engage subcontractors to provide certain goods and/or services, pursuant to the General Conditions of this bid, I will submit the ***Subcontractor Utilization Form (Form)*** for approval to the Division of Purchase and Property in advance of any such engagement of subcontractors. Additionally, I certify that in engaging subcontractors, I will make a good faith effort to achieve the subcontracting set-aside goals established for this contract, and I will attach to the ***Form*** documentation of such efforts in accordance with NJAC 17:13-4.

PRINCIPAL OF FIRM:

_____ _____ _____

(Signature) (Title) (Date)

Town of Secaucus

Purchasing Department

Christine Smith, QPA, RPPS
Purchasing Agent
1203 Paterson Plank Road
Secaucus, NJ 07094
P: 201.330.2026
F: 201.271.3615
CSmith@Secaucus.net

To: All Vendors
Advisory Notice – Law C57, Laws 2004, S1778

Business organizations planning to contract with any public agency in New Jersey, including state agencies, local governments, colleges/universities, and local school boards, will be required to provide a copy of their Business Registration Certificate.

Information about Business Registration Certificates and application forms are available on the New Jersey Department of Treasury; Division of Revenue and Enterprise Services website: State of NJ - Department of the Treasury - Division of Revenue State of NJ - Department of the Treasury - Division of Revenue Getting Registered. The website also permits you to check to see if you are already registered. The Town of Secaucus requires a copy of your Business Registration Certificate on file as soon as you receive it.

"Business organization" (as defined in the law) means an individual, partnership, association, joint stock company, trust, corporation, or other legal business entity or successor thereof, that seeks to enter, or has entered into, a contract to provide goods or services or to construct a construction project with a contracting agency.

The revised law further provides that:

1. A copy of the Business Registration Certificate issued by the New Jersey Department of Treasury shall be provided prior to the award of a bid or RFP.

2. A copy of the Business Registration Certificate shall be submitted before any purchase order or other contracting document can be issued. Failure to supply a certificate will prevent the Town from being able to purchase from you.

3. Contractors are responsible for notifying subcontractors of the law's provisions.

It is anticipated that the Department of Treasury will promulgate rules, which may require further communication at a later date.

All businesses MUST provide a copy of their Business Registration Certificate (BRC) for their registration to be complete. Below are samples of a BRC Certificate. The Taxpayer Name on the BRC must be the same as the name on the Vendor Registration and the W9 form.

Non-profit Organizations must provide proof of 501(c)(3) exemption instead of the BRC.

Online BRC Look-up: https://www1.state.nj.us/TYTR_BRC/jsp/BRCLoginJsp.jsp
Information on BRC Requirements: http://www.state.nj.us/treasury/revenue/busregcert.shtml

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:

TRADE NAME:

TAXPAYER IDENTIFICATION#:

SEQUENCE NUMBER:

ADDRESS:

ISSUANCE DATE:

EFFECTIVE DATE:

Acting Director

FORM-BRC(08-01)

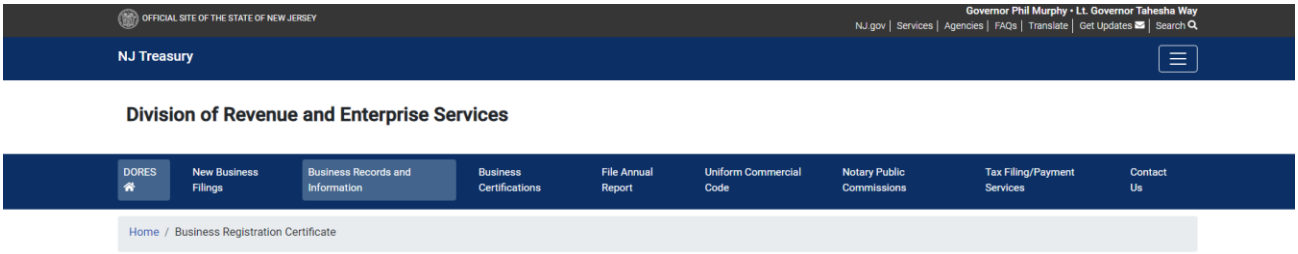
This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004

