

# Borough of Roselle Park

County of Union, State of New Jersey  
110 East Westfield Avenue  
Roselle Park, NJ 07204

ANDREW J. CASAIS, RMC, QPA  
*Borough Clerk &  
Qualified Purchasing Agent*



E-MAIL: [acasais@rosellepark.net](mailto:acasais@rosellepark.net)  
PHONE: (908) 245-6222  
Fax: (908) 245-5598

## REQUEST FOR PROPOSALS

Sealed proposals will be received by the Qualified Purchasing Agent for the Borough of Roselle Park on **Friday, November 30, 2018 at 10:00 a.m.**, prevailing time, in the Conference Room of Roselle Park Borough Hall, 110 East Westfield Avenue, Roselle Park, N.J. 07204 at which time and place proposals will be opened and read in public for:

### 2019 LABOR ATTORNEY

Proposals must be made on the standard proposal forms, be enclosed in a sealed package bearing the name and address of the bidder and labeled "**2019 Labor Attorney**" on the outside, addressed to Andrew J. Casais, RMC, QPA, Qualified Purchasing Agent at the address above.

Specifications may be obtained in-person at the Office of the Borough Clerk or online at [www.rosellepark.net](http://www.rosellepark.net).

All prospective vendors shall comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 et seq. regarding Equal Employment Opportunity and Affirmative Action. Small, Minority and Women's Business Enterprises are encouraged to obtain specifications and compete for the contracts.

Andrew J. Casais, RMC, QPA  
Qualified Purchasing Agent

**BOROUGH OF ROSELLE PARK  
GENERAL INSTRUCTIONS**

**1. INTENT OF SOLICITATION**

The Borough of Roselle Park is soliciting a Request for Proposals (RFP) for the provision of professional services, as more particularly described herein. Vendors interested in providing services to the Borough through the provision of such services must prepare and submit a proposal inclusive of a Submission Form / Qualification Statement in accordance with the procedure and schedule in this RFP. The Borough intends to qualify person(s) and/or firm(s) that: (1) possess the professional, financial and administrative capabilities to provide the proposed services, and (2) comply with the terms and conditions determined by the municipality to provide the greatest benefit to the taxpayers, and operational efficiencies of the Borough of Roselle Park.

**2. REQUIREMENTS FOR SUBMISSION**

A. Proper and Timely Receipt – Submissions considered timely shall be submitted and received, in hand, no later than **Friday, November 30, 2018 at 10:00 a.m.** as listed in the public notice of this solicitation to the attention of:

Andrew J. Casais, RMC, QPA  
Borough Clerk / Qualified Purchasing Agent  
110 East Westfield Avenue  
Roselle Park, New Jersey 07204

B. Number of Copies Required - One (1) originally signed (in ink) copy along with one (1) digital copy (via CD or USB drive) of each proposal shall be submitted. Vendors should not submit more than the required number of copies as outlined herein.

C. Transmittal Instructions - Proposals must be submitted in sealed envelopes clearly marked with the vendor name as well the service for which the proposal is being submitted. Each proposal must be provided on a Submission Form / Qualification Statement as supplied in the package, and signed by the professional services entity or principal thereof. Submission Forms / Qualification Statements, as part of the submission as a whole, must also be accompanied by a completed RFP checklist, a statement of ownership disclosure, a non-collusion affidavit, the required EEO/Affirmative Action evidence and signed compliance notice, Acknowledgement of Americans with Disabilities Act Language of 1990, a disclosure of investment activities in Iran, an insurance requirement acknowledgement form, the New Jersey Business Registration Certificate of the Vendor, and a W-9 of the vendor. All prices and amounts must be written in ink or, preferably, typewritten. Each signatory to the submission must initial all erasures or

corrections. The Borough of Roselle Park explicitly prohibits transmittal of proposals by way of facsimile.

The Borough of Roselle Park *strongly* urges vendors to verify the completeness of their submissions by carefully reviewing the submission checklist herein.

The Borough of Roselle Park will not be responsible for submissions forwarded through the U.S. Mail or any delivery service if lost in transit at any time before submission opening, or if hand-delivered to an incorrect location.

D. Withdrawal of Proposal - Submissions forwarded to the Borough of Roselle Park before the time of opening of proposals may be withdrawn upon written request of the professional services entity who shall be required to produce evidence showing that they are or represent the principal(s) involved in the submission. Submissions may not be withdrawn within twenty-four (24) hours of the stipulated time of opening of submissions. Once submissions have been opened, they must remain firm for a period of sixty (60) days.

