

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

**ELECTRICAL SUPPLIES**

**SUBMISSION DEADLINE:  
APRIL 14, 2020**

**ADDRESS ALL BID PROPOSALS TO:**

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

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84-487  
1111

CASHIER'S CHECK

9104968001

DATE 05/11/2020

ISSUING REGION

081

BRANCH

Secaucus

BRANCH DID

46804

PAY TO THE ORDER OF FIVE THOUSAND FOUR HUNDRED SIXTY TWO DOLLARS AND 87 CENTS

\$ 5,462.87  
Drawer: Capital One, N.A.

CITY OF JERSEY CITY

AUTHORIZED SIGNATURE

Read the reverse side for important information on the reissuance of lost, destroyed, or stolen cashier's check. This check may not be replaced until after the 90th day of issue.

RE: CATHERINE BELGIOVINE

THE BACK OF THIS DOCUMENT CONTAINS AN ARTIFICIAL WATERMARK - HOLD AT AN ANGLE TO VIEW

⑈9104968001⑈ ⑆111104879⑆ 76 200001 6⑈



CASHIER'S CHECK

9104968001

DATE 05/11/2020 FEE \$0.00

ISSUING REGION 081

BRANCH Secaucus

BRANCH DID 46804

FIVE THOUSAND FOUR HUNDRED SIXTY TWO DOLLARS AND 87 CENTS

PAY TO THE ORDER OF: CITY OF JERSEY CITY

\$ 5,462.87

RE: CATHERINE BELGIOVINE

CUSTOMER COPY

NON-NEGOTIABLE

This check may not be replaced until after the 90th day of issue.

▲ PAYEE ENDORSEMENT AREA ▲  
▼ THIS AREA FOR BANK USE • ONLY ▼

In order to make a claim for payment of a cashier's check which has been lost, destroyed, or stolen, you must either be the remitter of the check (the person who purchased it from Capital One National Association), or the payee (the person to whom the cashier's check is made payable) and you must complete an "Affidavit of Lost, Destroyed, or Stolen Cashier's Check" (available at any branch location) before a notary public. Please note that your claim is not effective until the 90th calendar day following the date of the cashier's check or the date the affidavit is received by us, whichever is later. Even if your claim has been received, we may pay the check prior to the effective date of your claim to any person entitled to enforce it. In the event your claim becomes effective and is honored, you may be liable for the amount of the check should it subsequently be paid to a person having the rights of a holder in due course.



**SPECIFICATIONS FOR:**  
**ELECTRICAL SUPPLIES**

**Sealed bids will be received, opened and read in public by the Purchasing Director 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 Purchasing Director 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 Purchasing Director 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 Purchasing Director. Bid proposals must comply with specifications.**

## **NOTICE TO BIDDERS**

**Sealed bid proposals will be received, opened and read in public by the Director of Purchasing at 394 Central Avenue, 3<sup>rd</sup> Floor, Jersey City, New Jersey 07307 at 11:00 A.M. on APRIL 14, 2020.**

## **ELECTRICAL SUPPLIES**

Contract documents, specifications, and bid forms may be downloaded by going online to [www.bidsync.com](http://www.bidsync.com). Questions by prospective bidders concerning this bid must be done online at [www.bidsync.com](http://www.bidsync.com).

Bidders (Contractors) are required to comply with requirements 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 the equal employment opportunity and affirmative action provisions. These provisions require a careful reading and are incorporated herein by Reference. Bidders are also required to comply with the requirements of P.L. 2004, c. 57 which includes the requirement that contractors provide copies of their Business Registration Certificates issued by the New Jersey Department of the Treasury, 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 but not in excess of \$20,000.00 made payable to the City of Jersey City.

**Bids may be submitted in person, or may be sent by certified mail return receipt requested, or may be sent by private courier service. Mail bids to: Raquel Tosado, Acting Purchasing Agent, 394 Central Avenue, 3<sup>rd</sup> Floor, Jersey City, N.J. 07307. Bids sent by mail must be received by the Director of Purchasing no later than 4:00 P.M. on the last City business day before the day of the bid reception. Bids sent by courier service must be delivered to the Director of Purchasing no later than 11:00 A.M. at 394 Central Avenue, 3<sup>rd</sup> Floor, Jersey City, N.J. 07307 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 Director of Purchasing. Bid proposals must comply with specifications.**

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

**ALLISON SOLOWSKY  
DIRECTOR  
DEPARTMENT OF PUBLIC WORKS**

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, P.A.C.O. – 13-15 Linden Ave. East, Jersey City, New Jersey 07305 - telephone # 201-547-4538 or to Raquel Tosado, Acting Purchasing Director – 394 Central Ave., 3rd 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 Contractor shall maintain sufficient insurance to protect against all claims under Workmen's Compensation, General Liability, Automobile Liability coverage and shall be subject to approval for adequacy of protection. Insurance requirements are as follows:

- **Commercial General Liability** in the amount of \$1,000,000 per occurrence and \$2,000,000 in the aggregate, including Products and Completed Operations and Contractual Liability coverage.

