

**SERVICE CONTRACT PROPOSAL AND
QUALIFICATION AND COSTS SUBMISSION FORM**

Please provide the name and address of Submitting Firm/Company, Individual or Entity:

Please indicate the Service/ Title for which you are Submitting:

Please State the Name and address of specific City, Authority, Board or other Public Body to which you are responding:

Note: In responding to these questions, you may attach additional sheets as necessary. Please be sure to CLEARLY reference all additional sheets or relevant attachments under the appropriate question or area. Material not clearly referenced will not be considered.

- 1. Is your firm/company willing and able to perform the scope of services set forth in the Notice of Solicitation and the Solicitation Package for the above Service / Title?**

- 2. If the answer to question 1 is "No", then please explain any exceptions, clarifications or limitations to the scope of services that your firm/company is willing and able to provide?**

3. Please provide the names and roles of the individuals who will perform the services, descriptions of their education and experience, degrees, licenses and certifications relevant to those services including specific experience with the Client/Owner to whom this submission is being sent (or with similar Client/Owners).

4. Please discuss your (the firm's/company's) record of success in providing the same or similar services to those being requested.

5. Please provide references who can be contacted to substantiate the above noted experience or record of success for the same or similar service,

6. Please provide a list of your current municipal or public clients as well as past municipal clients.

In completing and submitting this form the submitting firm, company, individual or entity acknowledges that it has received and read the following which were provided with the submission materials:

- The Notice of Solicitation for Service, pertaining to the Title/Service which is the subject of this submission
- The "Title/ Service Description and Minimum Requirements" pertaining to the above Title/Service and any supplemental addendum.
- The "General Instructions, Submission and Selection Criteria"
- The "General Contract Requirements and Addendums A, B & C"

CHECKLIST. The following items, as indicated below, shall be provided with the receipt of sealed submissions:

1. Service Proposal, Qualifications and Costs Submission Form (This form) **must be signed and dated. Please be sure CLEARLY reference all additional sheets and attachments** _____
2. Non-Collusion Affidavit - **must be signed and Notarized** _____
3. Disclosure of Ownership Form - **must be signed** _____
4. Service Entity Information Form _____
5. Copy of your *Business Registration Certificate* as issued by the State of New Jersey Department of Treasury, Division of Revenue. _____
6. A copy of State of NJ, Department of the Treasury, Division of Revenue and Enterprise Services, Certificate of Good Standing. Information on this Certificate can be obtained on the web at <https://www.njportal.com/dor/businessrecords/>.
7. Copy of your *Business Registration Certificate* as issued by the State of New Jersey Department of Treasury, Division of Revenue _____
8. Disclosure of Investment Activities in Iran _____
9. Certification of Non-Involvement of Activities in Russia or Belarus _____

I certify that I am an authorized representative of the firm or business named below and offer on behalf of the firm or business to provide the services set forth herein in accordance with this submission form and the terms of the solicitation and submission materials noted above. I further certify that the information contained in and attached to this submission is true to the best of my knowledge and belief, with the understanding that it will be relied upon as such by the public entity to which it is being submitted.

Firm/Company: _____ Date: _____

Firm/Company Name (Print or Type):

BY:

Authorized Representative _____
Print Name _____ Print Title _____
Signature _____

Authorized Representative _____
Print Name _____ Print Title _____

Telephone#: _____ Fax#: _____

E-Mail _____

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY : SS.

COUNTY OF _____

I, _____ of _____
(Name of Affiant) (Affiant's Town, City, Borough or Municipality)

In the County of _____ and the State of _____, of full age
(Affiant's County) (Affiant's State)

being duly sworn according to law on my oath depose and say:

I am _____ of the firm or business _____
(Affiant's Title In Submitting Firm/Company) (Name of Submitting Firm/Company)

The Service Entity making the submission to provide services as _____

_____ to
(Service/Title/Contract Being Applied for)

the _____ (the "Client/Owner")
(Name of Municipality or Public Entity to which you are applying)

that I executed the enclosed documents and submissions with full authority to do so; that said Service Entity has not, directly or indirectly, entered into any agreements, participated in any collusion, or otherwise taken any action in restraint of fair and open competition in connection with the submission to be awarded a contract to provide such above named Service; and that all statements contained in said submission and in this affidavit are true and correct, and made with full knowledge that the Client/Owner has and will rely upon the truth of the statements contained in said submission and in the statements contained in this affidavit both in considering and making any awarding of a contract for said service.

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 established commercial or

selling agencies maintained by _____
(Name of Submitting Service Entity)

Subscribed and sworn to before me

this _____ day of _____, 20____

Notary Public, State of _____

(Signature of Affiant)

My Commission expires _____

(Type or Print name of affiant and Title, under signature)

DISCLOSURE OF OWNERSHIP FORM

N.J.S.A. 52:25-24.2 reads in part that "no corporation or partnership shall be awarded any contract by the State, County, Municipality or School District, or any subsidiary or agency thereof, unless prior to the receipt of the submission of the corporation or partnership, there is provided to the public contracting unit a statement setting forth the names and addresses of all individual who own 10% or more of the **stock or interest in the corporation or partnership**",

1. If the service entity is a *partnership*, then the statement shall set forth the names and addresses of all partners who own a 10% or greater interest in the partnership.
2. If the service entity is a *corporation*, then the statement shall set forth the names and addresses of all stockholders in the corporation who own 10% or more of its stock of any class.
3. If a corporation owns all or part of the stock of the corporation or partnership providing the submission, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that corporation.
4. If the service entity is other than a corporation or partnership, the contractor shall indicate the form of corporate ownership as listed below.

COMPLETE ONE OF THE FOLLOWING STATEMENTS:

I. Stockholders or Partners owning 10% or more of the company providing the submission:

NAME:

ADDRESS:

SIGNATURE: _____ DATE: _____

II. No Stockholder or Partner owns 10% or more of the company providing this submission:

SIGNATURE: _____ DATE: _____

III. Submission is being provided by an individual who operates as a sole proprietorship:

SIGNATURE: _____ DATE: _____

IV. Submission is being provided by a corporation or partnership that operates as a (check one of the following):

- | | |
|--|--|
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Limited Liability Corporation |
| <input type="checkbox"/> Limited Liability Partnership | <input type="checkbox"/> Subchapter S Corporation |

SIGNATURE: _____ DATE: _____

SERVICE ENTITY INFORMATION FORM

If the Service Entity is an **INDIVIDUAL**, sign name and give the following information: **Name:**

Address: _____

Telephone No.: _____ Social Security No.: _____

Fax No.: _____ E-Mail: _____

If individual has a **TRADE NAME**, give such trade name:

Trading As: _____ Telephone No.: _____

If the Service Entity is a **PARTNERSHIP**, give the following information: Name of

Partners: -----

Firm/Company Name: _____

Address: _____

Telephone No.: _____ Federal I.D. No.: _____

Fax No.: _____ E-Mail: _____

Social Security No. -----

Signature of authorized agent: -----

If the Service Entity is **INCORPORATED**, give the following information:

State under whose laws incorporated: _____

Location of principal office: -----

Telephone No.: _____ Federal I.D. No.: _____

Fax No.: _____ E-Mail: _____

Name of agent in charge of said office upon whom notice may be legally served:

Telephone No.: _____ Name of Corporation: _____

Signature: _____ By: _____

Title: _____ Address: _____