

**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**Health Insurance Claim Administration and Network Services and Limited Fully Insured Plan**

**Bid Package**

**All proposals must be submitted in accordance with the following Standardized Submission Requirements and Selection Criteria established by the Middlesex County Joint Health Insurance Fund as its Fair and Open Public Solicitation Process for Professional Services. MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**STANDARDIZED SUBMISSION REQUIREMENTS AND SELECTION CRITERIA**

**(FAIR AND OPEN PUBLIC SOLICITATION**

**PROCESS FOR PROFESSIONAL SERVICES)**

The Middlesex County Joint Health Insurance Fund is seeking sealed submissions in response to a Public Notice for the Solicitation of Professional Service Agreements.

**The selection criteria to be used in awarding contracts shall include:**

1. The name and qualifications of the individual(s) who will perform the services;
2. Experience and reputation in the particular field of endeavor;
3. Ability to perform the required services in a timely manner (including familiarity with the subject matter, attendance at meetings, etc.)
4. Competitiveness of rates (fees and expenses); and
5. Other factors, if determined to be in the best interests of the FUND.

**Please Note this Additional Requirement**:

Professional services entities shall submit one (1) original and seven (7) additional sets of their sealed submission **on or before 11:00 p.m. Thursday, July 31, 2025**.

**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**INFORMATION FOR PROFESSIONAL SERVICES ENTITIES**

**(FAIR AND OPEN PUBLIC SOLICITATION PROCESS)**

1.1 **RECEIPT AND OPENING OF SUBMISSIONS**

Owner and Project

The Middlesex County Joint Health Insurance Fund (hereinafter called the “FUND”) invites submissions for the service(s) mentioned in the Public Notice for Solicitation.

Time and Place of Submission Openings

Fund Treasurer and/or his designated representative will receive submissions at the time and place mentioned in the Public Notice for Solicitation, and at such time and place will publicly open and read the name and proposed fee for all the responses received.

Submissions Not in Compliance

The FUND may waive any informality or reject any and/or all submissions, in accordance with the *Fair and Open Public Solicitation Process for Professional Service(s)* pursuant to P.L. 2004, c. 19 (*N.J.S.A. 19:44A-20.4, et seq*.)

Withdrawing Submissions

Submissions forwarded to the Fund Treasurer and/or his designated representative before the time of opening of submissions may be withdrawn upon written application of the professional services entity who shall be required to produce evidence showing that they are or they represent the principal or principals involved in the submission. Submissions may not be withdrawn within twenty-four (24) hours of the stipulated time of opening of submissions.

1.2 **QUALIFICATIONS OF PROFESSIONAL SERVICES ENTITIES**

Individuals Performing Tasks

Name and roles of the individuals who will perform the tasks and descriptions of their education and experience similar to the services contained herein.

Past Performance

Documented past performance of same and/or similar service.

Description of Abilities

Description of ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff).

Cost Details

Annual rate to be charged, including the hourly rate of each of the individuals who will be performing services, where applicable, any commissions to be paid/received where appropriate, and all expenses.

1.3 **PREPARATION OF SUBMISSIONS**

Completion of Submissions

Each submission must be provided in a succinct letter by hard copy and signed by the professional services entity or principal thereof and shall contain the name, address and telephone number of the professional services entity. All prices and amounts must be written in ink, typewriter, or computer generated hard copies. Proposals will not be accepted by facsimile; an email copy of the entire document including attachments should be sent to Mary Feltovic (mfeltovic@acrisure.com) and Lynn Collins (l.collins@naimc.com). Each signatory to the submission must initial all erasures or corrections. Each submission shall be contained in a sealed envelope addressed to the Middlesex County Joint Health Insurance Fund, Nick Jeglinski, Office of the County Comptroller, 3rd Floor, County Administration Building, JFK Square, New Brunswick, New Jersey 08901. Said envelope shall specify the Title for which the submission is provided. The submission is to be clearly marked “Sealed Submission Enclosed” and must be delivered at the place and time required or mailed to be received prior to the opening time set in the advertisement. Submissions received after the hour herein named or in unsealed envelopes shall not be considered.

