

# WILLINGBORO TOWNSHIP

---

**RFP # 1-2023R**

**REQUEST FOR PROPOSAL FOR  
ANIMAL CONTROL SERVICES (FOR THE DURATION OF THE CURRENT YEAR  
THROUGH DEC 31, 2023, WITH AN OPTION FOR A ONE-YEAR EXTENSION)**

**SUBMISSION DEADLINE**

April 10, 2023 at (10:00) A.M

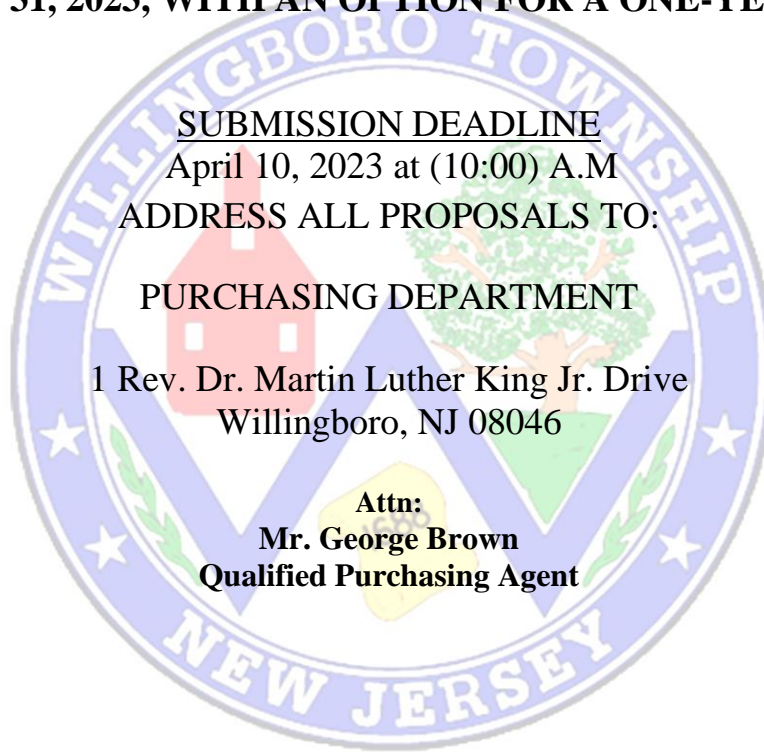
ADDRESS ALL PROPOSALS TO:

PURCHASING DEPARTMENT

1 Rev. Dr. Martin Luther King Jr. Drive  
Willingboro, NJ 08046

Attn:

**Mr. George Brown  
Qualified Purchasing Agent**



**RFP # 1-2023R**

**PUBLIC NOTICE**

Notice is hereby given that on Wednesday April 10, 2023 at (10:00) A.M (Prevailing time), sealed proposals will be opened and read in **The Willingboro Township Municipal Building**, 1 Rev. Dr. Martin Luther King Jr. Drive, Willingboro, NJ 08046, at which time and place the sealed proposals will be opened publicly and read for the following. RFP # 1-2023R RFP Name: Animal Control Services

Proposals shall be delivered in sealed envelopes and addressed to the Township of Willingboro, Purchasing Dept., 1 Rev. Dr. Martin Luther King Jr. Drive, Willingboro, NJ 08046.

Express and overnight mail shall be delivered to the Purchasing Dept, 1 Rev. Dr. Martin Luther King Jr. Drive, Willingboro, NJ 08046, no later than the time of bid opening.

NOTE: It is the contractor's responsibility to ensure that the proposal package is delivered by the proposal opening date and time. Any proposal document received after the deadline established by the Purchasing Dept. will not be accepted, regardless of the method of delivery.

