

City of Jersey City  
Department of Health and Human Services  
199 Summit Avenue  
Jersey City, New Jersey 07304  
201 547-6800

**REQUEST FOR BIDS**  
*Senior Congregate Site Nutrition Program*

The Jersey City Department of Health and Human Services (DHHS) is now accepting bids from qualified, experienced vendors with a proven, verifiable track record of success in providing meals for Senior Nutrition Programs. All bidders shall provide clear, detailed written information when responding to all aspects of the specifications outlined below, and include evidence of insurance, copies of certifications, credentials, licenses, any other document requested within these specifications.

Contract period: January 1, 2016 to December 31, 2016  
*With an option to renew for (2) two one (1) year periods.*

**Vendor Qualifications:**

Bidders will provide detailed information about the company's experience providing meals for Senior Nutrition Programs. Bidders should describe experience with Senior Nutrition Programs of like size (refer to section: Scope of Services -number of meals), or larger than the Jersey City Senior Nutrition Program. For purposes of this contract, the bidder must identify the number of Senior Nutrition Programs it currently serves in the State of New Jersey. It should include references identifying

the program name, location and the name of a contact person.

**Sub- Contractors:**

Bidders are advised that the use of sub-contractors in the production of meals for the Jersey City Senior Nutrition Program is not permitted.

**Contract Start-up:**

A vendor submitting a bid for this contract must be equipped and prepared to begin delivery of meals to the Jersey City Senior Nutrition Program no later than ten (10) business days after receiving notification of "Bid Award" from the City's Purchasing Agent.

**Scope of Services:**

The contract will be awarded as an open-end contract. The minimum and maximum numbers of meals the vendor will be required to provide are set forth below. During the contract term, the number of meals that the vendor shall provide will be subject to change as the number of seniors participating in the program increases and decreases. As a result, the City reserves the right to increase or decrease the number of meals. However, the number of meals will remain within the range of the specified minimum and maximum numbers.

**Meal Type:** Freshly cooked hot meals delivered in bulk to each of nine (9) sites, including **Tea and Coffee Service:**

- Ground coffee for percolating.
- Instant coffee in individual packets.
- Sanka or other decaffeinated coffee in individual packets.

- Tea bags
- Disposable hot cups for serving coffee
- Sugar in individual packets,
  
- Non sugar sweeteners, such as Sweet N Low, Equal, or NutraSweet, in individual packets.
- Stirring sticks.
- Fresh refrigerated Milk, 2% fat. All milk must be pasteurized, grade a, and fortified with vitamins A and D.

**There are currently nine (9) Congregate Nutrition Sites**

The number of Congregate Sites may also increase or be reduced during the contract year.

1. Berry Gardens, 92 Danforth Avenue
2. Boyd McGuinness, 2555 Kennedy Blvd.
3. Grace Senior Center, 39 Erie Street
4. Maureen Collier Senior Center, 335 Bergen Avenue
5. Ocean Towers Senior Apts., 435 Ocean Avenue
6. Joseph Connors Senior Center, 28 Paterson Street
7. Villa Borinquen (P.A.C.O.), 398 Grove Street
8. Olga Rodriguez Senior Center, 358 Montgomery Street
9. Lafayette Senior Living Center, 463 Pacific Avenue

**Delivery:**

The meals will be delivered daily Monday through Friday between 10:45 a.m. and 11:30 a.m. In order to ensure food safety and timely delivery of fresh cooked hot

meals the vendor must be capable of completing delivery within 45 minutes from the time delivery vehicles are loaded and meals arrive at congregate sites.

Contractors will be responsible for ensuring that all hot meals and cold items are delivered at appropriate temperatures.

DHHS reserves the right to conduct unannounced monitoring of temperatures for both hot meals and cold items.

**The sites and number of meals will be divided as follows:**

Joseph Connors Senior Center: 35 - 50 meals

Boyd McGuinness Building: 20 - 25 meals

Grace Senior Center: 35 - 45 meals

Berry Gardens: 30 - 35 meals

Maureen Collier Senior Center: 35 - 45 meals

Ocean Towers: 20 - 30 meals

Villa Borinquen (P.A.C.O.) 20 -30 meals

Olga Rodriguez: 15-25 meals

Lafayette Senior Living: 15-25 meals

**Meal Composition:** The hot meal or other appropriate meal will consist of the following:

- a. An entrée plus two side dishes
- b. Fruit juice or vegetable juice: Each meal will contain a minimum of a four (4) fl. oz. serving of frozen fruit or vegetable juice. All juices must be 100% juice with the exception of cranberry juice cocktail. Juice concentrates may be used but the final product must be comparable to the natural product.
- c. Bread: Each meal will contain a single serving of bread. Products must be whole grain or enriched breads. A serving is defined as one (1) slice of

bread; a single biscuit, roll, muffin, four (4) cracker squares or one (1) square of cornbread

- d. **Margarine:** The product must be made from vegetable oils and be fortified with vitamin A.
- e. **Dessert:** Choices include frozen fruits, cookies, snack cakes, puddings, cobblers, cakes and similar menu items. Because crème-filled snack cakes are high in fat, no more than two (2) shall be planned for a given week. Plain cakes, fig bars, gingersnaps, graham crackers, vanilla wafers, plain cookies and fruit will be used on two (2) or more days.
- f. **Milk:** Milk (eight (8) fl. oz) will be delivered in the form of fresh refrigerated milk. Non fat dry milk will not be acceptable. Acceptable milk choices include 2% milk, 1% milk, buttermilk and chocolate low-fat milk. All milk must be pasteurized, Grade A, and fortified with vitamins A and D. Milk will be dated with a "pull date" and will be delivered a minimum of eight (8) days prior to the date stamped on the carton. Milk will be maintained at a temperature not greater than 45°F and not less than 35°F.
- g. **Tea & Coffee Service:** Ground coffee for percolating or instant coffee in individual packets depending on the site. Sanka or other decaffeinated coffee in individual packets and tea bags. Disposable hot cups for serving coffee. Sugar in individual packets and Non sugar sweeteners, such as Sweet N Low, Equal, or NutraSweet, in individual packets. Stirring sticks .Fresh refrigerated Milk, 2% fat. All milk must be pasteurized, grade A, and fortified with vitamins A and D.

