

WILLINGBORO TOWNSHIP

RFP # 4-2024R

**REQUEST FOR PROPOSAL FOR EMERGENCY BOARD-UP SERVICES FOR THE
WILLINGBORO TOWNSHIP**

SUBMISSION DEADLINE

November 20, 2024, 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 # 4-2024R

PUBLIC NOTICE

Notice is hereby given that on Wednesday November 20, 2024, at (10:00) A.M (Prevailing time), sealed proposals will be opened and read in The Willingboro Township Municipal Building (Clerk's Office), 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 # 4-2024R RFP Name: Emergency Board-Up Services for The Willingboro Township

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 the 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/RFO/Proposals| Willingboro Township, NJ \(willingboronj.gov\)](https://www.willingboronj.gov/RFP/RFO/Proposals) and the Purchasing Dept: George M. Brown Jr, Qualified Purchasing Agent, gmbrown@willingboronj.gov, 609-877-2200 ext: 1061.

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: (10/25/2024)

Pre-Bid Meeting: N/A

Deadline for All Questions: (11/5/24) (5:00) P.M. Addenda if Issued: (11/08/24)

Bid Opening: (November 20, 2024) (10:00) A.M.

General Inquiries To: Mr. George M. Brown Jr., QPA Voice: 609-877-2200 ext.: 1061 Email:

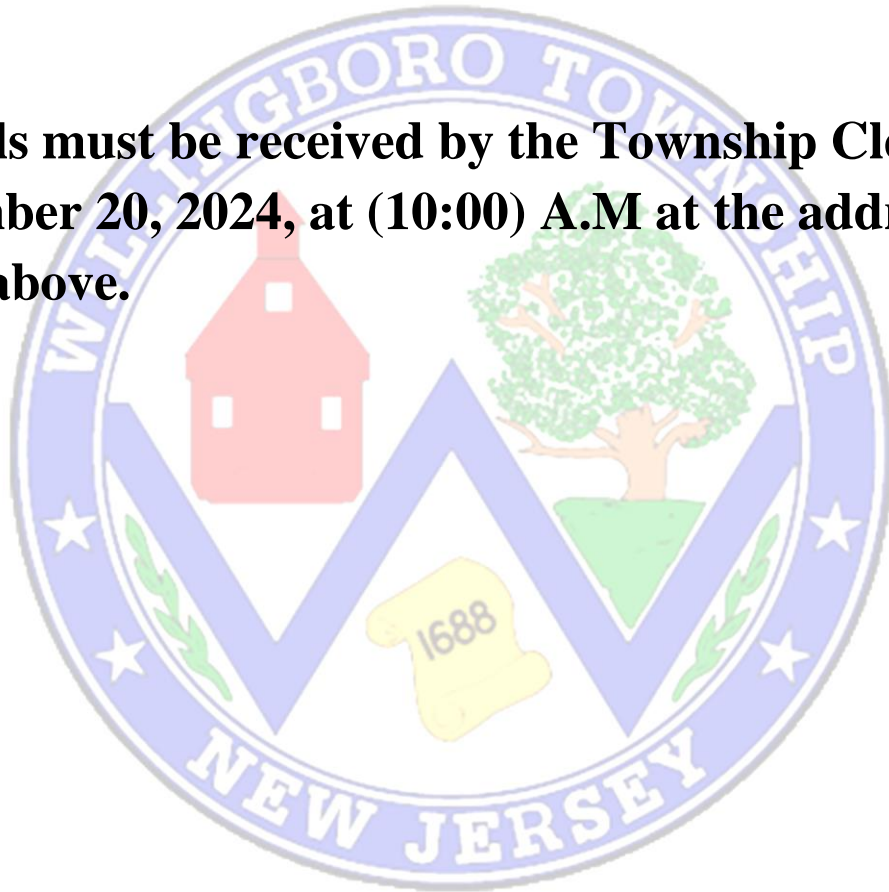
gmbrown@willingboronj.gov

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:

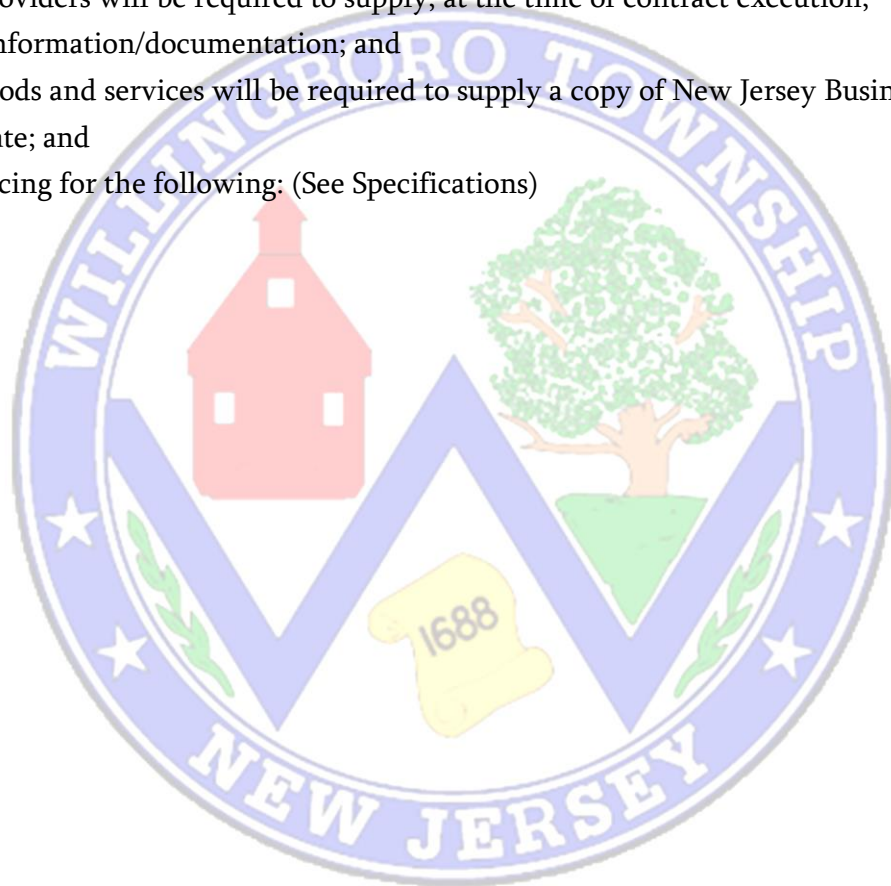
1. List of names and roles of individuals proposed to perform the task(s) along with a description of experiences with projects similar in nature. In the case of retail suppliers, the A sales representative and management person must be identified.
2. Description of ability to provide services in a timely 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 November 20, 2024, 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: (See Specifications)



