

**Solicitation 2006-001**

**SMALL TOOLS AND HARDWARE SUPPLIES**

**Bid Designation: Public**



**City of Jersey City**

**Bid 2006-001**  
**SMALL TOOLS AND HARDWARE SUPPLIES**

Bid Number **2006-001**  
Bid Title **SMALL TOOLS AND HARDWARE SUPPLIES**

Bid Start Date **Jul 8, 2020 8:02:30 AM EDT**  
Bid End Date **Jul 23, 2020 11:00:00 AM EDT**  
Question &  
Answer End **Jul 16, 2020 4:00:00 PM EDT**  
Date

Bid Contact **Patricia Vega**  
**Assistant Purchasing Agent**  
**Purchasing**  
**201-547-4278**  
**vegap@jcnj.org**

Bid Contact **Raquel Tosado**  
**Purchasing**  
**201-547-4439**  
**rtosado@jcnj.org**

**Description**

This specification is for small tools and hardware supplies.

**NOTE: THIS PROCESS REQUIRES A PAPER ONLY SUBMISSION WITH ORIGINAL SIGNATURES AND COMPLETION/INCLUSION OF ALL FORMS IN THE BID.**

***YOU MUST DOWNLOAD THE BID IN ORDER TO RECEIVE ANY ADDENDA(S) THAT MAY OCCUR.***

**COVID-19 ADVISORY - ONLINE BID RECEPTIONS/PURCHASING LOCKBOX**

In an effort to adhere to social distancing protocols and best practices imposed by City and State authorities, the City of Jersey City has canceled all public meetings and closed non-essential services as of March 16, 2020 until further notice. As a result, all bid receptions will be held virtually as video conferences with public access. Links to the online bid receptions appear on the City of Jersey City website at:  
[https://jerseycitynj.gov/CityHall/Clerk/publiccontracts/bid\\_openings](https://jerseycitynj.gov/CityHall/Clerk/publiccontracts/bid_openings)

Bids may be sent by U.S. certified mail return receipt requested, or may be sent by private courier service to a dedicated lockbox located in the lobby of 394 Central Avenue, Jersey City. Mail bids to: Raquel Tosado, Acting Purchasing Agent,

QPA, Division of Purchasing, 394 Central Avenue, Third Floor, Jersey City, New Jersey 07307. Proposals forwarded by facsimile or e-mail will not be accepted. Bids sent by mail or courier service must be received by the Acting Purchasing Agent no later than 4:00 P.M. on the last City business day before the day of the bid reception or no later than 11:00 A.M. on the day of the bid reception. Mail/Courier services need to be instructed to hand deliver bid proposals to the dedicated lockbox. Office hours Monday thru Friday 9:00 am to 4:00pm. The City shall not be responsible for the loss, non-delivery or physical condition of bids sent by mail or courier service. Bids must be submitted individually in a sealed envelope addressed to the Acting Purchasing Agent. Bid proposals must comply with specifications. Any Bid Proposal received after the date and time specified will be returned, unopened, to the bidder.



# CITY OF JERSEY CITY DIVISION OF PURCHASING

394 CENTRAL AVENUE, 3RD FLOOR | JERSEY CITY, NJ 07307  
P: 201 547 5155/5156



STEVEN M. FULOP  
MAYOR OF JERSEY CITY

PETER FOLGADO  
DIRECTOR OF PURCHASING, QPA, RPPQ

## CERTIFICATION REGARDING SUSPENSION/DEBARMENT

I am PRESIDENT of the firm of,  
the Contractor who submitted the lowest responsible bid for the project known as  
SMALL TOOLS & HARDWARE SUPPLIES FOR THE DIVISION OF PARK MAINTENANCE

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 17<sup>th</sup> day of JULY, 2020 the firm of DUNCAN HARDWARE, INC. nor any affiliates of the firm have not been suspended or debarred from submitting bid proposals by the United States of America, its departments, divisions, and agencies or the State of New Jersey, its department, 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.

DUNCAN HARDWARE, INC.

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

Signed Ronald S. Eberle By:  
RONALD S. EBERLE

Dated: July 17, 2020

Title: PRESIDENT

Sworn and subscribed to before me  
this 20 day of JULY, 2020

[Signature]

LUIZES M. ARAUJO  
Notary Public  
State of New Jersey  
My Commission Expires March 31, 2021  
ID: 02100817

## NOTICE TO BIDDERS

Sealed bid proposals will be received, opened and read in public by the Acting Purchasing Agent at **394 Central Avenue, Third Floor, Jersey City, New Jersey 07307 at 11:00 a.m. on July 23, 2020.**

### **SMALL TOOLS AND HARDWARE SUPPLIES FOR THE DIVISION OF PARK MAINTENANCE**

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

Contract Documents, Specifications, and Bid Forms may be downloaded by going on-line to [www.bidsync.com](http://www.bidsync.com). Bid Plans/Drawings (if any) may be obtained at the Office of the Acting Director of Purchasing, 394 Central Avenue, Third Floor, Jersey City, New Jersey 07307, (201)-547-4439 or (201)-547-5155.

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

Bidders are required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27. Full requirements of the Equal Employment Opportunity and Affirmative Action Programs are incorporated herein by reference and may be obtained with Proposal Form. Bidders are also required to comply with the requirements of P.L. 2004, c.57 (N.J.S.A. 52:32-44) which includes the requirement that contractors provide copies of their Business Registration Certificates issued by the New Jersey Department of the Treasury, as well as other provisions as listed in the Contract Documents.

Proposals **MUST BE ACCOMPANIED** by a Bid Bond or Certified Check, made payable to the City of Jersey City, in an amount equal to Ten (10%) percent of the Bid not to exceed \$20,000.00.

#### **COVID-19 ADVISORY - ONLINE BID RECEPTIONS/PURCHASING LOCKBOX**

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reception. Mail/Courier services need to be instructed to hand deliver bid proposals to the dedicated lockbox. Office hours Monday thru Friday 9:00 am to 4:00pm. The City shall not be responsible for the loss, non-delivery or physical condition of bids sent by mail or courier service. Bids must be submitted individually in a sealed envelope addressed to the Acting Purchasing Agent. Bid proposals must comply with specifications. Any Bid Proposal received after the date and time specified will be returned, unopened, to the bidder.

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

Once the Governor's Executive Order on social distancing, and the Mayor's emergency restrictions are lifted, the City will revert back to its normal bid opening procedures at the Purchasing Division; if this reversion becomes applicable to this bid, all vendors will be notified by issuing an addendum.

Raquel Tosado  
Acting Director of Purchasing

Insert dates:  
July 7 and 9, 2020

**CITY OF JERSEY CITY  
DEPARTMENT OF PUBLIC WORKS  
BID SPECIFICATIONS FOR:**

**SMALL TOOLS AND HARDWARE SUPPLIES FOR THE  
DIVISION OF PARK MAINTENANCE**

**SUBMISSION DEADLINE:  
JUNE 9, 2020**

**ADDRESS ALL BID PROPOSALS TO:**

**RAQUEL TOSADO, ACTING PURCHASING AGENT  
394 CENTRAL AVENUE, 3<sup>RD</sup> FLOOR  
JERSEY CITY, NJ 07307**

**SPECIFICATIONS FOR:**  
**SMALL TOOLS AND HARDWARE SUPPLIES FOR THE DIVISION OF**  
**PARK MAINTENANCE**

Sealed bids will be received, opened and read in public by Raquel Tosado, Acting Purchasing Agent at 394 Central Ave., 3rd Floor, Jersey City, N.J. on April 14, 2020. Bids may be submitted in person or may be sent by U.S. certified mail return receipt requested or may be sent by private courier service. Mail bids to: Raquel Tosado, Acting Purchasing Agent, Division of Purchasing, 394 Central Ave., 3<sup>rd</sup> Floor, Jersey City, N.J. 07307. Bids sent by mail must be received by the Acting Purchasing Agent no later than 4:00 P.M. of the last City business day before the day of the bid reception. Bids sent by courier service must be delivered to the Acting Purchasing Agent no later than 11:00 A.M. on the day of the bid reception. The City shall not be responsible for the loss, non-delivery or physical condition of bids sent by mail or courier service. Bids must be submitted individually in a sealed envelope addressed to the Acting Purchasing Agent. Bid proposals must comply with specifications.



THE CONTRACT SHALL BE SIGNED BY ALL PARTIES WITHIN TWENTY-ONE (21) DAYS (SUNDAYS AND HOLIDAYS EXCEPTED) FROM THE AWARD OF SAID CONTRACT BY THE MUNICIPAL COUNCIL.

IN THE EVENT THAT THE PARTIES MISS THIS DEADLINE, THE PARTIES MAY AGREE IN WRITING TO AN EXTENSION OF THE TIME LIMIT SET FORTH ABOVE AT THE REQUEST OF THE CONTRACTING UNIT.