For Office Use Only:

20041014112823533



Business Registration Certificate

A Business Registration Certificate serves two purposes:

- **For public contracting, as proof of valid business registration with the New Jersey Division of Revenue.**
  Pursuant to N.J.S.A. 52:32-44, all contractors and subcontractors must provide a Business Registration Certificate from the Division of Revenue in the Department of the Treasury when doing business with the State of New Jersey, and other public agencies in this state. Proof of registration is also required for licensure with the Casino Control Commission.
    - A Business Registration Certification is not required when:
        - the value of a single contract with the contractor is less than 15 percent of the contracting agency's bid threshold; or
        - the aggregate amount of contracts with the contractor during a fiscal year, is less than 15 percent of the contracting agency's bid threshold.

      The bid threshold lists are available on the Division of Purchase and Property's website under Agency Information.

- **To comply with Chapter 85, P.L. 2006, defined under N.J.S.A. 54A:7-1.2.**
  You must use the Business Registration Certificate if you are an unincorporated construction contractor performing work in NJ or you are a registered unincorporated contractor requesting proof of certification.

If you are a registered vendor but have not received the Business Registration Certificate, you may obtain a certificate online. Please note that this certificate is not required for all businesses in New Jersey. It is required only for those doing business with the public sector and with the casino service industry.

You may check the online registration inquiry to determine if the business is already registered. If you have not registered but are required to have this certificate, you will need to complete Form NJ-REG. Representatives of the Division's Customer Contact Center activity are available to assist in the registration process. Call 609.292.9292.

Filing Form NJ-REG

You may submit Form NJ-REG online, but please review the following before doing so:

- Any domestic or foreign **corporation, limited partnership, limited liability company or limited liability partnership** that is contracting with public agencies in New Jersey and/or that has tax nexus in New Jersey must obtain legal authority to operate in this State **prior to submitting Form NJ-REG**. Generally, this is accomplished by filing a Certificate of Incorporation or Formation with the Division. You may wish to visit the getting registered page for more information on this topic.
- **Individuals or Unincorporated Construction Contractors** with no business tax or employer obligations may register using Form Reg-A instead of Form NJ-REG in order to obtain the Business Registration Certificate. Individuals who have created and are operating as a business entity (e.g. LLC) may not use Form REG-A.
- **Non-profit organizations** may be required to register for tax purposes, but are not subject to the proof of registration requirement when contracting with public agencies in this state.

Access Form NJ-REG online

Public Contracts

When seeking a public contract, an affirmative action report (Form AA-302) will also be required. The Certificate of Registration may not be used as evidence of compliance with the affirmative action requirements and submitted in lieu of Form AA-302. Both forms will be required. The Division of Purchase and Property's, Contract Compliance and Audit Unit provides guidelines for businesses awarded public contracts. The Form AA-302 may be electronically submitted via online submission or manually at In addition, answers to frequently asked questions are provided by the Division of Local Government Services. While designed for local government contracting, the FAQ page contains guidance that it is applicable to most New Jersey government procurement activities.

- Instructions for Contracting with Local Government, Colleges and Universities, County Colleges and Boards of Education
- Guidelines and Regulations for Awarded Public Contracts
- Affirmative Action Employee Information Report (Form AA-302)

Last Updated: Friday, 12/01/23

Town of Secaucus

Purchasing Department

Christine Smith, QPA, RPPS
Purchasing Agent
1203 Paterson Plank Road
Secaucus, NJ 07094
P: 201.330.2026
F: 201.271.3615
CSmith@Secaucus.net

EQUAL EMPLOYMENT OPPORTUNITY COMPLIANCE

New Jersey State law requires that the below Affirmative Action and Equal Employment Opportunity documentation shall be provided by any vendor that wishes to do business with the Town of Secaucus. These forms must be on file with this office, available to the State upon their request.