Submission of Proposals: All proposals must be submitted on the proposal forms approved and provided for by the RFP specifications in order to be considered. Contractors are to provide one (1) clearly sealed envelope containing 3 copies of the bid proposal; (1) clearly marked ORIGINAL, one (1) clearly marked COPY and one electronic copy on USB drive. Please have each item on checklist color tabbed and numbered in your bid packet for a more time efficient packet review.

If indicated, proposals must be accompanied by a certified check, cashier's check, or bid bond in the amount of ten per centum (10%) of the total amount of the bid, but not in excess of twenty thousand (\$20,000) dollars and made payable to the Township of Willingboro. (NJSA 40A:11-4.3(a))

Proposal documents may be obtained only from the Township website [RFP/RFQ/Proposals| Willingboro Township, NJ \(willingboronj.gov\)](https://www.willingboronj.gov/RFP/RFQ/Proposals) and the Clerk's Office: Ms. Brenda Bligen., Acting Township Clerk, [bbligen@willingboronj.gov](mailto:bbligen@willingboronj.gov), 609-877-2200 ext: 1028

The Township of Willingboro does not release the project estimates or contractors' lists.

Contractors are required to comply with the requirements of N.J.S.A.10:5-31 et seq. and N.J.A.C. 17:27.

Schedule: Release Specifications: (Date of Advertisement) Pre-Bid Meeting: (N/A)

Deadline for All Questions: Tuesday April 6, 2023 5 P.M

Addenda if Issued: (March 30, 2023)

Bid Opening: April 10, 2023 at (10:00) A.M

General Inquiries To: Mr. George M. Brown Jr., QPA Voice: 609-877-2200 ext.: 1061 Email: [gmbrown@willingboronj.gov](mailto:gmbrown@willingboronj.gov)

This RFP 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).

Proposals must contain the following minimum requirements and same must be included at the time of submission:

1. List of names and roles of individuals proposed to perform the task(s) along with a description of experiences with projects similar in nature. In the case of retail suppliers, the sales representative and management person must be identified.
2. Description of ability to provide services in a timely fashion; including staffing, familiarity and location/business address.
3. Cost details including hourly rates of each individual proposed to perform the service(s) or a total cost (“not to exceed”), plus any other charges. In the case of retail purchases, the Proposal must contain the amount of discount by percentage(s). All proposals must be received by the Township Clerk no later than Wednesday, March 15, 2023 at (10:00) A.M at the address referenced above.



**ALL PROPOSALS SHALL INCLUDE, AT A MINIMUM, THE FOLLOWING INFORMATION and/or DOCUMENTATION**

1. Retail providers must identify the name and address of sales representative(s) and manager(s); and
2. Proposal must contain a specific amount of discount (%), over retail value. Discount(s) are to be stated in percentages (i.e. retail minus % discount); and
3. Contracts will be awarded on the basis of ability to provide products in a timely manner, qualifications, experience, and the cost of goods and services. The cost of goods and services will be a consideration, however, the ability to provide products and qualification to perform and/or supply the required goods and services will carry substantial weight in the decision making process; and
4. Service/product providers will be required to supply, at the time of contract execution, Affirmative Action information/documentation; and
5. All providers of goods and services will be required to supply a copy of New Jersey Business Registration Certificate; and
6. Provide quotes/pricing for the following:

**ANIMAL CONTROL OFFICER**

Animal Control Officers must submit the following proof with their proposal:

1. Animal Control Officer's Certification as issued by the NJ Department of Health.
2. New Jersey License of Certificate for Chemical Immobilization of Animals.
3. County Certification regarding temperature control (Air Conditioning and Heating) of transport areas pursuant to NJAC 8:23A-1.12(c)(1).

