CITY OF JERSEY CITY, NEW JERSEY

REQUEST FOR PROPOSALS

SELF-FUNDED MEDICAL AND PRESCRIPTION DRUG EXCESS STOP LOSS COVERAGE

EFFECTIVE DATE-JANUARY 1, 2015

October 21, 2014

Section I: Introduction..... 3
Jersey City Overview & Plan Summary 3
Procurement Process..... 3
Employee and Retiree Eligibility.....3
Contributions.....4
Current Excess Coverage Summary..... 4

Section II: Bidding Conditions.....5
Networks..... 5
Submission of proposal.....6
Timeline..... 6
Proposal Format.....6
Inquiries & Correspondence.....6
Payments to Vendor.....6
Confidentiality..... 7
Employee/Retiree Census.....7
Claims Data..... 7

Section III: General Terms and Conditions..... 7
City's Right to Reject..... 7
Original/Authorized Signatures..... 7
Delivery of Proposals.....7
Affirmative Action Requirements.....7
Business Registration Certificate.....8
Clarification of RFP..... 8
Indemnification..... 9
Insurance Requirements..... 9
Termination..... 9
City of Jersey City "Pay to Play" Ordinance..... 9

Appendix A: Intent to Bid Form.....10
Confidentiality Agreement.....10

Signature Page.....11

Appendix B: Plan Grid.....12

Appendix C: Census Data.....13
Appendix D: Claims Data.....14
Appendix E: Questionnaire.....15
Appendix F: Required Forms.....17

Section I: Introduction and General Information

Overview

Jersey City is the second largest City in New Jersey and has a population of approximately 250,000 residents. Jersey City self-insures its employee medical and prescription drug coverages. As such, the City purchases excess loss coverage. The City's current excess loss coverage renews on January 1, 2015. This Request for Proposals (RFP) provides extensive information about the City of Jersey City and its self-insured medical and prescription drug plans. Licensed stop loss insurers and Managing General Underwriters are invited to submit proposals for excess loss coverage in accordance with the specifications provided herein. Acrisure, LLC is the current Health Care Consultant for the City of Jersey City and has been charged with the responsibility of reviewing responses to this RFP.

Plan Summary

There are approximately 2,250 active employees and approximately 2,200 retirees enrolled in the self-funded medical plan and self-funded prescription drug plans. The self-insured medical plan administered by Horizon Blue Cross and Blue Shield of New Jersey provides two (2) plan options: a self-funded Traditional Plan and a self-funded Direct Access Plan. By January 2015, virtually all participants in Traditional plan will be moved into Direct Access plan for 2015, except for several retirees. The Traditional Plan is no longer available for enrollment. The stand alone prescription coverage is administered through Express Scripts Inc. for active employees and dependents along with early retirees and dependents. Stand alone prescription drug coverage for Retirees over age 65 is provided through an EGWP program administered by Express Scripts, Inc.

This RFP is requesting an Excess Loss contract to cover the entire population under a single risk pool contemplating the current plan designs for both medical and prescription drug coverage.

Plan design information for the self-funded Medical and Prescription drug plans is enclosed in this package and the attached **Appendix B.**

Procurement Process

This contract will be awarded as an Extraordinary Unspecifiable Services ("EUS") agreement for insurance services pursuant to N.J.S.A. 40A:11-5(1)(a)(ii).

The City Council will vote to approve a resolution awarding the contract to the Consultant for a sum not to exceed a specified amount and for a term of one (1) year with the option to renew for one additional year. The decision to select a vendor shall be based upon pricing, ability to perform services, pay claims in a timely manner and general reputation in the field.

Employee and Retiree Eligibility

Employees who work at least 25 hours per week are eligible for benefits. Medical coverage begins sixty (60) days from date of hire. Children are covered until the end of the month during which they reach age twenty-six (26). Any changes in coverage due to a qualifying event must be done within sixty (60) days of the event.