1. **Mandatory Equal Employment Opportunity Language**. Please review carefully, and return a copy signed by the highest official in your company, acknowledging agreement.

2. **Certificate of Employee Information Report.** This certificate is issued by:

NJ Department of the Treasury
Division of Purchase & Property
Contract Compliance Audit Unit EEO Monitoring Program.

*__IMPORTANT__ - **If you do not have a Certificate**: Complete the enclosed 302 Form and forward it to the State, per the instructions at the top of the page, with your application fee. Please provide the Town proof that you have applied to the State of New Jersey, and your certificate once it is received.

- **Do not send any payments to the Town – We do not supply the CEIR**

Submissions shall be forwarded to the Purchasing Office via fax, email, or mailing address as listed above. Please contact this office with any questions.

Forms, additional instructions, and information can also be found at:
https://www.nj.gov/treasury/contract_compliance/

(Revised July 2022)

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)
N.J.A.C. 17:27-1.1 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

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

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

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

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

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

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

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

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

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

(Revised July 2022)

EXHIBIT A
(CONTINUED)

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

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division through the Division's website at: http://www.state.nj.us/treasury/contract_compliance

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Company Name: _____ Date: _____

Print Name: _____ Title: _____

Signature: _____

Employee Information Report

EEO Reporting, Forms Link and

FREQUENTLY ASKED QUESTIONS

WEBSITE TO OBTAIN FORMS: **www.state.nj.us/treasury/contract_compliance**

WHO SHOULD CHECK OR MONEY ORDER BE PAYABLE TO? The Treasurer, State of New Jersey

HOW TO OBTAIN A DUPLICATE CERTIFICATE: Visit the website above and select forms. Print and complete the Duplicate Request Form and mail with a $75 check or money order payable to The Treasurer, State of NJ, PO Box 206, Trenton, NJ 08625. **NOTE**: No fee is required for name and/or address updates.

HOW LONG DOES IT TAKE TO PROCESS FORM AA-302 AND RECEIVE CERTIFICATE OF EMPLOYEE INFORMATION REPORT? The initial Form AA-302 certificate may take up to three (3) weeks. Renewals certificates may take up to two (2) weeks.

HOW LONG ARE CERTIFICATES VALID? For entities with fewer than 50 employees, the certificate is valid for seven (7) years. For entities with 50 employees or more, the certificate is valid for three (3) years.

WHICH ADDRESS SHOULD BE USED? When using the United States Postal Service (regular mail) to deliver the Form AA-302 and payment, the following address must be used:

NJ Dept. of the Treasury
Contract Compliance and Audit Unit
EEO Monitoring Program
PO Box 206
Trenton, NJ 08625-0206

When using a commercial delivery service such as FEDEX, UPS or other delivery service, the following address must be used:

NJ Dept. of the Treasury
Contract Compliance and Audit Unit
EEO Monitoring Program
33 West State Street, 9th floor
Trenton, NJ 08625

FOR QUESTIONS RELATED TO CONSTRUCTION FORMS AA-201 AND AA-202: Contact the NJ Dept. of Labor and Workforce Development, Office of Diversity and Compliance, Construction EEO Monitoring Program at (609) 292-9550.

HOW TO REGISTER FOR SUBMISSION OF ELECTRONIC RENEWAL CERTIFICATE: Visit **www.state.nj.us/treasury/contract_compliance**. Select the Premier Business Services Online Forms Account Instructions and follow the instructions.

HOW TO SUBMIT PAYMENT AFTER FILING RENEWAL CERTIFICATE ELECTRONICALLY? Mail check or money order (in the amount of $150) to the Division along with a print out of the online submission screen. Make check or money order

payable to: The Treasurer, State of New Jersey. Please write your certificate number on the check or money order.