PROPOSAL 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.

| | Initials |
|---|-----------------|
| REVIEWED ALL RFP DOCUMENTS, LAWS, REGULATIONS, AND POLICIES THAT COULD AFFECT COST, PROGRESS, AND/OR PERFORMANCE | |
| FULLY COMPLETED EACH PROPOSAL SECTION AND ADHERED TO THE PROPOSAL FORMAT PROVIDED WITHIN THIS RFP | |
| FULLY COMPLETED ALL "PROJECT QUALIFICATION CRITERIA" REQUIRED TO RESPOND TO THIS RFP (LISTED BELOW): | |
| • <i>Certificate of Insurance</i> | |
| • <i>State of New Jersey Business Registration Certificate and W9</i> | |
| • <i>State of New Jersey Department of Treasury Notice of Classifications (if required)</i> | |
| • <i>Exhibit B Mandatory Affirmative Action Language **State issued certificate required as per instructions provided**</i> | |
| • <i>Americans with Disabilities Act of 1990 Language (Informational)</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/Acknowledgement of Receipt of Changes</i> | |
| • <i>Political Contribution Disclosure Form (if required)</i> | |
| • <i>Disclosure of Investment Activities in Iran</i> | |
| • <i>RFP Proposal Form</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 the requirements and obligations outlined in each of the referenced documents.

PROPOSER (SIGNATURE): _____

DATED: _____

PROPOSER (PRINT NAME): _____

TOWNSHIP OF WILLINGBORO

INSURANCE CERTIFICATES

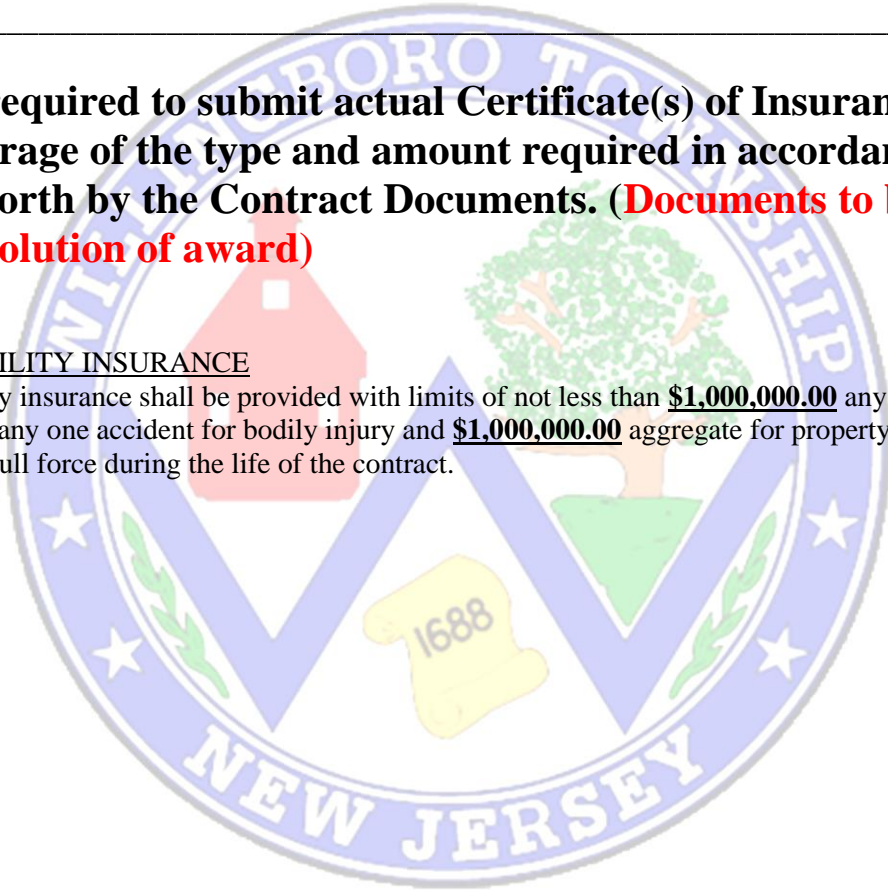
Name of Bidder: _____

Address: _____

The Bidder is required to submit actual Certificate(s) of Insurance establishing Insurance coverage of the type and amount required in accordance with the procedure set forth by the Contract Documents. (Documents to be submitted prior to the resolution of award)


2. GENERAL LIABILITY INSURANCE

General liability insurance shall be provided with limits of not less than \$1,000,000.00 any one person and \$1,000,000.00 any one accident for bodily injury and \$1,000,000.00 aggregate for property damage, and shall be maintained in full force during the life of the contract.