The City will pay the cost of health coverage, which includes health insurance and the prescription drug plan, for all retirees and their eligible dependents so long as the retiree has retired from the City after twenty-five (25) or more years of service credit in the Police and Fire Retirement System. The City and the Union may agree to permit a retiree who does not meet the above requirements to participate in the City's health insurance and prescription drug plan at his/her own cost.

In most cases, retirees and all Medicare eligibles are required to enroll in both Medicare Parts A&B and will be responsible for any premiums required due by Medicare. Both plans offered by the City will provide coordination of benefits with Medicare being the primary payor. There may be a few instances in which the individual has not enrolled in Medicare.

Contributions

Current employee contributions for the medical plans are as required by State law under Chapter 78, as it applies to New Jersey Municipal Employees.

Medical and Rx Excess Stop Loss

Please quote specific deductible options of $200,000, $225,000 and $250,000.

Current Excess Coverage Summary

Specific Coverage Summary	
Individual Specific Deductible	$225,000
Aggregating Specific Deductible	$400,000
Specific Contract Basis	24/12
Specific Contract Includes	Medical & Rx
Specific Annual Maximum	Unlimited
Specific Composite Monthly Rate	$42.42
Average Number of Lives	4419
Coverage Includes Specific Advance	Yes

Aggregate Coverage Summary	
Aggregate Monthly Composite Factor	$1,656.25
Aggregate Contract Basis	24/12
Aggregate Contract Includes	Medical & Rx
Maximum Aggregate Benefit	$1,000,000
Aggregate Composite Monthly Rate	$1.23
Aggregate Corridor	125%
Minimum Aggregate Attachment Point	90%

Please Note: Most, but not all, Retirees who are Medicare eligible are Medicare primary.

Section II: Bidding Conditions

This section provides general bidding conditions and instructions for quoting on the current coverage and the alternatives described herein. All bidders must satisfy and describe their ability to meet these requirements. If you cannot meet any of the following provisions, please present alternatives that effectively meet the City's concerns or objectives. The winning bidder must conform to standard New Jersey Public Sector requirements.

All Bidders Must provide the required Forms included in Appendix F

Networks

Jersey City is currently using the following networks for their medical plans:

Self-Insured Medical Plans:	Horizon Blue Cross and Blue Shield Networks Multiplan Network (out of Network)
Self-Insured Retail Rx:	Express Scripts Network Participating Pharmacies
Mail Order Rx	Express Scripts Mail Order Pharmacy

1. Assume a January 1, 2015 effective date.
2. Your proposal must assume coverage for the plan designs outlined in this Request for Proposals (RFP). If you are unable to provide coverage for the plan designs outlined in this RFP, any deviations in your proposal must be noted.
3. Actively at work requirements must be waived.
4. Policy must cover both Active and Retired employees. By and large, Medicare will be primary for the vast majority of the 65+ retirees, however there may be a minimum number of retirees who do not have Medicare. As such, Medicare would not be primary.
5. Supply of claim forms
6. Data required for compliance with governmental reporting requirements.
7. Proposals and contracts should include 15% commissions.
8. Stop loss quotes must be on a 24/12 or paid contract basis for both specific and aggregate coverages.
9. Specific Deductible Options of $200,000, $225, 000 and $250,000 should be quoted.
10. The specific stop loss must include advanced/immediate funding.
11. The specific coverage must include at an unlimited lifetime maximum.
12. Horizon Blue Cross and Express Scripts, Inc. must be an approved plan administrator.
13. The current specific and aggregate coverage includes medical and prescription drug. The aggregate coverage should be based on a 125% corridor. If available, please indicate the cost for a 120% corridor.
14. The plan information, census data and specifications are confidential and are to be used for bidding purposes only.

Submission of Proposal

All proposals must be received by delivered to:

Peter Folgado
Purchasing Agent
City of Jersey City
394 Central Avenue, 2nd Fl.
Jersey City, NJ 07307

No later than November 10, 2014.

