

**City of Jersey City  
Department of Health and Human Services  
199 Summit Avenue suite E-3  
Jersey City, New Jersey 07304  
201 547-6800**

**REQUEST FOR BIDS  
*Senior Home Delivered Nutrition Program*  
“Meals on Wheels”**

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 Citizens Nutrition Programs. All bidders shall provide clear, detailed written information when responding to all aspects of the specifications outlined below, and include copies of certifications, credentials, insurance documents, licenses or any other document requested within these specifications. (See Page 13, Respondent Checklist)**

**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 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 period:**

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

**Bid Bond Requirements:**

Any bid proposal submitted to the City that does not include an original, fully executed Bid Guarantee and Consent of Surety will be deemed non-responsive and automatically rejected by the City at the bid reception.

**Bid Guarantee:** Each proposal shall be accompanied by a Certified Check, Cashier’s Check or Bid Bond in the amount of \$20,000.00. The bid guarantee may be in the form of a Bid Bond, Certified Check or Cashier’s Check. No cash will be accepted.

This Certified Check, Cashier's, Check or Bid Bond is offered as evidence of good faith and as a guarantee that, if awarded the contract, the Bidder shall execute the Contract and provide a Performance Bond in the full amount of the Contract.

The Bid Bond is offered as a guarantee, made by a surety company qualified to do business in the State of New Jersey and must be signed by an officer or agent of the surety company authorized to execute bid bonds on behalf of the surety company. Included with the bid bond must be such documents which indicate that the officer or agent is authorized to execute the bid bond. If a certified check is offered as a guarantee, it shall be made payable to the City of Jersey City.

**Consent of Surety:** All bidders shall submit with their bids a certificate from an approved surety company, authorized to do business in the State of New Jersey, stating that it will provide the contractor with a performance bond in the amount of five hundred thousand (\$500,000.00) dollars. The successful bidder will be required to furnish a surety corporation bond in this amount.

**Performance Bond:** Within three (3) days of notification of the contract award, the Bidder to whom the Contract has been awarded shall furnish and deliver a Surety Corporation Bond, conditioned for the faithful performance and completion of the work, and for the payment of all lawful claims and bills against the contractor for all labor, material, tools and equipment used in or in connection therewith. The Bond shall not be returned or cancelled until all liability to any and all persons protected by the conditions of said Bond shall have been met by the Contractor or person primarily liable for the payment thereof, or by the Surety on said Bond.

The Bond for the faithful performance of the Contract shall be in the amount of five hundred thousand (\$500,000.00) dollars, shall be satisfactory to the Corporation Counsel of the City of Jersey City and shall be executed by a Surety Company licensed to do business in the State of New Jersey. In no case shall the contractor begin work prior to approval of said bond by the City.

**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.

**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 on January 1, 2016.

**Scope of Services:**

The contract will be awarded as an open-end contract. *The vendor will deliver a minimum of 4,000 meals and a maximum of 5,500 meals on a weekly basis.* 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.

**Unit Cost:**

The bidder will provide ONE UNIT PRICE for a complete meal regardless of how DHHS requests meals be bundled prior to delivery. There shall be no cost difference between the delivery of meals in a five (5) pack or a (2) pack. Bids received containing more than ONE UNIT PRICE shall be rejected.

**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.**

**Number of Meals per Week:**

The vendor will deliver a minimum of 4,000 meals and a maximum of 5,500 meals on a weekly basis in deliveries as requested by DHHS.

**Bundling and Delivery:**

Bundling and delivery of meals shall be done in accordance with DHHS specifications. DHHS reserves the right to have meals packaged and delivered with the specified number of meals bundled within the container (plastic bag, box) used by the vendor.

1. The vendor will deliver meals Mondays, through Fridays.
2. The vendor shall deliver meals between 6:30 a.m. and 7:30 a.m. on the appointed days.
3. Meals delivered shall be packaged (bundled) 5 meals and 2 meals in each bag or box in compliance with the combination order for that day.
4. This schedule is based on a normal 5 day business week. When Holidays fall within a specific week or appointed delivery day, DHHS will inform the vendor in advance of an alternate schedule of delivery. DHHS will notify the vendor of changes to the normal delivery schedule within 5 days of the proposed change.