BIDDERS ARE REQUESTED TO FURNISH THE MANUFACTURER AND BRAND NAME ON THE PRODUCT OF WHICH THEY BID BY EITHER QUOTING ON BRAND NAME SPECIFIED WITHIN OR APPROVED EQUAL. FAILURE TO DO SO WILL RENDER BID INFORMAL.

IF BIDDER IS A PARTNERSHIP UNDER SEPARATE COVER, LIST NAMES OF PARTNERS, OWNING TEN (10) PERCENT OR MORE OF THE PARTNERSHIP. IF A CORPORATION, LIST NAMES OF THOSE STOCK HOLDERS HOLDING TEN (10) PERCENT OR MORE OF OUTSTANDING STOCK. (SEE ATTACHED FORM)

THE CITY OF JERSEY CITY RESERVES THE RIGHT IN PROTECTION OF THE BEST INTEREST OF THE CITY TO WAIVE ANY TECHNICAL ERROR, TO REJECT ANY BID OR ALL BIDS OR ANY PART THEREOF FOR ANY REASON WHATSOEVER.

BUY AMERICAN MATERIALS USED IN FILLING ANY CONTRACT RESULTING FROM THIS BID PROPOSAL MUST BE OF AMERICAN MANUFACTURE OR AMERICAN GROWN -WHEREVER AVAILABLE.

DELIVERY SHALL BE F.O.B. JERSEY CITY FREIGHT AND OTHER TRANSPORTATION CHARGES ARE THE RESPONSIBILITY OF THE SUPPLIER AND/OR CONTRACTOR.

Bidders (Contractors) are required to comply with the provisions of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27. No firm may be issued a contract unless it complies with these equal employment opportunity and affirmative action provisions which require a careful reading.

Contractors for goods and services, including professional services that are not subject to a federally approved or sanctioned affirmative action program 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:

1. 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
2. A photocopy of a Certificate Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4; or
3. A photocopy of an Employee Information Report (Form AA 302) 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.

Refer to Exhibit A (Mandatory Equal Employment Opportunity Language for Goods, Professional Service and General Service Contracts) and additional Equal Employment Opportunity/Affirmative Action requirements found at the back of the specification. Any questions concerning compliance may be directed to: Jeana F. Abuan, AA/P.A.C.O. – 13-15 Linden Ave. East, Jersey City, New Jersey 07305 - telephone # 201-547-4533 or to Raquel Tosado, Acting Purchasing Agent – 394 Central Ave., 3<sup>rd</sup> floor, Jersey City, New Jersey 07307 - telephone # 201-547-5156.

4. Americans With Disabilities Act of 1990 - Discrimination on the basis of disability in contracting for the purchase of goods and services is prohibited. Bidders are required to read Americans with Disabilities language that is included as Appendix A of this specification and agree that the provisions of Title II of the Act are made a part of the contract. The contractor is obligated to comply with the Act and to hold the owner harmless.

5. **City of Jersey City Lobbyist Disclosure Ordinance**

The contract will be awarded in accordance with the provisions of the City's Disclosure of Lobbyist Representative Status Ordinance 3-9.1 et seq. adopted on June 12, 2002. The Contractor will be required to certify that the Contractor either did not retain the services of a lobbyist to lobby on behalf of the Contractor for the award of this contract, or if a lobbyist was retained by the Contractor for such purposes, the Contractor's lobbyist prior to commencing his/her lobbying activities, shall have filed a notice of lobbyist representative status form with the City Clerk. A Contractor whose lobbyist failed to comply with the provisions of Ordinance 3-9.1 et seq. following notice and an opportunity to be heard, shall be disqualified from entering into contracts with the City for a period of two (2) years for each violation.

6. **Insurance Requirements**

The Respondent shall maintain sufficient insurance to protect against all claims under Workmen's Commercial General Liability and Automobile Liability and shall be subject to approval for adequacy of protection. Certificates of such insurance, naming the City of Jersey City as an additional insured for Commercial General Liability coverage shall be provided. Insurance requirements are as follows:

- a. Commercial General Liability in the amount of \$1,000,000.00 per occurrence and \$2,000,000.00 in aggregate, including Products and Completed Operations coverage.
- b. Workers Compensation with NJ statutory limits and Employer's Liability in the amount of \$1,000,000.00.
- c. Automobile Liability in the amount of \$1,000,000.00 combined single limit.

Proof of Business Registration - N.J.S.A. 52:32-44 requires that each bidder (contractor) submit proof of business registration with the bid proposal or prior to the contract award. Proof of registration shall be a copy of the bidder's Business Registration Certificate (BRC). A BRC is obtained from the New Jersey Division of Revenue. Information on obtaining a BRC is available on the internet at [www.nj.gov/njbgs](http://www.nj.gov/njbgs) or by phone at 609-292-1730. N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that **knowingly** provide goods or perform services for a contractor fulfilling this contract:

1. The contractor shall provide written notice to its subcontractors and suppliers to submit proof of business registration to the contractor;
2. Prior to receipt of final payment from a contracting agency, a contractor must submit to the contracting agency an accurate list of all subcontractors or attest that none were used;
3. During the term of this contract, the contractor and its affiliates shall collect and remit and shall notify all subcontractors and their affiliates that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act (N.J.S.A. 54:32B-1et seq.) on all sales of tangible personal property delivered into this State.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of \$25.00 for each day of violation, not to exceed \$50,000.00 for each business registration not properly provided or maintained under a contract with a contracting agency. Information on the law and its requirements is available by calling 609-292-1730.

**BID SPECIFICATIONS FOR SMALL TOOLS AND HARDWARE SUPPLIES**

## BID PROPOSAL/DOCUMENTS

SMALL TOOLS AND HARDWARE SUPPLIES  
DPW/DIVISION OF PARK MAINTENANCE

This contract will be awarded as an open-end contract. The minimum and the maximum quantities for each item are as stated below.

Vendor will bid on the maximum quantities.

ITEM	QUANTITY	DESCRIPTION	UNIT AMOUNT	EXTENDED AMOUNT
1.	0-12	DIE-CUT High Speed Blades FELKER # DCH-350-S-582213 or Approved Equal	\$ 148.00	\$ 1,776.00
2.	0-64 Dozen	LEATHER PALM GLOVES- Gauntlet pattern -size. SEAL GLOVES # S29GKE or Approved Equal	\$ 45.60	\$ 2,918.40
3.	0-48	AMERICAN PAD LOCKS KEYED ALIKE # H-11 or Approved equal (Key # to be furnished)	\$ 25.80	\$ 1,238.40
4.	0-36	AMERICAN PAD LOCKS- Keyed differently # H 11 or Approved equal. Key # 188	\$ 25.40	\$ 914.40
5.	0-150	100 LB. DRUM CALCIUM CHLORIDE PELLETS, 97 % CALCIUM CHLORIDE-WILL ACCEPT NO SUBSTITUTIONS.	\$ 38.00	\$ 5,700.00
6.	0-6 Cases	STIHL 2 CYCLE OIL MIX PINTS 48 PER CAS OR APPROVED EQUAL	\$ 89.00	\$ 534.00
7.	0-6 Cases	HOMELITE BAR & CHAIN OIL MIX Qts 12 per/case or approved equal.	\$ 48.00	\$ 288.00
8.	0-24	RUBBER MAID BIG WHEEL TIL T'NROLL CART W/LID, 50 GAL. SIZE, W/8 RUBBER WHEELS # 3559 or approved equal.	\$ 72.00	\$ 1,728.00
9.	0-6 Cases	DISPOSABLE FACE MASKS 600/CS, 3M # 8500 or approved equal.	\$ 144.00	\$ 864.00
10.	0-12	SAFETY CANS poly-type # 1 EAGLE # 1543, Colored, 5-gal or approved equal	\$ 19.00	\$ 228.00

