

CITY OF PERTH AMBOY

REQUEST FOR PROPOSALS FOR

EMERGENCY MEDICAL SERVICES / BASIC LIFE SUPPORT AMBULANCE SERVICES AND LEASE OF GARAGE AND OFFICE SPACE

CONTRACT TERM – up to FIVE (5) YEARS

SUBMISSION DEADLINE

May 10, 2024

10:00 AM

ADDRESS ALL PROPOSALS TO:

DIVISION OF PURCHASING CITY HALL, 260 HIGH STREET PERTH AMBOY, NEW JERSEY 08861

ATTN: Maria Rivera, RPPS, QPA Purchasing Agent

CITY OF PERTH AMBOY MIDDLESEX COUNTY, NJ REQUEST FOR PROPOSALS

Sealed proposals will be received at City Hall, 260 High Street, Perth Amboy, NJ 08861 on Friday, **May 10, 2024** at **10:00 AM** for the following:

EMERGENCY MEDICAL SERVICES / BASIC LIFE SUPPORT AMBULANCE SERVICES AND LEASE OF GARAGE AND OFFICE SPACE

Specifications and Instructions to Respondents and Proposal forms may be obtained at the Purchasing Office or the City's website at www.perthamboynj.org. Proposals and all information required to be submitted pursuant to this Request for Proposals ("RFP") shall be prepared at the sole cost and expense of each Respondent. There shall be no claims whatsoever against the City, its officers, officials, or employees for reimbursement for the payment of costs or expenses incurred in preparing and submitting a Proposal or for participating in this procurement.

Proposals will be received by hand delivery, mail, or delivery service in accordance with the instructions provided herein up until the date and time indicated above. If the Proposal is hand-delivered, potential Respondents may drop them off at the City's Purchasing Office located on the 2nd Floor. Enter through the Market Street Entrance of the City Hall Building, 260 High Street, Perth Amboy, New Jersey 08861 and proceed to the 2nd Floor. The City will not be responsible for packages not arriving at the time and place designated, irrespective of the date and time the package was mailed, posted, or left with a delivery service. Respondent assumes any and all risk of late delivery of its Proposal. Proposals not received on time will be returned to Respondent unopened.

Proposers are required to comply with:

- Affirmative Action Regulations requirement of N.J.S.A.10:5-31 et seq. and N.J.A.C. 17:27;
- P.L.2004, c.57 which amends and supplements the business registration provisions of N.J.S.A. 52:32-44

Proposals must strictly comply with all requirements for a regular proposal as directed or required by the specifications and the Statutes in such case made and provided.

All questions regarding this RFP must be submitted via email request to Maria J. Rivera at mrivera@perthamboynj.org prior to **May 1, 2024 at 12:00 p.m**. Responses will be provided no later than **May 3, 2024 at 12:00 p.m**. Any addenda will be issued on the City's website, and processed in accordance with N.J.S.A. 40A:11-23(c)(1). All interested Respondents should check the website from now through the submission deadline. It is the sole responsibility of the Respondent to be knowledgeable of all addenda related to this procurement.

The City of Perth Amboy reserves the right to consider bids for sixty (60) days after their receipt.

The City of Perth Amboy reserves the right to reject any and all proposals if deemed in the best interest of the City to do so. Notice is hereby given to all proposers that if their proposals are informal, defective, or irregular, the same will be rejected.

MARIA J. RIVERA, RPPS, QPA Purchasing Agent City of Perth Amboy 260 High Street Perth Amboy, New Jersey 08861

CITY OF PERTH AMBOY

Criteria for Submission of Proposals for

EMERGENCY MEDICAL SERVICES / BASIC LIFE SUPPORT AMBULANCE SERVICES AND LEASE OF GARAGE AND OFFICE SPACE

For a Five-Year Term

NOTICE IS HEREBY GIVEN that the City of Perth Amboy seeks requests for proposals, pursuant to the competitive contracting procedure of the New Jersey Local Public Contracts Law, N.J.S.A. 40A:11-4.5 for:

This contract will be awarded via competitive contracting process pursuant to N.J.S.A. 40A:11-4 et seq. for a term of (1) one year with the option to renew for up to (4) four additional one (1) year terms for a maximum total of (5) five years. Contractor shall begin providing service on July 1, 2024

Contractor will be recognized as the designated contractor for providing Emergency Medical Service and Basic Life Support Ambulance Services to the City at all times during the term of this agreement.

Lease of garage and office space in the City of Perth Amboy Fire Department Headquarters, 375 New Brunswick Avenue, Perth Amboy, New Jersey to house and operate the ambulances in connection with the five (5) year contract to provide BLS Ambulance Service. The garage space consists of two (2) bays for the storage of one (1) standard ambulance on each bay. The office space used by EMS is an instruction preparation room number 1-126, measures approximately 95 square feet. The Department have designated four (4) parking spaces for the designated ambulance staff members.

TECHNICAL SPECIFICATIONS

The City of Perth Amboy herein after the City seeks to contract with an organization to administer/provide emergency medical services for the residents and visitors of the City, as further defined below. The City has sought to identify Contractor responsibilities, for purposes of clarity.

The successful bidder shall be responsible for administering/providing a program of:

- 1. Overall Program Management
- 2. Data Collection and Reporting
- 3. Resource Utilization
- 4. Management of Care
- 5. Utilization Review
- 6. Quality Assurance
- 7. Public Information and Education
- 8. Will certify and re-certify the City's in-house CPR instructors.
- 9. Provider Relations

Price proposal to include:

- 1. The contractor's complete proposed patient fee/rate schedule for services.
- 2. The amount of time the contractor is willing to keep the fee/rate schedule unchanged.
- 3. The circumstances that would lead to changes in the fee/rate schedule.
- 4. The method by which the contractor would change its fee/rate schedule.