A Timeline of Events Are:

Request for Proposal	October 21, 2014
Responses Due	November 11, 2014

If you decline to quote, we request a letter stating this decision and the reason for a declination by November 11, 2014.

Proposal Format

Please structure your proposal to match the sections and question numbers of this RFP

Inquiries & Correspondence

All correspondence should be directed exclusively to:

Peter Folgado
Purchasing Agent
City of Jersey City
394 Central Avenue, 2nd Fl.
Jersey City, NJ 07307
Peterf@jcnj.org

Specific questions about the proposal should be directed to BidSync via email at www.bidsync.com. An announcement of the selected vendor will be issued to all vendors who submitted responses to the RFP.

Payment to Vendor

The City will make monthly payments to the Vendor via partial payment vouchers which will be supplied to the Vendor. Payment will be based on the monthly rates per enrollee that vendor submitted in response to the RFP and the number of enrollees each month. Based on the information in the Excess Loss Coverage Summary on page 4, the Vendor will also supply the City with an estimated total annual cost for providing these services to the City.

Confidentiality

No data or details of this RFP are to be shared with outside parties, for any purposes other than responding to the RFP without the prior written approval of Jersey City. The attached Statement of Confidentiality and Signature Page are required to be returned with your proposal.

Employee/Retiree Census

An active employee census file and retiree census file may be provided upon request to respondents who intend on providing a quotation.

Claims Data

Claims data for the current self-funded medical and Rx plans administered by Horizon and Express Scripts are available upon request to respondents who intend on providing a quotation.

Section III: General Terms and Conditions

The following are general terms and conditions which may or may not be explained elsewhere in this RFP.

City's right to reject

The City reserves the right to reject any or all proposals, if necessary or to waive any informalities in the proposals, and, unless otherwise specified by the Respondent, to accept any item, items or services in the Proposal should it be deemed in the best interest of the City.

Original/Authorized Signatures

Each proposal and all required forms must be signed in ink by a person authorized to do so.

Delivery of proposals

Proposals may be hand delivered or mailed consistent with the provisions of the legal notice to Respondents. In the case of mailed proposals, the City assumes no responsibility for proposals received after the designated date and time and will return late proposals unopened. Proposals will also be accepted via e-mail.

Affirmative Action requirements

Respondents are required to comply with the provisions of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 et seq. No Contractor may be issued a contract unless it complies with these affirmative action provisions.

The Mandatory Equal Employment Opportunity/Affirmative Action Language for Goods, Professional Services and General Service Contracts, Exhibit A summarizes the full required regulatory text.

Goods and Services (including professional services) consultants/contractors 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:

a. A photo copy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter); or
b. A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:24-4; or
c. A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor, in accordance with N.J.A.C. 17:27-4.

For information on AA/EEO requirements and forms ONLY, please contact:

Jeana Abuan, Affirmative Action Officer, Public Agency Compliance Officer
City of Jersey City
Department of Human Resources
Office of Equal Opportunity/Affirmative Action
280 Grove Street, room 103
Jersey City, NJ 07302
Tel# 201-547-4533
Fax# 201-547-5088
Email: abuanJ@jcnj.org

Business Registration Certificate
P.L. 2004 c. 57 (Chapter 57) amends and supplements the business registration provisions of N.J.S.A. 52:32-44 which impose certain requirements upon a business competing for or entering into a contract with a local contracting agency whose contracting activities are subject to the requirements of the Local Public Contracts Law (N.J.S.A. 40A:11-1 et seq).

Consultants are required to comply with the requirements of P.L. 2004, c.57 (Chapter 57) which include submitting a copy of their Business Registration Certificate (BRC), issued by the NJ Department of the Treasury.

Clarification of RFP
Should any difference arise as to the meaning or intent of this RFP, the City's Business Administrator's decision shall be final and conclusive.

Indemnification
The Respondent, if awarded the contract, agrees to protect, defend, indemnify and save harmless the City against damage for payment for the use of any patented material, process, article or device that may enter into the manufacture, construction or form a part of the work covered by either order or contract, further agrees to indemnify and save harmless the City from suits or actions of every nature and description brought against it for, or on account of, any injuries or damaged received or sustained by any party or parties, by or from, any of the acts of the contractor its servants or agents.