**TOWNSHIP OF WILLINGBORO
BUSINESS REGISTRATION CERTIFICATE**

| | | |
|---|---|---|
| STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS | | DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646-0252 |
| TAXPAYER NAME: TAX REGISTRATION TEST ACCOUNT | TRADE NAME: CLIENT REGISTRATION | |
| TAXPAYER IDENTIFICATION#: 970-097-382/500 | SEQUENCE NUMBER: 0107239 | |
| ADDRESS: 847 ROEBLING AVE TRENTON NJ 08611 | ISSUANCE DATE: 07/14/04 | |
| EFFECTIVE DATE: 01/01/01 | <i>John S. Kelly</i> Acting Director | |
| FORM BRC(08-01) | <small>This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.</small> | |

| | |
|---|--|
|  | 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 |

Reforms to the Business Registration Certificate Filing: permits filing prior to award of contracts if not filed with bid. Effective with bids received and contracts awarded after January 18, 2010, this law removes the requirement of the Local Public Contracts Law (N.J.S.A. 40A:11-23.2) that required a bid to be rejected if the bidder failed to include a BRC with the bid, even though it may have been the otherwise lowest responsible bid. The law now allows the BRC to be filed any time prior to award of the contract and the bidder had to have obtained the BRC prior to receipt of bids. This permits the BRC to be required with a bid, or submitted subsequently. If a BRC is required in a bid, but not submitted with the bid, it would be an immaterial defect; curable by being filed prior to award of the contract. A BRC is obtained from the New Jersey Division of Revenue. Information on obtaining a BRC is available on the internet at www.nj.gov/njbgs or by phone at (609) 292-1730.

N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that knowingly provide goods or perform services for a contractor fulfilling this contract:

- 1) The contractor shall provide written notice to its subcontractors and suppliers to submit proof of business registration to the contractor;
- 2) Subcontractors through all tiers of a project must provide written notice to their subcontractors and suppliers to submit proof of business registration and subcontractors shall collect such proofs of business registration and maintain them on file;
- 3) Prior to receipt of final payment from a contracting agency, a contractor must submit to the contracting agency an accurate list of all subcontractors or attest that none was used;
- 4) During the term of this contract, the contractor and its affiliates shall collect and remit, and shall notify all subcontractors and their affiliates that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into this State.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration not properly provided or maintained under a contract with a contracting agency. Information on the law and its requirements is available by calling (609) 292-1730.

TOWNSHIP OF WILLINGBORO

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|---|--|--|--|
| Form W-9 (Rev. August 2013) Department of the Treasury Internal Revenue Service | <h2 style="margin:0;">Request for Taxpayer Identification Number and Certification</h2> | Give Form to the requester. Do not send to the IRS. | |
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | | |
| | Business name/disregarded entity name, if different from above | | |
| | Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <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) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ | | Exemptions (see instructions): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) | |
| | City, state, and ZIP code | | |
| List account number(s) here (optional) | | | |

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|--|--|------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--------------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3. Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter. | <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="text-align: center; font-size: x-small;">Social security number</td> </tr> <tr> <td style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> <tr> <td style="text-align: center; font-size: x-small;">Employer identification number</td> </tr> <tr> <td style="text-align: center;"> <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> </td> </tr> </table> | Social security number | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | | Employer identification number | <table style="width:100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table> | | | | | | | | | | | | |
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| Employer identification number | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| Part II Certification 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. | |
| Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3. | |

| | | |
|------------------|----------------------------|--------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|--------|

General Instructions

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

Future developments. The IRS has created a page on www.irs.gov/w9 for information about Form W-9, at www.irs.gov/w9. Information about any future developments affecting Form W-9 (such as legislation enacted after we release it) will be posted on that page.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, payments made to you in settlement of payment card and third party network transactions, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and

4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct.

Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

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 concerning 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, and labor unions, that it does not discriminate based on 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 before 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.

Company _____

Name _____

Signature _____

Title _____

Date _____

TOWNSHIP OF WILLINGBORO
APPENDIX A
AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The contractor and the Township of WILLINGBORO, (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (*42 U.S.C. 5121 01 et seq.*), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or 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.

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

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| 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 with a 10% or greater interest have been identified.

| |
|----------------------------------|
| NAME _____ |
| ADDRESS _____ |
| ADDRESS _____ |
| CITY _____ STATE _____ ZIP _____ |

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

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| 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 _____