- 5. The method by which patient billing is handled when other emergency medical response entities is involved in the response.
- 6. The method by which balance billing is handled and collection procedures

Contractor will provide services that comply with all federal, state, and City standards and regulations.

Contractor shall Maintain a staff of qualified emergency medical personnel who, meet, if not exceed, minimum state requirements, such as initial certification and continuing education requirements. As well as possess a minimum of 2 years of prehospital 9-1-1 delivery of Emergency Medical Care.

Contractor shall maintain at least one fully staffed ambulance within the boundaries of the City at all times.

There are no minimum or maximum amount of calls for service that will be received by the contractor.

Contractor shall maintain a provider base that ensures geographic and culturally sensitive access to services.

Contractor shall provide access to continuing education and professional development programs for all emergency medical service personnel

The City may request replacement of any of the Contractor's personnel believed to be unable to carry out the responsibilities of the contract in a professional and competent manner.

The Contractor shall not publish any findings based on data obtained from operations pursuant to the contract without the prior consent of the City, whose written consent shall not be unreasonably withheld.

The City shall have the right to access information necessary for review of the contract terms and conditions.

The Contractor shall provide a written report of each complaint of service delivered by the Contractor that the Contractor receives. Said report shall state name, address, and telephone number of the complaint, nature of complaint, exact status of ambulance and personnel involved on behalf of the Contractor. The Contractor shall reply to all complaints of service received within one (1) week.

The contractor shall be an active participant in the City of Perth Amboy Emergency Operations Plan and shall coordinate with the Director of that office for planning and disaster situations at no additional cost.

When requested, the contractor shall provide a representative with the authority to make operational decisions to the Emergency Operations Center when staffed at no additional cost.

A supervisor must be on duty for the City at all times with an independent vehicle and is not assigned a position on one of the BLS ambulances. The supervisor will respond if requested to large scale emergencies such as a Mass Casualty Incident (MCI), structure fires with injuries or large scale fire, or any other large scale emergency or at the request of the Police Watch Commander.

The City provides enhanced-911 services to its residents and visitors. As an adjunct to this service, the City will provide dispatch services to the Contractor for the primary ambulance at a minimum, for the duration of the contract. Dispatch center staff is trained according to regulatory and legal guidelines. The Contractor should be prepared to integrate its existing ng dispatch operations and communications systems into the City dispatch operations and communications systems. The contractor shall have an alternate communications link to their dispatch center in the event of a telephone line failure.

Each unit must be equipped with two-way radio communications equipment capable of communicating with the Perth Amboy Central Communications Center on a system identified by the City and each staff member on the ambulance must have a portable hand held radio with the same capabilities. Radios may only be programmed as permitted by the City's radio systems coordinator. All radio equipment must be capable of producing an MDC ID or acceptable equivalent as assigned by the City. The contractor shall assure that each ambulance used to respond to a call for service in the City shall be equipped with the appropriate emergency communication and alerting device as specified by the City. The standard

ambulance shall have the ability to communicate at all times directly with Perth Amboy Central communications via a radio system identified by the City. BLS units will be dispatched by The City Central Communication Center directly.

Perth Amboy City reserves the right to dispatch other Emergency Medical Service vehicles including City owned assets, should the Contractor be unable or unwilling to respond to an emergency in a timely fashion.

For the purposes of this Agreement, response times for the City's primary permanently assigned ambulance must be less than five (5) minutes and fifty-nine (59) seconds on no less than 90% of the occasions under normal operating conditions.

Contractor shall also provide additional ambulances (backup ambulances) which shall be available to respond to any call for Emergency Medical Service within the City on a twenty-four hour per day, seven day per week basis at such times as the primary ambulance is responding to another call. The backup ambulances shall be able to respond to any call within the City within 12 minutes of being dispatch to the call.

This is a critical aspect of the proposal. The plan for adherence to this standard will be strictly scrutinized and will be considered a major aspect in the consideration of which Bidder will be awarded the Contract.

The contractor shall provide monthly reports which show all runs which exceeded any Response Time mandated by this Agreement

The Contractor shall provide no less than seventy-five (75) hours per year of basic life support emergency health services per year for the purposes of providing care and/or demonstrative services to various civil events, including, but not limited to health screenings, and community functions. Coverage shall be at a post, time and duration requested by the City. The City shall give no less than seventy-two (72)hours' notice when such coverage is required. The Contractor shall provide no less than one fully equipped ambulance with two Emergency Medical Technicians certified by the State of New Jersey. Multiple ambulance/crews may be requested, however, the City may not request more than four ambulances at one time, inclusive of those being used for routine City street emergency health services coverage. The Contractor confirms that the routine provision of emergency health services will not be adversely affected by stand by coverage.

The Contractor will, in addition to the above, provide stand-by coverage to the City Fire and Police Departments when requested to do so and until released by either the fire or police officer in charge of the incident. These services may include typical emergency health services in addition to various other services, such as the health screening and monitoring of emergency responders.

The Contractor may bill all patients transported to a hospital. Should the Contractor propose a system in which the patient is billed for any services provided, a telephone number shall be available to the patient to answer any questions and provide information regarding the bill.

The Contractor agrees not send any unpaid medical bill as a result of the BLS transport to Collections for any City employee who is transported while present in the City of Perth Amboy in the course of his or her employment by the City.

The contractor shall ensure that appropriate emergency medical services are rendered to the patient. Minimum requirement is that every patient's chart reflect that assessed according to professional standards, the results of the assessment, and the description of care rendered based on the assessment and in line with the standard operating procedures and medical protocols of the system.

The contractor shall develop, monitor and update standard operating procedures and medical protocols with under the guidance and direction of the system's medical director, a licensed physician who is board certified in emergency medicine, for treatment authorization and patient care.