- **Workers' Compensation** with NJ statutory limits covering all employees of Proposer and/or subcontractors and **Employers' Liability** in the amount of \$1,000,000.
- **Automobile Liability** in the amount of \$1,000,000 combined single limit, for bodily injury and property damage, covering all owned, non-owned and/or hired automobiles used in the course of the project and/or contact work. Also, required are endorsements MCS-90 and CA-9948 Pollution Liability – broadened coverage for covered autos.

Before commencing the work, the Contractor shall furnish the City with a Certificate of Insurance (Certificate) verifying evidence of such insurance upon execution of this Contract. Except for Workers' Compensation, all Certificates shall name the City of Jersey City as an additional insured. All Certificates shall bear said City Project Name and Number if applicable.

The insurance policies required shall be kept in force for a period specified below.

- General Liability, Automobile Liability and Workmen's Compensation policies shall be kept in force until submission of the Contractor's final invoice.

TO: ALL BIDDERS

FROM: RAQUEL TOSADO, ACTING PURCHASING AGENT

SUBJECT: BID RESPONSE FORM

In keeping with our policy of evaluating and updating our bidding procedures, we are requesting that all bid recipients **who do not bid**; return this form stating the reason(s).

Thank you in advance for your cooperation.

BID SUBJECT: **ELECTRICAL SUPPLIES**

REASON(S) FOR NOT SUBMITTING A BID \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

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

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

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

Please return this form to:

Raquel Tosado, Acting Purchasing Director  
 394 Central Ave.  
 Jersey City, N.J. 07307



**SCOPE OF WORK**

The Vendor will deliver electrical supplies to the City of Jersey City (City) as requested by the Director of Buildings and Street Maintenance or his/her designee. The Vendor will transport and materials to Department of Public Works facility Monday through Saturday. On Monday through Friday, the hours will be from 7:00 a.m. to 5:00 p.m. and on Saturdays, the hours will be from 7:00 a.m. to 12:00 p.m.. The location of the facility is 13-15 Linden Avenue, Jersey City, NJ 07305.

**BID PROPOSAL/ DOCUMENTS**  
**ELECTRICAL SUPPLIES & MATERIAL**  
**DPW/ DIVISION OF BUILDINGS & STREET MAINTENANCE**

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

**\*\*\*Vendor must bid on the maximum number in column B**

ITEM A	***QUANTITY MINIMUM & MAXIMUM B	DESCRIPTION C	UNIT AMOUNT D	EXTENDED AMOUNT (D X B)	
1.	0-60	20 Amp G.F.I. Receptacles, Ivory, part # Leviton 6898HGI or approved equal	22.22 ea	1333.20	PASS & SEYMOUR
2.	0-40	Honeywell Thermostats, Parts # T87 or approved equal	48.39 ea	1935.60	M&W
3.	0-15	Pairs of Madison Holders or approved equal	27.67 cs	4.15	MULBERRY
4.	0-10	½ inch E.M.T. bender, Greenlee, part # 840 or approved equal	42.41 ea	424.10	Klein
5.	0-10	¾ inch E.M.T. bender, Greenlee, part # 841 or approved equal	47.83 ea	478.30	Klein
6.	0-200	Ty Raps, 15inch long, ideal, part # 15650 or approved equal	49.56 cs	9.91	GARDNER BENDER
7.	0-40	½ inch Sealtite Straight Connectors or approved equal	161.70 cs	64.68	TOPAZ
8.	0-40	½ inch Sealtite Angle Connectors or approved equal	2.59 ea	103.60	TOPAZ
9.	0-40	¾inch Sealtite Straight Connectors or approved equal	240.66 cs	96.26	TOPAZ
10.	0-40	¾ inch Sealtite Angle Connectors or approved equal	3.63 ea	145.20	TOPAZ
11.	0-25	Tri-tap Bell Transformers	14.26 ea	356.50	LOE
12.	0-10	Silicon Control Rectifiers for door openers	16.95 ea	169.50	ST. MICRO Ele
13.	0-250	Compression Connectors Low Volt Chiclets	10 ea	25.00	STERN
14.	0-3,000 ft.	14 x 2 BX Wire	330 M	990.00	Southwire
15.	0-4,500 ft.	12 x 2 BX Wire	330 M	1485.00	Southwire