**Supplies:**

The contractor will provide appropriate condiments and disposable accessories (paper products including plates, cups, napkins, plastic flatware etc.) for meals.

**Menu Cycle:**

A minimum of a 20 day cycle menu will be used. The meals will be served according to the scheduled menu unless a Holiday Program meal or special event is requested. The current menu must be given to each site on the 1<sup>st</sup> of each month for posting and one copy sent to the Senior Nutrition Office.

**Contractors must include a sample menu with the bid package.**

**USDA Donated Commodities:**

In accordance with Older Americans Act, Section 311 9b (1) – The State of New Jersey has chosen since the inception of the Nutrition Program for the Elderly, to receive cash in lieu of donated food commodities. When cash has been accepted by the State, no commodity distribution can be accepted. **Bidders are advised that, the use of donated commodities is strictly prohibited for use in the production of any meals for the Jersey City Senior Nutrition Program.**

**Food Requirements:**

All food and raw ingredients will be fresh, wholesome (sound condition; free from spoilage, filth or other contamination; and safe for human consumption) and of high quality (acceptable in appearance, texture and flavor). All beef, pork, turkey and chicken products must be USDA inspected for wholesomeness.

Food shall be obtained from sources that comply with all laws relating to food, food processing and food labeling. The vendor will not use dated products beyond the pull date on fresh meats and milk beyond the quality assurance date on other food products.

**Food Preparation Facility:** Bidders shall identify the location of the production facility where the meals for the Jersey City Senior Nutrition Program will be produced and packaged for delivery to sites. This includes the name of the facility, address, city and state. If bidders will utilize more than one facility (location) it must provide the same information for all sites, and include with the bid response a copy of the local Department of Health certification for each facility.

**Access to production kitchen and facilities:**

During the course of the contract period personnel from DHHS Senior Nutrition Program, State of New Jersey Division of Senior Affairs and Nutrition and contractors for the County of Hudson will require access to the production kitchen and facility. Bidders will agree to permit these individuals access as required and confirm same in writing with the bid response.

**Nutrition/Dietary Requirements:**

All menus must comply with the most recent Dietary Guidelines for Americans, published by the Secretary of Health and Human Services and Secretary of Agriculture. Meals must also provide to each participating individual a minimum of one- third (1/3) of the daily recommended dietary allowance (RDA) for older individuals as established by the Food and Nutrition Board of the Institute of Medicine of the National Academy of Sciences.

**Menus must supply 1/3 of the RDA for the eight indicator nutrients (protein, calcium, iron, niacin, riboflavin, thiamin, vitamin A, and vitamin C).**

**License:** Vendors submitting bids must be able to show evidence of possessing the necessary licenses from Local and State agencies. Establishments not in possession of a Wholesale Food and Cosmetic license must apply and receive the license within forty-five 45 days after award of contract. All establishments awarded contracts will be subject to sanitary health inspections, performed by State of New Jersey licensed sanitarians. Establishments bidding for this program must possess the appropriate and current license issued by the local municipal Health Department of the town/city where the production facility is located.

**Bid:**

The bid price (unit cost) will include the costs for meals, tea and coffee service, delivery, supplies at the congregate sites.

**Payment to Vendor:**

The vendor will be paid on a UNIT COST basis. The vendor will submit an invoice with appropriate backup documentation to the DHHS on a monthly basis by the 5<sup>th</sup> day of the following month. Payment will be based on the number of meals delivered.

**Termination of Contract:** The contract may be terminated by the City for reasons including but not limited to the vendor not complying with program requirements, failure to competently operate the program including late or no deliveries, or other situations which are seen to create harmful or unhealthy conditions or situations for senior citizens receiving meals. In the event the performance by the vendor of the services is

unsatisfactory to the City, the City agrees to notify the vendor, and the vendor agrees to within 10 days rectify the unsatisfactory condition or performance. Should the unsatisfactory condition or performance not be rectified within 10 days of notice given, the City shall at its sole option be entitled to terminate the contract immediately upon written notice to the vendor unless rectification of such unsatisfactory condition or performance cannot be reasonably completed within such a 10 day period and the vendor shall have commenced to rectify such unsatisfactory condition or performance within such a 10 day period and shall be diligently pursuing such cure; provided, that such unsatisfactory condition or performance shall be cured no later than 30 days after the date on which the vendor was notified thereof. Vendor is not entitled to any compensation subsequent to receiving notice of termination from the City.

**Continuation of Contract:**

Pursuant to the Local Public Contracts Law (N.J.A.C. 40A:11-15), the City reserves the right to renew the contract for two (2) additional terms of one (1) year. Any price change included as part of a renewal shall be based upon the price of the original contract as cumulatively adjusted pursuant to any previously adjustment or renewal and shall not exceed the change in the index rate for the 12 months preceding the most recent quarterly calculation available at the time the contract is renewed. "index rate" means the rate of annual percentage increase, rounded to the nearest half-percent, in the Implicit Price Deflator for State and Local Government Purchases of Goods and Services, computed and published quarterly by the United States Department of Commerce, Bureau of Economic Analysis.