ITEM	QUANTITY	DESCRIPTION	UNIT AMOUNT	EXTENDED AMOUNT
11.	0-12 <i>RED MAX Bcz 3060TS</i>	<i>DISCONTINUED</i> GREEN MACHINE TRIMMERS MODEL # 4000J QUAD BLADE AND J-bar handle-40.5 gas 40.6cc Mitsubishi engine/6 "string head with 105" line, blade mounting hardware included for correct installation of accessory blades or approved equal	\$ <i>448.00</i>	\$ <i>5,376.00</i>
12.	0-12 <i>RED MAX HT 2460</i>	GREEN MACHINE HEDGE TRIMMERS, MODEL # 2600h, 30' SINGLE SIDED DLB <i>DISCONTINUED</i> RECIPROCATING BLADE, GAS 26.1CC Mitsubishi engine/30" blade cut up to 1" in diameter or approved equal	\$ <i>510.00</i>	\$ <i>6,120.00</i>
13.	0-24 BUNDLES	PROFESSIONAL OAK WOODEN TREE STAKES, 8FT. #2-629-12 PER BUNDLE OR APPROVED EQUAL	\$ <i>76.80</i>	\$ <i>1,843.20</i>
14.	0-3	INDUSTRIAL 160 PR. TOOL SET # SK 3 86031-1 OR APPROVED EQUAL.	\$ <i>566.00</i>	\$ <i>1,698.00</i>
15.	0-3 CASES	HEAVY DUTY MASONRY TWINE, 24 ROLLS PER CASE, 50" LENGTH OR APPROVED EQUAL.	\$ <i>39.00</i>	\$ <i>117.00</i>
16.	0-4 CASES	TREE PAINT, SNAP CUT # 790105, AEROSOL CANS OR APPROVED EQUAL.	\$ <i>42.00</i>	\$ <i>168.00</i>
17.	0-24 ROLLS	TREE TIES, ½ INCH X 100 FT. LONG OR APPROVED EQUAL.	\$ <i>16.00</i>	\$ <i>384.00</i>
18.	0-3	HEAVY DUTY S-HOOKS LINK MASTER-H. K. PORTER # 0390 MLN OR APPROVED EQUAL.	\$ <i>148.00</i>	\$ <i>444.00</i>
19.	0-2	CENTER CUT BOLT CUTTERS, H. K. PORTER # 0390MC OR APPROVED EQUAL.	\$ <i>129.00</i>	\$ <i>258.00</i>
20.	0-6	STRIPE MARKER (Super striper) w/windscreen & STRIPER MFD by Fox Valley or approved equal.	\$ <i>79.00</i>	\$ <i>474.00</i>
21.	0-6	COMPRESSION STRAYERS, GALVANIZES, TANK SIZE-3 GAL. ROOT LOWELL, # 1997 or approved equal.	\$ <i>26.00</i>	\$ <i>156.00</i>
22.	0-2 ROLLS	½ "X 600' safety climbing rope or approved equal.	\$ <i>556.00</i>	\$ <i>1,112.00</i>
23.	0-3 SETS	ALLEN WRENCH SETS-9 SQUARE DRIVE SOCKET BITS HOLO - KROMEL # 870 or approved equal	\$ <i>29.00</i>	\$ <i>87.00</i>

ITEM	QUANTITY	DESCRIPTION	UNIT AMOUNT	EXTENDED AMOUNT
24.	0-3 SETS	ARMSTRONG MECHANIC WRENCH SET # 25-643 W/vinyl roll 14 pc size 3/8" to 1 1/8" 12 pt long pattern or approval equal.	\$ 232. <sup>00</sup>	\$ 696. <sup>00</sup>
25.	0-6 SETS	AMERICAN TOOL VISE GRIP # 10-CR Locking Pliers, curved jaws 10" length-1 7/8" Adj.Jaw or Approved equal.	\$ 9. <sup>20</sup>	\$ 55. <sup>20</sup>
26.	0-6	PROFESSIONAL POWER LOCK RULLER-1" WIDE BLADE -30" LENGTH, STANLEY # 33-430 or approved equal	\$ 9. <sup>40</sup>	\$ 56. <sup>40</sup>
27.	0-6	HI - VIZ LINER FIBER GLASS MEASURING TAPE-100" X 1/2" # 706D or approved equal	\$ 10. <sup>80</sup>	\$ 64. <sup>80</sup>
28.	0-12	PROFESSIONAL WOOD HANDLE HAMMER-16" HANDLE LENGTH, STANLEY # 51-355 RIPPING CLAW or approved equal.	\$ 8. <sup>50</sup>	\$ 102. <sup>00</sup>
29.	0-12	UTILITY KNIVES-W/6" LENGTH HANDLE STANLEY # 10-099-99 OR APPROVAL EQUAL.	\$ 3. <sup>60</sup>	\$ 43. <sup>20</sup>
30.	0-4	ARROW OUTWARD CLINCH STAPLE GUN # T-50 OC-85 STAPLE ON .050" wire or approved equal.	\$ 27. <sup>00</sup>	\$ 108. <sup>00</sup>
31.	0-1	1/4 MAGNUM DRILL w/reversing trigger control 0-2000 rpm speed 5.5 amp motor-MLK WAUKEE # 2124-1 or approved equal.	\$	\$ 169. <sup>00</sup>
32.	0-1	1/2 MAGNUM DRILL w/ power tight keyless chuck and reversing trigger control 0-850 rpm speed, 5.5 amp motor-MIL WAUKEE # 0235-1 OR APPROVED EQUAL	\$	\$ 175. <sup>00</sup>
32.A	0-1	3/8 MAGNUM DRILL w/power tight keyless chuck & reversing trigger control 0-1200 rpm speed 5.5 am motor-MILWAUKEE 30225-1 or approved equal.	\$	\$ 169. <sup>00</sup>
33.	0-2	MILWAUKEE 29 PIECE DRILL SET-HIGH SPEED STEEL SIZES 1/16" TO 1/2" X64 THS #48-89-0010 OR APPROVED EQUAL.	\$ 42. <sup>00</sup>	\$ 84. <sup>00</sup>
34.	0-1	ALUMINUM EXTENSION LADDER -2 sections WERNER SERIES D 1100- # D1124-2X 3FT. OVERLAP -24" LENGTH or approved equal.	\$	\$ 174. <sup>00</sup>

ITEM	QUANTITY	DESCRIPTION	UNIT AMOUNT	EXTENDED AMOUNT
35.	0-3	GOSPORT POLY TARP SIZE-12'X16'COLOR-BLUE 8/10 mil thickness-rustproof grommets every 3 feet or approval equal.	\$ 7.40	\$ 22.20
35.A	0-3	GOSPORT POLY TARPS- SIZE 20 ftx 30 ft color-blue 8/10 mil thickness-rustproof grommets every 3 ft. or Approved Equal.	\$ 18.75	\$ 56.25
35.B	0-3	GOSPORT POLY TAPS-Size 10ftx 12ft, blue, 8/10 mil thickness w rustproof grommet every 3 ft or approval equal.	\$ 4.60	\$ 13.80
35.C	0-3	GOSPORT POLY TARPS SIZE 40'X60', blue 8/10 mil thickness w/ rustproof grommets every 3 ft or APPROVED EQUAL.	\$ 76.00	\$ 228.00
36.	0-2 CASES	MOLDED RUBBER STRAPS -45 "LENGHT KEEPER # 06245 OR APPROVED EQUAL.	\$ 62.00	\$ 124.00
37.	0-36	GILMORE HEAVY DUTY RUBBER HOSES, 50'X3/4 " # inch ID or approved equal.	\$ 28.50	\$ 1,026.00
38.	0-36	HOSE NOZZLES-HEAVY DUTY-SHERMAN # LN 528C -solid metal w/rust proof brass valve/plastic casting or approved equal.	\$ 3.45	\$ 124.20
39.	0-2	PISTOL GRIP GREASE GUN-Lowell # 1133 or approved equal.	\$ 11.80	\$ 23.60
40.	0-6	Compact Knives 2 5/8" blade length, Klein # 44034 or approved equal.	\$ 42.00	\$ 252.00
41.	0-1	REVERSIBLE IMPACT WRENCH 3/4" BOLT CAP.-Chicago Pneumatic # CP 6060 or approved equal.	\$	\$ 923.00
42.	0-1 CASE	PLEWS PLASTIC FUNNEL # 75-062, 1 pint capacity/20 per case or approved equal.	\$	\$ 32.00
43.	0-6	Metal type 1 safety cans -2 gallon, EAGLE # U1-20-S or approved equal.	\$ 36.00	\$ 216.00
44.	0-12	REFLECTIVE CONE COLLARS SERVICE AND MATERIALS # 101355 or approval equal.	\$ 9.80	\$ 117.60
45.	0-24	SAFETY TYPE SERIES-"CAUTION" UNITED # UT-600, 100FT. LENGTH OR approved equal.	\$ 6.88	\$ 165.12
46.	0-12	Keyed deadbolt locks, SCHLAGE # B460 CV 626-Satin Chrome finish or approved equal.	\$ 29.00	\$ 348.00