**City Electric Supply**  
**619 Grand Street**  
**Jersey City, NJ 07304**

<u>ITEM</u>	<u>QUANTITY MINIMUM &amp; MAXIMUM</u>	<u>DESCRIPTION</u>	<u>UNIT AMOUNT</u>	<u>EXTENDED AMOUNT</u>		
16.	0-30	7/8 inch Hole Saws	6.04 ea	181.20	ITM	
17.	0-4,000 ft.	12 x 3 BX Wire	5.80 cs	2,320.00	Southwire	
18.	0-2,000 ft.	Plastic Anchor Boxes	0.04	80.00	Global	
19.	0-30	¼ inch Carbide Bits for Roto Hamers	3.98 ea	119.40	ITM	
20.	0-400	Lead Shields for #12 Sheet Metal Screws, (Star)	22.19 cs	88.76	ALL FASTENERS	
21.	0-50	Emergency Lite Packs, Battery Pack Op.	20.99 ea	1049.50	Lithion m	
22.	0-50	Exit Signs Packs, Battery Pack Op.	21.67 ea	1083.50	Lithion m	
23.	0-50	Combination Exit & Emergency Light Packs, Battery Pack Op.	49.45 ea	2472.50	Lithion m	
24.	0-300	Duplex Receptacle Plates, Ivory	0.25 ea	75.00	PASS & SEYMOUR	
25.	0-200	Single Pole Switch Plates, Ivory	0.25 ea	50.00	PASS & SEYMOUR	
26.	0-40	Two Gang Duplex Receptacle Plates, Ivory	0.91 ea	36.40	PASS & SEYMOUR	
27.	0-20	Two Gang Switch Plates, Ivory	0.53 ea	10.60	PASS & SEYMOUR	
28.	0-75	3-Wire Cord Caps	6.92 ea	519.00	PASS & SEYMOUR	
29.	0-75	3-Wire Cord Bodies	8.01 ea	600.75	PASS & SEYMOUR	
30.	0-75	4inch Rd Boxes	0.72 ea	54.00	RACO	
31.	0-20	Single Pole ST Time Clocks	57.77 ea	1155.40	TORK	
32.	0-20	Single Pole ST 7 Day Time Clocks	57.77 ea	1155.40	TORK	
33.	0-100	4 inch Square Boxes, ¼ X ½ KO's	78.20 cs	78.20	RACO	
34.	0-50	4 inch Square Deep Boxes, ¼ X ½	97.90 cs	48.95		
35.	0-50	4inch Square Extension Collars	123.86 cs	61.93		
36.	0-20	4 11/16inch Boxes	169.07 cs	33.81		
37.	0-400	4inch Square Blank Covers	40.25 cs	161.00		
38.	0-70	4inch Square Duplex Receptacles Covers	79.73 cs	55.81		
39.	0-70	4inch Square Double Duplex Covers	90.97 cs	63.68		
40.	0-70	Gem Boxes Rough In	182.39 cs	127.67		
41.	0-70	Single Pole Switch Covers	0.25 ea	17.50		PASS & SEYMOUR