Insurance requirements
The Respondent shall maintain sufficient insurance to protect against all claims under Worker's Compensation, General and Automobile Liability and shall be subject to City Risk Manager's approval of adequacy of protection. Certificates of such insurance shall be provided the City when required. Insurance requirements are as follows:

Comprehensive General Liability in the amount of $2,000,000
Worker's Compensation in the statutory amount of $100,000
Professional Liability in the amount of $1,000,000

Termination
Should a dispute arise, and if, after a good faith effort at resolution, the dispute is not resolved, either party may terminate the contract by providing 30 days written notice to the other party. Regardless, the City reserves the right to cancel the contract at its convenience by providing 30 days written notice to the Consultant.

City of Jersey City "Pay-to-Play" Ordinance
On September 3, 2008, the City Council adopted Ordinance 08-128 which places stricter requirements on the issuance of "fair and open" contracts than under the State "Pay-to-Play" law. Specifically, it prohibits political contribution in excess of certain thresholds in the one year preceding the contract award and during the term of a contract awarded pursuant to a "fair and open" process and requires Respondents to complete a certification of compliance. A copy of the ordinance and the certification are included in this RFP.

Appendix A

City of Jersey City RFP Intent to Bid Response Form

Return This Form with Your Proposal

We have reviewed the request for proposal dated October 20, 2014 for the Jersey City Self-Funded Medical and Prescription Drug Excess Loss Coverage.

We intend to meet the specifications outlined and are submitting a proposal for the Jersey City Self-Funded Medical and Prescription Drug Excess Loss Coverage	❑ Yes ❑ No
Completed Response Questionnaire Appendix E Included	❑ Yes ❑ No
We have specified other intentions regarding services, terms or conditions to be included in our proposal.	❑ Yes ❑ No
Deviations are summarized in the cover letter accompanying this form	❑ Yes ❑ No
Deviations are detailed in the section of our proposal titled: "Deviations to Bid Specifications"	❑ Yes ❑ No
Completed Required Forms Appendix F Included	❑ Yes ❑ No

Confidentiality Agreement:
In consideration of disclosure to Recipient of the evaluation material, recipient agrees that it will abide by such determination that the evaluation material is confidential, making all necessary and appropriate efforts to safeguard the evaluation material and keeping such evaluation material confidential and that, without the prior written consent of the City of Jersey City, the evaluation material will not be disclosed by Recipient and will not be used by Recipient other than in connection with its evaluation of and consideration of the project and will not be used in any way detrimental to the City of Jersey City or its employees. Moreover, Recipient agrees to transmit the evaluation material only to such of its representatives who need to know the evaluation material for the sole propose of assisting Recipient in evaluating the evaluation material and considering the project who are informed of this Agreement and who agree to be bound by the terms hereof as if a party here to.

All costs associated with completing and preparing the project response will be borne by you and not City of Jersey City.

We comply with **all** of the above conditions, except as noted on the Section of our proposal titled "Deviations to Bid Specifications".

I certify that the responses to the questions contained in this RFP are accurate.

SIGNATURE PAGE

RETURN THIS FORM WITH YOUR PROPOSAL

_____
Name / Title

On behalf of:

_____
Company Name

_____
Company Address

Date: _____

Phone Number: _____

E-mail Address: _____

NOTE: Your typed name and date above will be considered a valid signature for this RFP.