(c) Primary enclosures used to transport animals, such as compartments or transport cages, cartons or crates, shall be well-constructed and well-ventilated and designed to protect the health and insure the safety of the animals. Such enclosures shall be constructed or positioned in the vehicle in such a manner that:

1. Each animal in the vehicle has access to sufficient fresh air for normal breathing and ventilation is sufficient to prevent the onset of heat prostration. The temperature within such enclosures shall not be allowed to exceed 85 degrees Fahrenheit or fall below 45 degrees for a period of more than two hours, provided, however, that at no time may an animal be transported for longer than one hour at a temperature of more than 95 degrees Fahrenheit or less than 35 degrees Fahrenheit. Vehicles which are purchased after March 20, 2000 shall be equipped with supplementary air conditioning and heating to maintain the temperature within the enclosures between 85 degrees Fahrenheit and 45 degrees Fahrenheit at all times when animals are in the enclosures. (Four years from the effective date of these rules, all vehicles shall be equipped with supplementary air conditioning and heating to maintain the temperature within the enclosures between 85 degrees Fahrenheit and 45 degrees Fahrenheit at all times when animals are in the enclosures.

**ANIMAL CONTROL SERVICES**

Animal Control Officers shall:

1. patrol the township on a daily basis and pick up or remove stray animals, animals running at large, dead or injured dogs and cats;
2. set forth the hours which such patrols shall be regularly scheduled;
3. be available and respond to emergency calls 24 hours per day, 7 days per week, as determined by a Police Department representative;
4. enforce all township ordinances and state statutes regarding dog licensing and any dogs or any other domestic animal running at large;
5. issue summonses to violators of state and township ordinances and statutes regarding animal control, dog licensing and/or dogs, or any other domestic animal running at large, and appear in the Willingboro Township Municipal Court as required as the plaintiff;
6. at the request of an animal owner, remove privately-owned dogs and cats at the rates specified in this document;
7. be responsible to take into custody any dogs or other animals which are suspected to be rabid. This responsibility includes having suspect wild animals, once captured, destroyed and their heads removed for rabies testing in accordance with state law;
8. provide the name, address and telephone number of the individual who will be responsible for head removal services. If the officer performs this service, all supporting materials must be submitted and attached to your proposal documenting ability to perform this service;
9. deliver animals picked up to the Burlington County Animal Shelter for final disposition by the County;
10. be responsible for immediately reporting any seized and suspected animal to be rabid to the Burlington County Health Department. During working hours 8:30 a.m. to 3:30 p.m., contact (609) 265-5548; weekends, nights and holidays a representative of the Health Department can be reached via the Burlington County Sheriff's Department by calling (609) 265-5127;
11. submit monthly reports to the Office of the Township Clerk by the 10<sup>th</sup> of each month reflecting the activity of the preceding month. The report must contain the following information: record of all animals received and/or disposed of (record shall state the date animal received, description, license number (if applicable), breed, age, sex, name/address from person acquired or location where stray animal was picked up or killed, and method or name and address of person to whom sold, otherwise transferred);
12. keep records, in general, consisting of the following:
  - a. Records are to be retained for 12 months after animal is killed or removed and shall be available for inspection by municipal authority.
  - b. Unless otherwise provided, all books, records and documents required shall be retained for one year.
  - c. Records requested to be held or kept by the local, county or State Department of Health due to a pending investigation shall be kept until authorization for disposal is received from local, county or State Department of Health.
13. promptly report any changes to name, address or business operations to any and all licensing agencies;
14. provide in the proposal the name and address of all employees who will perform services in the

- Township along with a copy of the state certification;
15. provide a listing and description of all vehicles to be used in the transportation of animals;
  16. provide, prior to commencement of services, a certificate of insurance naming the township of Willingboro as an additional insured; and
  17. provide an initial inspection, followed by quarterly inspections of those dogs designated as a Potentially Dangerous Dog pursuant to NJSA 4:19-23, NJSA 4:19-24 (3) and NJSA 4:19-32.

Willingboro Township  
 1 Rev. Dr. Martin Luther King Jr. Drive  
 Willingboro Township NJ 08046

Proposal for Animal Control Services for 1-year contract with an option for a one-year extension period beginning January 1, 2023 through to December 31, 2023.