RECEIVED RENEWAL NOTICE – HOW DO I RENEW MY CERTIFICATE? Follow the instructions on the renewal notice, refer to the Division's website and select forms, print out the renewal package, complete Form AA-302, Vendor Activity Summary Reports and mail in along with a check or money order payable to: The Treasurer, State of New Jersey.

TO OBTAIN THE STATUS OF YOUR CERTIFICATE: Please call (609) 292-5473 and a representative will be available to assist you. Please have your federal ID or certificate number available to ensure faster service. **NOTE**: Renewal Notices will be mailed within 90 days prior to the expiration date of your certificate.

CAN PAYMENTS BE MADE WITH CREDIT CARDS? Payments are only accepted in the form of a check or money order in the amount of $150 and must be submitted with the Form AA-302 (Employee Information Report).

DO NONPROFIT ORGANIZATIONS HAVE TO COMPLETE FORM AA-302? Yes, the Employee Information Report (Form AA-302) must be completed by nonprofit organizations to ensure compliance with the EEO requirements.

WHAT DOES THE CERTIFICATE LOOK LIKE? The Certificate of Employee Information Report is yellow in color, 3 ½ X 8 ½ and has your assigned certificate number in the top right corner. The entity's name and address along with the effective date and expiration date also are included on the certificate.

THE COMPANY HAS NO EMPLOYEES. SHOULD THE OWNER OPERATING THE BUSINESS REPORT NO EMPLOYEES OR ONE EMPLOYEE FOR HIMSELF/HERSELF? A company with no employees must report the officials and managers on line #3 and also on line #11 (officials/managers).

WEBSITE TO OBTAIN FORMS:

www.state.nj.us/treasury/contract_compliance

CREATING A LOGIN FOR ELECTRONIC FILING:

AA-302 - Online Submission - Register Now - Creating a Login

www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302/create-a-logon.pdf

ELECTRONIC FILING INSTRUCTIONS FOR THE AA302 FORM:

AA-302 - Online Submission Instructions

www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302/instructions.pdf

DIVISION OF REVENUE & ENTERPRISE SERVICES CENTRAL FORMS REPOSITORY & PAYMENT COLLECTION SYSTEM:

https://wwwdnet-tre.nj.gov/TYR_CentralFormsRepository/

Contact Information

Goods and Services:
Department of the Treasury
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program
PO Box 206
Trenton, NJ 08625-0206

Tel.: 609-292-5473

Fax: 609-292-1102

CCAU.AAEEO@treas.nj.gov

Construction:
Department of Labor & Workforce Development
Construction EEO Compliance Monitoring Program
PO Box 209
Trenton, NJ 08625-0209

Tel.: 609-292-9550

Fax: 609-984-4023

Constructioncc@dol.nj.gov

Form AA302
Rev. 02/22

STATE OF NEW JERSEY

Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED $150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY

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

3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY

4. COMPANY NAME

COMPANY E-MAIL

5. STREET CITY COUNTY STATE ZIP CODE

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

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

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

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

10. PUBLIC AGENCY AWARDING CONTRACT
CITY COUNTY STATE ZIP CODE

Official Use Only	DATE RECEIVED	INAUG.DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

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

JOB CATEGORIES	ALL EMPLOYEES	PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN														
	COL. 1	COL. 2	COL. 3	********* MALE*********						********FEMALE*********						
	Total	Male	Female													
	(Cols.2 &3)			BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES
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)															
	The data below shall NOT be included in the figures for the appropriate categories above.														
Temporary & Part-Time Employees															

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

13. DATES OF PAYROLL PERIOD USED
From: To:

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

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

SECTION C - SIGNATURE AND IDENTIFICATION

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

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

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM **AND TO SUBMIT THE REQUIRED $150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE**. **IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOUR ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. 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. This is not applicable if you are renewing a current Certificate.