Appendix B
Plan Grid

Horizon Blue Cross Blue Shield of NJ			
Plan Provisions	Traditional Plan	Direct Access Plan	
	In-Network	In-Network	Out-of-Network
Annual Deductible (Ded.) Single/Family	Single: $100/cal. yr. Family: Employee Ded. + (1) family member	None	$100 / $250 and $200 per hospital admission for each family member
Coinsurance (Coins.)	100% for Hospital and Medical surgical; 80% for Major Medical	100%	70% after Ded.
Out-of-Pocket Maximum (Individual/Family)	Single: $400 coins. + Ded. Family: $400 x # of dependents + deductible	$400 / $1,000 Coinsurance only	$2,000 / $5,000 Coinsurance only
Lifetime Maximum	$1,000,000 for non-essential services only (Major Med. only) up to $2,000 restoration feature each year	Unlimited	$1,000,000 for non-essential services only
Dependent Children	To end of the month in which dependent turns 26	To end of the month in which dependent turns 26	
Physician Office Visits	80% after Ded.	100% after $10 copay	70% after Ded., no coverage for wellcare
Emergency Room (waived if admitted)	100% accidental injury; 80% for non-accidental injury after Ded.	100% after $25 copay. Must notify PCP within 48 hours	100% if reported within 48 hrs; otherwise 70% after Ded.
Ambulance	80% after Ded.	90%	70% after Ded.
Inpatient Hospital	100% up to 365 days; day 366+ at 80% after Ded.	100% (at participating facilities)	70% after $200 per stay Ded.
Maternity Services	Basic benefits at 100% Balance at 80% after Ded.	100% after $10 copay (initial visit only)	70% after Ded.
Home Healthcare	60 visits in 61 days at 80% Every (3) days reduce inpatient days by (1)	100%	70% after Ded.
Hospice Care	100%	100%	70% after Ded.
Physical/Speech Therapy	80% after Ded.	100% after $10 copay	70% after Ded.
Mental Health / Alcohol / Substance abuse			
Inpatient	100% up to 365 days; day 366+ at 80% after Ded.	100%	70% after $200 per stay Ded.
Outpatient	80% after Ded.	100% after $10 copay	70% after Ded.
Prescription Drug Card (Offered Through Express Scripts)			
Retail: For each 30 day supply (Generic/Brand)	$8 / $17 /$34 Copay cap of $1,082 annually	$8 / $17 /$34 Copay cap of $1,082 annually	N/A
Mail order: 90 day supply (Generic/Brand)	$8 / $25 / $42	$8 / $25 / $42	N/A

Full Summary of Benefits will be provided upon request from parties intending to provide a quotation.

Appendix C
Census Data

Available upon request to respondents who intend on providing a quotation.

Appendix D
Medical & Rx Claims Experience; High Claimant Data

Available upon request to respondents who intend on providing a quotation.

Appendix E
Questionnaire

Please keep the same numbering and re-state the question in your proposal, followed by your answer. Please keep your answers concise and to the point.

GENERAL INFORMATION:

1. How long has your organization been in business? Has your company done business under other names? If yes, please provide historical background information. Identify any interests your organization may have with associated vendors (claims administrators, brokerage firms, managed care firms, etc.)
2. Is your organization licensed to do business in all 50 states? If no, identify the states in which you are not currently licensed.
3. What percentage of the risk does your company assume? If less than 100%, please identify additional reinsurer(s) and the respective percentage of assumed liability. In what month do your reinsurance treaties renew?
4. How much annualized premium do these clients represent?
5. Please provide your current A.M. Best rating.
6. Please describe your disclosure process. Please provide a copy of your disclosure statements.
7. Please provide a copy of your reinsurance contract and any amendments with your proposal.
8. Are you able to provide firm rates at least 60 days prior to the effective date? If you are unable to provide, please explain.
9. Once firm rates are presented and coverage is bound, under which circumstances, if any, would your organization modify rates / factors mid year?
10. Are you able to propose a terminal liability option for a group that may, at some point in the future, choose to convert to a fully-insured arrangement? What is the cost to include this option? Is this option available at initial policy issue and also at renewal?
11. Do you limit the percentage of covered lives that are COBRA and / or retirees? If so, please provide details.
12. Do you laser individuals at policy inception? Do you laser individuals at renewal? If yes, indicate whether this applies only to those lasered under the initial contract terms, or if potentially large claimants are reviewed annually. If you do not laser, will you laser upon request and offer a lower premium? If you do laser, will you offer a premium increase instead of the laser?
13. What percentage, if any, of annual paid claims applies to initial run-in limitations on your aggregate contract? Will your organization waive run-in limitations?
14. What are your proof of claim and timely filing requirements for claim reimbursement requests?
15. What are your company's timing requirements with respect to notification and claim filing?
16. When do you consider a claim paid?
17. Who defines what the reasonable and customary amounts are?
18. Explain your organization's underwriting guidelines for incorporating plan changes. Must plan changes be approved in writing prior to implementation and / or renewal?
19. Do you designate a Large Case Management firm with whom the claims administrator (or Pre-cert vendor) must coordinate potentially catastrophic cases?
20. Are there any conditions or circumstances (i.e., diagnosis, procedure, medical services, etc.) that require pre-approval by your case managers? If yes, please list.
21. Is there a Transplant Center of Excellence provision in your contract? If so, is this a voluntary or mandatory program? Explain the consequences of non-compliance. If voluntary, do you offer any discounts for including it in the plan?
22. Does your contract recognize all eligible employees, spouses, domestic partners, dependents, FMLA, retirees (if applicable), and COBRA beneficiaries as defined by the employer's Plan Document / SPD?