The FUND will not be responsible for submissions forwarded through the United States Mail or any delivery service if lost in transit at any time before submission opening, or if hand-delivered to incorrect location.

The submission shall be accompanied by (1) a Disclosure of Ownership Form; (2) a Mandatory Equal Employment Opportunity Notice Acknowledgment; (3) a copy of the applicable Business Registration Certificate; (4) a Professional Services Entity Information Form; (5) an Insurance Requirement Acknowledgment Form; (6) Political Contribution Disclosure Form; (7) List of Agencies/Elected Officials Required for Political Contribution Disclosure; (8) Statement of Ownership Disclosure Form; (9) Certification – Non Involvement in Prohibited Activities in Russia or Belarus; (10) Disclosure of Investment Activities in Iran Form; (11) Affirmative Action Questionnaire; (12) Mandatory Equal Opportunity Language; (13) a submission letter as described above; and (14) an electronic version of the entire response with all attachments; (15) one original and seven complete sets; and (16) attachments A through D identified in the Request for Proposal document. A copy of the complete response including attachments should be emailed to both Mary Feltovic (mfeltovic@acrisure.com) and Lynn Collins (l.collins@naimc.com).

Errors in Submissions

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

1.4 **TIME FOR AWARD OF CONTRACT**

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

The award of the contract for this service will not be made unless the Fund Treasurer has certified the necessary funds.

1.5 **MODIFICATIONS OF SUBMISSIONS**

Any professional services entity may modify its submission by mail, courier or hand delivery at any time prior to the scheduled closing time for receipt of submissions. The FUND, prior to the closing time, must receive such communication. The communication should not reveal the submission price but should provide the addition to or subtraction from or other modification so that the FUND will not know the final price(s) or term(s) until the sealed submission is opened.

1.6 **REJECTION OF SUBMISSION**

Multiple Submissions Not Allowed

More than one submission from an individual, a firm or partnership, a corporation or association of principals under the same or different names shall not be considered.

Right to Reject Submissions

The right is reserved to reject any or all submissions in whole or in part if not in compliance with the standardized submission requirements.

Right to Waive Informalities Reserved

The FUND expressly reserves the right to waive any informality in any submission, and to accept the submission, which in the FUND’s judgment serves its best interests.

1.7 **PROFESSIONAL SERVICES ENTITY REFERRED TO LAWS**

The attention of the professional services entity is especially directed to the provisions of Federal, State, County and Local Government statutes and regulations that may apply to the work.

1.8 **PAYMENT**

Checks are processed by the FUND approximately once a month. It is necessary that approved signed vouchers be accompanied by an invoice and be submitted a least two weeks in advance of the payment date.

1.9 **TRANSITIONAL PERIOD**

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

1.10 **FACSIMILE DOCUMENTS PROVIDED IN A SUBMISSION**

Under no circumstances, on submission documents requiring authorized signatures, will the FUND accept documents provided through facsimile machines.

1.11 **CONTRACT COMPLIANCE AND EQUAL EMPLOYMENT OPPORTUNITY**

**IN PUBLIC CONTRACTS**

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

1.12 **GENERAL REQUIREMENTS/INFORMATION**

The professional services entity shall guarantee any or all material and services supplied under these specifications. Defective or inferior items shall be replaced at the expense of the professional services entity.

It is understood by the professional services entity that this submission is provided on the basis of standardized submission requirements prepared by the FUND and the fact that any professional services entity is not familiar with these standardized submission requirements or conditions will not be accepted as an excuse.

NO MINIMUM PAYMENT IS IMPLIED OR GUARANTEED.

The FUND reserves the right to cancel any contract entered into upon thirty (30) days written notice.