**Meal Type:**

Blast Frozen

**Sample Meals:**

Bidder is required to include with the bid package three (3) complete frozen meals. The meal samples should include different menus (chicken, beef, pork, vegetarian entrees & side dishes), which represent the range of the type of meals the bidder has indicated on the sample menu submitted with the bid, and will produce for the program if awarded the contract.

Meals will be heated, tasted and scored by an independent panel of individuals not associated with the Jersey City Senior Nutrition Program.

A uniform rating system consisting of one (1) to five (5) Stars will be utilized.

The meals will be rated as follows: (1) Packaging – type of tray, labeling, easiness to open and rethermalize (2) Appearance and frozen state prior to rethermalizing (3) Size of Portion (4) Appearance and color after rethermalization (5) Taste and aroma.

**Processing Requirements for Frozen Meals:**

Written procedures for preparing and processing frozen home-delivered meals, based on local, State and Federal standards, must be on site and readily available in the food processing establishment where the frozen home-delivered meals are prepared and processed. *Copies of the written procedures must be included with bidder's response.*

- 1. Heat Processing Requirements:** All foods will be cooked to the degree necessary to ensure that the rethermalization process will yield a ready-to-eat meal that is palatable. All precooking must be long enough to destroy pathogenic bacteria likely to be found in protein foods. *Bidder should include a written description outlining how food is produced (cooked) to ensure a ready-to-eat palatable meal.*
- 2. Freezing Requirements:** The frozen home delivered meals must be quick frozen, in a blast freezer. The time period in the 190°F to 45°F cool down cannot exceed one (1) hour. Meals must be stored at 0°F or lower. *The bidder must include a written description in the bid describing the method utilized in freezing and storing meals. Frozen meals cannot exceed or be held in the freezer for more than two weeks prior to delivery to 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 Processing Establishment:** Bidders shall identify the location of the production facility where the meals for the Jersey City Senior Nutrition Program will be produced, blast frozen and stored. 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.

**Food Processing Establishment Conditions:**

**The food processing establishment must be under continuous USDA inspection.**

Frozen meals must be produced in a climate controlled, food processing establishment approved to process and package frozen meals *under continuous USDA inspection*. The distribution channel used to transport frozen meals from the processing plant to the production units must be able to deliver meals in a reliable, timely manner, and in a solid frozen state. *Bidders must provide a written description with their response outlining how the facility's distribution channel operates.*

**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 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.

**Distance of production facility:**

Production facilities must be located within a 60 mile radius of Jersey City to allow convenient monitoring by DHHS and other agencies.

**Distribution Facility:**

Bidders shall state in writing if meals produced at the production facility will be shipped to a central distribution center for storage and delivery to programs. It is required that bidders identify any facility where frozen meals may shipped to for storage when different from the actual preparation facility.

1. **Certification:** The food processing plant must have conspicuously posted a current food service permit from the state in which the food plant is operating.
2. **The bidder will include a copy of such permit with its response.**
3. **Personnel:** Frozen meal product lines (menus) must be developed with the guidance of a Registered Dietician. *Bidders shall include with their response a copy of the Registered Dieticians credentials and certifications.*  
The plant supervisor must, by virtue of academic training or extensive food production experience, be knowledgeable in food processing and technology.

All food handlers must be trained in the minimum sanitation standards (Good Manufacturing Practice or GMPs) and receive regular, documented in-services on proper food handling and sanitation procedures.

Bidders shall provide written confirmation of the plant supervisor's academic training and/or extensive experience in the food processing and technology industry, and provide in writing the manner and schedule for training food handlers at the production facility.

**Menus:** Menus will be planned in accordance with all rules and regulations pertaining to the Nutrition Program for the Elderly. All menu items must be items that will be of acceptable quality when frozen, thawed and rethermalized (if heating is appropriate to the product).

Approval of all menus and any menu modifications rests solely with the Jersey City Department of Health and Human Services, Senior Nutrition Program, which reserves the right to approve and monitor all menus. Vendor must be equipped and prepared to make modifications to any menu as requested by DHHS within 72 hours of receiving the request.