The contractor shall monitor patient care provided by emergency medical service providers. Minimum requirements are to routinely review patient care reports ("PCR") to ensure adherence to medical protocols and professional standards.

The contractor will ensure all employees performing under this contract shall maintain a neat and clean appearance at all times while on duty, will be dressed complete and appropriate uniform.

The contractor shall in conjunction with local, county and state laws, develop protocols for identification and reporting of specific patient conditions that require notification of the authorities. This should include, but may not be limited to, child abuse, elder abuse, and victims of violent crimes.

The contractor shall meet at least quarterly with the City to discuss issues regarding the coordination of care for patients.

The contractor shall report to the City staff, as needed any perceived problems in the emergency medical service system. This should include the adequacy of geographical coverage, the projected adequacy of the reimbursement system, any identified systematic flaws or abuses, and potential problems in dispatch, or interactions with other public services.

The City will provide access to the Fire Department Building, to use the office space and garage area, which shall be strictly used for the City EMS services. If Contractor wants to use the building for services other than the City, the Contractor must make a request in writing to the City and pay reasonable rent for the building.

In the event that the contractor does not furnish all of the services and perform all of the obligations as provided in this contract, the City may terminate this agreement upon thirty (30) calendar days' written notice to the contractor and thereafter, neither party shall be required to perform duties under this contract.

MINIMUM QUALIFICATIONS:

Fully licensed to operate a Basic Life Support ambulance service in the State of New Jersey in accordance with N.J.A.C. 8:40-2.1, et seq. and other applicable laws and regulations. Including a NJ state Drivers License in good standing.

All ambulances dispatched for service within the City must meet the requirements of all applicable Federal, State and local laws, regulations and licensure standards.

Each ambulance must be staffed by two (2) Emergency Medical Technicians (EMT) certified by the New Jersey Department of Health and Senior Services in accordance with N.J.A.C. 8:41A and all other applicable State and Federal laws and regulations.

CRITERIA TO BE USED TO EVALUATE PROPOSALS

The following criteria will be taken into consideration and weighed by the City of Perth Amboy as the basis of an award of a contract that is most advantageous to the City:

- 1. Financial proposal and its advantage to the City
- 2. Experience and performance history
- 3. Physical proximity to Perth Amboy and response time to emergency calls
- 4. Availability of qualified personnel, facilities, equipment and resources, including:
 - a. Ability to maintain at least one (1) primary ambulance 24 hours a day, 7 days a week, 365 days a year in a ready state to immediately respond to emergency medical service calls received by the City. (Ambulances & EMT's shall have radio communications with the Perth Amboy dispatch/communication center.)
 - b. Ability to maintain at least one (1) secondary ambulance from the hours of 1000-2200 7 days a week, in a ready state to immediately respond to emergency medical service calls received by the City.

- (Ambulances & EMT's shall have radio communications with the Perth Amboy dispatch/communication center.)
- c. Ability and willingness to employ and provide Emergency Medical Technicians with at least two (2) years of "Emergency Response" experience as defined in N.J.A.C. 8:40-1.3.
- d. Ability to provide additional ambulances to handle additional emergency calls when the primary ambulance and secondary ambulances are already in service in Perth Amboy. Contractor must identify how they plan on handling these calls for service
- e. Ability to provide additional BLS Ambulance Service at working structure fires and community events when requested by the City.

PROPOSALS

Submit a proposal addressing the Minimum Qualifications and Criteria listed above, including all documentation that shall include, at a MINIMUM, the following:

- 1. Provide full name and business address:
- 2. Confirmation of State of New Jersey licensure as a BLS operator;
- 3. Fully describe the Applicant's experience in Basic Life Service Transport and Emergency Medical Services;
- 4. Provide the number of Emergency Medical Technicians employed by the Applicant, their qualifications and their years of experiences and the staffing that would be dedicated to this contract;
- 5. Describe the Applicant's physical location and the proximity of the dedicated ambulances to the City of Perth Amboy;
- 6. Fully describe the Applicant's ability to perform the tasks in a timely fashion, specifically including:
 - a. number of ambulances dedicated to the City of Perth Amboy;
 - b.response time to Perth Amboy calls;
 - c. dispatch procedures
- 7. Provide references in general and in particular from entities where the Applicant has provided similar services as sought by City of Perth Amboy.
- 8. Provide a full financial proposal under which the Applicant will perform the contracted services;
- 9. Describe the manner in which the services will be billed and collected;
- 10. Provide a copy of your Business Registration Certificate;
- 11. Provide a copy of the Mandatory Affirmative Action Language and a copy of your Certificate of Employee Information Report.
- 12. Financial Proposal for EMS Service and Lease for Garage and Office Space.

Submit one original, three (3) copies, and one (1) copy saved in a USB drive of all materials in a sealed envelope with the name EMERGENCY MEDICAL SERVICES/BLS and the word "CONFIDENTIAL" clearly marked on the outside of the envelope and addressed to: Maria Rivera, Division of Purchasing, City of Perth Amboy, 260 High Street, Perth Amboy, New Jersey 08861 to be received **no later than May 10, 2024 by 10:00 AM.**

The City of Perth Amboy seeks to award a contract to the Applicant whose proposal best meets the needs and interests of the City. The City reserves the right to elect to not award any contract.

Contracts are subject to additional requirements, and any other applicable laws including, but not limited to the Local Public Contracts Law.