This solicitation is for a three (3) year contract for services from January 1, 2026 through December 31, 2028.

**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**CHECKLIST**

**PROFESSIONAL SERVICE TITLE**: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Insert Title)

**SUBMISSION DATE**: **Thursday, July 31, 2025 no later than 11:00 p.m.**

***The following items, as indicated below (X), shall be provided with the receipt of sealed submissions:***

1. Disclosure of Ownership Form....................................................................... \_\_\_\_\_\_
2. Mandatory Equal Employment Opportunity Notice Acknowledgment............. \_\_\_\_\_\_
3. Copy of your ***Business Registration Certificate*** as issued by the State of

 New Jersey, Department of Treasury, Division of Revenue......................... \_\_\_\_\_\_

1. Professional Service Entity Information Form.................................................. \_\_\_\_\_\_
2. Insurance Requirement Acknowledgment Form............................................... \_\_\_\_\_\_
3. Political Contribution Disclosure Form……………………………………… \_\_\_\_\_\_
4. List of Agencies/Elected Officials Req’d for Political Contribution Disclosure \_\_\_\_\_\_
5. Statement of Ownership Disclosure Form……………………………………. \_\_\_\_\_\_
6. Certification-Non-Involvement in Prohibited Activities in Russia or Belarus \_\_\_\_\_\_
7. Disclosure of Investment Activities in Iran Form……………………………. \_\_\_\_\_\_
8. Affirmative Action Questionnaire…………………………………………… \_\_\_\_\_\_
9. Mandatory Equal Opportunity Language…………………………………… \_\_\_\_\_\_
10. Letter setting forth qualifications and proposal................................................. \_\_\_\_\_\_
11. An Electronic Copy of the entire document…………………………………. \_\_\_\_\_\_
12. One original and seven complete sets……………………………………….. \_\_\_\_\_\_
13. Attachments A through D identified in the Request for Proposal document….. \_\_\_\_\_\_

**REMINDER**

**Please submit one (1) original and seven (7) additional sets of the sealed submission and an electronic version of the entire response including all attachments. A copy of the complete response including attachments should be emailed to both Mary Feltovic (****mfeltovic@acrisre.com****) and Lynn Collins (****l.collins@naimc.com****).**

**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**DISCLOSURE OF OWNERSHIP**

*N.J.S.A. 52:25-24.2* reads in part that “no corporation or partnership shall be awarded any contract by the State, County, Municipality or School District, or any subsidiary or agency thereof, unless prior to the receipt of the submission of the corporation or partnership, there is provided to the public contracting unit a statement setting forth the names and addresses of all individuals who own 10% or more of the stock or interest in the corporation or partnership”.

1. If the professional service entity is a *partnership*, then the statement shall set forth the names and addresses of all partners who own a 10% or greater interest in the partnership.

2. If the professional service entity is a *corporation*, then the statement shall set forth the names and addresses of all stockholders in the corporation who own 10% or more of its stock of any class.

3. If a corporation owns all or part of the stock of the corporation or partnership providing the submission, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that corporation.

4. If the professional service entity is other than a corporation or partnership, the contractor shall indicate the form of ownership as listed below.

**COMPLETE ONE OF THE FOLLOWING STATEMENTS**:

**I.** **Stockholders or Partners owning 10% or more of the company providing the submission**:

NAME: ADDRESS:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**II.** **No Stockholder or Partner owns 10% or more of the company providing this submission**:

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

**III.** **Submission is being provided by an individual who operates as a sole proprietorship**:

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

**IV. Submission is being provided by a corporation or partnership that operates as a (check one of the following):**

\_\_\_\_\_\_\_\_\_ Limited Partnership \_\_\_\_\_\_\_\_\_\_ Limited Liability Corporation

\_\_\_\_\_\_\_\_\_ Limited Liability Partnership \_\_\_\_\_\_\_\_\_\_ Subchapter S Corporation

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

**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY NOTICE**

**(*N.J.S.A. 10:5-31 et seq*. and *N.J.A.C. 17:27 et seq*.)**

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

This form is a summary of the successful professional service entity's requirement to comply with the requirements of *N.J.S.A. 10:5‑31 et seq*. and *N.J.A.C. 17:27 et seq*.