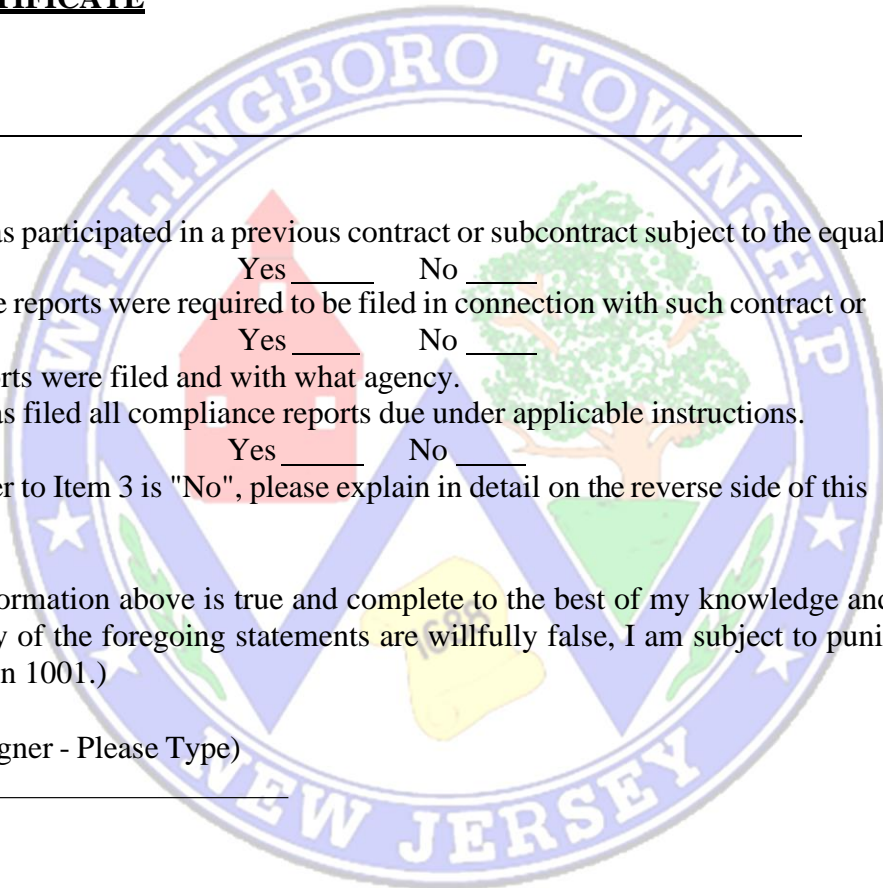
3. If the answer to Item 3 is "No", please explain in detail on the reverse side of this certification.

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 are willfully false, I am subject to punishment. (17 U.S. Code, Section 1001.)

(Name and Title of Signer - Please Type)

Date: _____

(Signature)



SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT

Certification 111XX

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

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

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

VOID



State Treasurer

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)?

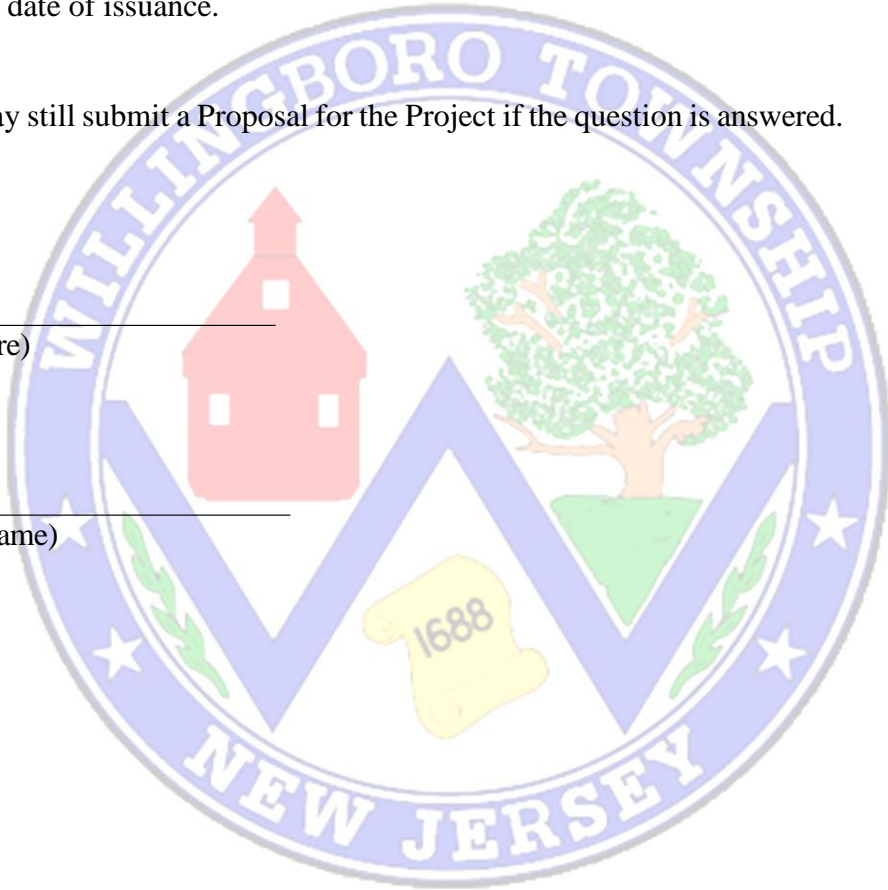
YES _____ NO _____

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)



U.S. Department of Labor Office of Federal Contract Compliance Programs
New Jersey District Office
200 Sheffield Street, Room 102
Mountainside, NJ 07092



<Date>

[Name of CEO]
[Title of CEO]
[Establishment Name]
[Street Address]
[City, state, Zip code]

Dear (insert name of contractor 's official):

The U.S. Department of Labor's Office of Federal Contract Compliance Programs (OFCCP), recently completed a compliance evaluation of your equal employment opportunity policies and practices at (insert name and location of the establishment, construction work sites in the economic area under review or functional unit reviewed).

During the compliance evaluation process, we found no apparent violations of Executive Order 11246, as amended; Section 503 of the Rehabilitation Act of 1973, as amended; the Vietnam Era Veterans' Readjustment Assistance Act of 1974, as amended; or Executive Order 13496.

[If applicable, commend the contractor for meeting EEO goals or using best practices. For example: We would like to recognize and commend (insert contractor name) for exceeding the hiring benchmark for protected veterans and disability utilization goal. Please accept the attached listing of local recruitment sources to utilize as you continue to conduct positive outreach and recruitment.]

The OFCCP appreciates the cooperation of you and your staff during the conduct of the compliance evaluation.