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

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

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

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

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

ITEM 15 - If the answer to Item 14 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.

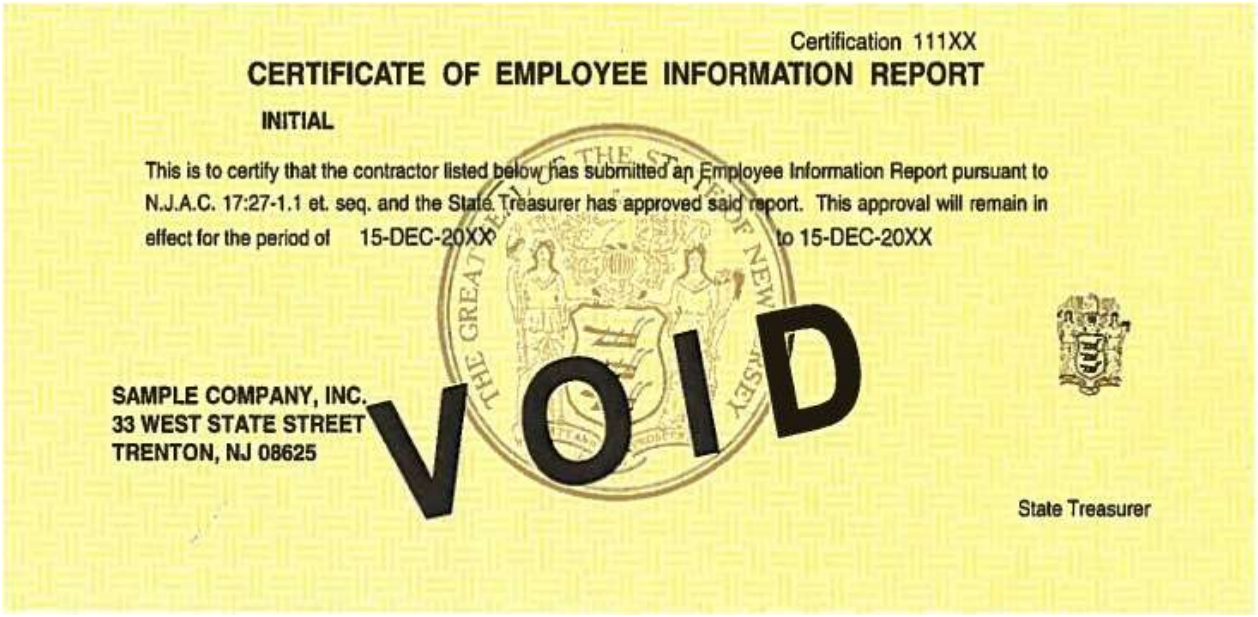
TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDING THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY **WITH A CHECK IN THE AMOUNT OF $150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY(FEE IS NON-REFUNDABLE)** TO:

NJ Department of the Treasury
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program
P.O. Box 206
Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

Sample Certificate of Employee Information Report



Certification 111XX

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-DEC-20XX to 15-DEC-20XX

SAMPLE COMPANY, INC.
33 WEST STATE STREET
TRENTON, NJ 08625

VOID

State Treasurer

Town of Secaucus

Experience & Qualifications Questionnaire

This questionnaire must be filled out and submitted as a part of the Proposal. Failure to complete this form or to provide any of the requested information will be grounds for the rejection of the bid proposal. If additional space is required, the respondent shall add additional sheets, which identify the question being answered.

Number of years in business under present name & address: _____

If less than 5 years, list previous names and address:

_____
_____
_____
_____

Within the last 5 years has the business or any officer/partner failed to complete a contract awarded to them: _____. If yes, provide the details in on a separate page.