The successful professional service entity shall submit to the FUND after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the vendor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with *N.J.A.C.. 17:27-1.1 et seq*.;

OR

(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division of Contact Compliance and distributed to the FUND to be completed by the vendor in accordance with *N.J.A.C.. 17:27‑1.1 et seq*.

The successful professional service entity may obtain the Employee Information Report (AA302) from the FUND during normal business hours.

The successful professional service entities must submit the white and canary copies of the AA302 (Employee Information Report) to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts Division. The pink *Public Agency* copy is submitted to the FUND, and the gold *Vendor* copy is retained by the professional service entity.

The undersigned professional service entity certifies that he/she is aware of the commitment to comply with the requirements of *N.J.S.A. 10:5‑31 et seq*. and *N.J.A.C..17:27 et seq*. and agrees to furnish the required forms of evidence.

The undersigned professional service entity further understands that his/her submission shall be rejected as non‑responsive if said professional service entity fails to comply with the requirements of *N.J.S.A. 10:5‑.31 et seq*. and *N.J.A.C.17:27 et seq*.

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

SIGNATURE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_PRINT NAME:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

**EXHIBIT A**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**

***N.J.S.A. 10:5‑31 et seq*. and *N.J.A.C. 17:27 et seq*.**

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

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, 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 terms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this non-discrimination 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. 10:6-31, et seq.*, as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to attempt in good faith to employ minority and female 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 county 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, race, 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 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, race, 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 the 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 subcontractor shall furnish such reports or other documents to the Division of Contract Compliance & EEO as may be requested by the Division from time to time in order to carry out the purposes of these regulations, the 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*.

**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**AMERICANS WITH DISABILITIES ACT OF 1990**

**EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITY**

The CONTRACTOR and MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND (herein referred to as the FUND) do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the Act") (*42 U.S.C. §12101 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 thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the FUND pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event 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 FUND in any action or administrative proceeding commenced pursuant to this Act. The CONTRACTOR shall indemnify, protect, and save harmless the FUND, 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 FUND’s grievance procedure, the CONTRACTOR agrees to abide by any decision of the FUND, which is rendered pursuant to, said grievance procedure. If any action or administrative proceeding results in an award of damages against the FUND or if the FUND 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 FUND 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 FUND or any of its agents, servants, and employees, the FUND shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the FUND or its representatives.

It is expressly agreed and understood that any approval by the FUND 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 FUND pursuant to this paragraph.

It is further agreed and understood that the FUND 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 FUND from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

**ATTENTION ALL PROFESSIONAL SERVICE ENTITIES**

Pursuant to the Business Registration of Contractors with Government Agencies Law, all business organizations that do business with a local contracting agency within the State of New Jersey (i.e. Middlesex County Joint Health Insurance Fund) are required to be registered with the State of New Jersey, Department of Treasury, Division of Revenue, and provide proof of that registration to the contracting agency before the contracting agency may enter into a contract with the business.

A "Business Organization" means an individual, partnership, association, joint stock company, trust, corporation or other legal business entity a successor thereof.

The law provides that: A copy of the Business Registration Certificate issued by the NJ Department of Treasury, Division of Revenue, shall be provided at the time any submission is received; failure to do so is a fatal defect that cannot be cured. This law covers construction as well as non‑construction submissions.

Goods & Services Contracts (including purchase orders):

*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) 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 were used;

3) 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 proper1y provided or maintained under a contract with a contracting agency.