E. Discrepancy in Cost Proposals - If applicable, in the event there is a discrepancy between the unit prices and the extended totals, the unit prices shall govern or if between the correct sum of the extended totals and the total submission submitted, the correct sum shall govern. Amounts written in words shall govern over the amounts written in numerals.

F. One Proposal Per Entity - More than one (1) submission from an individual, firm, partnership, corporation, or association of principals under the same or different names shall not be considered. Should more than one (1) submission be so received by an entity, it shall disqualify the entity from consideration.

## 2. SCOPE OF SOLICITATION

The Borough of Roselle Park seeks to receive proposals for **2019 Labor Attorney** for the contract period commencing no sooner than January 1, 2019 and terminating no later than December 31, 2019. Pursuant to the New Jersey Local Public Contracts Law, no language herein shall be construed so as to contemplate award of a professional services contract for a period of time greater than twelve (12) consecutive months.

## 3. SCOPE OF WORK, MINIMUM VENDOR REQUIREMENTS & SELECTION CRITERIA

A. Scope of Work - The Borough of Roselle Park intends to procure certain services as part of this solicitation, the scope of work for such services should be understood, at a minimum, as follows:

- (1) Supervise and coordinate management-labor relations and negotiations within the municipal structure of the Borough;
- (2) Serve as legal advisor/counsel thereby rendering opinions in writing and giving advice on

all labor questions of law submitted affecting the municipality; (3) Attend meetings of the Mayor and Council when requested to do so; (4) Draft, or supervise and review the phraseology of any labor contract, or other legal document or instrument which the Borough may be a party as it related to union/collective bargaining contracts; (5) Approve as to form and sufficiency all labor related legal documents, contracts, Ordinances and Resolutions made, executed or adopted by or on behalf of the Borough; (6) Subject to ratification by the Mayor and Council, have the power to enter into any labor agreement, compromise or settlement of any labor litigation in which the Borough is involved; and (7) Have such other functions, powers, and duties as may be provided by General Law or Ordinance.

B. Minimum Vendor Requirements – The Borough of Roselle Park intends to procure certain services as part of this solicitation from a vendor with the following *minimum* requirements understood:

A successful vendor shall, at a minimum be (1) a licensed attorney-at-law (or firm) of the State of New Jersey for no less than ten (10) years preceding the proposed appointment, and eligible to appear before all state and federal courts in New Jersey; and (2) have experience within the municipal labor relations discipline for no less than ten (10) years preceding the proposed appointment.

It is expected that a vendor will expand upon these minimum requirements in their Qualifications Statement by setting forth a variety of information inclusive of: (1) the name and roles of the individuals who will perform services and the descriptions of the individuals' experience including their education and certifications; (2) professional references and a demonstrated records of success providing the same service; (3) description of ability to provide the services desired in a timely fashion (including staffing levels and familiarity with subject matter); (4) cost details.

C. Selection Criteria - The selection criteria to be used in awarding contracts shall include the following:

(1) Meeting “Minimum Vendor Requirements” as stated in the forgoing solicitation; (2) Qualifications of the individuals who will perform the services/tasks and the amounts of their respective participation; (3) Experience and references; (4) Ability to perform the services/tasks in a timely fashion, including staffing and familiarity with the subject matter, including familiarity with the Borough of Roselle Park; (5) Cost considerations, including, but not limited to, historical costs for similar professional services, expertise involved, and comparable costs for comparable public entities; (6) Experience in appearing before the Office of Administrative Law and the State Superior Court, and/or the New Jersey Public Employment Relations Commission (PERC); and, (7) Possessing

demonstrable experience in the representation of public bodies, including but not limited to, Counties, Municipalities and the State of New Jersey.

#### **4. EVALUATION AND AWARD**

A. Time for Contract Award - The Borough of Roselle Park shall award a contract, or reject all submissions, within such time as may be specified in the invitation for submission, but in no case more than sixty (60) days, except that the submissions of any professional services entities who consent thereto may, at the request of the contracting unit, be held for consideration for such longer period as may be agreed.

The right is reserved by the Borough of Roselle Park to award submissions on a "service by service" basis, "per project" basis, in-part or in-whole as determined by the Borough.

B. Restrictions on Award – A contract award for this service will not be made unless the Borough's Chief Financial Officer has certified the necessary funds in a lawful manner.

C. Evaluation of Proposals - Proposals submitted by vendors will be evaluated by the Borough of Roselle Park in consideration of factors most advantageous to the Borough including managerial competency, qualifications as submitted, and price. After initial review to determine legal responsiveness, interviews of prospective vendors may be conducted by the governing body or any committee or designee thereof. It is particularly noted that any vendor who submits a proposal in connection with the forgoing solicitation explicitly consents to such an interview process should the governing body choose to exercise such an option.