ITEM	QUANTITY	DESCRIPTION	UNIT AMOUNT	EXTENDED AMOUNT
47.	0-12	KEYED STORAGE LOCKS # SCHLAGE # A80 csv-0RB-626-SATIN CHROME FINISH or approved equal.	\$ 54. <u>00</u>	\$ 648. <u>00</u>
48.	0-24	SAFETY HASPS, SIZE 4 1/2 "NATIONAL #V-30 V PAC or approved equal.	\$ 2. <u>95</u>	\$ 70. <u>80</u>
48.A	0-24	SAFETY HASPS, SIZE 4 1/2 "NATIONAL #V-30 V PAC or approved equal.	\$ 3. <u>95</u>	\$ 94. <u>80</u>
48.B	0-24	SAFETY HASPS, SIZE 7" "NATIONAL or approved equal.	\$ 9. <u>75</u>	\$ 234. <u>00</u>
48.C	0-24	SAFETY HASPS, SIZE 3/4" "NATIONAL V-30 V-PAC or approved equal.	\$ 2. <u>00</u>	\$ 48. <u>00</u>
49.	0-24	INDUSTRIAL GRADE PADLOCK MASTER LOCK # 9411-D2 1/8" STEEL CASE or approved equal.	\$ 14. <u>40</u>	\$ 345. <u>60</u>
50.	0-24	STANLEY # 850 EXTRA HEAVY WROUGHT FULL SURFACE STEEL HINGES, 3"X3" or approved equal.	\$ 4. <u>90</u>	\$ 117. <u>60</u>
51.	0-24	HEAVY DUTY HAND TRUCK-HARPER SERIES, 30-# 3017-Continuous handle 600lb capacity or Approved equal.	\$ 56. <u>00</u>	\$ 1,344. <u>00</u>
52.	0-24	JET P.T. SERIES-HYDRAULIC HAND PALLET TRUCK # PT 2742A-5000LB. Cap. Returned D handle touch control neutral level or approved equal.	\$ 323. <u>00</u>	\$ 7,752. <u>00</u>
53.	0-24	WHEELS-SEMI PNEUMATIC WESCO # 052862-10" DIAMETER WITH 2.75" WIDTH-BALL BEARING or approved equal.	\$ 27. <u>00</u>	\$ 648. <u>00</u>
54.	0-12	LOADER HUGGER, 2" TYPE B NYLON LIFT ALL SERIE 10,000 # 61002-30FT.WEB or approved equal.	\$ 22. <u>50</u>	\$ 270. <u>00</u>
55.	0-24 ROLL	DUCT TAPE-WATER PROOF POLY UNITED # UT-100 INDUSTRIAL grade or approved equal.	\$ 4. <u>40</u>	\$ 105. <u>60</u>
56.	0-24	BIG ORANGE DROP FORGED WIRE ROPE CLIPS SIZE 1/8" FFC-5450 type 1 CM# M244 OR APPROVED EQUAL.	\$ .78	\$ 18. <u>72</u>
56.A	0-24	BIG ORANGE DROP FORGED WIRE ROPE CLIPS SIZE 1/4" CM #M246-450 TYPE 1 or Approved equal.	\$ .80	\$ 19. <u>20</u>



ITEM	QUANTITY	DESCRIPTION	UNIT AMOUNT	EXTENDED AMOUNT
56.B	0-24	58"FFC 450 TYPE 1 CM #M25 -1 or Approved equal.	\$ 1.00	\$ 24.00
56.C	0-24	BIG ORANGE DROP FORGED WIRE ROPE CLIPS SIZE 3/4" TYPE 1-CM#M252 FFC-450 or approved equal.	\$ 1.50	\$ 36.00
56.D	0-24	BIG ORANGE DROP FORGED WIRE ROPE CLIPS SIZE 1" FFC-450 type 1 cm # 245 or approved equal.	\$ 2.50	\$ 60.00
57.	0-1 CARTON	HITCH PIN CLIPS-CAMPBELL # 389-9609-1 5/8" QA size or approved equal.	\$	\$ 11.00
57.A	0-1 CARTON	HITCH PIN CLIPS-CAMPBELL # 389-9618 3/4" QA size or approved equal.	\$	\$ 9.00
57.B	0-1 CARTON	HITCH PIN CLIPS-CAMPBELL # 389-9642-3 3/4" QA size or approved equal.	\$	\$ 10.00
57.C	0-1 CARTON	HITCH PIN CLIPS-CAMPBELL # 389-9654-3 5/16" QA size or approved equal.	\$	\$ 9.00
57.D	0-1 CARTON	HITCH PIN CLIPS-CAMPBELL # 389-9666-2 9/16" QA size or approved equal.	\$	\$ 12.00
57.E	0-1 CARTON	HITCH PIN CLIPS-CAMPBELL # 389-9678-4" QA size or approved equal.	\$	\$ 12.60
58.	0-24	ELECTRICAL OUTDOOR EXTENSION CORD-HEAVY DUTY 100FT LENGTH, PACIFIC # C2316-100 GR-3 CONDUCTOR or approved equal.	\$ 48.00	\$ 1,152.00
59.	0-12	STANDARD FLASHING LIGHTS -6 Cell MAG-LITE # S6C016 or approved equal	\$ 39.00	\$ 468.00
60.	0-6	SAFETY APPROVED LANTERN-6 VOLT BRIGHT-STAR # 2206 OR APPROVED EQUAL.	\$ 13.25	\$ 79.50
61.	0-3	KLEIN TREE TRIMMER BELT #87293 LARGE OR APPROVED EQUAL.	\$ 169.00	\$ 507.00
62.	0-12	GRAND 70 BINDING CHAIN 1/4-CM #678522-400FT. Or Approved Equal. 1/2 Drum	\$ 910.00	\$ 10,920.00
62.A	0-12	GRAND 70 BINDING CHAIN 5/16-CM #678522-275 FT. Or Approved Equal 1/2 Drum	\$ 788.00	\$ 9,456.00
62.B	0-12	GRAND 70 BINDING CHAIN 3/8-CM #678523-200 FT. Or Approved Equal. 1/2 Drum	\$ 690.00	\$ 8,280.00

ITEM	QUANTITY	DESCRIPTION	UNIT	AMOUNT	EXTENDED AMOUNT
62.C	0-12	GRAND 70 BINDING CHAIN 1/2-CM #678525 100 FT. Or Approved Equal.	\$	740.00	8880.00
63.	0-1 BOX	OPEN ROUND EYE SNAPS, 1/4"X2 5/8 LENGTH-HOLDFAST (COVER) # 7601401 OR APPROVED EQUAL.	\$		32.10
63.A	0-1 BOX	OPEN ROUND EYE SNAPS, 3/8 X 3 5/15 HOLDFAST (COVER) # 760-4211 OR APPROVED EQUAL 10 PER BOX.	\$		36.10
63.B	0-1 BOX	OPEN ROUND EYE SNAPS, 3/8 X 3 1/2 HOLDFAST (COVER) # 760-1421 OR APPROVED EQUAL 10 PER BOX.	\$		38.10
63.C	0-1 BOX	OPEN ROUND EYE SNAPS, 1/2 X 4 1/8" HOLDFAST (COVER) # 760-1431 OR APPROVED EQUAL.	\$		31.00
63.D	0-1 BOX	OPEN ROUND EYE SNAPS, 1/2 X 4 1/8" HOLDFAST (COVER) # 760-144 OR APPROVED EQUAL 10 PER BOX.	\$		36.10
63.E	0-1 BOX	OPEN ROUND EYE SNAPS, 1/2 X 4 1/8" HOLDFAST (COVER) # 760-144 OR APPROVED EQUAL 10 PER BOX.	\$		36.10
63.F	0-1 BOX	OPEN ROUND EYE SNAPS, 1 5/8 X 5 7/8" LENGTH HOLDFAST (COVER) # 760-1461 OR APPROVED EQUAL 10 PER BOX	\$		42.10
63.G	0-1 BOX	OPEN ROUND EYE SNAPS, 3/4 X 6 1/4" LENGTH HOLDFAST (COVER) # 760-1471.	\$		42.10
64.	0-1 PACK	PLAIN HEAD CABLE TIES-IDEAL # 15-809 NATURAL OR APPROVED EQUAL 1,000 PER PACK.	\$		28.10
64.A	0-1 PACK	PLAIN HEAD CABLE TIES-IDEAL # 15-849 STD NATURAL OR APPROVED EQUAL 1,000 PER PACK.	\$		42.10
64.B	0-1 PACK	PLAIN HEAD CABLE TIES-IDEAL # 15-829 5.51-NATURAL OR APPROVED EQUAL 1,000 PER PACK.	\$		34.10
64.C	0-1 PACK	PLAIN HEAD CABLE TIES-IDEAL # 15-659 11"-L NATURAL OR APPROVED EQUAL.	\$		28.10