Sincerely,
(insert name of district director)

District Director cc:

[insert names]

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 RFP 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 outlined 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/Acknowledgement of Receipt of Changes

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 _____

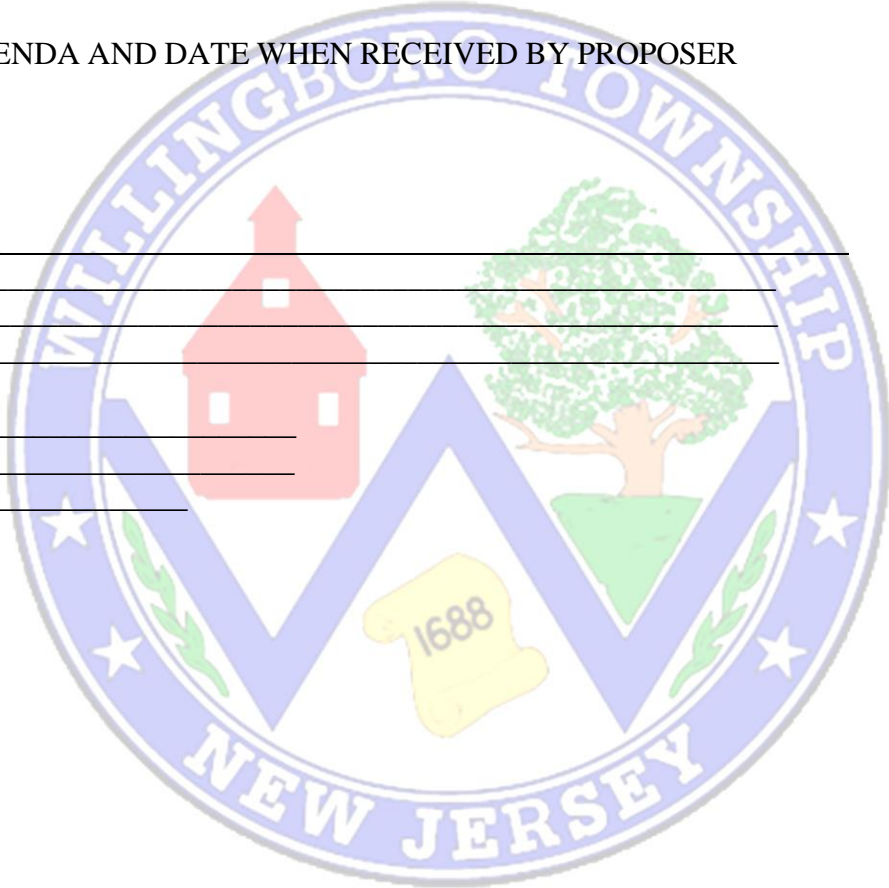


Exhibit H:



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

RFP PROPOSAL FORM

(Contract Title and RFP Number, if applicable)

(Description of goods/services being RFP)

The undersigned, being authorized, proposes to furnish, and deliver the above goods/services pursuant to the RFP specification and made a part hereof:

Amount in words

\$ _____

Amount in numbers

Company Name

Address

Signature of Authorized Agent Type or Print Name

Title: _____

Telephone Number Date

Fax Number Email address:



WILLINGBORO



TOWNSHIP

N E W J E R S E Y

EMERGENCY BOARD-UP SERVICES PROGRAM POLICY AND PROCEDURES (Program Specifications)

I. **PURPOSE**

The purpose of this policy is to provide a prompt and efficient means of emergency board-up services after hours and other times when there is no responsible party, the responsible party is otherwise unable to respond, or at the request of the responsible party. This policy is also designed to assist in the establishment of a list of approved contractors who may be used by the Township of Willingboro for the purpose of emergency board-up services.

II. **SCOPE OF POLICY**

This policy is enacted for the benefit and convenience of the public and the Township of Willingboro. It is designed for equitability among licensed contracts of participating board-up services and to minimize complaints made to the Township of Willingboro by business and property owners.

The emergency board-up and/or otherwise securing of properties shall be provided pursuant to the terms and conditions of an agreement to be entered into by the Township of Willingboro and any licensed contractors subject to this policy. The Township of Willingboro may enter into multiple such agreements. The purpose of this policy, with respect to such services, is to incorporate licensed contractors into the list to establish an equitable means of distributing such calls for service. Such calls shall be assigned under this policy only to contractors who are insured and bonded within the state. Contractors shall be required to provide such services in order to participate in the assignments. Except where inconsistent with the terms of any agreement between the Township of Willingboro and a licensed contractor, all terms and conditions of this policy shall apply to such services.

The list and request of licensed contractors is governed by the provisions of the policy. In the event of conflict, this policy shall be subordinate to any contradictory federal, state or local legislation. This policy shall be amended in the event of applicable changes in federal, state or local legislation. All licensed contractors desiring to participate in this assignment list must agree to comply with the conditions in this policy.

III. **AUTHORITY**

The Willingboro Township Fire Department, Police Department, Director of Inspections, and/or his/her designated representatives shall be responsible for the implementation and enforcement of the provisions of this policy. Their decision on any matter shall be final.