Upon completion of the evaluation process, the matter of contract award shall be publically considered in the form of a Resolution of the governing body.

The Borough of Roselle Park reserves the right to reject all proposals for any reason. The Borough of Roselle Park expressly reserves the right to waive any informality in any submission, and to accept the submission, which in the Borough's judgment serves its best interests.

#### **5. PRICE PROPOSALS**

Prospective vendors must include a schedule of prices with their proposal. Such proposal shall include hourly rates or a flat fee for services rendered. If the latter option is chosen by the prospective vendor, it is understood that payments by the Borough of Roselle Park will be made on a pro-rated monthly basis for services provided. Hourly price proposals shall indicate the vendor's minimum billing units (i.e. tenths of an hour, quarters of an hour, etc...).

The Borough of Roselle Park reserves the right to consider cost proposals that are, in its sole discretion, the most advantageous. Furthermore, the Borough of Roselle Park reserves the right to enter into negotiations with prospective vendors, as it relates to prices for professional services as permitted by N.J.S.A. 40A:11-5.

NOTE: The Borough will not compensate or reimburse a vendor for routine and reoccurring expenses that relate to doing business with the Borough; including, but not limited to: copying, scanning, and faxing documents, and vehicle mileage for travel to or

from meetings.

**6. CONTRACTUAL GUIDANCE**

A. Payment Processing - Checks are processed by the Borough of Roselle Park's Finance Department on approximately the first and third Thursday of each month. It is necessary that approved, signed Borough of Roselle Park vouchers be accompanied by an invoice and submitted in advance of these dates to:

Borough of Roselle Park  
Finance Department - Accounts Payable  
110 East Westfield Avenue  
Roselle Park, New Jersey 07204

B. No Guaranteed Minimum Payments - Nothing provided within these specifications shall be construed so as to imply or guarantee any minimum payments by the Borough of Roselle Park to a vendor in receipt of a contract award. The Borough of Roselle Park shall only remit payment for receipt of services actually rendered and received.

C. Termination of Contract - The Borough of Roselle Park reserves the right to terminate any contract entered into upon thirty (30) calendar days' written notice within its sole discretion, with or without cause.

D. Transitional Period - In the event that a new contract has not been awarded prior to the contract expiration date, it shall be incumbent upon the professional services entity to continue the contract under the same terms and conditions until a new contract can be completely operational. At no time shall this transitional period extend more than ninety (90) days beyond the expiration date of the contract.

**BOROUGH OF ROSELLE PARK**

**SUBMISSION CHECKLIST**

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**THE FOLLOWING ITEMS, AS INDICATED BELOW , SHALL BE PROVIDED WITH THE RECEIPT OF SEALED SUBMISSIONS**

**Initial Here**

- |                                     |                                                                     |       |
|-------------------------------------|---------------------------------------------------------------------|-------|
| <input checked="" type="checkbox"/> | Completed RFP Checklist                                             | _____ |
| <input checked="" type="checkbox"/> | Completed Submission Form / Qualification Statement                 | _____ |
| <input checked="" type="checkbox"/> | Statement of Ownership Disclosure                                   | _____ |
| <input checked="" type="checkbox"/> | Non-Collusion Affidavit                                             | _____ |
| <input checked="" type="checkbox"/> | Required EEO/Affirmative Action Evidence & Signed Compliance Notice | _____ |
| <input checked="" type="checkbox"/> | Acknowledgement of Americans with Disabilities Act Language of 1990 | _____ |
| <input checked="" type="checkbox"/> | Disclosure of Investment Activities in Iran                         | _____ |
| <input checked="" type="checkbox"/> | Insurance Requirement Acknowledgement Form                          | _____ |
| <input checked="" type="checkbox"/> | Certification Regarding Political Contributions                     | _____ |
| <input checked="" type="checkbox"/> | New Jersey Business Registration Certificate of Vendor              | _____ |
| <input checked="" type="checkbox"/> | W-9 of Vendor                                                       | _____ |

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

Name of Vendor: \_\_\_\_\_

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

Signature: X. \_\_\_\_\_

Print Name: \_\_\_\_\_

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











**BOROUGH OF ROSELLE PARK**

**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 ON THE NEXT PAGE 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**)

**STATEMENT OF OWNERSHIP DISCLOSURE**  
(Continued)

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

| Name of Individual or Business Entity | Home Address (for Individuals) or Business Address |
|---------------------------------------|----------------------------------------------------|
|                                       |                                                    |
|                                       |                                                    |
|                                       |                                                    |
|                                       |                                                    |
|                                       |                                                    |

**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 | Home Address (for Individuals) or Business Address |
|-----------------------------------------------------------------------|----------------------------------------------------|
|                                                                       |                                                    |
|                                                                       |                                                    |
|                                                                       |                                                    |

**STATEMENT OF OWNERSHIP DISCLOSURE**  
(Continued)

**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 Borough of Roselle Park 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 the Borough of Roselle Park to notify the Borough of Roselle Park 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 Borough of Roselle Park to declare any contract(s) resulting from this certification void and unenforceable.