**Insurance Requirements:** The bidder must include evidence of insurance coverage as follows:

-Comprehensive General Liability in the amount of \$1,000,000 per occurrence and \$2,000,000 in aggregate; including Products & Completed Operations coverage.

-Workers Compensation with NJ statutory limits and Employer's Liability in the amount of \$1,000,000.

-Automobile Liability in the amount of \$1,000,000 combined single limit.

-Professional Liability in the amount of \$2,000,000 per occurrence and in aggregate.

**Equal Employment Opportunity/Affirmative Action Requirements:**

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

Contractors for goods and services, which are not subject to federally approved or sanctioned affirmative action programs shall submit to the public agency, after notification of the award but prior to execution of a goods and services contract, one of the following three documents:

- i. Appropriate evidence that the contractor is operating under an existing federally approved or a sanctioned affirmative action program; or
- ii. A certificate of employee information report approval, issued in accordance with N.J.A.C. 17:27-4; or
- iii. An employee information report (Form AA 302) provided by Division and distributed to the public agency to be completed by the contractor, in accordance with N.J.A.C. 17:27-4

EEO/AA requirements for goods, services and professional contracts are at the back of the proposal. Any questions in reference to EEO/AA should be directed to the Office of Equal Opportunity/Affirmative Action, 280 Grove Street, Rm. 103, Jersey City, NJ 07302

**Business Registration Certificate Requirements:** Contractors are also required to comply with the requirements P.L. 2004, c.57 which includes the requirement that

contractors provide copies of their Business Registration Certificates issued by the New Jersey Department of the Treasury.

**Attachments:**

1. Mandatory Business Registration Language for Non-Construction Contracts  
Affirmative Action Requirements Cover Page
2. Mandatory EEO Language, Exhibit A
3. Procurement and Service Contracts Language A
4. Samples of Letter of Federal Approval, Certificate of Employee Information  
Report and Employee Information Report – AA 302 Form  
(The consultant may submit one of these documents)
5. MWBE Registration Questionnaire Form.



Department of Health & Human Services  
**CITY OF JERSEY CITY**  
199 Summit Avenue  
Jersey City, N.J. 07304  
(201) 547-6800



**Bid for meals as described in the Request for Bids  
Senior Congregate Site Nutrition Program  
2016**

**The bid amount will be per unit (one complete meal, packaged and delivered as set forth in the request.) The bid will be in dollars and cents and remain constant through the life of the contract.**

**Bid per meal: \$ \_\_\_\_\_**

**Vendor: \_\_\_\_\_**

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

**City, State, Zip: \_\_\_\_\_**

**Authorized Bidder: \_\_\_\_\_**  
(print name)

**Signature: \_\_\_\_\_ Date: \_\_\_\_\_**

**BID PROPOSAL /DOCUMENTS**

**SENIOR CONGREGATE SITES NUTRITION PROGRAM**

**"Congregate Sites"**

**HHS/SENIOR NUTRITION**

**This contract will be awarded as an open-end contract for a term of one year. The minimum and the maximum number of quantities for each item are as stated below.**

**Forty Five Thousand (45,000) meals/units annually is the minimum. Sixty Thousand (60,000) meals/units annually is the maximum. The vendor will deliver the freshly cooked hot meals in bulk to the nine (9) Congregate Nutrition Sites which are currently the sites listed below. The number of Congregate Sites may also increase or be reduced during the contract year.**

- 1. Berry Gardens, 92 Danforth Avenue**
- 2. Boyd McGuiness, 2555 Kennedy Blvd.**
- 3. Grace Senior Center, 39 Erie Street**
- 4. Maureen Collier Senior Center, 335 Bergen Avenue**
- 5. Ocean Towers Senior Apts., 435 Ocean Avenue**
- 6. Joseph Connors Senior Center, 28 Paterson Street**
- 7. Villa Borinquen (P.A.C.O.), 398 Grove Street**
- 8. Olga Rodriguez Senior Center, 358 Montgomery Street**
- 9. Lafayette Senior Living Center, 463 Pacific Avenue**

**The contract will be awarded based upon the grand total price of the maximum number of meals/units annually for item one (1). If the Grand Total Price is found to have been incorrectly computed, a change will be made in any and all unit prices so as to attain conformity with the Grand Total Price before award.**

Item # 1-60,000- Units annually @ \$ \_\_\_\_\_ Per unit for a Total Cost of \$ \_\_\_\_\_  
Price In Figures Total Cost In Figures

**Grand Total Bid Price for 60,000 Units/Meals annually**

\_\_\_\_\_  
**Grand Total Bid Amount In Words**

\_\_\_\_\_  
**(In Figures)**

**NOTE:** This contract will be awarded as an open-end contract. The minimum and maximum number of quantities for each item are as stated. If zero is the minimum, the City is not obligated to order any quantities of that item during the contract term. If a specific number is stated for a minimum, then the City is obligated to purchase whatever that quantity is. Regardless of what the minimum quantity is set at, the vendor is still required to fill any order that the City places during the contract term. During the contract term, the number of meals that the vendor shall provide will be subject to change as the number of senior participants increases and decreases.

Pursuant to N.J.S.A. 40A: 11-15, the City shall have the option to renew the contract for up to two additional one year terms. The City shall notify the vendor whether or not it will be renewing the contract 45 days before the expiration date of contract. If the City exercises its option to renew the contract, the vendor must accept the contract renewal. Any price change included as part of an extension shall be based upon the price of the original contract as cumulatively adjusted pursuant to any previous adjustment or extension and shall not exceed the change in the index rate for the twelve months preceding the most recent quarterly calculation available at the time the contract is renewed. Index rate means the rate of annual percentage increase, rounded to the nearest half-percent, in the Implicit Price Deflator for State and Local Government Purchases of Goods and Services, computed and published quarterly by the United States Department of Commerce, Bureau of Economic Analysis.