Have any liens and lawsuits been filed against the company in the past 5 years: _____

If yes, please provide details:

_____
_____
_____
_____
_____
_____

List similar services you are now providing for which you have signed contract, but not yet started work:

_____
_____
_____
_____
_____

List all major subcontractors to be used to complete the service and the area of their responsibility:

_____
_____
_____
_____

Attach Additional Pages as Necessary

Town of Secaucus

Experience & Qualifications Questionnaire

Please provide at least 3 references below:

Name: **Phone:**

Address:

Equipment/Service Provided:

Contract Amount:

Name: **Phone:**

Address:

Equipment/Service Provided:

Contract Amount:

Name: **Phone:**

Address:

Equipment/Service Provided:

Contract Amount:

Bidder Information

Name: **Phone:**

Address:

TOWN OF SECAUCUS
INSURANCE REQUIREMENTS AND ACKNOWLEDGMENT FORM

Certificate(s) of Insurance shall be filed with the Town of Secaucus' Office of the Town Clerk upon award of contract by the Mayor and Council. The Contractor shall maintain during the life of the contract, insurance policies of the type and with the minimum limits indicated below and in a form satisfactory to the Town. The Contractor shall provide a certified copy of the policies and/or certificates of insurance prior to commencement of work. The minimum amount of insurance to be carried by the Entity/Contractor shall be as follows:

1. Workers' Compensation insurance in accordance with laws of the State of New Jersey and other states where work is being performed. Employers' Liability limits of Liability shall not be less than the following:

   $1,000,000 Each Accident
   $1,000,000 Disease, Each Employee
   $1,000,000 Disease, Policy Limit

2. Commercial General Liability insurance coverage, written on an occurrence basis, and must not be altered by any endorsements limiting coverage. Limits of Liability shall not be less than the following:

   $2,000,000 General Aggregate per location/per job
   $2,000,000 Products/Completed Operations Aggregate
   $1,000,000 Personal Injury and Advertising Injury Limit
   $1,000,000 Each Occurrence

3. Comprehensive Automobile Liability insurance covering the use of all owned, non-owned, hired or leased automobiles with limits of liability not less than $1,000,000 combined single limit for bodily injury and property damage. Coverage should include uninsured and underinsured motorist at limits no less than the minimum statutory limits.

4. Umbrella Liability insurance policy written on an occurrence basis with a minimum combined single limit of "see below" as "Follow Form" excess of the Contractor's Employers' Liability, Commercial General Liability and Comprehensive Automobile Liability insurance policies required herein.

Project Cost	**Umbrella Limit**
$50,000 and Below	$1,000,000
Over $50,000 to $500,000	$3,000,000
Over $500,000 to $1,000,000	$5,000,000
Over $1,000,000	$10,000,000

Additional Requirements as follows:

1. Certified copies of all insurance policies provided above or certificates thereof satisfactory to the Town of Secaucus shall be furnished forthwith. Each such policy or certificate shall contain a provision that it is not subject to change, cancellation or non-renewal unless 30 days prior written notice via certified mail/return receipt shall have been given to the Town of Secaucus by the Consultant's Insurer. These must be received 30 days prior to commencement of work.

2. All insurance purchased and maintained by the Contractor shall designate the Town of Secaucus, their officers, officials, agents, employees and consultants as additional insureds.

3. The Contractor agrees that it will defend, indemnify and save harmless the Town of Secaucus, its officers, agents and employees from all liability, suits, actions, and demands and all damages, costs or fees on account of injuries to persons or property, including accidental death, arising out of or in connection with the work, or by reason of the operations under this agreement.

   Waiver of Subrogation applies with respects to General Liability, Auto Liability and Excess (Umbrella) Liability.

Acknowledgment of Insurance Requirement:

_____

Signature Date

_____

Printed Name Title

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

BID SOLICITATION # AND TITLE: _____

VENDOR NAME: _____

Pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must certify that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the New Jersey Department of the Treasury's Chapter 25 List as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at https://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Vendors/Bidders must review this list prior to completing the below certification. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

CHECK THE APPROPRIATE BOX

☐ I certify, pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4), that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran.