**PROPOSAL**

PATROLS	
Days Per Week	
Hours Per Day	
24-Hour Emergency Telephone	
Non-Emergency Telephone	
FEES	
Monthly Fee for Services Rendered to Township of Willingboro	\$
Annual Fee for Services Rendered to Township of Willingboro	\$
Retrieval/Removal of Privately-Owned Dogs or Cats	\$
Potentially Dangerous Dog: Initial Inspection	\$
Potentially Dangerous Dog: Quarterly Inspections	\$ per quarter

**ATTACHMENTS**

- Shelter Location, Description and State Certification if other than Burlington County Animal Shelter
- ANIMAL CONTROL SERVICES Certification
- Controlled Substance Registration Certificate
- Head Removal Service Provider
- Employee List
- Vehicle List

All of the above information and attachments must be submitted with the Proposal no later than (Day), (Date), 10:00 a.m. at the Office of the Township Clerk, Township of Willingboro, 1 Rev. Dr. Martin Luther King Jr. Drive, Willingboro, NJ 08046.

Company: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No.:

Facsimile No. Mobile No.: \_\_\_\_\_

Email: \_\_\_\_\_

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

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

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



**PROPOSER'S CHECKLIST**

**THE PROPOSER WILL PROVIDE THE FOLLOWING CHECKLIST WHICH SHALL BE PROPERLY COMPLETED WITH THE PROPOSAL AND SUBMITTED TO THE TOWNSHIP AS PART OF THE PROPOSAL.**

	<b>Initials</b>
<b>REVIEWED ALL RFP DOCUMENTS, LAWS, REGULATIONS AND POLICIES THAT COULD AFFECT COST, PROGRESS, AND/OR PERFORMANCE</b>	

<b>FULLY COMPLETED EACH PROPOSAL SECTION AND ADHERED TO THE PROPOSAL FORMAT PROVIDED WITHIN THIS RFP</b>	
<b>FULLY COMPLETED ALL "PROJECT QUALIFICATION CRITERIA" REQUIRED TO RESPOND TO THIS RFP (LISTED BELOW):</b>	
<i>Certificate of Insurance</i>	
<i>State of New Jersey Business Registration Certificate</i>	
<i>State of New Jersey Department of Treasury Notice of Classifications (if required)</i>	
• <i>Non-Collusion Affidavit</i>	
• <i>Ownership Disclosure Certification</i>	
• <i>Certificate of Equal Opportunity</i>	
• <i>Affirmative Action Questionnaire</i>	
• <i>Affidavit Regarding List of Debarred, Suspended, or Disqualified Contractors</i>	
• <i>Proposer Certification of Qualification and Credentials</i>	
• <i>Proposer Signature Form</i>	
• <i>Political Contribution Disclosure Form (if required)</i>	
• <i>Disclosure of Investment Activities in Iran</i>	

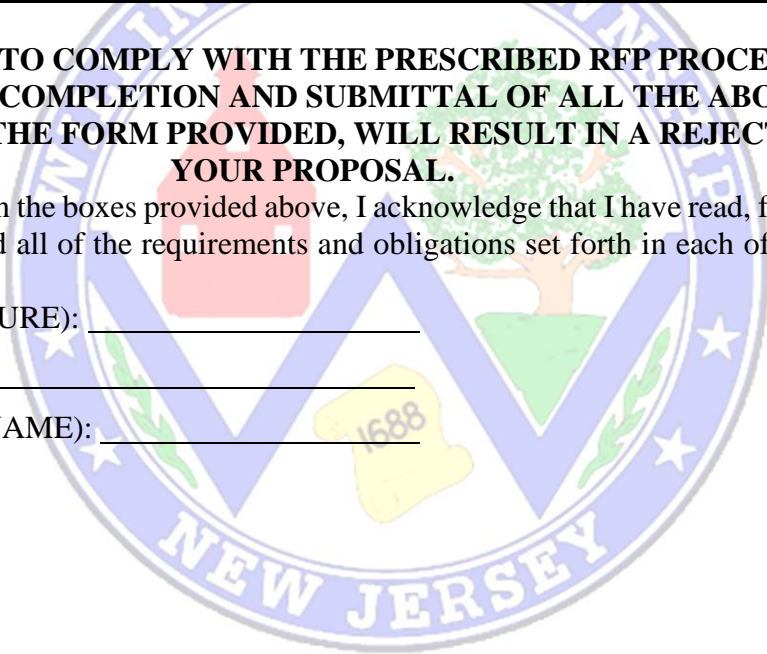
**NOTE: FAILURE TO COMPLY WITH THE PRESCRIBED RFP PROCEDURES, INCLUDING COMPLETION AND SUBMITTAL OF ALL THE ABOVE DOCUMENTS IN THE FORM PROVIDED, WILL RESULT IN A REJECTION OF YOUR PROPOSAL.**