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

**BOROUGH OF ROSELLE PARK**

**NON-COLLUSION AFFIDAVIT**

State of \_\_\_\_\_  
County of \_\_\_\_\_

ss:

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

I am \_\_\_\_\_ of the firm of \_\_\_\_\_  
(Title or Position) (Name of Firm)

the bidder making this Proposal for the above named project, and that I executed the said proposal with full  
authority so to do; that said bidder has not, directly or indirectly entered into any agreement, participated in any  
collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above  
named project; and that all statements contained in said proposal and in this affidavit are true and correct, and  
made with full knowledge that the Borough of Roselle Park relies upon the truth of the statements contained in  
said proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure  
such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee,  
except bona fide employees or bona fide employees or bona fide established commercial or selling agencies  
maintained by \_\_\_\_\_ (name of contractor).

Subscribed and sworn to

before me this \_\_\_\_\_ day

of \_\_\_\_\_, \_\_\_\_\_.

X. \_\_\_\_\_  
Signature

\_\_\_\_\_  
(Type or print name of affiant under signature)

\_\_\_\_\_  
Notary public of

My Commission expires \_\_\_\_\_

**BOROUGH OF ROSELLE PARK**

**AFFIRMATIVE ACTION COMPLIANCE NOTICE**

**N.J.S.A. 10:5-31 and N.J.A.C. 17:27**

**GOODS, PROFESSIONAL SERVICE  
AND GENERAL SERVICE CONTRACTS**

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. 17:27-1 et seq.

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. 17:27.1 et seq. 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. 17:27-1 et seq.

COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_

DATE: \_\_\_\_\_



**BOROUGH OF ROSELLE PARK**

**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**

**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

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

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

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

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

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

The contractor or subcontractor agrees to make good faith efforts to meet targeted Borough 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

**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**  
**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**  
**(Continued)**

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.

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

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at [ww.state.nj.us/treasury/contract\\_compliance](http://ww.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 **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

**BOROUGH OF ROSELLE PARK**

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

The Contractor and the Owner, do hereby agree that the provisions of Title 11 of the Americans with Disabilities Act of 1990 (the "Act") (42 U.S.C. 5121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

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

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

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.

The undersigned vendor consents to the full understanding of the forgoing Americans with Disabilities Act Language of 1990:

Bidder/Vendor: \_\_\_\_\_

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

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

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

Date \_\_\_\_\_

**BOROUGH OF ROSELLE PARK**

**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

**PART 1: CERTIFICATION  
BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.**

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 proposal non-responsive.

**PLEASE CHECK EITHER BOX:**

I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity’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 I or the bidding entity 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**

**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 form below. (PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES).

Name: \_\_\_\_\_

Relationship to Bidder/Vendor: \_\_\_\_\_

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

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

Bidder/Vendor: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**  
**(Continued)**

**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 below-referenced person or entity. I acknowledge that the Borough of Roselle Park 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 contracts with the Borough of Roselle Park to notify the Borough of Roselle Park in writing of any changes to the answers or 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 agreements(s) with the Borough of Roselle Park and that the Borough of Roselle Park at its option may declare any contract(s) resulting from this certification void and unenforceable.

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

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

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

Date \_\_\_\_\_

Bidder/Vendor: \_\_\_\_\_

**BOROUGH OF ROSELLE PARK**

**INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM**

Certificate(s) of Insurance shall be filed with the Borough Clerk's Office upon award of contract by the governing body

The minimum amount of insurance to be carried by the Professional Service Entity shall be as follows:

**PROFESSIONAL LIABILITY INSURANCE**

Limits shall be a minimum of \$1,000,000.00 for each claim and \$1,000,000.00 aggregate each policy period.

Acknowledgement of Insurance Requirement:

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

\_\_\_\_\_  
(Printed Name & Title)

**BOROUGH OF ROSELLE PARK**

**CERTIFICATION REGARDING POLITICAL CONTRIBUTIONS**

STATE OF NEW JERSEY

: SS.