23. Other than the employer's Plan Document / SPD, does the contract allow for guidelines found in the employer's Employee Handbook (i.e., leave of absence policy)?
24. Please detail the process involved in obtaining coverage for out-of-contract services.
25. Your contract must waive "Actively at work" provisions.
26. Jersey City desires that the employer's Plan Document / SPD be the controlling document for all claim determinations. If your contract does not rely on the employer's Plan Document / SPD for stop loss claim determination, please explain your organization's position regarding coverage any coverage exclusions or limitations.
27. What is your organization's average turnaround time for specific claims submitted for reimbursement?
28. With respect to specific claims submitted for reimbursement, please describe any limitations (i.e., minimum dollar amounts).
29. Do you offer advance funding or quick pay options for specific claims? If so, please provide details including any additional cost.
30. When do you require notification of a specific claim?
31. If there is an aggregate claim, is an audit part of your standard process?
32. What is your organization's average turnaround time for aggregate claims submitted for reimbursement?
33. With respect to aggregate claims submitted for reimbursement, please describe any limitations (i.e., minimum dollar amounts).
34. Do you offer advance funding or quick pay options for aggregate claims before end of plan year? If so, please provide details, including any additional cost.

Appendix F
Required Forms

ATTACHED.

SECTION 8: REQUIRED ADMINISTRATIVE FORMS

Please place the checklist and the required forms which follow at the front of your proposal to facilitate Purchasing review.

CITY OF JERSEY CITY

PROJECT: **Self Funded Medical and Prescription Drug Excess Stop Loss Coverage**

RESPONDENT: _____

RESPONDENT'S CHECKLIST

Item	Respondent Initials	Purchasing Review
A. Non-Collusion Affidavit properly notarized		
B. Public Disclosure Statement		
C. Mandatory Affirmative Action Language		
D. Americans with Disabilities Act		
E. MWBE Questionnaire		
F. Employee Information Report		
G. Business Registration Certificate		
H. Price Proposal		
I. Certification of Compliance (Ord 08-128)		
J. Original signature(s) on all required forms.		
K. Addendum Acknowledgement Form		

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).

PUBLIC DISCLOSURE INFORMATION
Chapter 33 of the Public Laws of 1977 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.

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).

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-36 et seq; N.J.A.C. 17:27

Goods, Professional Services and General Service Contracts

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, 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, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-36 et seq., as amended and

EXHIBIT A (continued)

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-36 and N.J.A.C. 17:27

supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to afford equal employment opportunities to minority and women workers consistent with good-faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2, or Good faith efforts to meet targeted county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, 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, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and conform with the applicable employment goals, 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 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

EXHIBIT A (continued)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Public Contracts Equal Employment Opportunity Compliance 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. 10:5-36 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:_____

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. S121 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.