By placing my initials in the boxes provided above, I acknowledge that I have read, fully understand and fulfilled all of the requirements and obligations set forth in each of the referenced documents.

PROPOSER (SIGNATURE): \_\_\_\_\_

DATED: \_\_\_\_\_

PROPOSER (PRINT NAME): \_\_\_\_\_





## EXHIBIT 1

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

### MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

#### Goods, Professional Services and General Service Contracts (Mandatory Affirmative Action Language)

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 or sex. Except with respect to affectional or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting for the 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 or sex.

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

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

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-5.2 or a binding determination of the applicable Township employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital

status, affectional or sexual orientation or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

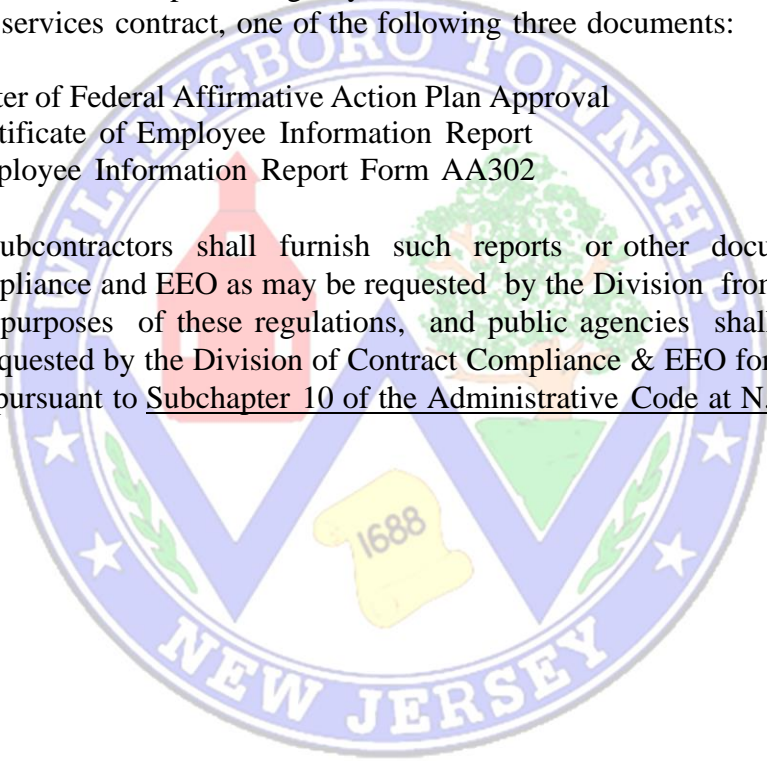
The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal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

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

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

- ◆ Letter of Federal Affirmative Action Plan Approval
- ◆ Certificate of Employee Information Report
- ◆ Employee Information Report Form AA302