**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**PROFESSIONAL SERVICE ENTITY INFORMATION FORM**

If the Professional Service Entity is an *INDIVIDUAL*, sign name and give the following information:

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

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

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

If individual has a TRADE NAME, give such trade name:

Trading As: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Telephone No.:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If the Professional Service Entity is a *PARTNERSHIP*, give the following information:

Name of Partners: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal I.D. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Social Security No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of authorized agent: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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If the Professional Service Entity is *INCORPORATED*, give the following information:

State under whose laws incorporated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Location of principal office: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Federal I.D. No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Fax No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_E-Mail: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of agent in charge of said office upon whom notice may be legally served:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Telephone No.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Name of Corporation: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

**MIDDLESEX COUNTY JOINT HEALTH INSURANCE FUND**

**INSURANCE REQUIREMENTS AND ACKNOWLEDGMENT FORMS**

Certificate(s) of Insurance shall be filed with the Fund Treasurer upon award of contract by the Fund Commissioners.

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

**PROFESSIONAL LIABILITY INSURANCE**

Limits shall be a minimum of $1,000,000.00 per occurrence.

***Acknowledgment of Insurance Requirement***:

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(Signature) (Date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Printed Name and Title)

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

**Contractor Instructions**

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a “fair and open” process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of N.J.S.A.19:44A-20.26. This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

* any continuing political committee (a.k.a., political action committee)
* any candidate committee of a candidate for, or holder of, an elective office:
	+ of the public entity awarding the contract
	+ of that county in which that public entity is located
	+ of another public entity within that county
	+ or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed $200 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

* individuals with an “interest” ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
* all principals, partners, officers, or directors of the business entity or their spouses
* any subsidiaries directly or indirectly controlled by the business entity
* IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, “a contribution by that person’s spouse or child, residing therewith, shall be deemed to be a contribution by the business entity.” [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor’s responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor’s submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Ownership Disclosure Certification. This will assist the agency in meeting its obligations under the law.

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

**This form or its permitted facsimile must be submitted to the local unit**

**no later than 10 days prior to the award of the contract.**

Part I – Vendor Information

|  |  |
| --- | --- |
| Vendor Name: |  |
| Address: |  |
| City: |  | State: | Zip: |

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26and as represented by the Instructions accompanying this form.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature Printed Name Title

## Part II – Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26this disclosure must include all reportable political contributions (more than $200 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

|  |  |  |  |
| --- | --- | --- | --- |
| **Contributor Name** | **Recipient Name** | **Date** | **Dollar Amount** |
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* Check here if disclosure is provided in electronic form.
* Check here if the information is continued on subsequent page(s)

Continuation Page

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

Page \_\_\_ of \_\_\_\_\_\_

Vendor Name:

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| **Contributor Name** | **Recipient Name** | **Date** | **Dollar Amount** |
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* Check here if the information is continued on subsequent page(s)

**List of Agencies with Elected Officials Required for Political Contribution Disclosure**

**N.J.S.A. 19:44A-20.26**

**County Name: Middlesex**

State: Governor, and Legislative Leadership Committees

Legislative District #s: 13, 14, 17, 18, 19, 22

State Senator and two members of the General Assembly per district.

County:

 Freeholders County Clerk Sheriff Surrogate

Municipalities (Mayor and members of governing body, regardless of title):

|  |
| --- |
| Carteret Borough |
| Cranbury Township |
| Dunellen Borough |
| East Brunswick Township |
| Edison Township |
| Helmetta Borough |
| Highland Park Borough |
| Jamesburg Borough |
| Metuchen Borough |
| Middlesex Borough |
| Milltown Borough |
| Monroe Township |
| New Brunswick City |
| North Brunswick Township |
| Old Bridge Township |
| Perth Amboy City |
| Piscataway Township |
| Plainsboro Township |
| Sayreville Borough |
| South Amboy City |
| South Brunswick Township |
| South Plainfield Borough |
| South River Borough |
| Spotswood Borough |
| Woodbridge Township |