**CITY OF JERSEY CITY  
ADDENDUM ACKNOWLEDGEMENT FORM  
GOODS AND GENERAL SERVICES CONTRACTS**

The undersigned acknowledges receipt of the following addenda to the bidding document:

**THE COMPLETED ACKNOWLEDGEMENT OF ADDENDA FORM  
SHOULD BE RETURNED WITH BID RESPONSE PACKAGE: NOT TO  
BE SENT SEPARATELY**

**NOTE: Failure to acknowledge receipt of all addenda will cause the bid to be considered non-responsive, and bid will be rejected. Acknowledgement of receipt of each addendum must be clearly established and included with the bid pursuant to N.J.S.A. 40A:11-23.2 (e).**

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Name of Bidder: \_\_\_\_\_

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

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

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

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

**PUBLIC DISCLOSURE INFORMATION**

N.J.S.A. 52:25-24.2 provides that no Corporation or Partnership shall be awarded any State, City, Municipal or Schools District contracts for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or accompanying the bid of said corporation or partnership there is submitted a public disclosure information statement. The statement shall set forth the names and addresses of all stockholders in the corporation or partnership who own ten percent (10%) or more of its stock of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein.

If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding 10% or more of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership, 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, exceeding the 10% ownership criteria has been listed.

**STOCKHOLDERS:**

Name	Address	% owned

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

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

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS DAY \_\_\_\_\_ OF 20 \_\_\_\_\_

(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF  
MY COMMISSION EXPIRES: 20\_\_\_\_

**(NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL).**

**NON COLLUSION AFFIDAVIT  
STATE OF NEW JERSEY  
CITY OF JERSEY CITY ss:**

I certify that I am \_\_\_\_\_

of the firm of \_\_\_\_\_

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

I further warrant that no person or selling agency has been employed to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by (N.J.S.A.52: 34-25)

(Signature of respondent) \_\_\_\_\_

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS DAY \_\_\_\_\_ OF 20 \_\_\_\_\_

(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF  
MY COMMISSION EXPIRES: 20 .

**(NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL).**

## NOTICE TO BIDDERS

Sealed proposals will be received, and opened by the Director of Purchasing at 394 Central Avenue, 2<sup>nd</sup> Floor, Jersey City, New Jersey 07307 on **November 17, 2015 at 11:00 am Senior Home Delivered Nutrition Program.**

Questions by prospective bidders concerning this bid must be done on-line at [www.bidsync.com](http://www.bidsync.com).

**Contract Documents, Specifications, and Bid Forms may be downloaded by going on-line to [www.bidsync.com](http://www.bidsync.com).**

**Prospective bidders must download bid specifications and all addendums from [www.Bidsync.com](http://www.Bidsync.com). Failure to download bid specifications and acknowledge receipt of addendums, may result in bid rejection.**

Bids may be submitted in person, or may be sent by U.S. certified mail return receipt requested, or may be sent by private courier service. Mail bids to: Peter Folgado, Director, City of Jersey City Division of Purchasing, 394 Central Avenue, 2<sup>nd</sup> Floor, Jersey City, New Jersey 07307. Bids sent by mail must be received by the Director of Purchasing no later than 4:00 P.M. of the last City business day before the day of the bid reception. Bids sent by courier service must be delivered to the Director no later than 11:00 AM on the day of the bid reception. The City shall not be responsible for the loss, nondelivery or physical condition of bids sent by mail or courier service. Bids must be submitted individually in a sealed envelope addressed to the Director. Bid Proposal must comply with specifications.

Bidders are required to comply with the Federal Equal Opportunity/Affirmative Action requirements as well as provisions of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. (Equal Employment Opportunity/Affirmative Action Program). In the event of a conflict, the federal requirements will govern. Bidders are also required to comply with the provisions of P.L. 2004, c.57, which includes the requirement that contractors provide copies of their Business Registration Certificates issued by the New Jersey Department of the Treasury. These provisions are incorporated herein by Reference. Full Requirements of the program may be obtained with Proposal Forms.

Proposals are being solicited through a fair and open process in accordance with N.J.S.A. 19:44A-20.2 et seq. and as such, contractors are exempt from the limitations on making political contributions under that law. Further, for that reason, as well as because of a language in the New Jersey's Annual Appropriations Act, refusal to disclose campaign contributions otherwise required by N.J.S.A. 19:44A-20.2 et seq. and 19:44A-20.25 et seq., will not adversely affect your consideration for award.

Bid Proposals **MUST BE ACCOMPANIED** by a Bid Bond or Certified Check, made payable to the City of Jersey City, in an amount equal to Ten (10%) percent of the Total Bid Price; but not more than Twenty Thousand Dollars (\$20,000.00) nor less than Five Hundred Dollars (\$500.00).

The Director of Purchasing reserves the right to reject any and all bids received, or portions thereof, if deemed to be in the interest of the City to do so.

Peter Folgado,  
Director of Purchasing

Insert dates: November 4 and 6, 2015



**CITY OF JERSEY CITY  
DIVISION OF PURCHASING**

394 CENTRAL AVENUE, 2ND FLOOR | JERSEY CITY, NJ 07307  
P: 201 547 5155/5166 | F: 201 547 6585



**STEVEN M. FULOP**  
MAYOR OF JERSEY CITY

**PETER FOLGADO**  
DIRECTOR OF PURCHASING, Q.P.A., R.P.P.O.

**CERTIFICATION REGARDING SUSPENSION/DEBARMENT**

I am \_\_\_\_\_ of the firm of \_\_\_\_\_,  
the Contractor who submitted the lowest responsible bid for the project known as

\_\_\_\_\_.