IV. **GENERAL REQUIREMENTS**

- A. The Township of Willingboro, or his/her designees, shall create and/or revise a list of qualified contractors as set forth in section VII of this policy.
- B. The Township of Willingboro or his/her designees shall review the qualifications and select all contractors who qualify under the terms of this policy.
- C. Approved contractors shall be placed on a callback list maintained by the Township of Willingboro.
- D. Eligible Contractors are required to respond to the scene of an event within 60 minutes of notification. Inability to respond within the required time limit will result in the contractor being placed at the bottom of the rotational list and or removal from the list.
- E. Contractors wishing to be placed on the eligibility list shall:
 - 1. Be a currently licensed Contractor
 - 2. Maintain in force at all times, and on file with the Fire Department, Police Department and/ or Inspections Department, during their participation in the program, a certificate of insurance covering its operation(s) and naming the Township of Willingboro, its members, employees, agents as additionally named insured.
 - 3. Maintain in force at all times comprehensive auto and general liability insurance, and workers compensation insurance.
- F. Possess and maintain a vehicle containing an inventory of equipment and supplies sufficient to perform services under the program as prescribed by the Township of Willingboro.

V. **APPLICATION PROCESS**

- A. All licensed contractors who desire to participate in the Emergency Board-Up eligibility list shall prepare and file an application with the Township of Willingboro by the deadline date in December to be reviewed for inclusion in the following fiscal year (January 1 through December 31). The Township of Willingboro will determine the allowable number of contractors on the list. The application shall include, but may not be limited to the following:
1. The name of the business, its business address, and telephone number;
 2. The business owner's name, residence address, and telephone number;
 3. Evidence of current liability insurance, comprehensive and general liability auto insurance, and workers' compensation insurance;
 4. Business License
 5. Such other information as the Township of Willingboro may deem relevant and necessary to evaluate the qualification of the applicant.
- B. Applications must be signed and dated by the owner of said business acknowledging agreement to comply with all provisions of the Emergency Board- Up policy.
- C. Board-up company shall have background check on file of all employees. The background check can be requested by the Township of Willingboro at anytime with ample notice to the company. Any employee/employer found providing board up service without a current background check will be terminated from the rotation list.
- D. The Township of Willingboro or his /her designee will notify the interested contractor, in writing, of their acceptance for placement on the Emergency Board-Up referral list. Any applicant meeting stated requirements shall be approved for inclusion onto the Emergency Board-Up list; however, the Township of Willingboro reserves the right to refuse new applications if, in the opinion of the Township Manager, it is in the Township of Willingboro best interest to limit the number of contractors on the Emergency Board-Up list. Approved contractors will be added to the list based on the date the application was received by the Township of Willingboro.
- E. All accepted applications shall pay an annual filing fee of \$100.00 to cover costs of maintaining the list. This fee is payable upon acceptance but prior to addition to the call-out list.
- F. All accepted applications shall be valid for the following calendar year (January through December). Emergency Board-Up contractors shall, thereafter, be responsible for annually renewing their placement on the

Emergency Board-Up referral list. All renewals and new applications shall be submitted during the month of November and will be subject to review of the minimum requirements of this policy.

- G. Once the approved contractors are added to the rotational list and respond to a call out, the follow requirements shall be followed:
1. All Board Up company vehicles that respond to the scene of an incident SHALL be identified with a company name and or logo.
 2. All employees SHALL wear a company photo ID and some type of identifying shirt or uniform.
 3. The first arriving employee of the requested board up company shall report directly to the Incident Commander.
 4. There shall be no solicitation, suggestion or offer of any additional services of the event by board-up contractor or related company.

VI. **CAUSE FOR REMOVAL FROM THE LIST**

- A. The Township of Willingboro, or his/her designees, may remove a contractor from the Emergency Board-Up referral list if, upon investigation, it is determined that:
1. The applicant failed to respond within a maximum allotted sixty (60) minutes; or
 2. The applicant fails to maintain the requisite contractor license and tools/equipment to operate a Board-Up business; or
 3. The applicant fails to maintain or cannot obtain the minimum required insurance; or
 4. The applicant engages in practices detrimental to the efficient operation of this policy, the operations of the Township of Willingboro, or its relationship with the public; or
 5. Any board up company shows up without being called out.
 6. Such other causes exist which, in the discretion of the Township Manager, would not be in the interest of the public, the Township of Willingboro.
 7. Contractor shall not solicit rehabilitation of damage premises.
- B. The Township of Willingboro, or his/her designees, shall notify the applicant, in writing, as to removal from the list and shall set forth the cause(s) upon which such removal has been made. The written notification shall be sent, certified mail [return receipt, to the business address listed on said application. Within ten (10) business days after receiving the written notice of removal, the contractor may submit a request, in writing to the Township of Willingboro for an opportunity to respond to the removal. If such a request is submitted, the Township of Willingboro shall notify the contractor of the time and place where such responses may be made. The contractor may then

present his/her position and such evidence deemed relevant to the Township of Willingboro. Such opportunity shall not be a formal evidentiary hearing. The decision of the Township of Willingboro in the case will be final.