Boards of Education (Members of the Board):

|  |
| --- |
| Carteret Borough  |
| Cranbury Township  |
| Dunellen Borough  |
| East Brunswick Township  |
| Edison Township  |
| Helmetta Borough  |
| Highland Park Borough  |
| Jamesburg Borough  |
| Metuchen Borough  |
| Middlesex Borough  |
| Milltown Borough  |
| Monroe Township  |
| North Brunswick Township  |
| Old Bridge Township  |
| Perth Amboy City  |
| Piscataway Township  |
| Sayreville Borough  |
| South Amboy City  |
| South Brunswick Township  |
| South Plainfield Borough  |
| South River Borough  |
| Spotswood Borough  |
| West Windsor-Plainsboro Regional  |
| Woodbridge Township  |

Fire Districts (Board of Fire Commissioners):

|  |
| --- |
| East Brunswick Township Fire District No. 1 |
| East Brunswick Township Fire District No. 2 |
| East Brunswick Township Fire District No. 3 |
| Jamesburg Borough Fire District No. 1 |
| Monroe Township Fire District No. 1 |
| Monroe Township Fire District No. 2 |
| Monroe Township Fire District No. 3 |
| Old Bridge Township Fire District No. 1 |
| Old Bridge Township Fire District No. 2 |
| Old Bridge Township Fire District No. 3 |
| Old Bridge Township Fire District No. 4 |
| Piscataway Township Fire District No. 1 |
| Piscataway Township Fire District No. 2 |
| Piscataway Township Fire District No. 3 |
| Piscataway Township Fire District No. 4 |
| Plainsboro Township Fire District No. 1 |
| South Brunswick Township Fire District No 1 |
| South Brunswick Township Fire District No. 2 |
| South Brunswick Township Fire District No. 3 |
| Woodbridge Township Fire District No. 1 |
| Woodbridge Township Fire District No. 2 |
| Woodbridge Township Fire District No. 4 |
| Woodbridge Township Fire District No. 5 |
| Woodbridge Township Fire District No. 7 |
| Woodbridge Township Fire District No. 8 |
| Woodbridge Township Fire District No. 9 |
| Woodbridge Township Fire District No. 10 |
| Woodbridge Township Fire District No. 11 |
| Woodbridge Township Fire District No. 12 |

***To be completed, signed and returned with Bid***

**Statement of Ownership Disclosure Instructions**

No corporation, partnership, or limited liability company shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, the cost of which is to be paid with or out of any public funds, by the State, or any county, municipality or school district, or any subsidiary or agency of the State, or of any county, municipality or school district, or by any authority, board, or commission which exercises governmental functions, unless prior to the receipt of the bid or accompanying the bid, of said corporation, said partnership, or said limited liability company there is submitted a statement setting forth the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be.

If one or more such stockholder or partner or member is itself a corporation or partnership or limited liability company, the stockholders holding 10 percent or more of that corporation’s stock, or the individual partners owning 10 percent or greater interest in that partnership, or the members owning 10 percent or greater interest in that limited liability company, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member, exceeding the 10 percent ownership criteria established in this act, has been listed.

To comply with this section, a bidder 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 percent 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 percent 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 percent or greater beneficial interest.

**STATEMENT OF OWNERSHIP DISCLOSURE**

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

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

**Name of Organization:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Organization Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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

Sole Proprietorship

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

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

Partnership Limited Partnership Limited Liability Partnership (LLP)

Other (be specific): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Part II**

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

 **OR**

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

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

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| --- | --- |
| **Name of Individual or Business Entity** | **Address** |
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**Part III**

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

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

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

|  |  |
| --- | --- |
| **Stockholder/Partner/Member and Corresponding Entity Listed in Part II**  | **Address** |
|  |  |
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**Part IV**