I executed the Proposal submitted to the City of Jersey City with the full authority to do so. As of the date of execution of this Certification on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_, the firm of \_\_\_\_\_ has not been suspended or debarred from submitting bid proposals by the United States of America, its departments, divisions, and agencies or by the State of New Jersey, its departments, divisions, and agencies.

I certify that the foregoing statements are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

\_\_\_\_\_  
(Name of Contractor)

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

Dated: \_\_\_\_\_

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

Sworn and subscribed to before me  
This \_\_\_ day of \_\_\_, 20\_\_.

\_\_\_\_\_

**\*Must be notarized and returned with bid only if total bid amount exceeds \$100,000.00**

**EQUAL EMPLOYMENT OPPORTUNITY (EEO)/  
AFFIRMATIVE ACTION (AA) REQUIREMENTS**  
**FOR GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

Questions in reference to EEO/AA requirements for Goods,  
Professional Service and General Service Contracts should be  
directed to:

**Jeana F. Abuan  
EEO/AA Officer, P.A.C.O.  
Department of Administration  
Office of EEO/AA  
280 Grove Street Room-103  
Jersey City NJ 07302  
Tel. # 201-547-4533  
Fax# 201-547-5088  
E-Mail Address: [abuanj@jcnj.org](mailto:abuanj@jcnj.org)**

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(REVISED 4/13)

**EXHIBIT A**  
**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
**N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)**  
**N.J.A.C. 17:27**

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

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

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

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

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

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

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

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**EXHIBIT A (Continuation)**

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

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

The undersigned vendor certifies on their company's receipt, knowledge and commitment to comply with:

**EXHIBIT A**  
**N.J.S.A. 10:5-31 and N.J.A.C. 17:27**  
**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
**Goods, Professional Services and General Service Contracts**  
**(Mandatory Affirmative Action Language)**

The undersigned vendor further agrees to furnish the required forms of evidence and

understands that their contract/company's bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

Representative's Name/Title (Print): \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

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

Tel. No.: \_\_\_\_\_

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

# Sample Letter of Federally Approved Affirmative Action Plan

U.S. Department of Labor

Employment Standards Administration  
Office of Federal Contract  
Compliance Program

Newark Area Office  
134 Evergreen Place, Fourth Floor  
East Orange, NJ 07018



February 27, 19\_\_

Reply to the attention of:

President

Dear

Our recent compliance review of your establishment's equal employment opportunity policies and practices was completed on February 27, 19\_\_.

We found no apparent deficiencies or violations of Executive Order 11246, as amended. Section 503 of the Rehabilitation Act of 1973 or of 38 USC 2012 (the Vietnam Era Veterans' Readjustment Assistance Act). Accordingly, your establishment is deemed to be in compliance with these laws based on the material reviewed.

The Office of Federal Contract Compliance Progress sincerely appreciated the cooperation and courtesies extended by you and your staff during the conduct of the compliance review.

Sincerely,

Area Office Director



*State of New Jersey*

**CHRIS CHRISTIE**  
*Governor*  
**KIM GUADAGNO**  
*Lt. Governor*

DEPARTMENT OF THE TREASURY  
DIVISION OF PURCHASE & PROPERTY  
CONTRACT COMPLIANCE AUDIT UNIT  
EEO MONITORING PROGRAM  
P.O. BOX 206  
TRENTON, NJ 08625-0206

**ANDREW P. SIDAMON-ERISTOFF**  
*State Treasurer*

**ISSUANCE OF CERTIFICATE OF  
EMPLOYEE INFORMATION REPORT**

Enclosed is your Certificate of Employee information Report (hereinafter referred to as the "Certificate" and issued based on the Employee Information Report (AA-302) form completed by a representative of your company or firm. Immediately upon receipt, this certificate should be forwarded to the person in your company or firm responsible for ensuring equal employment opportunity and/or overseeing the company or firm's contracts with public agencies. Typically, this person may be your company or firm's Human Resources Manager, Equal Employment Opportunity Officer or Contract Administrator. If you do not know to whom the certificate should be forward, kindly forward it to the head of your company or firm. Copies of the certificate should also be distributed to all facilities of your company or firm who engage in bidding on public contracts in New Jersey and who use the same federal identification number and company name. The certificate should be retained in your records until the date it expires. This is very important since a request for a duplicate/replacement certificate will result in a \$75.00 fee.

On future successful bids on public contracts, your company or firm must present a photocopy of the certificate to the public agency awarding the contract after notification of the award but prior to execution of a goods and services or professional services contract. Failure to present the certificate within the time limits prescribed may result in the awarded contract being rescinded in accordance with N.J.A.C. 17:27-4.3b.

Please be advised that this certificate has been approved only for the time periods stated on the certificate. As early as ninety (90) days prior to its expiration, the Division will forward a renewal notification. Upon the Division's receipt of a properly completed renewal application and \$150.00 application fee, it will issue a renewal certificate. In addition, representatives from the Division may conduct periodic visits and/or request additional information to monitor and evaluate the continued equal employment opportunity compliance of your company or firm. Moreover, the Division may provide your company or firm with technical assistance, as required. Please be sure to notify the Division immediately if your company's federal identification number, name or address changes.

If you have any questions, please call (609) 292-5473 and a representative will be available to assist you.