**City Electric Supply**  
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<u>ITEM</u>	<u>QUANTITY MINIMUM &amp; MAXIMUM</u>	<u>DESCRIPTION</u>	<u>UNIT AMOUNT</u>	<u>EXTENDED AMOUNT</u>	
42.	0-30	Two Gang Switch Covers	0.91 ea	27.30	PASS & SEYMOUR
43.	0-300	2 X 4 Recessed Lighting	50.00 ea	15,000.00	LITHONIA
44.	0-40	Two-Lite 96 Strips	36.00 ea	1440.00	KB LTG
45.	0-55	Two Lite 4inch Fluorescent Light Fixtures	21.00 ea	1155.00	KB LTG
46.	0-150	Two Lite #96 Ballasts, (Universal #806 or approved equal)	19.14 ea	2871.00	Keystone
47.	0-150	Two- Lite #48 Ballasts, (Universal #446 or approved equal)	12.59 ea	1888.50	Keystone
48.	0-1,000 ft	½inch E.M.T. Conduit	33.42 cs	334.20	ALLIED
49.	0-400ft.	¾inch E.M.T. Conduit	56.87 cs	227.48	ALLIED
50.	0-200ft.	1inch E.M.T. Conduit	97.73 cs	195.46	ALLIED
51.	0-150	Single Pole 20 Amp G.E. Circuit Breakers, or approved equal	5.23 ea	784.50	GE
52.	0-60	Single Pole 15 Amp G.E. Circuit Breakers, or approved equal	5.23 ea	313.80	GE
53.	0-60	Two Pole 15 Amp G.E. Circuit Breakers, or approved equal	21.41 ea	1284.60	GE
54.	0-60	Two Pole 20 Amp G.E. Circuit Breakers, or approved equal	21.41 ea	1284.60	GE
55.	0-60	Two Pole 30 Amp G.E. Circuit Breakers, or approved equal	21.41 ea	1284.60	GE
56.	0-30	½inch L.B. Covers & Gaskets	5.13 ea	153.90	MULBERRY
57.	0-300	Duplex Receptacles or approved equal	84.70 cs	254.10	
58.	0-200	Single Pole Switches or approved equal	0.61 ea	122.00	PASS & SEYMOUR
59.	0-30	Three Way Switches, Leviton or Approved equal	1.05 ea	31.50	SEYMOUR
60.	0-50	Leviton # CR-20-1 Electrical receptacles, or approved equal	1.21 ea	60.50	
61.	0-20	#30-541 Ideal Wirenuts, 100 per bx	63.65	127.30	GARDNER BENDER



**City Electric Supply**  
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62.	0-40	#30-642 Ideal Wirenuts, 100 per bx	70 M	280.00	Gardner Bender	
63.	0-10 bxs.	#30-253 Wirenuts, 100 per bx	7.94 C	79.40		
64.	0-20 bxs.	#30-192 Wirenuts, 100 per box	97.37 M	194.74	Gardner Bender 3 M	
65.	0-20 bxs.	#31-052 Wirenuts, 100 per box	49.39 M	98.78		
66.	0-200	Scotch Lok Blues Wirenuts	42.23 M	8.45		
67.	0-50	Rolls of #33 Scotch Plastic Tape	4.19 ea	209.50		
68.	0-20	Rolls of White #35 Scotch Plastic Masking Tape, or approved equal	4.24 ea	84.80		
69.	0-20	Rolls of Red Scotch Plastic, Masking Tape, or approved equal	4.24 ea	84.80		
70.	0-20	Rolls of Green Scotch Plastic Masking Tape, or approved equal	4.24 ea	84.80		
71.	0-10	Rolls of #23 Rubber Tape	4.72 ea	47.20		
72.	0-250 ft.	#500 Wiremold	0.98 FT	245.00		Wiremold
73.	0-50	#5747 Boxes	5.02 ea	251.00		Wiremold
74.	0-30	#5785 Boxes	3.47 ea	104.10		Wiremold
75.	0-20	#5786 Boxes	8.23 ea	164.60		Wiremold
76.	0-20	#5790 - B Boxes	2.77 ea	55.40		Wiremold
77.	0-20	#5781 Boxes	2.66 ea	53.20		Wiremold
78.	0-20	#5751 Boxes	5.37 ea	107.40		Wiremold
79.	0-20	#5748 Boxes	6.73 ea	134.60	Wiremold	
80.	0-20	#5747-2 Boxes	9.90 ea	198.00	Wiremold	
81.	0-20	#5737-A Boxes	10.07 ea	201.40	Wiremold	
82.	0-20	#5738-A Boxes	9.23 ea	184.60	Wiremold	
83.	0-2	Greenlee #00113	9.01 ea	18.02	MAG bit	
84.	0-12	Greenlee #00115	5.41 ea	64.92	MAG bit	
85.	0-6	Greenlee #38504	13.57 ea	81.42	ITM	
86.	0-6	Greenlee #39873 Pilot Bits	2.13 ea	12.78	ITM	
87.	0-12	Greenlee #18-5/8	16.94 ea	203.28	ITM	