OR

☐ I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, has engaged in regarding investment activities in Iran by completing the information requested below.

Entity Engaged in Investment Activities _____
Relationship to Vendor/ Bidder _____
Description of Activities _____
_____
_____
Duration of Engagement _____
Anticipated Cessation Date _____

**Attach Additional Sheets If Necessary.*

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I may be subject to criminal prosecution under the law, and it will constitute a material breach of my contract(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

_____ _____
Signature Date

_____
Print Name and Title

CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES

IN RUSSIA OR BELARUS

Pursuant to N.J.S.A. 52:32-60.1, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor[i]") that seeks to enter into or renew a contract with a State agency for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: https://sanctionssearch.ofac.treas.gov/. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any 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.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

(Check the Circle the Appropriate letter)

A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

_____

_____

_____

_____

(Attach Additional Sheets If Necessary.)

Signature of Vendor's Authorized Representative	Date
Print Name and Title of Vendor's Authorized Representative	Vendor's FEIN
Vendor's Name	Vendor's Phone Number
Vendor's Address (Street Address)	Vendor's Fax Number
Vendor's Address (City/State/Zip Code)	Vendor's Email Address

[i] Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed**.

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above**. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the ***Town*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with ***Town*** to notify the ***Town*** in writing of any changes to the information contained herein; 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 am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the ***Town*** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

CERTIFICATION OF NON-DEBARMENT
FOR FEDERAL GOVERNMENT CONTRACTS

N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

This certification shall be completed, certified to, and submitted to the contracting unit prior to contract award, except for emergency contracts where submission is required prior to payment.

PART I: VENDOR INFORMATION	
Individual or Organization Name	
Address of Individual or Organization	
DUNS Code (if applicable)	
CAGE Code (if applicable)	
Check the box that represents the type of business organization:	

☐Sole Proprietorship (skip Parts III and IV) ☐Non-Profit Corporation (skip Parts III and IV)

☐For-Profit Corporation (any type) ☐Limited Liability Company (LLC) ☐Partnership

☐Limited Partnership ☐Limited Liability Partnership (LLP)

☐Other (be specific): _____

PART II – CERTIFICATION OF NON-DEBARMENT: Individual or Organization			
I hereby certify that the **individual or organization listed above in Part I** is not debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the ***Town of Secaucus*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by the ***Town of Secaucus*** to notify the ***Town*** in writing of any changes to the information contained herein; 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 am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the **Town**, permitting the ***Town*** to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print):		Title:	
Signature:		Date:	

PART III – CERTIFICATION OF NON-DEBARMENT: Individual or Entity Owning Greater than 50 Percent of Organization	
Section A (Check the Box that applies)	
☐	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of its voting stock, or of the partner in the partnership who owns more than 50 percent interest therein, or of the member of the limited liability company owning more than 50 percent interest therein, as the case may be.
Name of Individual or Organization	
Home Address (for Individual) or Business Address	
OR	
☐	No one stockholder in the corporation owns more than 50 percent of its voting stock, or no partner in the partnership owns more than 50 percent interest therein, or no member in the limited liability company owns more than 50 percent interest therein, as the case may be.
Section B (Skip if no Business entity is listed in Section A above)	
☐	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of the voting stock of the organization's parent entity, or of the partner in the partnership who owns more than 50 percent interest in the organization's parent entity, or of the member of the limited liability company owning more than 50 percent interest in organization's parent entity, as the case may be.
Stockholder/Partner/Member Owning Greater Than 50 Percent of Parent Entity	
Home Address (for Individual) or Business Address	
OR	
☐	No one stockholder in the parent entity corporation owns more than 50 percent of its voting stock, no partner in the parent entity partnership owns more than 50 percent interest therein, or no member in the parent entity limited liability company owns more than 50 percent interest therein, as the case may be.
Section C – Part III Certification	