ITEM	QUANTITY	DESCRIPTION	UNIT	AMOUNT	EXTENDED AMOUNT
65.	0-12	CHAIN SAW-12"-16"BAR SIZE CS-3400, TOP HANDLE SAW 33.4 CC ENGINE ECHO, # CS 3400 OR APPROVED EQUAL.	\$	280. <sup>00</sup>	3,360. <sup>00</sup>
66.	0-12	BACKPACK BLOWER-30 CC ENGINE LIGHTWEIGHT 250 MPH AIR VELOCITY /590 CFM-COVERED MUFFLER AND NOISE ARRESTING FILTER (69bda) Green Machine # 4600BP OR APPROVED EQUAL.	\$	348. <sup>00</sup>	4,176. <sup>00</sup>
67.	0-4	ENCORE GEAR DRIVEN MOWER, 48 INCH 14 H.P. KAWASAKI ENGINE, 4.25 GAL FUEL CAPACITY, EACH # 48K200 OR APPROVED EQUAL.	\$	3,280. <sup>00</sup>	13,120. <sup>00</sup>
68.	0-1	ENCORE POWER THATCH, #25T100, # 11 GA. 20" OPERATING WIDTH OR APPROVED EQUAL.	\$		1,418. <sup>00</sup>
69.	0-2	HONDA GENERATOR # EZ4500S SUPER QUIET, WITH 4500 WATT MAX. OUTPUT, ELECTRIC.	\$	2,420. <sup>00</sup>	4,840. <sup>00</sup>
70.	0-12	"UNION": WOOD CHIPPERS # AX-30-327 OR APPROVED EQUAL.	\$	1,925. <sup>00</sup>	2,310. <sup>00</sup>
71.	0-24	"Union" garden Pick Mattock # 30-805 or approved equal.	\$	15.80	379.20
72.	0-24 DOZEN	"UNION" BROOMS, 16 INCH, \$77408 OR APPROVED EQUAL.	\$	140. <sup>00</sup>	3,360. <sup>00</sup>
73.	0-24 DOZEN	"Union" Broom, 24 INCH # 77-400 OR APPROVED EQUAL.	\$	156. <sup>00</sup>	3,744. <sup>00</sup>
74.	0-4 DOZEN	"UNION" Weed Cutter # 62-105 OR APPROVED EQUAL.	\$	220. <sup>00</sup>	880. <sup>00</sup>
75.	0-24	"Union" Bow 10 Saw #62-919 OR APPROVED EQUAL	\$	6.40	153.60
76.	0-24	"UNION" BOW SAW # 62-919 OR APPROVED EQUAL.	\$	6.40	153.60
77.	0-24	"UNION" PRUNING SAW, # 62-922 OR APPROVED EQUAL	\$	8.50	204.00
78.	0-24	"UNION" WHEELBARROW #77-283 OR APPROVED EQUAL.	\$	59.80	1,435.20
79.	0-10 DOZEN	"UNION" CORN BROOMS OR APPROVED EQUAL	\$	74.60	746. <sup>00</sup>
80.	0-14 DOZEN	"UNION SCOOP SHOVELS # 79-805 OR APPROVED EQUAL.	\$	266. <sup>00</sup>	3,724. <sup>00</sup>
81.	0-1 DOZEN	"UNION" AX HANDLE.#90-039 OR APPROVED EQUAL	\$		89.00

ITEM	QUANTITY	DESCRIPTION	UNIT	AMOUNT	EXTENDED AMOUNT
82.	0-6	"UNION" POST HOLE DIGGER, # 78-101 OR APPROVED EQUAL.	\$	26.00	156.00
83.	0-24 DOZEN	"UNION" BOLT THRU LAWN RAKE #64-582 OR APPROVED EQUAL.	\$	116.00	2,784.00
84.	0-10 DOZEN	"UNION" I-BEAM POINT SHOVEL # 45-870 OR APPROVED EQUAL.	\$	179.00	1,790.00
85.	0-14 DOZEN	"UNION" DURA-TORQUE POINT SHOVEL # 45-870 OR APPROVED EQUAL.	\$	179.00	2,506.00
86.	0-6 DOZEN	"UNION" GARDEN NURSERY SPADE #46-168 OR APPROVED EQUAL.	\$	188.00	1,128.00
87.	0-24	"UNION" TRAMPLING BAR, # 30-614 OR APPROVED EQUAL.	\$	23.00	552.00
88.	0-10 DOZEN	"UNION" BOW HEAD RAKE, #63-110 OR APPROVED EQUAL.	\$	118.00	1,180.00
89.	0-6 DOZEN	"UNION" LEVEL HEAD RAKE, # 63-110 OR APPROVED EQUAL.	\$	220.00	1,320.00
90.	0-6 DOZEN	"UNION" GARDEN HOE, #66-105 OR APPROVED EQUAL.	\$	216.00	1,296.00
91.	0-3 DOZEN	"UNION" SCRAPPERS, # 81-102 OR APPROVED EQUAL.	\$	232.00	696.00
92.	0-3 DOZEN	"UNION" HEDGE SHEARS # 62-420 OR APPROVED EQUAL.	\$	193.00	579.00
93.	0-3 DOZEN	"UNION" HEDGE PRUNERS # 62-430 OR APPROVED EQUAL.	\$	179.00	537.00
94.	0-12 DOZEN	"UNION" STEEL BRACED BARN PUSHER # 79-847 OR APPROVED EQUAL.	\$	197.00	2,364.00
95.	0-48 DOZEN	"UNION" BROOM 6 SCREW HANDLES WITH METAL TIPS # 84-007 OR APPROVED EQUAL.	\$	29.00	1,392.00
96.	0-12	"UNION" CORN KNIFE 15 INCH # 62-653 OR APPROVED EQUAL.	\$	13.00	156.00
97.	0-3 DOZEN	"UNION" 4 PRONG CULTIVATOR # 68-120 OR APPROVED EQUAL.	\$	182.00	546.00
98.	0-5 DOZEN	SELSTROM SEBRING # 400 EYE WARE OR APPROVED EQUAL.	\$	48.00	240.00
99.	0-6	PPT 2400 ECHO Commercial Duty, ECHO 23.6 CC DUAL Ring Piston Engine. Provides Up To 20 % more power. Power pruners.	\$	505.00	3,030.00
100.	0-24	ECHO BRUSH CUTTER SYSTEM WITH STEEL MESH VISOR AND FARMUFF, Part # 103942230.	\$	48.00	1,152.00

ITEM	QUANTITY	DESCRIPTION	UNIT AMOUNT	EXTENDED AMOUNT
101.	0-2	ECHO HPP 1900 POWER WASHER. (Producers 1,300 psi at 1.85 G.P.M with optional part # 999448-00170) or Approved Equal.	\$ 776. <sup>00</sup>	\$ 1,552. <sup>00</sup>
102.	0-1 DOZEN	CORONA, 20" BOW SAW, # BS-4010 OR APPROVED EQUAL	\$	\$ 66. <sup>00</sup>
103.	0-2 DOZEN	CORONA , PROFESSIONAL BY PASS PRUNER, #BP 6250 OR APPROVED	\$ 340. <sup>00</sup>	\$ 680. <sup>00</sup>
104	0-2 DOZEN	CORONA PROFESSIONAL SUPER-DUTY BYPASS LOPPER, WL 6490 OR APPROVED	\$ 432. <sup>00</sup>	\$ 864. <sup>00</sup>
105.	0-2 DOZEN	CORONA PROFESSIONAL HANDLE HEDGE SHEAR # HS6930 OR APPROVED	\$ 576. <sup>00</sup>	\$ 1,152. <sup>00</sup>
106.	0-12	CORONA PROFESSIONAL 13 FT ARBORIST TREE PRUNING SYSTEM, # TP 6870 OR APPROVED TP6870	\$ 88. <sup>00</sup>	\$ 1,056. <sup>00</sup>
107.	0-12	RED MAX PRO SERIES CHAIN SAW G3 10TS	\$ 296. <sup>00</sup>	\$ 3,552. <sup>00</sup>
108.	0-12	RED MAX PRO SERIES BLOWER, EPA CERTIFIED EB6200.	\$ 469. <sup>00</sup>	\$ 5,628. <sup>00</sup>
109.	0-12	RED MAX PRO SERIES WEED WACKER, EPA CERTIFIED BC34406.	\$ 469. <sup>00</sup>	\$ 5,628. <sup>00</sup>
110.	0-3 DOZEN	70-219 FORGER SOUTHERN MEADOW BEVELED BLADE 7"X3 1/2	\$ 116. <sup>00</sup>	\$ 348. <sup>00</sup>
111.	0-400 CASES	FOX VALLEY FIELD MARKING PAINT.	\$ 29. <sup>00</sup>	\$ 11,600. <sup>00</sup>

Note: This contract will be awarded as an open-end contract. The minimum and maximum quantities for each item are as stated. If zero is the minimum, the City is not obligated to order any quantities of that item during the contract term. If a specific number is stated for a minimum, then the City is obligated to purchase whatever that quantity is. Regardless of what the minimum quantity is set at, the vendor is still required to fill any order that the City places during the contract term until the maximum quantity is reached. The term of the contract is one year.

DUNCAN HARDWARE, INC.

**GRAND TOTAL PRICE ITEMS 1 THROUGH 111**

The City will use the grand total price calculated by using the maximum quantities stated for items 1 through 111.

The supplier shall be paid based on the actual quantities used, however, it shall not exceed the maximum quantity without prior issuance of a change order.