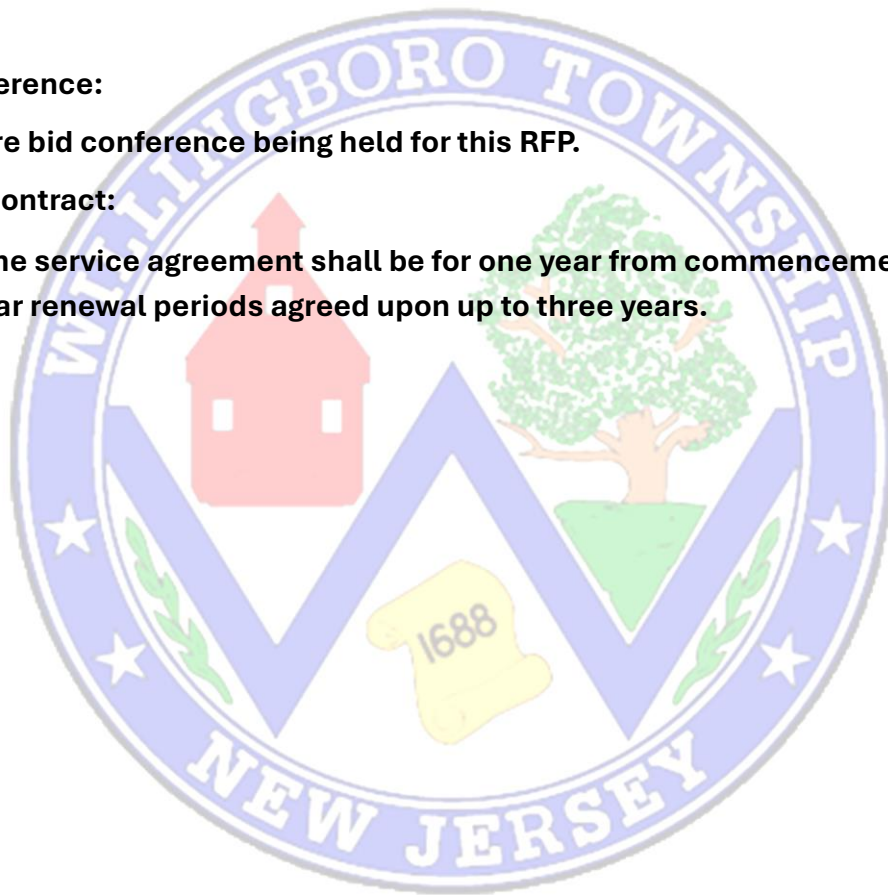
- C. The Appellant shall post five hundred dollars (\$500.00) either in cash or cashier's check with the Township of Willingboro to cover all, or a portion of, the appeal costs. Any and all costs of such appeal will be recovered by the Township of Willingboro from the appellant when the review finds in favor of the Township of Willingboro. A full and complete accounting shall be supplied to the unsuccessful appellant with the findings.

Pre-Bid Conference:

There is no pre bid conference being held for this RFP.

Duration of Contract:

The term of the service agreement shall be for one year from commencement date, with optional 1 year renewal periods agreed upon up to three years.



WILLINGBORO TOWNSHIP
BOARD UP SERVICE APPLICANT CHECKLIST AND VERIFICATION

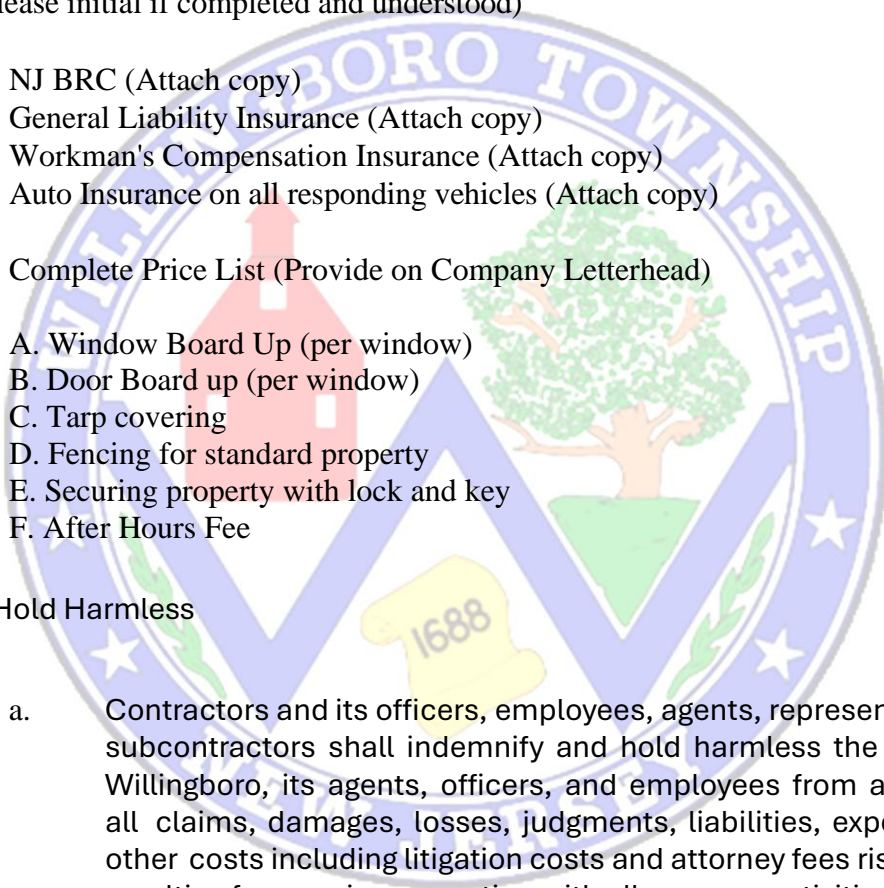
Company Name: _____

Business Address: _____

Business Phone: _____ Fax#: _____ Cell#: _____

Email: _____

Check List (Please initial if completed and understood)

- 
- _____ 1. NJ BRC (Attach copy)
 - _____ 2. General Liability Insurance (Attach copy)
 - _____ 4. Workman's Compensation Insurance (Attach copy)
 - _____ 5. Auto Insurance on all responding vehicles (Attach copy)
 - _____ 6. Complete Price List (Provide on Company Letterhead)
 - A. Window Board Up (per window)
 - B. Door Board up (per window)
 - C. Tarp covering
 - D. Fencing for standard property
 - E. Securing property with lock and key
 - F. After Hours Fee
 - _____ 7. Hold Harmless
 - a. Contractors and its officers, employees, agents, representatives or subcontractors shall indemnify and hold harmless the Township of Willingboro, its agents, officers, and employees from and against all claims, damages, losses, judgments, liabilities, expenses and other costs including litigation costs and attorney fees rising out of, resulting from, or in connection with all program activities.
 - _____ 8. Complete List of Response Policies (Provide on Company Letterhead)
 - a. Listed companies shall be able to respond within 60 minutes to the incident.
 - b. Listed companies shall have a permanent business address (No PO Box).
 - c. Listed companies shall have a person call center 24/7 365 days a. year.