Enclosure(s) (AA-01 Rev. 11/11)

# Sample Employee Information Report Form AA302

Form AA302  
Rev. 11/71

**STATE OF NEW JERSEY**  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program

**EMPLOYEE INFORMATION REPORT**

**IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$15.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT LESS THAN 1 REPORT FOR SECTION 8, ITEM 11, FOR INSTRUCTIONS ON COMPLETING THE FORM, NO. 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.**

**SECTION A - COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY      2. TYPE OF BUSINESS      3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY

1. MFG    2. SERVICE    3. WHOLESALE  
4. RETAIL    5. OTHER

4. COMPANY NAME

5. STREET      CITY      COUNTY      STATE      ZIP CODE

6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)      CITY      STATE      ZIP CODE

7. CHECK ONE: IS THE COMPANY:     SINGLE-ESTABLISHMENT EMPLOYER     MULTI-ESTABLISHMENT EMPLOYER

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT

10. PUBLIC AGENCY AWARDED CONTRACT      CITY      COUNTY      STATE      ZIP CODE

OFFICIALS ONLY      DATE RECEIVED      NAME DATE      ASSIGNED CERTIFICATION NUMBER

**SECTION B - EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN UNEMPLOYED REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN											
	COL. 1 TOTAL (Col. 2 + Col. 3)	COL. 2 MALE	COL. 3 FEMALE	MALE				FEMALE							
				BLACK	HISPANIC	INDIAN	ASIAN	NON-MIN.	BLACK	HISPANIC	INDIAN	ASIAN	NON-MIN.		
Officials/Managers															
Professionals															
Technicians															
Sales Workers															
Office & Clerical															
Craftworkers (Skilled)															
Operatives (Semi-Skilled)															
Laborers (Unskilled)															
Service Workers															
TOTAL															
Total employment from previous report (if any)															
Temporary & Part-time Employees															

The data below shall NOT be included in the figures for the appropriate categories above.

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED?  
 1. Visual Survey     2. Employment Record     3. Other (Specify)

13. DATE OF PAYROLL PERIOD USED      From      To

14. IS THIS THE FIRST Employee Information Report Submitted?    1. YES    2. NO

15. IF NO, DATE LAST REPORT SUBMITTED      MO.    DAY    YEAR

**SECTION C - SIGNATURE AND IDENTIFICATION**

16. NAME OF PERSON COMPLETING FORM (Print w/ Type)      SIGNATURE      TITLE      DATE MO. DAY YEAR

17. ADDRESS NO. & STREET      CITY      COUNTY      STATE      ZIP CODE      PHONE (AREA CODE, NO., EXTENSION)

# Sample Employee Information Report Form AA302

## INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

**IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOU ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

**ITEM 1 -** Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

**ITEM 2 -** Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

**ITEM 3 -** Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

**ITEM 4 -** Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

**ITEM 5 -** Enter the physical location of the company. Include City, County, State and Zip Code.

**ITEM 6 -** Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

**ITEM 7 -** Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

**ITEM 8 -** If "Multi-establishment" was entered in item 7, enter the number of establishments within the State of New Jersey.

**ITEM 9 -** Enter the total number of employees at the establishment being awarded the contract.

**ITEM 10 -** Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code. This is not applicable if you are renewing a current Certificate.

**ITEM 11 -** Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. DO NOT attach an EEO-1 Report.

Racial/Ethnic Groups will be defined:

**Black:** Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

**Hispanic:** Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander:** Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands and Samoa.

**Non-Minority:** Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

**ITEM 12 -** Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

**ITEM 13 -** Enter the dates of the payroll period used to prepare the employment data presented in item 12.

**ITEM 14 -** If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

**ITEM 15 -** If the answer to item 14 is "No", enter the date when the last Employee Information Report was submitted by this company.

**ITEM 16 -** Print or type the name of the person completing the form. Include the signature, title and date.

**ITEM 17 -** Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

### TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT IF THIS IS YOUR FIRST REPORT, AND FORWARD ONE COPY WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY (FEE IS NON-REFUNDABLE) TO

NJ Department of the Treasury  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program  
P.O. Box 206

Trenton, New Jersey 08625-0206

Telephone No. (609) 262-5473

Sample Certificate of Employee Information Report



**VOID**

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

\_\_\_\_\_  
Certification

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



State Treasurer



**VOID**



# Sample Duplicate Certificate of Employee Information Report Request

Form Duplicate Cert  
Rev. 11/11

Print Form



STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
Division of Purchase & Property, Contract Compliance Audit Unit  
EEO Monitoring Program

## DUPLICATE CERTIFICATE OF EMPLOYEE INFORMATION REPORT REQUEST

IMPORTANT - FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND SUBMIT THE REQUIRED \$75.00 FEE (Non-Refundable) MAY DELAY ISSUANCE OF YOUR DUPLICATE CERTIFICATE OF EMPLOYEE INFORMATION REPORT.

### SECTION A - COMPANY IDENTIFICATION

1. FED. NO. OR SOCIAL SECURITY	2. ASSIGNED CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE

3. COMPANY NAME

4. STREET CITY COUNTY STATE ZIP CODE

5. REASON FOR REQUEST OF DUPLICATE CERTIFICATE  
 1. Lost Certificate  2. Damaged  3. Other (Specify)

### SECTION B - SIGNATURE AND IDENTIFICATION

6. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO DAY YEAR
7. ADDRESS NO. & STREET	CITY	COUNTY	STATE
			ZIP CODE PHONE (AREA CODE) NO. EXTENSION

I certify that the information on this Form is true and correct.