**ALL MENUS MUST MEET THE 1/3 REQUIRED DAILY ALLOWANCE (RDA) OF THE UNITED STATES DEPARTMENT OF AGRICULTURE**

**Menus not meeting 1/3 RDA, USDA Standard will be considered non-responsive.**

**Menu Cycle:**

A minimum four (4) week cycle menu having seven (7) menus per week will be used. There will be at least twenty-eight (28) different entrée/side dish combinations in each menu cycle. Menu plans for frozen meals 5 packs and 2 packs will be based on the seven (7) meals per week menu plan.

**Vendor will include a sample menu with the bid package:**

Menus submitted with bid response will be reviewed for RDA Standards by dieticians employed at DHHS.

**Meal Composition:**

Individual meals will consist of a food item mix that will include at minimum the following components: (1.) a *frozen* entrée plus two side dishes (2.) fruit juice or vegetable juice (3.) bread (4.) margarine (5.) dessert (6.) milk- delivered in fresh, refrigerated form.

***\*Fruit punch may not be substituted for juice. Fruit punch is not to be utilized as part of meals for the Jersey City Senior Nutrition Program. (see section below)***

**Entrée:** A minimum of fourteen (14) grams of protein shall be provided by the entrée. Use of high fat, high sodium sausages and high sodium ham is to be minimized (no more than one time per week).

**Side Dishes:** Each *frozen* meal tray will contain at least two (2) side dishes. Serving size will be ½ cup each. One (1) side dish will be a vegetable. The other dish may be another vegetable, a fruit, pasta, rice or stuffing.

**Fruit 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.

**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.

**Margarine:**

Each meal will contain one (1) individual serving of margarine. The product must be made from vegetable oils and be fortified with vitamin A.

**Dessert:**

Each meal will contain a dessert item. 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.

**Milk:**

Each meal will contain eight (8) fl. oz. of milk. Milk 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.

**Product Approval:**

Approval of all food products used in the menus rests solely with the Jersey City Department of Health and Human Services, Senior Nutrition Program. Client feedback on product quality will be solicited and utilized when making these decisions. Bidder must be equipped and prepared to make changes to menu items as requested by DHHS within 72 hours of the request.

**Menu Substitution Policy:**

Vendor substitutions in the menu are to be made only in case of emergency. Price increases for meal components will not justify changes. Menu substitutions will be acceptable if : (a) needed food items are not available from supplier (b) changes in product formulations for processed foods result in nonconformance with bid specifications (c) food item is not amenable to production requirements or (d) there is documented evidence of extensive consumer dissatisfaction with product quality. In any of these events, a substitution from the same food category may be made, at no increase in the price of the meal. The Jersey City Department of Health and Human Services, Senior Nutrition Program must be notified in writing of substitutions a minimum of three (3) work days prior to the scheduled meal delivery. If a substitution, or a failure to substitute, results in meals containing less than the minimum nutrient requirement, the meals will be disallowed and the vendor not paid for them.

**Food Processing Establishment:** Frozen meals must be produced in a climate controlled, food processing establishment approved to process and package frozen meals. The plant must be authorized to process frozen meals and distribute the products.

**The food processing establishment must be under continuous USDA inspection.**

The production facility must be USDA inspected. The distribution channel used to transport frozen meals from the processing plant to the production units must be able to deliver meals in a reliable, timely manner, and in a solid frozen state.

**Certification:** The food processing plant must have conspicuously posted a current food service permit. Representatives from the City of Jersey City shall be allowed to visit and monitor operations periodically.

**Packaging and Labeling Requirements:** Frozen meals will be packaged and *individually* labeled as set forth in Section 2 below:

1. **Packaging requirements for Individual Meal Trays:** Entrees and two side dishes will be packaged as single meal units in a tray that is suitable for rethermalization in a microwave or convection oven at temperatures up to 400°F.
2. The container must be sealable, constructed of moisture and vapor proof packaging materials and resistant to cracking and breaking during frozen storage or transport. The integrity of the package seal must be maintained throughout the delivery system.
3. **Label Requirements for Individual Meal Trays:** The labels on the *individual* frozen meal trays must, at a minimum, contain the following information:

- a. date it was packaged or a quality assurance date
- b. list of items in the meal tray
- c. storage instructions
- d. instructions for safely thawing and re-heating food items in both microwave and a conventional oven
- e. list of ingredients in decreasing order by amounts- this may be provided in a package insert.