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88.	0-12	Greenlee #18-3/4	22.83 ea	273.96	ITM
89.	0-12	Greenlee #18-7/8	27.23 ea	326.76	ITM
90.	0-2	Greenlee #149-G-1	21.88 ea	43.76	ITM
91.	0-2	Greenlee #149G-3/4	20.29 ea	40.58	ITM
92.	0-2	Greenlee #149 G-3	37.57 ea	75.14	ITM
93.	0-200	¼ inch X 3 inch Toggle Bolts	17.54 c	35.08	ALL FASTENERS
94.	0-6	½ inch Arbors for Hole Saws	6.93 ea	41.58	ITM
95.	0-6	7/8 inch X 6 inch Nailers	16.59 ea	99.54	ITM
96.	0-40	#517 Internal Elbows	1.87 ea	74.80	WIREMOLD
97.	0-20	#518 Internal Elbows	1.69 ea	33.80	WIREMOLD
98.	0-50	V504, 2 Hole Wiremold Straps	26.83 c	13.42	WIREMOLD
99.	0-100	#5703, Wiremold Straps	.41 ea	41.00	WIREMOLD
100.	0-50	#511 Flat Elbows	2.01 ea	100.50	WIREMOLD
101.	0-1,000 ft.	#10, Black THWN Wire	152.04 M	152.04	ENCORE WIRE
102.	0-2,000 ft.	#10, Red, THWN Wire	152.04 M	304.08	
103.	0-2,000 ft.	#10, Blue, THWN Wire	152.04 M	304.08	
104.	0-2,000 ft.	#10, White, THWN Wire	152.04 M	304.08	
105.	0-2,000 ft.	#10, Green THWN Wire	152.04 M	304.08	
106.	0-250 ft.	#8, Green, THWN Wire	246.03 M	61.51	
107.	0-250 ft.	#6 Green, THWN Wire	378.54 M	94.64	
108.	0-250 ft.	#6 Black, THWN Wire	378.54 M	94.64	
109.	0-250 ft.	#6 Red, THWN Wire	378.54 M	94.64	
110.	0-250 ft.	#6Blue. THWN Wire	378.54 M	94.64	
111.	0-450 ft.	#6 White, THWN Wire	378.54 M	170.34	
112.	0-100	4inch Round Plates, (Blank)	36.56 c	36.56	MULBERRY
<b>GRAND TOTAL BID</b>					
<b>( ITEM 1 THROUGH ITEM 112)</b>					
				<b>\$54,628.74</b>	



**City Electric Supply  
619 Grand Street  
Jersey City, NJ 07304**

The City will use the Grand Total Bid amount to award the contract calculated by adding the bid prices for items 1 through 112.

The Vendor shall be paid based on the actual quantities used. The Vendor shall not exceed the maximum quantities stated above without the prior issuance of a change order.

Grand Total Bid

\$ Fifty Four Thousand Six Hundred + Twenty Eight Dollars  
(In Writing) and Seventy Four Cents.

\$ 54,628.74  
(In Figures)

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.

Pursuant to N.J.S.A. 40A:11-15, the City shall have options to renew the contract for up to two (2) 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. 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.
2. 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.
3. THE CITY OF JERSEY CITY WILL AWARD THE CONTRACT BASED ON THE GRAND TOTAL PRICE. FAILURE TO BID ON ANY ONE ITEM WILL RESULT IN THE REJECTION OF THE BID.

<p><i>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)</i></p>	
COMPANY NAME: City Electric Supply	NAME: ISAbella Cirilli
ADDRESS: 619 Grand ST	ADDRESS: 619 Grand ST
JERSEY City NJ 07304	JERSEY City NJ 07304
DATE: 5-12-2020	

**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	Prior to Execution of Contract by the Authority	Forfeiture of Bid Security
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 the 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 Certificate	With Bid Proposal or prior to the Contract award	Bid May Be Rejected
13. Execution of Contract Agreement	Within 10 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.

## Bid BUILDINGS 2020-3 ELECTRICAL SUPPLIES

**Bid Number** BUILDINGS 2020-3  
**Bid Title** ELECTRICAL SUPPLIES

**Bid Start Date** Mar 19, 2020 8:02:04 AM EDT  
**Bid End Date** May 12, 2020 11:00:00 AM EDT  
**Question & Answer End Date** May 5, 2020 4:00:00 PM EDT

**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

**Addendum # 1**

Previous End Date	Apr 14, 2020 11:00:00 AM EDT	New End Date	May 12, 2020 11:00:00 AM EDT
Previous Q & A End Date	Apr 7, 2020 4:00:00 PM EDT	New Q & A End Date	May 5, 2020 4:00:00 PM EDT
<b>Changes were made to the following items:</b>			
ELECTRICAL SUPPLIES			

**Addendum # 2**

<b>Changes were made to the following items:</b>
ELECTRICAL SUPPLIES

**Description**

This contract is for various electrical supplies needed for City owned buildings and facilities.

**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.**

**Added on Apr 6, 2020:**

See change of date for the receipt of bids.