### SECTION C - OFFICIAL USE ONLY

RECEIVED DATE:	DIVISION OF REVENUE DLN #:

### INSTRUCTIONS FOR COMPLETING DUPLICATE CERTIFICATE REQUEST

- ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.
- ITEM 2 - Enter the Certificate Number that was assigned to your company along with the Issue Date and Expiration Date (if available).
- ITEM 3 - Enter the name by which the company is identified.
- ITEM 4 - Enter the physical location of the company. Include City, County, State and Zip Code.
- ITEM 5 - Enter the reason for requesting a Duplicate Certificate of Employee Information Report.
- ITEM 6 - Print or type the name of the person completing the form. Include the signature, title and date.
- ITEM 7 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

RETAIN A COPY OF THIS REQUEST FOR THE VENDOR'S OWN FILES AND FORWARD ONE COPY WITH A CHECK IN THE AMOUNT OF \$75.00 (Non-Refundable Fee) PAYABLE TO "THE TREASURER, STATE OF NEW JERSEY" TO:

NJ Department of the Treasury  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program  
PO Box 206

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING THE DUPLICATE CERTIFICATE

**RENEWAL PACKAGE  
FOR CERTIFICATE OF  
EMPLOYEE  
INFORMATION REPORT**

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*State of New Jersey*

**CHRIS CHRISTIE**  
*Governor*  
**KIM GUADAGNO**  
*Lt. Governor*

DEPARTMENT OF THE TREASURY  
DIVISION OF PUBLIC CONTRACTS  
EQUAL EMPLOYMENT OPPORTUNITY  
COMPLIANCE  
P.O. BOX 209  
TRENTON, NJ 08625-0209

**ANDREW P. SIDAMON-ERISTOFF**  
*State Treasurer*

**RENEWAL NOTICE**

The Certificate of Employee Information Report (hereinafter referred to as the "State Certificate") issued by this Division is due to expire within the next 90 days. In order for your firm to continue to provide a current State Certificate for public contract awards, you must apply for renewal by properly completing the following renewal documents:

1. The Employee Information Report Form AA-302 for the facility indicated on the "State Certificate" and any additional New Jersey facilities, with a check in the amount of \$150.00 payable to "the Treasurer, State of New Jersey" (fee is non-refundable) and
2. The Vendor Activity Summary Report forms, one for each of the four (4) personnel activities noted (new hires, promotions, transfers and terminations etc.) for the previous "State Certificate" period, or
3. If you are operating under a federally approved affirmative action plan, a photocopy of the letter of Federal Approval issued by the US Department of Labor, Office of Federal Contract Compliance Programs, not greater than one year old, may be submitted to the awarding agency in lieu of the State Certificate. Please do not submit an EEO-1 Report as it will not be accepted.

All goods, service and professional service vendors are encouraged to complete and file these renewal documents electronically by accessing the Division's website at [www.state.nj.us/treasurv/contract\\_compliance](http://www.state.nj.us/treasurv/contract_compliance). This website provides access to the Forms in electronic format or on-line internet submission registration via the internet. Or you may call the Division at (609) 292-5473 and a representative will be available to assist you. Please have your certificate number ready when calling. Your certificate number is noted at the end of your company name on your mailing label.

Upon receipt of the above-referenced documents, the Division will approve or reject your application within sixty (60) days of submission. If your application is approved, the Division will issue a Certificate provided your firm meets the standards of good faith compliance with the Affirmative Action Regulations set forth in N.J.A.C. 17:27-1.1 et seq. Periodic reviews may be conducted and additional information may be requested, as required by the Division. In all instances, however, a copy of the Certificate must be presented to the public agency awarding the contract, prior to the award of the contract.

(AA-02 Rev. Mar-10)

**NEW INSTRUCTIONS FOR COMPLETING THE  
EMPLOYEE INFORMATION REPORT (FORM AA302) RENEWAL  
DISREGARD INSTRUCTIONS ON PRE-PRINTED FORM REV. 1/00**

**IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

**ITEM 1 -** Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

**ITEM 2 -** Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

**ITEM 3 -** Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

**ITEM 4 -** Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

**ITEM 5 -** Enter the physical location of the company. Include City, County, State and Zip Code.

**ITEM 6 -** Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

**ITEM 7 -** Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

**ITEM 8 -** If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

**ITEM 9 -** Enter the total number of employees at the establishment being awarded the contract.

**ITEM 10 -** Not Applicable.

**ITEM 11 -** Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. DO NOT attach an EEO-1 Report.

**Racial/Ethnic Groups will be defined:**

**Black:** Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

**Hispanic:** Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

**American Indian or Alaskan Native:** Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

**Asian or Pacific Islander:** Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes, for example, China, Japan, Korea, the Phillipine Islands and Samoa.

**Non-Minority:** Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

**ITEM 12 -** Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

**ITEM 13 -** Enter the dates of the payroll period used to prepare the employment data presented in item 12.

**ITEM 14 -** Not Applicable.

**ITEM 15 -** Not Applicable.

**ITEM 16 -** Print or type the name of the person completing the form. Include the signature, title and date.

**ITEM 17 -** Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

**THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT RENEWAL FORM (AA302) AND RETAIN THE PINK COPY FOR THE VENDOR'S OWN FILES. FORWARD THE REMAINING TWO (2) WHITE AND CANARY COPIES WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY TO:**

NJ Department of the Treasury  
Division of Public Contracts  
Equal Employment Opportunity Compliance  
P.O. Box 206

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473



STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
Division of Public Contracts Equal Employment Opportunity Compliance

**DUPLICATE CERTIFICATE OF EMPLOYEE INFORMATION REPORT REQUEST**

IMPORTANT- FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND SUBMIT THE REQUIRED \$75.00 FEE (Non-Refundable)  
MAY DELAY ISSUANCE OF YOUR DUPLICATE CERTIFICATE OF EMPLOYEE INFORMATION REPORT.