One hundred eighty-nine thousand six hundred and five and seventy-nine cents,

\_\_\_\_\_ \$ 189,605.79  
 (In Writing) (In Figures)

The contract will be awarded based on the grand total amount for Items 1 through 111. If the grand total price is found to have been incorrectly computed, changes will be made in any and all unit prices so as to attain conformity with the grand total price before award is made.

Pursuant to N.J.S.A. 40A:11-15, the City shall have the option to renew the contract for up to two additional one year terms. The City shall notify the vendor whether or not it will be renewing the contract 45 days before the expiration date of the contract. If the City exercises its option to renew the contract, the vendor must accept the contract renewal. The renewal contract price shall be based upon the price of the original contract as cumulatively adjusted pursuant to any previous adjustment or extension and shall not exceed the change in the Index Rate for the twelve (12) months preceding the most recent quarterly calculation available at the time that the contract is renewed. The Index Rate means the rate of annual percentage increase, rounded to the nearest half-percent, in the Implicit Price Deflator for State and Local Government Purchase of Goods and Services, computed and Published quarterly by the United States Department of Commerce, Bureau of Economic Analysis.

**NOTE: A bid must be entered for all items. Award of contract shall be based on all items being supplied by one supplier. Failure to bid any one item will result in the automatic rejection of the bid at the bid reception.**

- 1. VENDOR WILL BE REQUIRED TO DELIVER MATERIALS AS AND WHEN NEEDED AT NO ADDITIONAL COST TO THE DEPARTMENT OF PUBLIC WORKS, DIVISION OF PARK MAINTENANCE AT 13-15 LINDEN AVENUE EAST, JERSEY CITY, NEW JERSEY, WITHIN TWO BUSINESS DAYS OF VENDOR'S RECEIPT OF THE CITY'S FAXED PURCHASE ORDER.**
- 2. THE TERM OF THE CONTRACT SHALL BE ONE-YEAR COMMENCING 01 DAYS AFTER THE CONTRACT AWARD BY THE CITY COUNCIL. BID PRICES SHALL REMAIN FIRM FOR THE DURATION OF THE CONTRACT.**
- 3. BID PROPOSAL MUST COMPLY STRICTLY IN ACCORDANCE WITH SPECIFICATIONS LISTED HEREIN. VENDOR MUST WRITE BRAND NAMES OR MANUFACTURER IN THE SPACE PROVIDED ABOVE.**
- 4. ALL BIDDERS ARE REQUIRED TO SUBMIT A BID BOND OR CERTIFIED CHECK FOR 10% OF THE TOTAL BID AMOUNT. A PERFORMANCE BOND IS NOT REQUIRED FOR THIS CONTRACT.**
- 5. THE CITY OF JERSEY CITY WILL AWARD THE CONTRACT BASED ON THE GRAND TOTAL PRICE FOR ITEMS 1 THROUGH 111. FAILURE TO BID ON ANY ONE ITEM WILL RESULT IN THE REJECTION OF THE BID.**

**All Quotations Must Be Typewritten Or Written In Ink. Pencil Quotations Will Automatically Render Bid Informal. This Bid Must Be Accompanied by a Bond Or Certified Check For Ten (10%) Percent Of The Total Amount Of The Bid. Bond be From Surety Company Authorized To Do Business In The State Of New Jersey.**  
**(This Proposal Form Not Transferrable)**

<b>COMPANY NAME:</b> INCAN HARDWARE, INC.	<b>NAME:</b>
776 West Side Avenue	
<b>ADDRESS:</b> Jersey City, NJ 07306	<b>ADDRESS:</b>
(201) 435-1700 Fax 435-6888	
<b>DATE:</b>	

**NON-COLLUSION AFFIDAVIT**

STATE OF NEW JERSEY)

SS:

COUNTY OF HUDSON )

I, RONALD S. EBERLE of the City of WARREN, in the County of SOMERSET and the State of NEW JERSEY, of full age, being duly sworn according to law, upon my oath depose and say that:

I am PRESIDENT of the firm of DUNCAN HARDWARE, INC. 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 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 or retained 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:

DUNCAN HARDWARE, INC.

(Name of Contractor

Ronald S. Eberle

(Also type or print name of affiant under signature)

RONALD S. EBERLE

ATTEST:

Andrea Ware

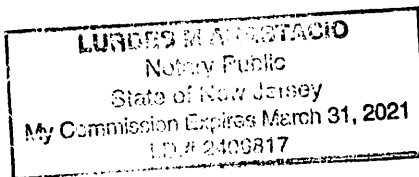
Secretary

(Affix Corporate Seal)

Sworn and subscribed to before me this 17 day of July, 2020

NOTARY PUBLIC

My commission expires on: 03/31/2021



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



**SCHEDULE OF SUBMITTALS BY BIDDER**

<b><u>SUBMITTAL ITEM</u></b>	<b><u>TIME OF SUBMISSION</u></b>	<b><u>CONSEQUENCES OF NON COMPLIANCE</u></b>
1. Bidder's Acknowledgement of Addendum	With Bid Proposal	Bid Rejected
2. Bid Proposal	Time and Date of Bid Reception	Bid Rejected
3. Bid Guarantee	With Bid Proposal	Bill Rejected
4. Insurance Certificates	With Bid Proposal	Bid Rejected
5. Non-Collusion Affidavit	With Bid Proposal or within 24 hours of Bid Reception	Bid May Be Rejected
6. Statement of Ownership Disclosure	With Bid Proposal	Bid Rejected
7. Mandatory Equal Employment Opportunity Language	With Bid Proposal or within 24 Hours of Bid Opening	Bid May Be Rejected
8. Disclosure of Investment Activities in Iran	With Bid Proposal or within 24 Hours of Bid Opening	Bid May Be Rejected
9. If first time doing business with Jersey City submit copy of completed & Signed Certificate of Employee Information Report (AA-302 Form). If not the first time. Submit the actual Certificate of Employee Information Report or letter of Federal Approval	With Bid Proposal or within 24 Hours of Bid Opening	Bid May Be Rejected
10. Americans with Disabilities Act	With Bid Proposal or within 24 Hours of Bid Opening	Bid May Be Rejected
11. Supplier Diversity Bidder Questionnaire	With Bid Proposal or within 24 Hours of Bid Opening	Bid May Be Rejected
12. New Jersey Business Registration Certification	With Bid Proposal or Prior to the Contract award	Bid May Be Rejected
13. Execution of Contract Agreement	Within days of Authority Notice of Contract Award	Forfeiture of Bid Security

The Contractor shall provide all submittals required under this contract whether or not listed above.

**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 the bid will be rejected. Acknowledged 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: DUNCAN HARDWARE, INC.  
776 West Side Avenue

Street Address: Jersey City, NJ 07306  
(201) 435-1700 Fax 435-6888

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

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

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

**STATEMENT OF OWNERSHIP DISCLOSURE**  
 N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

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

**Name of Organization:** DUNCAN HARDWARE, INC.  
776 West Side Avenue  
Jersey City, NJ 07306  
**Organization Address:** (201) 435-1700 Fax 435-6888

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

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type)     Limited Liability Company (LLC)
- Partnership     Limited Partnership     Limited Liability Partnership (LLP)
- Other (be specific): \_\_\_\_\_

**Part II**

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

**OR**

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

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

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address
RONALD S. EBERLE	2 WEXFORD COURT WARREN, NJ 07059 100

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

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

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

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

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

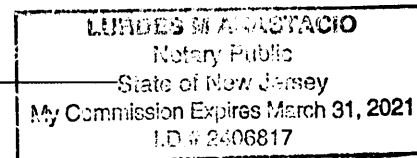
**Part IV Certification**

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

Full Name (Print):	<i>Ronald S EBERLE</i>	Title:	<i>PRES</i>
Signature:	<i>Ronald S Eberle</i>	Date:	<i>7/17/20</i>

SIGNATURE: *[Signature]*  
 TITLE: *Notary Public*

SUBSCRIBED AND SWORN TO  
 BEFORE ME THIS 17 DAY OF July OF 20 20  
 (TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)  
 NOTARY PUBLIC OF New Jersey - Somerset  
 MY COMMISSION EXPIRES: 20 21



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

CITY OF JERSEY CITY, NEW JERSEY 07307
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Company Name:

PART 1: CERTIFICATION

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

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran.

PLEASE CHECK THE APPROPRIATE BOX:

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

OR

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

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

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

Form with fields for Name, Relationship to Bidder/Offeror, Description of Activities, Duration of Engagement, Anticipated Cessation Date, Bidder/Offeror Contact Name, and Contact Phone Number.