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

**Added on May 8, 2020:**

**Link to Online Bid Opening**

**Added on May 8, 2020:**

**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.

**Addendum # 1**

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**Addendum # 2**

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**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. 1 Dated 4-6-2020  
Addendum No. 2 Dated 5-8-2020  
Addendum No. \_\_\_\_\_ Dated \_\_\_\_\_

Name of Bidder: City Electric Supply  
Street Address: 619 GRAND ST  
City, State, Zip: Jersey City, NJ 07304  
Authorized Signature: [Signature]  
Date: 5-12-2020



(An individual)  
The undersigned is (a corporation) under the laws  
(a partnership)

Of the State of New Jersey having offices

at 619 Grand St. Jersey City N.J. 07304

Signed Isabella Cirilli

Name Isabella Cirilli

Title member

Company City Electric Supply LLC

Address 619 Grand St  
Jersey City, N.J. 07304

Phone (201) 216-0015

Fax (201) 216-0081

(Seal if Bid by a Corporation)

**NON COLLUSION AFFIDAVIT**

**STATE OF NEW JERSEY  
CITY OF JERSEY CITY sis:**

I certify that I am Isabella Cirilli  
of the firm of City Electric Supply LLC

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

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

(Signature of Respondent) Isabella Cirilli

SUBSCRIBED AND SWORN TO  
BEFORE ME THIS DAY 12<sup>th</sup> May OF 20 20

(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF  
MY COMMISSION EXPIRES: 20 24

Catherine DeLuca

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



**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: City Electric Supply

Organization Address: 619 Grand St Jersey City Nj 07304

**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
Cecilia De Felice 3490	111 Colorado Blvd Old Bridge, Nj 08857
Isabella Cirilli 3370	39 Beech ST Little Ferry, Nj 07643
Catherine Belgiovine 3370	75 E Joseph ST Moonachie Nj 07074

**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
CECILIA DE FELICE 34%	111 Colorado Blvd Old Bridge Nj 08857
ISABELLA CIRILLI 33%	39 BEECH ST LITTLE FERRY NJ 07643
Catherine Belgiojoso 33%	75 E Joseph ST Moonachie, NJ 07074

**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):	ISABELLA CIRILLI	Title:	Member
Signature:	<i>Isabella Cirilli</i>	Date:	5-12-2020

SIGNATURE: *Isabella Cirilli*  
 TITLE: Member

SUBSCRIBED AND SWORN TO  
 BEFORE ME THIS 12<sup>th</sup> DAY OF May OF 2020  
 (TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF  
 MY COMMISSION EXPIRES: 2024

*Catherine DeLuca*

(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. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party

**PLEASE CHECK THE APPROPRIATE BOX:**

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is 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 box below.

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

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

Full Name (Print): Isabella Cirilli Signature: [Signature]  
Title: Member Date: 5-12-2020

**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)**



(REVISED 4/13)

**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**

**EXHIBIT A**

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, national origin, 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, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, national origin, sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

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

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

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

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

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, national origin, 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 passing conform 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 conformity 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, national origin, 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. 105-51 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. 105-51 and N.J.A.C. 17:27.

Representative's Name/Title (Print):

Isabella Cirillo

Representative's Signature:

[Signature]

Name of Company:

City Electric Supply

Date:

05-12-2020

Tel. No.: 201-216-2015



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

The contractor and the Town of Jersey City (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. 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 services 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 its performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature, arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

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

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

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

Representative's Name/Title Printed: Isabella Cirilli member  
Representative's Signature: [Signature]  
Name of Company: City Electric Supply  
Tel. No.: 201-216-0015 Date: 5-12-2020



**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:** City Electric Supply  
**Address:** 619 Grand ST Jersey City NJ 07304  
**Phone:** 201-216-0015  
**Email:** ICirilli@cityelectricupplyjc.com  
**Contact Name:** Isabella Cirilli

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.**





**State of New Jersey**

**PHILIP D. MURPHY**  
*Governor*

DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
33 WEST STATE STREET, 5TH FLOOR  
P.O. BOX 026  
TRENTON, NEW JERSEY 08625-026  
PHONE: 609-292-2146 FAX: 609-984-6679

**ELIZABETH MAHER MUOIO**  
*Acting State Treasurer*

**SHEILA Y. OLIVER**  
*Lt. Governor*

**JAMES J. FRUSCIONE**  
*Director*

**CERTIFIED**

*under the*

Small Business Set-Aside Act and Minority and Women Certification Program

This certificate acknowledges **CITY ELECTRIC SUPPLY LLC** is a **WBE** owned and controlled company, which has met the criteria established by N.J.A.C. 17:46.