**Label Requirements for Juices, Puddings, Fruits, etc.:** The package label for frozen juices, frozen puddings, and frozen fruits will state that these items must be kept frozen or refrigerated.

**Stock Storage and Rotation:**

Frozen items will be stored in a freezer with a temperature of 0° Fahrenheit or less. The vendor will routinely monitor the temperature of the freezers, log the temperatures and maintain logs on file for inspection. Meals shall be stored to ensure that contents will remain intact without denting, crushing, etc. The vendor will have an established procedure for identifying the date items are manufactured. Stock shall be rotated on a first in-first out basis.

Meals must remain in a solid frozen state during storage and transport. *Frozen meals cannot exceed or be held in the freezer for more than two weeks prior to delivery to the Jersey City Senior Nutrition Program.*

**Meal Count:**

The actual number of meals to be provided for the Home Delivered Program will be based on needs, as determined by the DHHS, Office of Senior Nutrition.

**Delivery:**

Vehicles used to transport frozen meals must be equipped to maintain appropriate temperatures, and meals must not show evidence of thawing during transit.

The vendor will deliver the ordered number of frozen meals to the specified delivery point, which is currently the Jersey City Health and Human Services office at 199 Summit Ave. (enter from Storms Ave.)

However, it is possible that the location will be changed to a new location prior to or during the term of the contract and will require the vendor to deliver meals to another central location in Jersey City.

All meal components for any given delivery point will be delivered in a single delivery.

Partial deliveries or split deliveries will be unacceptable unless specifically authorized by the Jersey City Department of Health and Human Services, Senior Nutrition Program. Meals will be rejected at the point of delivery if the meals are thawed, have torn packages, broken trays or broken seals; show evidence of freeze thawing; or have a packaging date earlier than six (6) months previous.

**Emergency Procedures:**

The vendor must be able to anticipate possible problems which may impact his ability to deliver meals as scheduled. The vendor and the JCDHHS, the Office of Senior Nutrition will work together to solve problems that may arise in emergency situations. It is imperative that all involved parties be alerted to problems and kept informed of possible developing emergency situations.

**Emergency Due to Vendor Problems:**

The vendor shall provide a written contingency plan, acceptable to JCDHHS, the Office of Senior Nutrition, for delivering meals in emergency situations, which must be included with vendor's response to bid. Such procedures will be implemented in the event of non-delivery or late delivery of frozen meals; meals being received in an unacceptable condition; freezer malfunction or power outage at the production site; severe weather, damage or destruction to production site by weather, fire or flood; labor dispute or lack of staff; vehicle breakdown, accident or other malfunction of delivery equipment.

If non-delivery of meals is anticipated for any of these reasons, the vendor will notify the DHHS, the Office of Senior Nutrition by 12:00 a.m. of the scheduled delivery date. The vendor will be provided with telephone numbers and the names of the persons to contact in the case of such emergencies.

If delaying the delivery time will not unduly inconvenience the personnel/participants scheduled to receive meals and the vendor can reasonably expect to fill the order within a short time, this is the preferred course of action. DHHS, the Office of Senior Nutrition will make the final decision with respect to accepting a delayed delivery schedule.

**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 of Jersey 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.

**Renewal of Contract:**

Pursuant to the Local Public Contracts Law (N.J.S.A. 40A:11-15), the City reserves the right to renew the contract for two (2) additional (12) month terms. 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 previous 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 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.