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. ASSIGNED CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE

3. COMPANY NAME

4. STREET CITY COUNTY STATE ZIP CODE

5. REASON FOR REQUEST OF DUPLICATE CERTIFICATE

1. Lost Certificate  2. Damaged  3. Other (Specify)

SECTION B - SIGNATURE AND IDENTIFICATION

6. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO DAY YEAR

7. ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE PHONE (AREA CODE, NO., EXTENSION)

I certify that the information on this Form is true and correct.

SECTION C - OFFICIAL USE ONLY

RECEIVED DATE:	DIVISION OF REVENUE DLN #:

INSTRUCTIONS FOR COMPLETING DUPLICATE CERTIFICATE REQUEST

- ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.
- ITEM 2 - Enter the Certificate Number that was assigned to your company along with the Issue Date and Expiration Date (if available).
- ITEM 3 - Enter the name by which the company is identified.
- ITEM 4 - Enter the physical location of the company. Include City, County, State and Zip Code.
- ITEM 5 - Enter the reason for requesting a Duplicate Certificate of Employee Information Report.
- ITEM 6 - Print or type the name of the person completing the form. Include the signature, title and date.
- ITEM 7 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

RETAIN A COPY OF THIS REQUEST FOR THE VENDOR'S OWN FILES AND FORWARD ONE COPY WITH A CHECK IN THE AMOUNT OF \$75.00 (Non-Refundable Fee) PAYABLE TO "THE TREASURER, STATE OF NEW JERSEY" TO:

NJ Department of the Treasury  
Division of Public Contracts  
Equal Employment Opportunity Compliance  
PO Box 206

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING THE DUPLICATE CERTIFICATE

**STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY**

Division of Contract Compliance & Equal Employment Opportunity

**VENDOR ACTIVITY SUMMARY REPORT**

NEW HIRES  PROMOTIONS  TRANSFERS  TERMINATIONS (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO. \_\_\_\_\_ DATES OF PAYROLL PERIOD USED: FROM \_\_\_\_\_ TO \_\_\_\_\_  
 NAME OF FACILITY: \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

JOB	MALE						FEMALE					
	Total	Black	Hispanic	AM. Indian	Asian	Non-Min.	Total	Black	Hispanic	AM. Indian	Asian	Non-Min.
OFFICIALS & MANAGERS												
PROFESSIONALS												
TECHNICIANS												
SALES WORKERS												
OFFICE & CLERICAL												
CRAFTWORKERS												
OPERATIVES												
LABORERS												
SERVICE WORKERS												
TOTAL												

I certify that the information on this form is true and correct...

NAME OF PERSON COMPLETING FORM (Print or Type) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 LAST FIRST MI

DATE SUBMITTED \_\_\_\_\_

ADDRESS (NO. & STREET) \_\_\_\_\_ (CITY) \_\_\_\_\_ (STATE) \_\_\_\_\_ (ZIP) \_\_\_\_\_ PHONE (AREA CODE, NO., EXTENSION) \_\_\_\_\_

## INSTRUCTIONS

### VENDOR ACTIVITY SUMMARY REPORTS

1. You should complete 4 blank Vendor Activity Summary Reports with your AA-302, Employee Information Report Renewal Application package. These 4 Reports are to be completed for new hires, promotions, transfers and terminations that took place between the time you received your Certificate of Employee Information Report (hereafter referred to as "Certificate") and the date of your Renewal Application.
2. The Vendor Activity Summary Reports must be completed to show your firm's total personnel actions for the previous Certificate period. For example, if your firm renews its Certificate every 3 years, one of the reports should indicate the total number of people hired during the entire 3-year period during which you held the Certificate. Another report should indicate the total number of people terminated during that 3-year period. The third report should indicate the total number of people transferred during that 3-year period and the final report should indicate the total number of people promoted during that 3-year period. Please note, there is no need to re-state the information provided on the AA-302 form.

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

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

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

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Representative's Name/Title Print): \_\_\_\_\_

Representative's Signature: \_\_\_\_\_

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

Tel. No.: \_\_\_\_\_

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

**Minority/Woman Business Enterprise (MWBE)  
Questionnaire for Bidders**

Jersey City Ordinance C-829 establishes a goal of awarding 20% of the dollar amount of total city procurement to minority and woman owned business enterprises.

To assist us in monitoring our achievement of this goal, please indicate below whether your company is or is not a minority owned and/or woman owned business, and return this form with your bid proposal.

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

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

Telephone No. : \_\_\_\_\_

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

Please check applicable category :

\_\_\_\_\_ Minority Owned Business (MBE)

\_\_\_\_\_ Minority & Woman Owned  
Business (MWBE)

\_\_\_\_\_ Woman Owned business (WBE)

\_\_\_\_\_ Neither

**Definitions**

**Minority Business Enterprise**

Minority Business Enterprise means a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by persons who are African American, Hispanic, Asian American, American Indian or Alaskan native, defined as follows:

**African American:** a person having origins in any of the black racial groups of Africa

**Hispanic:** a person of Mexican, Puerto Rican, Central or South American or other non-European Spanish culture or origin regardless of race.

**Asian:** a person having origins in any of the original peoples of the Far East, South East Asia, Indian subcontinent, Hawaii or the Pacific Islands.

**American Indian or Alaskan Native:** a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

**Woman Business Enterprise**

Woman Business Enterprise means a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by a woman or women.

**OFFICE OF EQUAL OPPORTUNITY COPY**

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

Please check applicable category:

Minority Owned Business (MBE)

Minority & Woman Owned  
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**DIVISION OF PURCHASING COPY**