This certification will remain in effect for three years. Annually the business must submit, not more than 20 days prior to the anniversary of the certification approval, an annual verification statement in which it shall attest that there is no change in the ownership, control or any other factor of the business affecting eligibility for certification as a minority or women-owned business.

If the business fails to submit the annual verification statement by the anniversary date, the certification will lapse and the business will be removed from the SAVI that lists certified minority and women-owned business. If the business seeks to be certified again, it will have to reapply and pay the \$100 application fee. In this case, a new application must be submitted prior the expiration date of this certification.



Peter Lowicki  
Deputy Director

**Issued:** October 9 2018  
**Certificate Number:** 72838-15

**Expiration:** October 8, 2021

### Sample Letter of Federally Approved Affirmative Action Plan

U.S. Department of Labor

Employment Standards Administration  
Office of Federal Control 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 RESULT IN THE REPORT BEING REJECTED AND THE CONTRACTOR BEING SUBJECT TO PENALTIES. FOR INSTRUCTIONS ON COMPLETING THE FORM GO TO <http://www.state.nj.gov/eo>

### SECTION A - COMPANY IDENTIFICATION

1. PID. NO. OR SOCIAL SECURITY: \_\_\_\_\_ 1. TYPE OF BUSINESS:  1. MFG  2. SERVICE  3. WHOLESALE  4. RETAIL  5. OTHER \_\_\_\_\_ 2. 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:  SINGLE ESTABLISHMENT EMPLOYER  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. DATE OF AWARDING CONTRACT: \_\_\_\_\_ CITY: \_\_\_\_\_ COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

11. DATE OF REPORT: \_\_\_\_\_ 12. INDUSTRY: \_\_\_\_\_ 13. ASSIGNED CONTRACT NUMBER: \_\_\_\_\_

### SECTION B - EMPLOYMENT DATA

11. Report all personnel (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, 3, & 5. DO NOT ROUND ANY FIGURES.

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

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

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC ORIGIN IN SECTION B OBTAINED?  
 1. Visual Survey  2. Employer's Record  3. Other (Specify): \_\_\_\_\_

13. DATES OF PAYROLL PERIOD USED: From: \_\_\_\_\_ To: \_\_\_\_\_

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

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

### SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (PRINT NAME): \_\_\_\_\_ POSITION: \_\_\_\_\_ 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 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 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 Philippines 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 (SEE NON-REFUNDABLE FEE).

NJ Department of the Treasury  
 Division of Purchase & Property  
 Contract Compliance and Audit Unit  
 EEO Monitoring Program  
 P.O. Box 205

Trenton, New Jersey 08625-0205

Telephone No. (609) 292-5473

Certification 42479

**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-AUG-2015 to 15-AUG-2022

CITY ELECTRICAL SUPPLY INC.  
374 6TH STREET  
JERSEY CITY NJ 07320



*Robert A. Romano*

Robert A. Romano,  
Acting State Treasurer

Sample Certificate of Employee Information Report

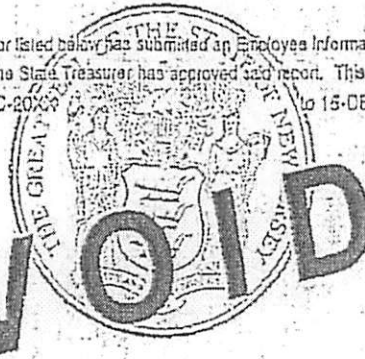
Certification 111XX

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

Print Form



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

## Duplicate Certificate of Employee Information Report Request

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

### SECTION A - COMPANY IDENTIFICATION

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

3. COMPANY NAME

4. STREET	CITY	COUNTY	STATE	ZIP CODE
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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 Type)	SIGNATURE	TITLE	DATE MO DAY YEAR		
7. ADDRESS NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	PHONE (AREA CODE, NO. & EXTENSION)

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

### SECTION C - OFFICIAL USE ONLY

RECEIVED DATE	DIVISION OF REVENUE DUE J:
---------------	----------------------------

### 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

**PHILIP D. MURPHY**  
*Governor*

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

**ELIZABETH MAHER MUOIO**  
*State Treasurer*

**SHEILA Y. OLIVER**  
*Lt. Governor*

**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  
EEO Monitoring Program

**EMPLOYEE INFORMATION REPORT**

**IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SIGN THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to [http://www.state.nj.us/treasury/contract\\_compliance/pdf/e11tbla.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/e11tbla.pdf)**