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



**EXHIBIT A:**

**NON-COLLUSION AFFIDAVIT**

**TO: Township of Willingboro**

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

FROM: \_\_\_\_\_

TELEPHONE: \_\_\_\_\_ E-MAIL: \_\_\_\_\_ FACSIMILE: \_\_\_\_\_

In signing this proposal, we certify that we have not, either directly or indirectly, entered into any agreement or otherwise colluded in any manner with any other person, or otherwise taken any action that would restrain or impede open and free competition and competitive bidding for this Project; that no attempt has been made to induce any other person or Firm to submit, or not to submit, a proposal; that this proposal has been independently arrived at without Agreement or collusion with any other Proposer, competitor, potential competitor or another person; and that this proposal has not been knowingly disclosed prior to the opening of proposals to any other Proposer, competitor or person not affiliated with Proposer.

We further certify that no requirement or commitment, direct or indirect, was made to any person, or elected official and that no undisclosed benefit of any kind was promised to anyone connected with this Project.

We further certify that no person or selling agent has been employed or retained to solicit or secure the contract that is the subject of this RFP upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee.

We certify that the foregoing statements are true and accurate under penalty of perjury.

The undersigned, by submitting this proposal, hereby agrees with all the terms, conditions, and specifications required by the Township in this Request for Proposal and declares that the attached proposal and pricing are in conformity therewith.

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

TYPE OR PRINT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_

FEIN or TAX ID NUMBER: \_\_\_\_\_

ADDENDA ACKNOWLEDGED: \_\_\_\_\_

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



# OWNERSHIP DISCLOSURE 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

VENDOR NAME: \_\_\_\_\_

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.

Please answer all questions and complete the information requested.

- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 1. The vendor is a <b>Non-Profit Entity</b> ; and therefore, no disclosure is necessary.   | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The vendor is a <b>Sole Proprietor</b> ; and therefore, no other disclosure is necessary.<br>A Sole Proprietor is a person who owns an unincorporated business by himself or her-self.<br>A limited liability company with a single member is not a Sole Proprietor.  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The vendor is a <b>corporation, partnership, or limited liability company</b> with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; and therefore, disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to Question 3, you must disclose the information requested in the space below:\*

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein.

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to Question 4, you must disclose the information requested in the space below:\*

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein. The disclosure(s) shall be continued until the names and addresses of every non-corporate stockholder, individual partner, and/or member a 10% or greater interest has been identified.

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

5. As an alternative to completing this form, a Vendor with any direct or indirect parent entity which is publicly traded, may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10% or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10% or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10% or greater beneficial interest.\*

\* Attach additional sheets if necessary

**EXHIBIT C:**

**CERTIFICATE OF EQUAL OPPORTUNITY**

**INSTRUCTIONS**

This Certification is required pursuant to Executive Order 11246, Part II, 203(B), (30 CFR 12319-25). Each Proposer is required to state in its proposal whether it has participated in any previous contract or subcontract subject to the equal opportunity clause; and, if so, whether it has filed all compliance reports due under applicable filing requirements.

**PROPOSER'S CERTIFICATE**

Proposer's Name: \_\_\_\_\_

Address: \_\_\_\_\_

1. Proposer has participated in a previous contract or subcontract subject to the equal opportunity clause. Yes \_\_\_\_\_ No \_\_\_\_\_

2. Compliance reports were required to be filed in connection with such contract or subcontract. Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, state what reports were filed and with what agency.

3. Proposer has filed all compliance reports due under applicable instructions.

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

3. If the answer to Item 3 is "No", please explain in detail on the reverse side of this certification.

Certification: The information above is true and complete to the best of my knowledge and belief. I am aware that if any of the foregoing statements is willfully false, I am subject to punishment. (17 U.S.Code, Section 1001.)

(Name and Title of Signer - Please Type)

\_\_\_\_\_

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

(Signature)

\_\_\_\_\_

**EXHIBIT D:**

**AFFIRMATIVE ACTION QUESTIONNAIRE**

The following question shall be answered by all Proposers.