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

Full Name (Print): RONALD S. EBELER
Title: PRESIDENT

Signature: [Handwritten Signature]
Date: 7/17/20

**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  
Public Agency Compliance Officer (P.A.C.O.)  
Department of Administration  
Office of Tax Abatement & Compliance  
13-15 Linden Avenue, 2<sup>nd</sup> Floor  
Jersey City NJ 07305  
Tel. # 201-547-4538  
E-Mail Address: [abuanj@jcnj.org](mailto:abuanj@jcnj.org)**

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

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 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 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 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 retention; 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.

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

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

**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

(REVISED 4/13)

**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): RONALD S. EBERLE PRESIDENT

Representative's Signature: [Signature]  
Name of Company: DUNCAN HARDWARE, INC.

Tel. No.: 201-430-1700 Date: 7/17/20



Representative's Name: John S. Greene  
 Representative's Signature: [Signature]  
 Name of Company: DUNGAN HARDWARE INC  
 Date: 7/17/20

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 whatsoever and agrees that the performance of this Agreement furtherance, 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.

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.

The owner shall, as soon as practicable after a claim has been made against it, give written notice in respect 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.

The contractor and the owner do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 USC 12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, 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 the Act. The contractor shall indemnify, protect and save harmless the owner, its agents, servants, and employees from and against any and all claims, losses, fees, damages, or expenses, 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 costs for legal services and any and all costs and other expenses arising from any action or administrative proceeding brought pursuant to the owner's grievance procedure. 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. In any action or administrative proceeding resulting 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.

**APPENDIX A**  
**AMERICANS WITH DISABILITIES ACT OF 1990**  
**Equal Opportunity for Individuals with Disability**



**CITY OF JERSEY CITY  
DEPARTMENT OF BUSINESS ADMINISTRATION  
OFFICE OF DIVERSITY AND INCLUSION**



**SUPPLIER DIVERSITY DEFINITIONS**

**Minority Owned-** 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 Owned-** a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by a woman or women.

**Veteran Owned-** a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by a person or persons who are veterans.

**"Veteran"** means any citizen and resident of this State now or hereafter honorably discharged or released under honorable circumstances who served in any branch of the Armed Forces of the United States or a Reserve component thereof for at least 90 days and shall include disabled veterans.

**Disability Owned-** a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by a person or persons with a disability.

**Lesbian, Gay, Bisexual, Transgender Owned-** a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by an LGBT person or persons.

**THE CITY OF JERSEY CITY IS AN AFFIRMATIVE ACTION & EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH ALL LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS IN EMPLOYMENT AND CONTRACTING.**



**CITY OF JERSEY CITY  
DEPARTMENT OF BUSINESS ADMINISTRATION  
OFFICE OF DIVERSITY AND INCLUSION**



**SUPPLIER DIVERSITY BIDDER QUESTIONNAIRE**

The City of Jersey City is committed to ensuring that its utilization of vendors reflects the diversity of its community. Please complete this form to assist us with monitoring our supplier diversity performance.

**Business Name:** DUNCAN HARDWARE, INC.

**Address:** 776 West Side Avenue  
Jersey City, NJ 07306  
(201) 435-1700 Fax 435-6888

**Phone:** \_\_\_\_\_

**Email:** \_\_\_\_\_

**Contact Name:** RONALD S. EBERLE

Please indicate if your business qualifies as any of the following: (See definitions for clarification)

- Minority Owned
- Woman Owned
- Veteran Owned
- Disability Owned
- Lesbian, Gay, Bisexual, Transgender Owned
- None

Please indicate if your business is currently certified by an authorized certifying body as any of the following:

- Minority Business Enterprise
- Woman Business Enterprise
- Veteran Business Enterprise
- Disability Owned Business Enterprise
- Lesbian, Gay, Bisexual, Transgender Business Enterprise
- Disadvantaged Business Enterprise
- Small Business Enterprise
- None

**THE CITY OF JERSEY CITY IS AN AFFIRMATIVE ACTION & EQUAL OPPORTUNITY EMPLOYER AND COMPLIES WITH ALL LOCAL, STATE AND FEDERAL LAWS AND REGULATIONS IN EMPLOYMENT AND CONTRACTING.**

### Sample Letter of Federally Approved Affirmative Action Plan

U.S. Department of Labor

Employment Standards Administration  
Office of Federal Contract Compliance Programs  
Newark Area Office  
124 Evergreen Place, Fourth Floor  
East Orange, NJ 07103



<Date>

Dear

Our recent compliance review of your establishment's equal employment opportunity policies and practices was completed on <date>.

We found no apparent deficiencies or violations of Executive Order 11266, as amended, Section 503 of the Rehabilitation Act of 1973 or 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 Programs sincerely appreciates the cooperation and courtesies extended by you and your staff during the conduct of the compliance review.

Sincerely,

Area Office Director

## Sample Employee Information Report Form AA-302

FORM AA-302  
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 FORM MAY LEAD TO SLIGHT THE REQUIRED STATE FILE MAY BE INADVISABLE IN YOUR JURISDICTION. DO NOT WRITE HIGH VOLTAGE FOR SECTION 9, PULL IT. FOR ASSISTANCE ON COMPLETING THE FORM GO TO: <http://www.state.nj.gov/divisionofpurchaseandproperty>**

#### SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> EMP. <input type="checkbox"/> SERVICE <input type="checkbox"/> WHOLESALE <input type="checkbox"/> RETAIL <input type="checkbox"/> 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 IN THE COMPANY: <input type="checkbox"/> SINGLE ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTIPLE ESTABLISHMENT EMPLOYER		
8. IF MULTIPLE ESTABLISHMENT EMPLOYER STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. IF MORE THAN ONE AWARDED CONTRACT		
CITY	COUNTY	STATE ZIP CODE
Contract No. Only	DATE REPORTED	INSURANCE NUMBER
		APPLICABLE CONTRACT NUMBER

#### SECTION B - EMPLOYMENT DATA

11. Report (all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures in 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 substantial minority categories in columns 1, 2, 3, 4, 5, 6, 7, 8, 9, 10, 11, 12, 13, 14, 15, 16, 17, 18, 19, 20, 21, 22, 23, 24, 25, 26, 27, 28, 29, 30, 31, 32, 33, 34, 35, 36, 37, 38, 39, 40, 41, 42, 43, 44, 45, 46, 47, 48, 49, 50, 51, 52, 53, 54, 55, 56, 57, 58, 59, 60, 61, 62, 63, 64, 65, 66, 67, 68, 69, 70, 71, 72, 73, 74, 75, 76, 77, 78, 79, 80, 81, 82, 83, 84, 85, 86, 87, 88, 89, 90, 91, 92, 93, 94, 95, 96, 97, 98, 99, 100.

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT CONTRACTOR MINORITY EMPLOYEES BREAKDOWN										
	COL. 1 TOTAL (Col. 2 + 3)	COL. 2 MALES	COL. 3 FEMALE	MALE					FEMALE					
				BLACK	HISPANIC	INDIAN	ASIAN	MIN.	BLACK	HISPANIC	INDIAN	ASIAN	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 does NOT be included in the figures for the appropriate categories above

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP INFORMATION OBTAINED? <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employer Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	13. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR
---	--	---

#### SECTION C - SIGNATURE AND IDENTIFICATION

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

## Sample Employee Information Report Form AA-302 Instructions

### INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA-302)

**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 YOUR 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 predominant 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 7, enter the number of establishments within the State of New Jersey.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TYPE OR PRINT IN SHARP BALL POINT PEN

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

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

Trenton, New Jersey 08625-0206

Telephone No. (609) 732-5473

Sample Certificate of Employee Information Report

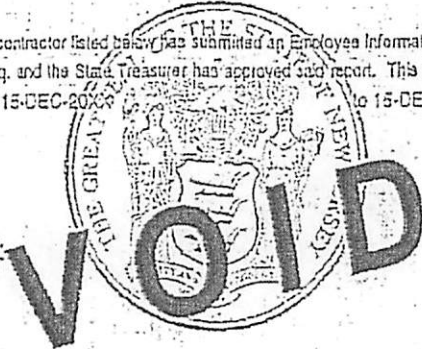
Certification 111XX

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below 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 15-DEC-20XX to 15-DEC-20XX

SAMPLE COMPANY, INC.  
33 WEST STATE STREET  
TRENTON, NJ 08625



State Treasurer

# Sample Duplicate Certificate of Employee Information Report Request

Form Duplicate Cert.  
Rev. 11/11

PrintForm



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. I.D. NO. OR SOCIAL SECURITY	2. ASSIGNED CERTIFICATION NUMBER	ISSUE DATE	EXPIRATION DATE

3. COMPANY NAME

4. STREET	CITY	COUNTY	STATE	ZIP CODE

5. REASON FOR REQUEST OF DUPLICATE CERTIFICATE:

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

### SECTION B - SIGNATURE AND IDENTIFICATION

6. NAME OF PERSON COMPLETING FORM (Please Print)	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 DIV 3:

### INSTRUCTIONS FOR COMPLETING DUPLICATE CERTIFICATE REQUEST

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

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

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

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

PLEASE ALLOW 15 BUSINESS DAYS FOR PROCESSING THE DUPLICATE CERTIFICATE



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



## State of New Jersey

DEPARTMENT OF THE TREASURY  
 DIVISION OF PURCHASE AND PROPERTY  
 CONTRACT COMPLIANCE & AUDIT UNIT  
 EEO MONITORING PROGRAM  
 33 WEST STATE STREET  
 P. O. BOX 206  
 TRENTON, NEW JERSEY 08625-0206

PHILIP D. MURPHY  
*Governor*

SHEILA Y. OLIVER  
*Lt. Governor*

ELIZABETH MAHER MUCSO  
*State Treasurer*

MAURICE A. GRIFFIN  
*Acting Director*

### 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/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance). This website provides access to the forms in electronic format or on-line internet submission registration via the internet. You may also call the Division at (609) 292-5473 and a representative will assist you. Please have your State Certificate number ready when calling. Your State 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 State 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 State Certificate must be presented to the public agency awarding the contract, prior to the award of the contract.