COUNTY OF \_\_\_\_\_

I, \_\_\_\_\_, \_\_\_\_\_ of the \_\_\_\_\_ of \_\_\_\_\_ in the County of \_\_\_\_\_ and the State of New Jersey, of \_\_\_\_\_ full age, being duly sworn

according to law on my oath depose and say that:

I am the \_\_\_\_\_ of the firm of \_\_\_\_\_, the Professional Service Entity making the submissions for the above named Service, and that I executed the said submission with full authority to do so; that said Professional Service Entity acknowledges that it is aware that the Borough of Roselle Park pursuant to Section 2-4 of the Borough Code prohibits the awarding of any public contract to any Professional Service Entity that has contributed in excess of two hundred (\$200.00) dollars to a campaign committee of any Borough of Roselle Park candidate or holder of the public office having ultimate responsibility for the award of the contract, or to any Borough of Roselle Park or Union County Party Committee, or to any political action committee (PAC) that is organized for the primary purpose of promoting or supporting Borough of Roselle Park municipal candidates or municipal officeholders, within one (1) calendar year immediately preceding the date of the contract or agreement.

I further warrant that pursuant to Roselle Park Borough Section 2-4, a “professional service provider” seeking a public contract means: an individual, including the individual’s spouse, if any, and any child living at home; person; firm; corporation; professional corporation; partnership; organization; or association. The definition of a service provider includes all principals who own one (1%) percent or more of the equity in the corporation or business trust, partners, and officers in the aggregate employed by the provider as well as any subsidiaries directly controlled by the service provider.

I further warrant that I have reviewed Borough Code Section 2-4.

I hereby 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 for contempt of Court.

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
(Signature of Professional)  
Name:  
Title:

\_\_\_\_\_  
(Signature of Notary)

(Affix Seal)

**BOROUGH OF ROSELLE PARK**

THESE ARE **SAMPLES** OF THE **ONLY** ACCEPTABLE  
BUSINESS REGISTRATION CERTIFICATES.

FAILURE TO POSSESS A NEW JERSEY BUSINESS REGISTRATION CERTIFICATE  
MAY BE CAUSE FOR REJECTION OF YOUR PROPOSAL REGARDLESS OF THE FACT  
THAT A COPY MAY ALREADY BE ON FILE WITH THE  
BOROUGH OF ROSELLE PARK

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE  
FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS


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

TAXPAYER NAME: TAX REGISTRATION TEST ACCOUNT  
TAXPAYER IDENTIFICATION#: 970-097-382/500  
ADDRESS: 847 ROEBLING AVE  
TRENTON NJ 08611  
EFFECTIVE DATE: 01/01/01  
FORM-BRC(08-01)

TRADE NAME: CLIENT REGISTRATION  
SEQUENCE NUMBER: 0107330  
ISSUANCE DATE: 07/14/04

*John S. Tully*  
Acting Director

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



# BOROUGH OF ROSELLE PARK

## EXAMPLE W-9 FORM

|                                                                                                   |                                                                                                                                                                                      |                                                     |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| <b>Form W-9</b><br>(Rev. November 2017)<br>Department of the Treasury<br>Internal Revenue Service | <b>Request for Taxpayer Identification Number and Certification</b><br>Go to <a href="http://www.irs.gov/FormW9">www.irs.gov/FormW9</a> for instructions and the latest information. | Give Form to the requester. Do not send to the IRS. |
|---------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|

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

|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  |                                                           |  |  |  |  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|--|--|-----------------------------------------------------------|--|--|--|--|
| <b>Part I Taxpayer Identification Number (TIN)</b>                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                                                           |  |  |  |  |
| 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 instructions for Part I, later. 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> , later. |  |  |  |  |  |                                                           |  |  |  |  |
| <b>Note:</b> If the account is in more than one name, see the instructions for line 1. Also see <i>What Name and Number To Give the Requester</i> for guidelines on whose number to enter.                                                                                                                                                                                                                                                           |  |  |  |  |  |                                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  | <b>Social security number</b>                             |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  | [ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ]           |  |  |  |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                   |  |  |  |  |  |                                                           |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  | <b>Employer identification number</b>                     |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                      |  |  |  |  |  | [ ] [ ] [ ] [ ] - [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] [ ] |  |  |  |  |

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |  |                            |  |  |  |  |        |  |  |  |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----------------------------|--|--|--|--|--------|--|--|--|
| <b>Part II Certification</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |  |                            |  |  |  |  |        |  |  |  |
| 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 for Part II, later. |  |                            |  |  |  |  |        |  |  |  |
| <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.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.

**END OF DOCUMENT**