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability (continued)

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 proposal.

Business Name: _____

Address: _____

Telephone No.: _____

Contact Name: _____

Please check applicable category:

_____ Minority Owned _____ Minority & Woman Owned

_____ Woman Owned _____ Neither

Definition of 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.

AFFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS AND SERVICES CONTRACTS
(INCLUDING PROFESSIONAL SERVICES)

This form is a summary of the successful bidder's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

The successful bidder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

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

OR

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;

OR

©) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours.
The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her 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.

COMPANY:_____

SIGNATURE: _____ DATE:_____

PRINT
NAME:_____ TITLE: _____.

AFFIRMATIVE ACTION COMPLIANCE (SAMPLE DOCUMENTS)

Vendor must submit one of the following 3 documents:

- Letter of Federal Affirmative Action Plan Approval
- Certificate of Employee Information Report
- Employee Information Report Form AA302 (submitted to NJ State Dept of Treasury)

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

Certification _____ VOID

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

This is to certify that the contractor _____ 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 _____.

VOID

State Treasurer

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 may delay issuance of your certificate.
If you have a current certificate of employee information report, do not complete this form. Send copy of current certificate to the public agency. 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 predominant 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.

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 copy for the vendor's own files. The vendor is to submit a copy to the public agency awarding the contract and forward a copy to:

NJ Department of the Treasury
Division of Contract Compliance & Equal Employment Opportunity
P.O. Box 209
Trenton, New Jersey 08625-0209 Telephone No. (609) 292-5475

Form: http://nj.gov/treasury/contract_compliance/pdf/aa302.pdf
Instructions: http://nj.gov/treasury/contract_compliance/pdf/aa302ins.pdf

Note that the sample form shown on the following page is for illustrative purposes only and should not be submitted. Use the state website links above to obtain the actual form. If you need further information on AA/EEO forms and/or requirements, please contact:

Jeana F. Abuan, Affirmative Action Officer, Public Agency Compliance Officer
Department of Administration, Office of Equal Opportunity/Affirmative Action
280 Grove Street Room-103
Jersey City NJ 07302

Tel. #201-547- 4533
Fax# 201-547-5088
E-mail Address: abuanJ@jcnj.org

Refer to http://www.state.nj.us/treasury/revenue/busregcert.htm

P.L. 2004, c. 57 (N.J.S.A. 52:32-44)

MANDATORY BUSINESS REGISTRATION LANGUAGE

Non Construction Contracts

P.L. 2004, c. 57 (Chapter 57) amends and supplements the business registration provisions of N.J.S.A. 52:32-44 which impose certain requirements upon a business competing for, or entering into a contract with a local contracting agency whose contracting activities are subject to the requirements of the Local Public Contracts Law (N.J.S.A. 40A:11-2).

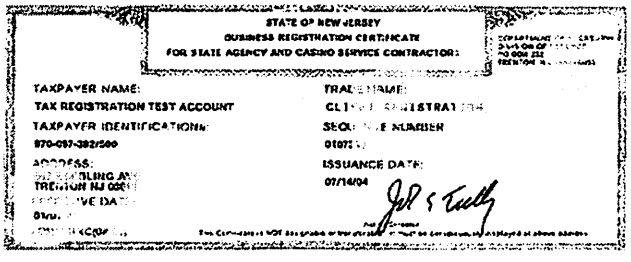
"New Jersey Business Registration Requirements"

The contractor shall provide written notice to its subcontractors of the responsibility to submit proof of business registration to the contractor.