**Certification**

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

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

**CERTIFICATION OF NON‐INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS**

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([L. 2022, c. 3](https://pub.njleg.state.nj.us/Bills/2022/PL22/3_.PDF)) any person or entity (hereinafter “Vendor[i](#_bookmark0)”) that seeks to enter into or renew a contract with a State agency for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: [https://sanctionssearch.ofac.treas.gov/.](https://sanctionssearch.ofac.treas.gov/) If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

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

|  |  |
| --- | --- |
|  | *(Check the Appropriate Box)* |
| A. | That the Vendor is not identified on the [OFAC Specially Designated Nationals and Blocked Persons list](https://sanctionssearch.ofac.treas.gov/) on account of activity related to Russia and/or Belarus. |
|  | ***OR*** |
| B. | That I am unable to certify as to “A” above, because the Vendor is identified on the [OFAC Specially](https://sanctionssearch.ofac.treas.gov/) [Designated Nationals and Blocked Persons list](https://sanctionssearch.ofac.treas.gov/) on account of activity related to Russia and/or Belarus. |
|  | ***OR*** |
| C. | That I am unable to certify as to “A” above, because the Vendor is identified on the [OFAC Specially](https://sanctionssearch.ofac.treas.gov/) [Designated Nationals and Blocked Persons list.](https://sanctionssearch.ofac.treas.gov/) However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor’s activity related to Russia and/or Belarus is consistent with federal law is set forth below. |
|  |  |
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|  | (*Attach Additional Sheets If Necessary.)* |

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

Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

NJ Rev. 1.22.2024

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

# BID SOLICITATION NAME 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.](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 Chapter 25 Treasury’s List of entities determined to be engaged in prohibited activities in Iran. |
| ***OR*** |
| I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury’s Chapter 25 List. I will provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents,subsidiaries or affiliates, has engaged in regarding investment activities in Iran by completing the information requested below. |

|  |
| --- |
| Entity Engaged in Investment Activities |
| Relationship to Vendor/ Bidder |
| Description of Activities |
| Duration of Engagement |
| Anticipated Cessation Date |
| *\*Attach Additional Sheets If Necessary.* |

# CERTIFICATION

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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Signature |  | Date |  |  |
| Print Name and Title |  |  |  |  |

AFFIRMATIVE ACTION QUESTIONNAIRE

This form is to be completed and returned with the bid. However, the Board will accept in lieu of this Questionnaire, Affirmative Action Evidence Employee Information Report stapled to this page.

1. Our company has a federal Affirmative Action Plan approval. ◻ Yes ◻ No

 ***If yes,*** please attach a copy of the plan to this questionnaire.

2. Our company has a NJ State Certificate of Employee Information Report ◻ Yes ◻ No

 ***If yes,*** please attach a copy of the certificate to this questionnaire.

If you answered ***“NO”*** to both questions No. 1 and 2, you must apply for an Affirmative Action Employee Information Report – Form AA302. Please visit the New Jersey Department of Treasury website for the Division of Public Contracts. Equal Employment Opportunity Compliance:

<https://www.nj.gov/treasury/contract_compliance/>

* 1. Click on “Employee Information Report”
	2. Complete and submit the form with the *appropriate payment* to:

 Department of Treasury

 Division of Purchase and Property

 Contract Compliance and Audit Unit

 EEO Monitoring P.O. Box 206

 Trenton, NJ 08625-0206

All fees for this application are to be paid directly to the State of New Jersey. A copy shall be submitted to the Board of Education after the contract award but prior to the signing of the contract.

I certify that the above information is correct to the best of my knowledge.

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

Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Title \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name of Company\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**

**N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)**

**N.J.A.C. 17:27**

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

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

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

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

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

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

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. l7:27-5.2.

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

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

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

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

* Letter of Federal Affirmative Action Plan Approval.
* Certificate of Employee Information Report; or
* Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division’s website at: http:// www.state.nj.us/treasury/contract\_compliance/.

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

 (*Revised: January 2016*)