STATUTORY AND OTHER REQUIREMENTS INSURANCE AND INDEMNIFICATION

INSURANCE REQUIREMENTS

1. Worker's Compensation Insurance

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

2. General Liability Insurance

The Contractor shall furnish evidence to the City prior to the work he/she performs and will provide Standard Contractor's Liability for any operations to be performed by contractor or subcontractors as follows:

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

- 3. Automotive liability insurance covering Contractor for claims arising from owned, hired and non-owned vehicles with limits of not less than \$1,000,000 for any one occurrence and \$1,000,000 aggregate for bodily injury and property damage, coverage shall be maintained in full force during the life of the contract.
- 4. Other Forms of Insurance Required
 - a. Excess Liability \$1,000,000 each occurrence, \$1,000,000 aggregate

CERTIFICATES OF THE REQUIRED INSURANCE

Certificates of Insurance for those policies required shall be submitted with the contract. Such coverage shall be with an insurance company authorized to do business in the State of New Jersey and shall name the City as an additional insured.

Self-insured Contractors shall submit an affidavit attesting to their self-insured coverage and shall name the City as an additional insured.

INDEMNIFICATION

The Contractor shall indemnify, defend, and save harmless the City, at the contractors own cost and expense, from and against all losses and all claims, demands, payments, suits, actions, recoveries and judgments of every nature and description brought or recovered against him, by reason of any act or omission of the said Contractor, his agents or employees, in the delivery of goods, execution of the work, or in the guarding of it.

The Contractor shall, and is hereby authorized to, obtain and pay for such insurance, naming as one of the assured, the City of Perth Amboy, as will protect the City from it's contingent liability under this contract, and the City's right to enforce against the Contractor any provision of this article shall be contingent upon full compliance by the City with the terms of such insurance policy or policies, a copy of which shall be deposited with the City.

APPLICATION CHECKLIST

a)	Provide full name and business address;
b)	Confirmation of State of New Jersey licensure as a BLS operator;
c)	Fully describe the Applicant's experience in Basic Life Service and Emergency Medical Services;
d)	Provide the number of Emergency Medical Technicians employed the Applicant, qualification and their years of experiences and the staffing that would be dedicated to this contract;
e)	Describe the Applicant's physical location and the proximity of the dedicated ambulances to the City of Perth Amboy;
f)	Fully describe the Applicant's ability to perform the tasks in a timely fashion, specifically including:
	 i. number of ambulances dedicated to the City of Perth Amboy; ii. response time to Perth Amboy calls; iii. dispatch procedures
g)	Provide references in general and in particular from entities where the Applicant has provided similar services as sought by City of Perth Amboy.
h)	Provide a full financial proposal under which the Applicant will perform the contracted services;
i)	Describe the manner in which the services will be billed and collected;
j)	Provide a copy of your Business Registration Certificate(s) and a W9;
k)	Provide a copy of the Mandatory Affirmative Action Language and a copy of your Certificate of Employee Information Report.

PROPOSAL

Applicant may, but is not required to, submit a proposal to lease the following garage and office space at the City of Perth Amboy Fire Headquarters, 375 New Brunswick Avenue, Perth Amboy, New Jersey.

Interested applicants may make arrangements for inspection of the space by contacting **Ed Mullen, Fire Chief at** (732) 324-3501.

Applicant's Financial Proposal

1.	EMS S	Service amount to be paid by the City to provider annually	\$
	OR		
2.	EMS S	Service amount to be paid by provider to the City Annually	\$
	AND		
3.	Lease	payments:	
	a.	Garage space will be per annum (minimum lease payment shall be \$26,760.16)	\$
	b.	Office space will be per annum (minimum lease payment shall be	-
	\$1,840.05)		\$
Note: Th	e fixed	rent for each lease year shall be increased by 3% after the first lease y	ear.
Applican	ıt's Sign	ature Date	

PRICE PROPOSAL TO INCLUDE:

- 1. The contractor's complete proposed patient fee/rate schedule for services.
- 2. The amount of time the contractor is willing to keep the fee/rate schedule unchanged.
- 3. The circumstances that would lead to changes in the fee/rate schedule.
- 4. The method by which the contractor would change its fee/rate schedule.
- 5. The method by which patient billing is handled when other emergency medical response entities is involved in the response.
- 6. The method by which balance billing is handled and collection procedures

ALL OF THE **FOLLOWING DOCUMENTS** MUST BE INCLUDED WITH PROPOSAL

CITY OF PERTH AMBOY

RFP CHECKLIST

PROPOSAL - SUBMISSION DATE: May 10, 2024

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

A PROPOSAL SUBMITTED WITHOUT THE FOLLOWING DOCUMENTS IS CAUSE FOR REFUSAL.

	INITIAL BELOW LEFT
An original and one (3) signed copies of your complete proposal	
Authorized Signatures on all forms	··
Attachment A (Mandatory Equal Employment Opportunity Notice Acknowledgement)	
Attachment B (Americans with Disabilities Act of 1990)	
Attachment C (Business Entity Disclosure - Certification)	··
Attachment D (Business Entity Disclosure – Non-Collusion)	
Attachment E (Business Entity Disclosure – Statute)	·
Attachment F (Statement of ownership disclosure)	
Attachment G (Certification of No Disciplinary Sanctions or Professional Negligence)	·
Attachment H (Insurance Requirement Acknowledgement Form)	·
Attachment I (Letter of Intent)	
Attachment J (Disclosure of Investments Activities in Iran)	
Attachment K (Disclosure of Investments Activities in Russia Belarus)	
Attachment L Acknowledgement Receipt of Addenda	
Note: N.J.S.A 52:32-44 provides that the City shall not enter into a contract for goods or services unless	s the other party to the
contract provides a copy of its business registration certificate and the business registration certifica	
at the time that it submits its proposal. The contracting party must also collect the state use tax where	applicable.
THE UNDERSIGNEDHEREBY ACKNOWLEDGES THE ABOVE LISTED R	EQUIREMENTS.
NAME OF PROPOSER:	
Person, Firm or Corporation	
By: (Name) (Title)	

ATTACHMENT A

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

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, 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. 17:27-5.2.

ATTACHMENT A - Cont.