Do you have a Federal Letter of Affirmative Action Plan Approval from the US Department of Labor's Office of Federal Contract Compliance Programs (OFCCP)?

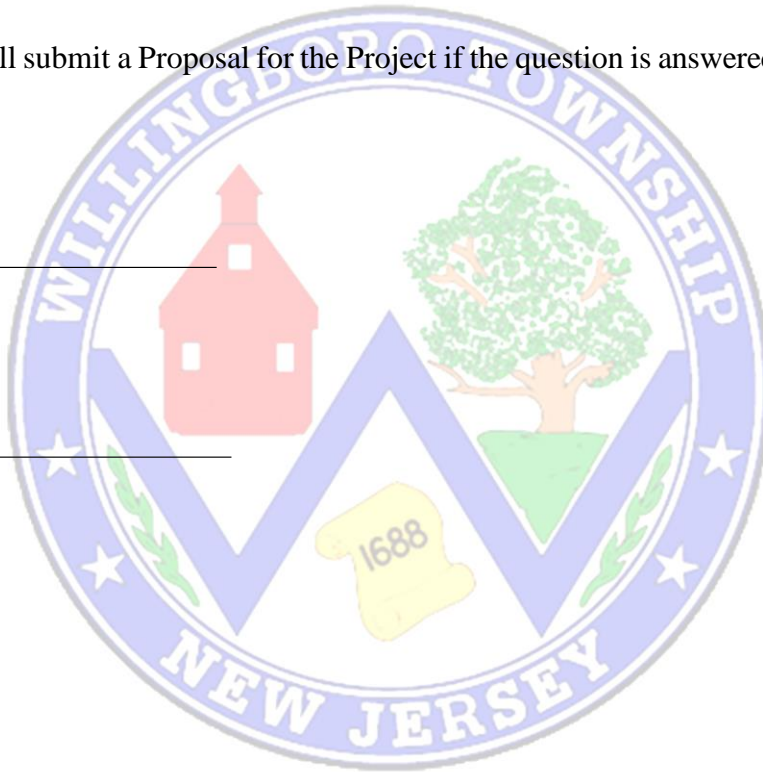
YES \_\_\_\_\_ NO \_\_\_\_\_

If yes, please submit a true and complete copy of such approval. This letter cannot be more than one year old from the date of issuance.

If no, the Proposer may still submit a Proposal for the Project if the question is answered.

\_\_\_\_\_  
PROPOSER (Signature)

\_\_\_\_\_  
PROPOSER (Print Name)



**EXHIBIT E:**

**AFFIDAVIT REGARDING LIST OF DEBARRED, SUSPENDED OR DISQUALIFIED CONTRACTORS**

STATE OF NEW JERSEY

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

\_\_\_\_\_, of full age, being duly sworn according to law, on my oath, deposes and says:

I am \_\_\_\_\_ of the Firm of, \_\_\_\_\_ the Proposer submitting the Proposal for this Project. I affirm that I executed the said proposal on behalf of the Proposer with full authority to do so; that the Proposer is not at the time of the making of this bid included on any List of Debarred, Suspended, or Disqualified Contractors, as maintained by the Treasurer of the State of New Jersey, or any other State or the Federal Government.

Name of Proposer: \_\_\_\_\_

By: \_\_\_\_\_  
\_\_\_\_\_

(Signature of Authorized Representative)

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

(Seal) Notary Public of New Jersey/ Specify Other State

My Commission Expires \_\_\_\_\_ 20\_\_ .