**Notice to bidders:**

*All questions regarding the DHHS, the Office of Senior Nutrition Specifications must be submitted in writing to:*

*Mr. Peter Folgado*

*Purchasing Officer*

*City of Jersey City, Division of Purchasing*

*394 Central Avenue*

*Jersey City, New Jersey 07307*

*e-mail: [Peter@JCNJ.Org](mailto:Peter@JCNJ.Org)*

*201 547-4896*

*Responses to inquires will be made available to all bidders.*

**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.

**City of Jersey City of Jersey City**  
 Department of Health and Human Services  
 199 Summit Ave.  
 Jersey City, NJ 07304  
 (201) 547-6800  
 FAX: (201) 547-6816

**Bid Specification Respondent Checklist**

PROGRAM: Senior Home Delivered Meals

RESPONDENT: \_\_\_\_\_

ITEM	Respondent Initials	Purchasing Review
A. Bid Proposal Form *		
B. Non-Collusion Affidavit (properly notarized)		
C. Corporation or Public Disclosure Statement*		
D. Bid Guarantee*		
E. Consent of Surety*		
F. Mandatory Affirmative Action Language		
G. Americans with Disabilities Act		
H. MWBE Questionnaire		
I. Affirmative Compliance Notice		
J. Employee Information Report		
K. Business Registration Certificate		
L. Insurance Requirement Documentation		
M. Original Signature(s) on all required forms (preferably in blue ink)		
O. Acknowledgement of receipt of addenda*		

**Note: A bidder's failure to include the documents with its proposal that are marked with an asterisk will result in the rejection of the proposal**



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



**Bid for frozen meals as described in the Request for Bids  
Senior Home Delivered Nutrition Program  
"Meals on Wheels"  
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: \_\_\_\_\_**

**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).**



CITY OF JERSEY CITY  
DIVISION OF PURCHASING

394 CENTRAL AVENUE, 2ND FLOOR | JERSEY CITY, NJ 07307  
P: 201 547 5155/5156 | F: 201 547 6585



STEVEN M. FULOP  
MAYOR OF JERSEY CITY

PETER FOLGADO  
DIRECTOR OF PURCHASING, O.P.A., A.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. 11/11

**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 \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT LESS THAN \$150.00 FOR SECTION B, ITEM 11. For instructions on completing the form, go to: <http://www.state.nj.gov/eo/monitoring/contract-compliance-audit-form-aa302.pdf>**

**SECTION A - COMPANY IDENTIFICATION**

1. FED. NO. OR SOCIAL SECURITY: \_\_\_\_\_ 2. TYPE OF BUSINESS:  1. MFG.  2. SERVICE  3. WHOLESALE  4. RETAIL  5. OTHER \_\_\_\_\_ 3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY: \_\_\_\_\_

4. COMPANY NAME: \_\_\_\_\_

5. STREET: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATED): \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

7. CHECK ONE IN 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: \_\_\_\_\_

OFFICIAL Use Only: \_\_\_\_\_ DATE RECEIVED: \_\_\_\_\_ INVOICE DATE: \_\_\_\_\_ AGENCY IDENTIFICATION 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 UNCORRECTED REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
	COL. 1 TOTAL (Col. 2 + 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. Verbal Survey  2. Employment Record  3. Other (Specify) \_\_\_\_\_

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

15. IF NO, DATE LAST REPORT SUBMITTED: NO. / DAY / YEAR \_\_\_\_\_

**SECTION C - SIGNATURE AND IDENTIFICATION**

16. NAME OF PERSON COMPLETING FORM (Print or Type): \_\_\_\_\_ SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_ DATE: NO. / 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 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 -** 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 15 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) 292-5473

# Sample Certificate of Employee Information Report



**VOID**

Certification \_\_\_\_\_  
**CERTIFICATE OF EMPLOYEE INFORMATION REPORT**

This is to certify that the contractor hereby declares that the information furnished in the 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 \_\_\_\_\_.



**VOID**



State Treasurer

# 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. 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			
<input type="checkbox"/> 1. Lost Certificate <input type="checkbox"/> 2. Damaged <input type="checkbox"/> 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:

N.J. 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 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 -** 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. 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)

Empty box for specifying other reasons.

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 CATEGORIES	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 \_\_\_\_\_ DATE SUBMITTED \_\_\_\_\_  
 LAST FIRST MI

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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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

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**DIVISION OF PURCHASING COPY**