I hereby certify that no individual or organization that is debarred by the federal government from contracting with a federal agency owns greater than 50 percent of the **Organization listed above in Part I** or, if applicable, owns greater than 50 percent of a parent entity of **Organization listed above in Part I.** I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the ***Town of Secaucus*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by the ***Town of Secaucus*** to notify the ***Town*** in writing of any changes to the information contained herein; 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 am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the **Town**, permitting the ***Town*** to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print):		Title:	
Signature:		Date:	

Part IV – CERTIFICATION OF NON-DEBARMENT: Contractor – Controlled Entities		
Section A		
☐	Below is the name and address of the corporation(s) in which the **Organization listed in Part I** owns more than 50 percent of voting stock, or of the partnership(s) in which the **Organization listed in Part I** owns more than 50 percent interest therein, or of the limited liability company or companies in which the **Organization listed above in Part I** owns more than 50 percent interest therein, as the case may be.	
Name of Business Entity		**Business Address**
Add additional sheets if necessary		
OR		
☐	The **Organization listed above in Part I** does not own greater than 50 percent of the voting stock in any corporation and does not own greater than 50 percent interest in any partnership or any limited liability company.	

Section B (skip if no business entities are listed in Section A of Part IV)		
☐	Below are the names and addresses of any entities in which an entity listed in Part III A owns greater than 50 percent of the voting stock (corporation) or owns greater than 50 percent interest (partnership or limited liability company).	
Name of Business Entity Controlled by Entity Listed in Section A of Part IV		**Business Address**
Add additional Sheets if necessary		
OR		
☐	No entity listed in Part III A owns greater than 50 percent of the voting stock in any corporation or owns greater than 50 percent interest in any partnership or limited liability company.	

Section C – Part IV Certification			
I hereby certify that the **Organization listed above in Part I** does not own greater than 50 percent of any entity that that is debarred by the federal government from contracting with a federal agency and, if applicable, does not own greater than 50 percent of any entity that in turns owns greater than 50 percent of any entity debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the ***Town of Secaucus*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by the ***Town of Secaucus*** to notify the Town in writing of any changes to the information contained herein; 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 am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the ***Town***, permitting the ***Town*** to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print):		Title:	
Signature:		Date:	

Town of Secaucus

New Jersey Debarred List Affidavit

State of New Jersey
County of _____

I _____, residing in _____ in the county of
(name of affiant) (name of municipality)
_____, State of _____, of full age, being duly sworn according to law on my oath depose and say that:

I am _____ of the firm _____, the
(title or position)
bidder making this proposal for the bid entitled _____,

and that I executed said proposal with full authority to do so, that said bidder at the time of making this bid is not included on the State of New Jersey, State Treasurer's List of Debarred, Suspended and Disqualified Bidders; and that all statement contained in said bid and in the affidavit are true and correct, and make with the full knowledge that the _____ as the Owner
(name of contracting unit)
relies upon the truth of the statements contained in said bid and in the statement contained in this affidavit in awarding the contract for said work.

The undersigned further warrants that should the name of the firm making this bid appear on the State Treasurer's List of Debarred, Suspended and Disqualified Bidders at any time prior to, and during the life of this Contract, including Guarantee Period, that the Local Unit shall be immediately notified by the signatory of this Eligibility Affidavit.

The undersigned understands that the firm making the bid as Contractor is subject to debarment, suspension, and/or disqualification in contracting with the State of New Jersey, if the Contractor, pursuant to N.J.A.C. 12:60-7.1 et seq., commits any of the acts listed therein, and as determined according to applicable law and regulation.

_____

Subscribed and sworn to before me this_____ _____
day of _____, 20_____

_____

Notary Public of _____

(name, telephone no., fax no.,
and address of contractor)

My commission expires_____

_____
(name and title of affiant)

This form MUST be completed, notarized, and submitted with the bid document