**THIS FORM SHALL BE COMPLETED, SIGNED, AND NOTARIZED**

**EXHIBIT F:**

**PROPOSER CERTIFICATION OF QUALIFICATIONS AND CREDENTIALS**

STATE OF NEW JERSEY

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

\_\_\_\_\_, of full age, being duly sworn according to law, on my oath, deposes and says:

I am \_\_\_\_\_ of the Firm of, the Proposer submitting the proposal for this Project, and have been duly authorized by Proposer to execute this Certification on Proposer's behalf. I hereby certify that the Proposer possesses the qualifications and credentials to fully and completely perform all proposed contractual obligations and commitments set forth in the Request for Proposal.

Name of Proposer

By: \_\_\_\_\_

\_\_\_\_\_

(Signature of Authorized Representative)

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

\_\_\_\_\_  
(Seal) Notary Public of New Jersey/ Specify Other State

My Commission Expires \_\_\_\_\_ 20 \_\_.

**THIS FORM SHALL BE COMPLETED, SIGNED, AND NOTARIZED**



**EXHIBIT G:**

**PROPOSER SIGNATURE FORM**

The undersigned duly authorized representative of Proposer, having examined the documents that are a part of this Request for Proposal, and having full knowledge of the conditions in which the products and services described herein will be performed, hereby represents that Proposer will fulfill all obligations set forth herein in accordance with the stated terms, conditions, specifications and proposal criteria and that Proposer will furnish all required products and services and payments in strict conformity with these documents for the stated process as payment in full.

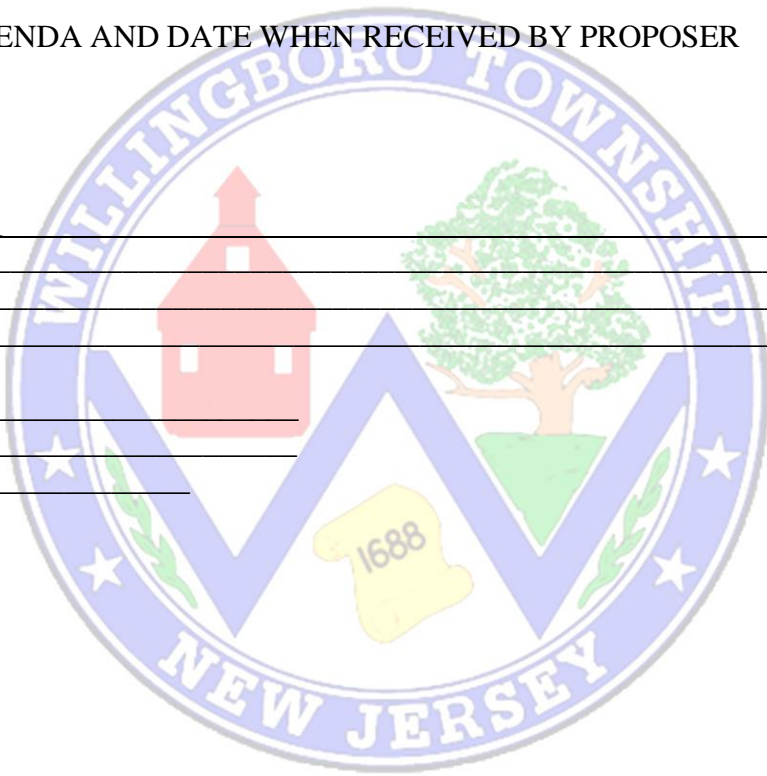
**ADDENDA FORM:**

The undersigned hereby acknowledges receipt of the following applicable addenda:

1. LIST OF ADDENDA AND DATE WHEN RECEIVED BY PROPOSER
2. OTHER

**SUBMITTING FIRM:**

Company Name \_\_\_\_\_  
Authorized Signature \_\_\_\_\_  
Company \_\_\_\_\_  
Address \_\_\_\_\_  
Printed Name \_\_\_\_\_  
Title \_\_\_\_\_  
Telephone \_\_\_\_\_



**Exhibit H:**



**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

**RFP 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

---



---

**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

---

Thank you for your submission  
To the Township of Willingboro



Purchasing Department