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 these 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 undersigned agrees that the foregoing ATTACHMENT \mathbf{A} – Mandatory Equal Employment Opportunity Language, shall be part of any professional services contract awarded hereunder.

Name of Audit Services Member:		
Signature:	Date:	
Title:		

REOUIRED AFFIRMATIVE ACTION EVIDENCE: The Provisions of Chapter 127, Public Laws of 1975, (N.J.A.C. 17-27) are applicable to this contract. All successful vendors must submit within seven (7) days of the notice of intent to award or the signing of the contract, one of the following:

- 1. A photocopy of their Federal Letter of Affirmative Action Plan Approval
- 2. A photocopy of their Certificate of Employee Information Report or
- 3. A completed Affirmative Action Employee Information Report (AA302).

ATTACHMENT B

AMERICANS WITH DISABILITIES ACT OF 1990

Equal Opportunity for Individuals with Disability

The contractor and the	of	, (hereafter "owner") do hereby agree that the
provisions of Title 11 of the Ame	ericans With Disa	bilities Act of 1990 (the "Act") (42 U.S.C. S121 01 et seq.)
which prohibits discrimination of	on the basis of d	lisability by public entities in all services, programs, and
activities provided or made avai	lable by public en	ntities, and the rules and regulations promulgated pursuan
there unto, are made a part of the	nis contract. In pro	oviding any aid, benefit, or service on behalf of the owner
pursuant to this contract, the contract	ractor agrees that t	the performance shall be in strict compliance with the Act. Ir
the event that the contractor, its	agents, servants,	employees, or subcontractors violate or are alleged to have
violated the Act during the performance	rmance of this cor	ntract, the contractor shall defend the owner in any action of
administrative proceeding commo	enced pursuant to	this Act. The contractor shall indemnify, protect, and save
harmless the owner, its agents,	servants, and emp	ployees from and against any and all suits, claims, losses
demands, or damages, of whatever	er kind or nature a	rising out of or claimed to arise out of the alleged violation
The contractor shall, at its own ex	xpense, appear, de	efend, and pay any and all charges for legal services and any
and all costs and other expenses a	rising from such a	action or administrative proceeding or incurred in connection
therewith. In any and all complain	nts brought pursua	ant to the owner's grievance procedure, the contractor agrees
to abide by any decision of the or	wner which is ren	dered pursuant to said grievance procedure. If any action of
administrative proceeding results	in an award of da	mages against the owner, or if the owner incurs any expense
to cure a violation of the ADA w	hich has been bro	ught pursuant to its grievance procedure, the contractor shal
satisfy and discharge the same at i	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.

ATTACHMENT C

CITY OF PERTH AMBOY

BUSINESS ENTITY DISCLOSURE CERTIFICATION FOR FAIR AND OPEN CONTRACTS REQUIRED PURSUANT TO N.J.S.A. 19:44A-20.8

Part I – Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that the <*name of business entity>* has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one year period preceding (*date of award scheduled for approval of the contract by the governing body*) to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the <*name of entity of elected officials>* as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

committee representing the N.J.S.A. 19:44A-3(p), (cials of the < <i>nar</i>	me of entity of elected officials> as defined pursu	ant
Part II – Ownership Disc	closure Certifi	cation		
☐ I certify that the list bel the issued and outstanding			ne addresses of all owners holding 4% or more of	
Check the box that repre	esents the type	e of business enti	ity:	
□Partnership □Limited Partnership		ability Partnershi ability Corporation		
Name of Stock or Share	eholder	Home Address	3	% Own
_				
Part 3 – Signature and A	Attestation:			
<u> </u>		nave misrepresent	ted in whole or part this affirmation and certification	ation Land/
the business entity, will be		•	•	mon, rana
•	•	penuity permitte	a under law.	
Name of Business Entity:	· ·			_
Signature of Affiant:			Title:	
Subscribed and sworn be				
			My commission expires:	
Printed Name of Affiant:	,			

ATTACHMENT D CITY OF PERTH AMBOY NON-COLLUSION AFFIDAVIT

STATI	E OF NEW JERSEY	
COUN	NTY OF MIDDLESEX ss:	
	I AM	
	OF THE FIRM OF	
UPON	MY OATH, I DEPOSE AND SAY:	
1.	THAT I EXECUTED THE SAID PROPOSAL WITH	H FULL AUTHORITY SO TO DO;
2.	THAT THIS PROPOSER HAS NOT, DIRECTLY O	OR INDIRECTLY ENTERED INTO ANY
	AGREEMENT, PARTICIPATED IN ANY COLLU	SION, OR OTHERWISE TAKEN ANY ACTION IN
	RESTRAINT OF FAIR AND OPEN COMPETITION	N IN CONNECTION WITH THIS ENGAGEMENT;
3.	THAT ALL STATEMENTS CONTAINED IN SAII	O PROPOSAL AND IN THIS AFFIDAVIT ARE TRUE
	AND CORRECT, AND MADE WITH FULL KNOW	WLEDGE THAT THE CITY OF PERTH AMBOY
	RELIES UPON THE TRUTH OF THE STATEMEN	NTS CONTAINED IN SAID PROPOSAL AND IN
	THE STATEMENTS CONTAINED IN THIS AFFIL SAID ENGAGEMENT; AND	DAVIT IN AWARDING THE CONTRACT FOR THE
4.	THAT NO PERSON OR SELLING AGENCY HAS	BEEN EMPLOYED TO SOLICIT OR SECURE THIS
	ENGAGEMENT AGREEMENT OR UNDERSTAN	DING FOR A COMMISSION, PERCENTAGE,
	BROKERAGE OR CONTINGENT FEE, EXCEPT I	BONA FIDE EMPLOYEES OR BONA FIDE
	ESTABLISHED COMMERCIAL SELLING AGEN	CIES OF THE PROPOSER. (N.J.S.A.52: 34-25)
Suł	bscribed and sworn before me this day of	, 20
(W:	itnessed or Attested by):	My commission expires:
Pri	inted Name of Affiant:	_ Date:

ATTACHMENT E

CITY OF PERTH AMBOY

BUSINESS ENTITY DISCLOSURE CERTIFICATION FOR FAIR AND OPEN CONTRACTS REQUIRED PURSUANT TO N.J.S.A. 19:44A-20.8

The following is statutory text related to the terms and citations used in the Business Entity Disclosure Certification form. "Local Unit Pay-To-Play Law" (P.L. 2004, c.19, as amended by P.L. 2005, c.51)

19:44A-20.6 Certain contributions deemed as contributions by business entity.