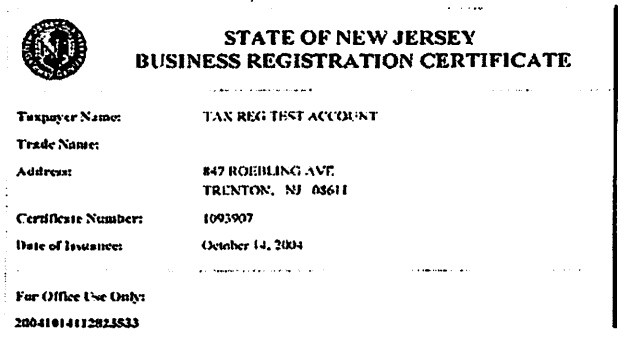
Before final payment on the contract is made by the contracting agency, the contractor shall submit an accurate list and the proof of business registration of each subcontractor or supplier used in the fulfillment of the contract, or shall attest that no subcontractors were used.

For the term of the contract, the contractor and each of its affiliates and a subcontractor and each of its affiliates [N.J.S.A. 52:32-44(g)(3)] shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act on all sales of tangible personal property delivered into this State, regardless of whether the tangible personal property is intended for a contract with a contracting agency.

A business organization that fails to provide a copy of a business registration as required pursuant to section of P.L.2001, c.134 (C.52:32-44 et al.) or subsection e. or f. of section 92 of P.L.1977, c.110 (C.5:12-92), or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of $25 for each day of violation, not to exceed $50,000 for each business registration copy not properly provided under a contract with a contracting agency."


STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE
FOR STATE AGENCY AND CASINO SERVICE CONTRACTOR

TAXPAYER NAME:
TAX REGISTRATION TEST ACCOUNT
TAXPAYER IDENTIFICATION:
ISSUANCE DATE:
07/14/04


STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: TAX REG TEST ACCOUNT
Trade Name:
Address: 847 ROEBLING AVE
TRENTON, NJ 08611
Certificate Number: 1093907
Date of Issuance: October 14, 2004
For Office Use Only:
20041014112823533

Form AA302
Rev. 1/00

STATE OF NEW JERSEY

Division of Contract Compliance & Equal Employment Opportunity

EMPLOYEE INFORMATION REPORT

For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302-ins.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 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 AWARDING CONTRACT CITY COUNTY STATE ZIP CODE

Official Use Only	DATE RECEIVED / MAILING 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 EEO-1 REPORT.

JOB CATEGORIES	ALL EMPLOYEES COL. 1 TOTAL (Cols 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN MALE: BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	FEMALE: BLACK	HISPANIC	AMER 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. DATES 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 CERTIFICATION

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

CERTIFICATION OF COMPLIANCE WITH THE CITY OF JERSEY CITY CONTRACTOR PAY-TO-PLAY REFORM ORDINANCE 08-128 ADOPTED ON SEPTEMBER 3, 2008

PART I - Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that _____(name of business entity) has not made any reportable contributions in the **one-year period preceding _____(date City Council awards contract) that would be deemed to be violations of Section One of the City of Jersey City's Contractor Pay-to-Play Reform Ordinance 08-128 (attached hereto) and that would bar the award of this contract. I further certify that during the term of the contract _____ (name of business entity) will not make any reportable contributions in violation of Ordinance 08-128.

PART II - Signature and Attestation:

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity:

Signed _____ Title:

Print Name _____ Date:

Subscribed and sworn before me
this ____ day of_____, 2____.
My Commission expires:

(Affiant)

(Print name & title of affiant) (Corporate Seal)

**Pursuant to Section 2 of Ordinance 08-128, no contributions or solicitation of contributions made prior to the effective date Ordinance 08-128 (September 23, 2008) shall be deemed to be a violation of the Ordinance.

CITY OF JERSEY CITY
ADDENDUM ACKNOWLEDGMENT FORM
REQUEST FOR PROPOSAL

The undersigned acknowledges receipt of the following addenda to the Request For Proposal:

THE COMPLETED ACKNOWLEDGMENT OF ADDENDA FORM SHOULD BE RETURNED WITH PROPOSAL 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 proposal pursuant to N.J.S.A. 40A:11-23.2 (e).

Addendum No. _____ Dated _____

Addendum No. _____ Dated _____

Addendum No. _____ Dated _____