**SECTION A - COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
	<input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICES <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	

4. COMPANY NAME

5. STREET CITY COUNTY STATE ZIP CODE

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

7. CHECK ONE IN THIS CATEGORY:  SINGLE ESTABLISHMENT EMPLOYER  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. PUBLIC AGENCY AWARDED CONTRACT CITY COUNTY STATE ZIP CODE

Official Use Only	DATE RECEIVED	EMALDATE	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 SIGN THIS EEO-1 REPORT.**

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

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

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION 9 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?	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR
13. DATES OF PAYROLL PERIOD USED From To:	1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	

**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 PHONE (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 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 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 predominants 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 more, so indicate by entering "None" or "N/A".

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

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

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

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

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

Black Not of hispanic origin. Persons having origin in any of the Black racial groups of Africa.

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

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

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

Non-Hispanic: 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 by which 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.

**ITEM 18 -** Enter the name of the person completing the form. Include the signature, title and date.

**ITEM 19 -** Enter the total number of employees at the establishment being awarded the contract.

**ITEM 20 -** 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.

**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 (NON-REFUNDABLE) TO:

**NY Department of the Treasury**  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program  
P.O. Box 208  
Trenton, New Jersey 08628-0208

Telephone No. (609) 292-4473

\*\*\*\*\*  
 STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY  
 Division of Purchase & Property Contract Compliance Audit Unit SEO Monitoring Program  
 \*\*\*\*\*  
 VENDOR ACTIVITY SUMMARY REPORT  
 (INDICATE WHETHER APPROPRIATE) CHECK (X) APPROPRIATE ( ) INAPPROPRIATE  
 DISBURSED  UNDISBURSED  OTHER

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

	MALE				FEMALE								
	Total	Black	Hispanic	AM. Indian	Asian	Non-Min.	Total	Black	Hispanic	AM. Indian	Asian	Non-Min.	
CATERING													
OFFICE MANAGERS													
PROPERTY													
REPAIRS													
SECURITY													
TRAINING													
TRANSPORTATION													
UTILITIES													
WARRANTY													
WORKER COMPENSATION													
WORKER'S COMPENSATION													
WORKER'S COMPENSATION													
WORKER'S COMPENSATION													
WORKER'S COMPENSATION													
WORKER'S COMPENSATION													
WORKER'S COMPENSATION													

I certify that the information on this form is true and correct.  
 NAME (PRINT OR TYPE) \_\_\_\_\_ DATE SIGNED \_\_\_\_\_

COUNTY \_\_\_\_\_ AREA CODE \_\_\_\_\_ PHONE NUMBER \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_



**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.



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** CITY ELECTRIC SUPPLY LLC

**Trade Name:**

**Address:** 619 GRAND ST.  
JERSEY CITY, NJ 07304

**Certificate Number:** 1106451

**Effective Date:** November 15, 2004

**Date of Issuance:** May 06, 2020

**For Office Use Only:**  
20200506111805815

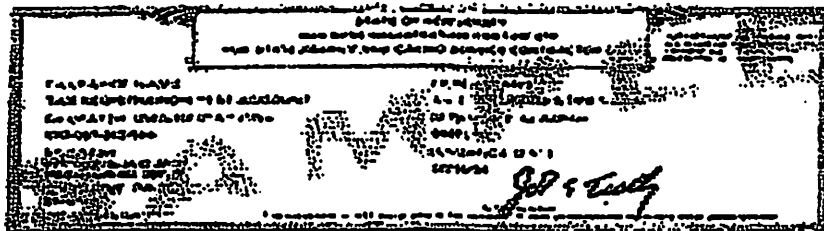
**"New Jersey Business Registration Certificate Requirements"  
For Goods, Professional Service and General Service Contracts**

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 [NJ.SA 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 I 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**

Trade Name	1234567890123456
Address	1234567890123456
Percentage of Ownership	100%
State of Incorporation	New Jersey
Registration No.	1234567890123456



## Question and Answers for Bid #BUILDINGS 2020-3 - ELECTRICAL SUPPLIES

### Overall Bid Questions

#### Question 1

If bid has already been submitted, can addendum sheet be submitted separately for May 12, 2020 bid end date? (Submitted: Apr 13, 2020 9:07:18 AM EDT)

#### Answer

- No, it must be included with the bid proposal on 5/12/20. (Answered: Apr 13, 2020 9:09:58 AM EDT)

Question Deadline: May 5, 2020 4:00:00 PM EDT