5. When a 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. When a business entity is other than a natural person, a contribution by any person or other business entity having an interest therein shall be deemed to be a contribution by the business entity.

19:44A-20.7 Definitions relative to certain campaign contributions.

6. As used in sections 2 through 12 of this act:

"business entity" means any natural or legal person, business corporation, professional services corporation, limited liability company, partnership, limited partnership, business trust, association or any other legal commercial entity organized under the laws of this State or of any other state or foreign jurisdiction; "Interest" means the 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, as appropriate;

Temporary and Executing

12. Nothing contained in this act shall be construed as affecting the eligibility of any business entity to perform a public contract because that entity made a contribution to any committee during the one-year period immediately preceding the effective date of this act.

~~~~~~~~~~~~~~~~~

#### The New Jersey Campaign Contributions and Expenditures Reporting Act (N.J.S.A. 19:44A-1 et seq.)

#### **19:44A-3 Definitions.** In pertinent part...

p. The term "political party committee" means the State committee of a political party, as organized pursuant to R.S.19:5-4, any county committee of a political party, as organized pursuant to R.S.19:5-3, or any municipal committee of a political party, as organized pursuant to R.S.19:5-2.

q. The term "candidate committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) for the purpose of receiving contributions and making expenditures.

r. the term "joint candidates committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) by at least two candidates for the same elective public offices in the same election in a legislative district, county, municipality or school district, but not more candidates than the total number of the same elective public offices to be filled in that election, for the purpose of receiving contributions and making expenditures. For the purpose of this subsection: ...; the offices of member of the board of chosen freeholders and county executive shall be deemed to be the same elective public offices in a county; and the offices of mayor and member of the municipal governing body shall be deemed to be the same elective public offices in a municipality.

#### 19:44A-8 and 16 Contributions, expenditures, reports, requirements.

While the provisions of this section are too expensive to reprint here, the following is deemed to be the pertinent part affecting amounts of contributions: "The \$300 limit established in this subsection shall remain as stated in this subsection without further adjustment by the commission in the manner prescribed by section 22 of P.L.1993, c.65 (C.19:44A-7.2)

#### **ATTACHMENT F**

#### 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.

| <u>Name</u>     | of Organization:                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                        |
|-----------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Organ           | nization Address:                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                        |
| <u>Part</u>     | I Check the box that represents the                                                                                                                                                                                                                                                                                              | type of business organization:                                                                                                                                                                                                                         |
| $\square_{Sc}$  | ole Proprietorship (skip Parts II and III,                                                                                                                                                                                                                                                                                       | execute certification in Part IV)                                                                                                                                                                                                                      |
| $\square_{N_0}$ | on-Profit Corporation (skip Parts II and                                                                                                                                                                                                                                                                                         | III, execute certification in Part IV)                                                                                                                                                                                                                 |
| $\Box$ Fo       | or-Profit Corporation (any type)                                                                                                                                                                                                                                                                                                 | imited Liability Company (LLC)                                                                                                                                                                                                                         |
| Pa              | artnership Limited Partnership                                                                                                                                                                                                                                                                                                   | Limited Liability Partnership (LLP)                                                                                                                                                                                                                    |
| $\square_{O_1}$ | ther (be specific):                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                        |
| <u>Part</u>     | <u>II</u>                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                        |
|                 | percent or more of its stock, of any opercent or greater interest therein, or                                                                                                                                                                                                                                                    | nd addresses of all stockholders in the corporation who own 10 class, or of all individual partners in the partnership who own a 10 r of all members in the limited liability company who own a 10 s the case may be. (COMPLETE THE LIST BELOW IN THIS |
|                 | 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. ( <b>SKIP TO PART IV</b> ) |                                                                                                                                                                                                                                                        |
| (Pleas          | e attach additional sheets if more space                                                                                                                                                                                                                                                                                         | ce is needed):                                                                                                                                                                                                                                         |
| Name            | e of Individual or Business Entity                                                                                                                                                                                                                                                                                               | Home Address (for Individuals) or Business Address                                                                                                                                                                                                     |
|                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |
|                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |
|                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |
|                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |
|                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |
|                 |                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                        |

## <u>Part III</u> DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

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

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

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

| Stockholder/Partner/Member and         | Home Address (for Individuals) or Business Address |
|----------------------------------------|----------------------------------------------------|
| Corresponding Entity Listed in Part II |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |
|                                        |                                                    |

#### 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 *<name of contracting unit>* 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 *<type of contracting unit>* to notify the *<type of contracting unit>* 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 *<type of contracting unit>* to declare any contract(s) resulting from this certification void and unenforceable.

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

#### ATTACHMENT G

## REQUEST FOR QUALIFICATIONS FIRM'S AFFIDAVIT OF NO DISCIPLINARY SANCTIONS OR PROFESSIONAL NEGLIGENCE IN THE STATE OF NEW JERSEY

| [ _            | of the _                                                                                                                                                                                                                          | in the County                                                                                        |
|----------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------|