Rev. 4-18

Form AA302  
Rev. 11/11

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

**EMPLOYEE INFORMATION REPORT**

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$15000 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION 8, ITEM 11. For instructions on completing the form, go to [http://www.state.nj.us/treasury/contract\\_compliance/pdf/eo1form.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/eo1form.pdf)

**SECTION A - COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY		2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 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 IN THE COLONETS: <input type="checkbox"/> SINGLE ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTIPLE ESTABLISHMENT EMPLOYER						
8. IF MULTIPLE ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ						
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT, IN PUBLIC AGENCY AWARDED CONTRACT						
		CITY		COUNTY	STATE	ZIP CODE
Official Use Only	DATE RECEIVED	IN/AUG. 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			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
	COL. 1	COL. 2	COL. 3	BLACK		HISPANIC		AMER. INDIAN		ASIAN		NON-HISPANIC	
	TOTAL (Cols 1-3)	MALES	FEMALES	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON-HISPANIC	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON-HISPANIC
Officials/Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operators (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
<b>TOTAL</b>													
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? <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)		14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO DAY YEAR
13. DATES OF PAYROLL PERIOD USED From _____ To _____			

**SECTION C - SIGNATURE AND IDENTIFICATION**

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

## 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 \$180.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOU ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

### TYPE OR PRINT IN SHARP BALL POINT PEN

**THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY WITH A CHECK IN THE AMOUNT OF \$180.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY (SEE IS NON-REFUNDABLE) TO:**

NJ Department of the Treasury  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program  
P.O. Box 298

Trenton, New Jersey 08625-0298

Telephone No. (609) 292-8473

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

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: \_\_\_\_\_

BUREAU \_\_\_\_\_ CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

JOB CATEGORY	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												
CONTRACTORS												
OPERATIVES												
LABORERS												
SERVICE WORKERS												
TOTAL												

I certify that the information on this form is true and correct.  
 NAME OF PERSON COMPLETING FORM (Print or Type) \_\_\_\_\_ SIGNATURE \_\_\_\_\_  
 LAST FIRST MI

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

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

**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.

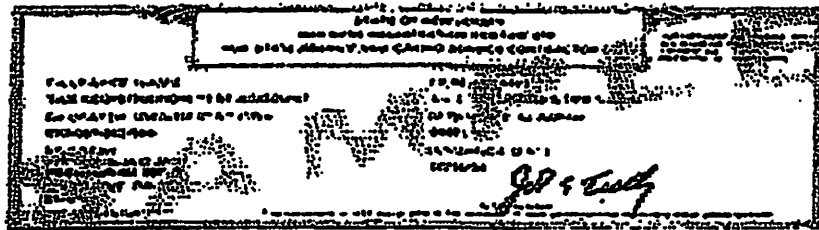
**"New Jersey Business Registration Certificate Requirements"  
For Goods, Professional Service and General Service Contracts**

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 [NJSA 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 1 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	
Principal Name	JAN HUI SHENG WITEN SA
Trade Name	
Address	207 N. JERSEY ST PHILADELPHIA, NJ 19106
Manufacturer Number	1042410
Annual Registration	October 12, 2006
For questions or comments, call 1-800-422-4222	

## Question and Answers for Bid #2006-001 - SMALL TOOLS AND HARDWARE SUPPLIES

### Overall Bid Questions

There are no questions associated with this bid.

Question Deadline: Jul 16, 2020 4:00:00 PM EDT



STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY  
DIVISION OF REVENUE  
TREASURER

TAXPAYER NAME:

DUNCAN HARDWARE, INC.

TRADE NAME:

DISCAR TRU-VALUE HARDWARE

ADDRESS:

776 WEST SIDE AVE

JERSEY CITY

EFFECTIVE DATE:

09/18/49

SEQUENCE NUMBER:

0952510

ISSUANCE DATE:

03/28/05

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at stated address.

Entry #

3551015000

# CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below 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 ~~15-MAR-2020~~ to ~~15-MAR-2027~~

DUNCAN HARDWARE INC.  
776 WEST SIDE AVENUE  
JERSEY CITY NJ 07306



A handwritten signature in cursive script, appearing to read "Elizabeth Maher Muoio".

ELIZABETH MAHER MUOIO  
State Treasurer



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
02/26/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

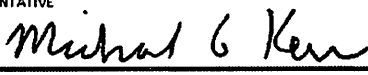
<b>PRODUCER</b> FEDERATED MUTUAL INSURANCE COMPANY HOME OFFICE: P.O. BOX 328 OWATONNA, MN 55062		<b>CONTACT NAME:</b> CLIENT CONTACT CENTER <b>PHONE (A/C, No, Ext):</b> 888-333-4949 <b>FAX (A/C, No):</b> 507-448-4664 <b>E-MAIL ADDRESS:</b> CLIENTCONTACTCENTER@FEDINS.COM	
<b>INSURED</b> DUNCAN HARDWARE INC 776 W SIDE AVE #784 JERSEY CITY, NJ 07306-6602		<b>INSURER(S) AFFORDING COVERAGE</b> INSURER A: FEDERATED MUTUAL INSURANCE COMPANY      NAIC # 13935	INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:

**COVERAGES**      **CERTIFICATE NUMBER: 7**      **REVISION NUMBER: 2**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY	N	N	9402521	12/12/2019	12/12/2020	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$100,000
	<input checked="" type="checkbox"/> BUSINESS OWNER'S LIABILITY						PERSONAL & ADV INJURY	\$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	\$2,000,000
	<input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						PRODUCTS - COMPIOP AGG	\$2,000,000
	OTHER:							
A	AUTOMOBILE LIABILITY	N	N	9402522	12/12/2019	12/12/2020	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	<input checked="" type="checkbox"/> ANY AUTO						BODILY INJURY (Per person)	
	<input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident)	
	<input type="checkbox"/> HIRED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR	N	N	9402524	12/12/2019	12/12/2020	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE	\$1,000,000
	<input type="checkbox"/> DED <input type="checkbox"/> RETENTION							
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY AND PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	N	A	9402525	12/12/2019	12/12/2020	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. EACH ACCIDENT	\$500,000
							E.L. DISEASE - EA EMPLOYEE	\$500,000
							E.L. DISEASE - POLICY LIMIT	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

<b>CERTIFICATE HOLDER</b> 340-714-5 COUNTY OF HUDSON 595 NEWARK AVE JERSEY CITY, NJ 07306-2394	<b>CANCELLATION</b> SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE 
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Notice to Purchaser - In the event that this check is lost, misplaced or stolen, a sworn statement and 90-day waiting period will be required prior to replacement. This check should be negotiated within 90 days.

Void After 90 Days

30-1/1140

Date 07/23/20 02:35:51 PM

NTX

BERKELEY HEIGHTS

0005 0090134 0081

Pay



**BANK OF AMERICA** **1896100**  
ONE EIGHT NINE SIX ONE CTSCTS

**\*\*\$18,961.00\*\***

\*\*Eighteen Thousand Nine Hundred Sixty One and 00/100 Dollars\*\*

To The Order Of **CITY OF JERSEY CITY**

Remitter (Purchased By): **DUNCAN HARDWARE INC**

Bank of America, N.A.  
SAN ANTONIO, TX

AUTHORIZED SIGNATURE

⑈ 1475706207⑈ ⑆ 114000019⑆ 001641006097⑈

00-53-3364B 06-2019

COPY/SCAN CAPTURED - ANTI-FRAUD PROTECTION

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KNOW YOUR ENDORSER - REQUIRE IDENTIFICATION  
ENDORSE CHECK HERE

X

DO NOT WRITE/SIGN/STAMP BELOW THIS LINE  
DEPOSITORY BANK ENDORSEMENT

00-53-3364B 06-2019