- d. Listed companies shall respond to the scene when called (No chasing).
- e. Listed companies that respond to the scene without being called will be removed from the list.
- f. When requested to the scene, the company will park away from the incident and report to the incident commander on arrival, vehicles and personnel. Personnel will stay clear of the scene until authorized by the incident commander to begin.
- g. Personnel shall not gather information from or speak with the homeowner(s) until authorized by the incident commander and after the fire investigation personnel are complete. Further, Personnel shall not recommend or present any contact regarding or referencing a public adjuster or restoration services to the stricken family or business at any time.

_____9. Identification

- a. All vehicles at the scene SHALL be marked with the company logo or name.
- b. Company personnel SHALL wear a company photo ID and some type of identifying shirt or uniform.

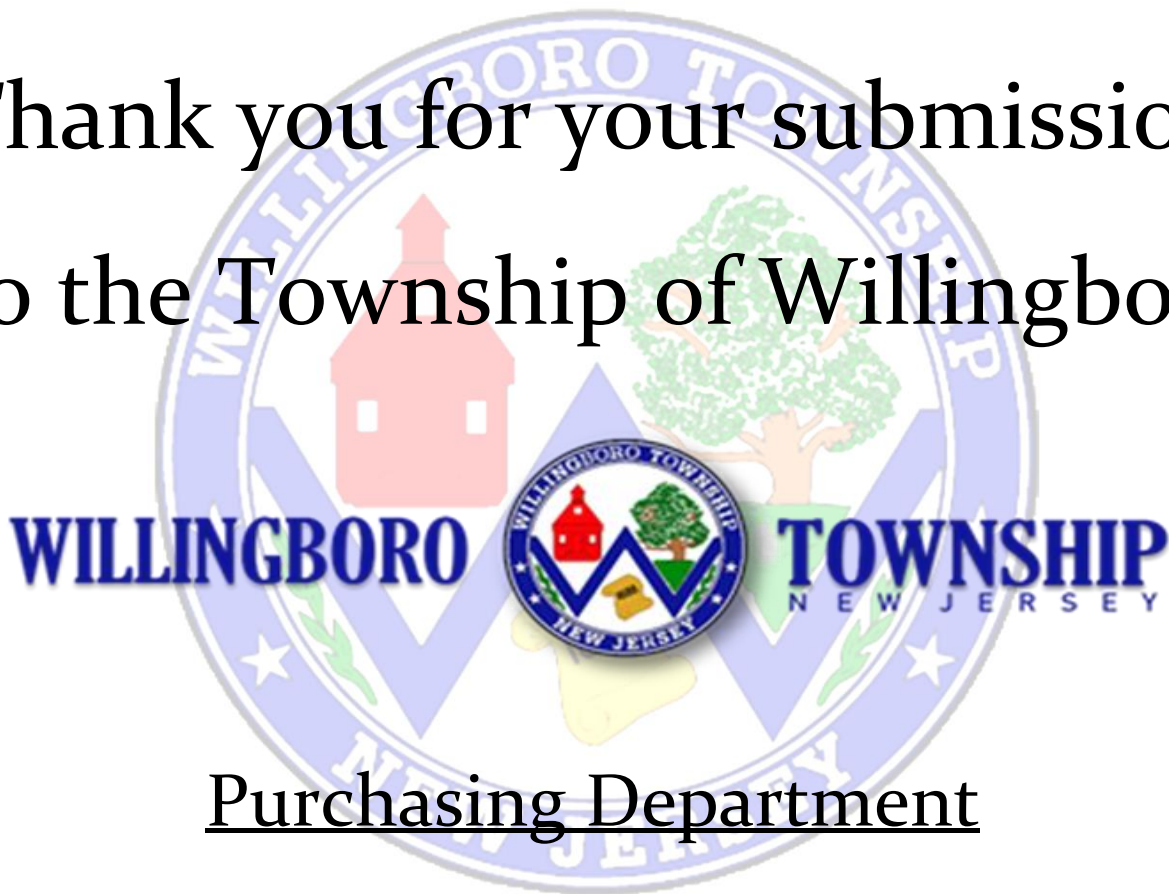
_____10. Contractors services

- a. Board up: plywood cover up of all openings such as doors, windows, vent holes and fire openings to protect and secure the property.
- b. Roof Coverings: plastic and trap cover up of roof and ceiling openings to prevent in climate weather damage.
- c. Debris: the cleanup of debris as required, and removal of debris from adjacent properties, streets and sidewalks.
- d. Fencing: the erection of cyclone or other approved type of fencing as required.

I have read the attached Willingboro Township Board Up Program Policies and Procedures and agree to comply. Additionally, I have read, understand, and have initialed my agreement to comply with the sections listed above. I, the undersigned, agree to comply with the Willingboro Township policies and procedures and understand that this application is only good for one year from the signature date and at any time Willingboro Township can request additional information. Additionally, I understand this is only an application and not a guarantee to be placed on a call out list.

| | | | |
|--------------------|--------------|-------------------|------|
| Signature | Date | Witness Signature | Date |
| Title of Signature | Company Name | | |

Thank you for your submission
To the Township of Willingboro



Purchasing Department