| of             | and the State of                                                                                                                                                                                                                  | of full age, being duly sworn                                                                        |
| ac             | cording to law on my oath depose and say that:                                                                                                                                                                                    |                                                                                                      |
| [              | am submitting and RFP                                                                                                                                                                                                             | , an officer of the firm of                                                                          |
| sa<br>St<br>Do | id RFP with full authority to do so; that said bidder at tate of New Jersey, Department of Treasury, Division ebarred, Suspended and Disqualified bidders and that all entract for said work.                                     | of Property Management & Construction List of                                                        |
|                | ne undersigned further warrants that the professional licer<br>is RFP are valid and not expired or suspended.                                                                                                                     | nses and/or certifications of those individuals listed in                                            |
| Tr             | ne undersigned further warrants that should the name reasurer's List of Debarred, Suspended and Disqualified is contract, including the Guarantee Period, that the City igibility Affidavit.                                      | Bidders at any time prior to, and during the life of                                                 |
| su<br>Er       | ne undersigned understands that the firm making the suspension and/or disqualification in contracting with a nvironmental Protection if the Contractor, pursuant to N. d as determined according to applicable law and regulation | the State of New Jersey at the Department of J.S.A. 7:1-5.2, commits any of the acts listed therein. |
| Na             | ame of the Firm (Print or Type)                                                                                                                                                                                                   |                                                                                                      |
| Si             | gnature / Title                                                                                                                                                                                                                   |                                                                                                      |
|                |                                                                                                                                                                                                                                   |                                                                                                      |
|                |                                                                                                                                                                                                                                   |                                                                                                      |
|                | Subscribed and sworn before me this day of                                                                                                                                                                                        | , 20                                                                                                 |
|                | ·                                                                                                                                                                                                                                 |                                                                                                      |
|                | (Witnessed or Attested by):                                                                                                                                                                                                       | My commission expires:                                                                               |

#### **ATTACHMENT H**

## CITY OF PERTH AMBOY INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM

Certificate(s) of Insurance shall be filed with the City's Clerk's Office upon award of contract by the Municipal Council.

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

#### **Professional Liability Insurance**

|  | Limits sh | nall be a | a minimum o | of \$1. | 000. | 00.000 | for | each | claim | and S | \$1,000 | .000. | 00 | aggregate e | ach | policy | perio | d. |
|--|-----------|-----------|-------------|---------|------|--------|-----|------|-------|-------|---------|-------|----|-------------|-----|--------|-------|----|
|--|-----------|-----------|-------------|---------|------|--------|-----|------|-------|-------|---------|-------|----|-------------|-----|--------|-------|----|

\*Vendor / Firm shall not commence operations until City has been furnished original certificate(s) of Insurance and certified original copies of endorsements or policies of insurance in the amounts and/or minimum coverage(s) required in this proposal.

| (Date) |
|--------|
| itle)  |
|        |

#### ATTACHMENT I LETTER OF INTENT

(Note: To be typed on Respondent's Letterhead. No modifications may be made to the content of this letter)

[Insert Date]

Maria J. Rivera, RPPS, QPA – Purchasing Agent 260 High Street Perth Amboy, NJ 08861

Re: The CITY OF PERTH AMBOY is soliciting proposals through the competitive contracting process in accordance with N.J.S.A. 40A:11-4.1(a), et seq. for Emergency Medical Services (EMS) and Basic Life Support (BLS) Ambulance Services and Lease of Garage and Office Space.

Proposals will be evaluated in accordance with the criteria set forth in this RFP. The City of Perth Amboy may select one or more law firms to provide the services requested herein.

#### Dear Mrs. Rivera:

The undersigned, Qualified Respondent, has submitted the attached Proposal Statement in response to a Request for Proposals (RFP), issued by the City of Perth Amboy (the "City") dated April 15, 2024, in connection with the City's need for Emergency Medical Services (EMS) and Basic Life Support (BLS) Ambulance Services and Lease of Garage and Office Space. The undersigned hereby states:

- 1. The Proposal Statement contains accurate, factual and complete information to the best of my/our knowledge and belief. The Proposal Statement is submitted in good faith. I/we understand that any false statement may result in my/our disqualification.
- 2. I/We agree(s) to participate in good faith in the procurement process described in the RFP and to adhere to the City's procurement schedule.
- 3. I/We acknowledge(s) that all costs incurred by me/us in connection with the preparation and submission of the Proposal Statement, amendments thereto, and any other documents prepared and submitted in response to the RFP, or any negotiation which results therefrom, shall be borne exclusively by the undersigned.
- 4. I/We hereby declare that the only persons/business entities anticipated by the undersigned to perform the professional services for which the undersigned's Proposal Statement is submitted are the two other members of the Project Team named herein and that no other persons or business entities participated in submission of the undersigned's Proposal Statement or will participate in any contract to be entered into between Respondent Project Team and the City. The undersigned declares that its Proposal Statement is made without connection with any other person, firm or parties, except the other two members of the Project Team who have submitted Proposal Statements with the undersigned, and that the undersigned's Proposal Statement is being prepared and submitted in good faith and without collusion or fraud.
- 5. I/We acknowledge(s) and agree(s) that the City may modify, amend, suspend and/or terminate the procurement process (in its sole judgment).
- 6. I/We acknowledge(s) that if the Project Team of which I/We (am/are) a member becomes the Successful Respondent and is awarded a contract to provide the Services, I/We shall comply with all applicable affirmative action and equal employment opportunity laws: .

| Signed: | Printed: |  |
|---------|----------|--|
| Title:  | Date:    |  |

\*If the Qualified Respondent is part of a joint venture, partnership or organization other than a natural person, the Letter of Proposal and Letter of Intent must be signed by an individual with the authority to bind the organization.

#### **ATTACHMENT J**

## STATE OF NEW JERSEY -- DIVISION OF PURCHASE AND PROPERTY DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

**Quote Number:** 

Bidder/Offeror:

## PART 1: CERTIFICATION BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX. FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <a href="http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf">http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf</a>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of 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

| PLEASE CHECK THE | APPROPRIATE BOX: |
|------------------|------------------|
|------------------|------------------|

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is <u>listed</u> on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

#### OR

I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

#### PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.

| Name                        | Relationship to Bidder/Offeror |
|-----------------------------|--------------------------------|
| Description of Activities   |                                |
| Duration of Engagement      | Anticipated Cessation Date     |
| Bidder/Offeror Contact Name | Contact Phone Number           |

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

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

DPP Standard Forms Packet 11/2013

#### **ATTACHMENT K**

### CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L.2022, c.3

| SOLICITA                                | ATION TITLE:                                                                                                                                                                                                                                                                                                                                       |                                                                                                                                                                                                       |  |  |  |
|-----------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|--|--|
|                                         | CHECK THE APPROPRIA                                                                                                                                                                                                                                                                                                                                | ATE BOX                                                                                                                                                                                               |  |  |  |
|                                         | I, the undersigned, am authorized by the person or entity seek certify that the Vendor/Bidder is not engaged in prohibited activitions, section 1.e, except as permitted by federal law.                                                                                                                                                           |                                                                                                                                                                                                       |  |  |  |
| OR                                      | I understand that if this statement is willfully false, I may be sul                                                                                                                                                                                                                                                                               | bject to penalty, as set forth in P.L.2022, c.3, section 1.d.                                                                                                                                         |  |  |  |
|                                         | I, the undersigned am unable to certify above because the pe<br>identified above, or one of its parents, subsidiaries, or affiliate<br>Belarus. A detailed, accurate and precise description of the ac                                                                                                                                             | s may have engaged in prohibited activities in Russia or                                                                                                                                              |  |  |  |
|                                         | Failure to provide such description will result in the Quote/E<br>Department/Division will not be permitted to contract with such<br>or contract is entered into without delivery of the certification<br>assessed as provided by law.                                                                                                             | person or entity, and if a Quote/Bid/Proposal is accepted                                                                                                                                             |  |  |  |
|                                         | Description of Prohibited Activity                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                       |  |  |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |  |  |  |
|                                         |                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                                                       |  |  |  |
|                                         | Attach Additional Sheets If Necessary.                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                       |  |  |  |
| prohibited<br>provide the<br>of Perth A | fy that the bidder is engaged in activities prohibited by P.L. 2022, activities and on or before the 90th day after this certification, she updated certification or at that time cannot certify on behalf of the amboy shall not award the business entity any contracts, rene the business entity holds with the State that were issued on or at | nall provide an updated certification. If the bidder does not<br>e entity that it is <u>not</u> engaged in prohibited activities, the City<br>w any contracts, and shall be required to terminate any |  |  |  |
| Signature                               | e of Vendor's Authorized Representative                                                                                                                                                                                                                                                                                                            | Date                                                                                                                                                                                                  |  |  |  |
| Print Nan                               | ne and Title of Vendor's Authorized Representative                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                       |  |  |  |
| Vendor N                                | lame                                                                                                                                                                                                                                                                                                                                               | Vendor Phone Number                                                                                                                                                                                   |  |  |  |
| Vendor A                                | Address (Street Address)                                                                                                                                                                                                                                                                                                                           | Vendor Fax Number                                                                                                                                                                                     |  |  |  |
| Vendor A                                | Address (City/State/Zip Code)                                                                                                                                                                                                                                                                                                                      | Vendor Email Address for Authorized Representative                                                                                                                                                    |  |  |  |

<sup>&</sup>lt;sup>1</sup> Engaged in prohibited activities in Russia or Belarus" means (1) companies in which the Government of Russia or Belarus has any direct equity share; (2) having any business operations commencing after the effective date of this act that involve contracts with or the provision of goods or services to the Government of Russia or Belarus; (3) being headquartered in Russia or having its principal place of business in Russia or Belarus, or (4) supporting,

#### ATTACHMENT L

#### ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

| Addendum Number:  |                   | <u>Dated:</u> |      | Acknowledged:<br>(Initial) |
|-------------------|-------------------|---------------|------|----------------------------|
|                   |                   |               |      |                            |
|                   |                   |               |      |                            |
|                   |                   |               |      |                            |
|                   |                   |               |      |                            |
|                   |                   |               | -    |                            |
| NO addenda        | were received:    |               |      |                            |
| Acknowledged for: |                   | (Name of Bide |      |                            |
|                   |                   | (Name of Big  | uei) |                            |
|                   | ure of Authorized |               |      |                            |
| Name:             | (Print or Ty      | rpe)          | -    |                            |
| Title:            |                   |               | -    |                            |
| Date:             |                   |               | _    |                            |

#### **BASIS OF AWARD**

(To be completed by City evaluation committee)

#### **EVALUATION FACTORS**

| Vendor:                             | Evaluator 1:                  |     |
|-------------------------------------|-------------------------------|-----|
|                                     | Evaluator 2:                  |     |
|                                     | Evaluator 3:                  |     |
|                                     |                               |     |
| <b>Possible Points</b>              |                               | 100 |
| Relevance and Extent of Qualificat  | ions, Experience, Reputation, |     |
| and Training of Personnel to be ass | signed.                       |     |
| (maximum 25 points)                 |                               |     |
| Similar Experience.                 |                               |     |
| (maximum 20 points)                 |                               |     |
| References from entities already se | erved.                        |     |
| (maximum 15 points)                 |                               |     |
| Technical Proposal contains all req | quired information.           |     |
| (maximum 20 points)                 |                               |     |
| Cost Proposal                       |                               |     |
| (maximum 20 points)                 |                               |     |
| TOTAL                               |                               |     |