



REQUEST FOR PROPOSAL

FOR

***GENERAL COUNSEL SERVICES for the
Housing Authority of Bergen County and
the Housing Development Corporation of
Bergen County***

FOR PROPOSAL INFORMATION

ERICK MARTINEZ

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APRIL 2021

HOUSING AUTHORITY OF BERGEN COUNTY

REQUEST FOR PROPOSALS

GENERAL COUNSEL SERVICES for the Housing Authority of Bergen County and the Housing Development Corporation of Bergen County.

Procurement Schedule: Issuance of Request for Proposal: Friday, April 23, 2021
Last Day for Request for Clarifications (questions): Tuesday, May 4, 2021 by 10:00 A.M.
Proposal Due Date: Friday, May 14, 2021
Proposal Due Time (Eastern Daylight Prevailing Time): 10:00 A.M.

Introduction:

The Housing Authority on behalf of itself and the Housing Development Corporation of Bergen County, New Jersey (hereinafter called HABC & HDC) will accept proposals for legal services for **a period of Three (3) Years beginning June 1, 2021 and terminating May 31, 2024, with the option at the sole discretion of the Authority to extend the contract for an additional Two- One (1)- Year terms, for a total of Five (5) Years.** It is the HABC & HDC's desire to retain the services of a duly qualified Legal Counsel whose duties will include, but not be limited to attending monthly Board meetings and other meetings when requested to do so by the Executive Director, representing the HABC & HDC in eviction and collection proceedings, providing written memorandum of law when requested to do so by the Executive Director, representing the HABC & HDC in court proceedings and being available during normal business hours to respond to inquiries from HABC & HDC personnel.

This proposal is being solicited through a fair and open process in accordance with N.J.S.A. 19:A-20.4 et seq.

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Scope of Services:

The services to be provided are regarded as professional services, and selection will be based on the point system. As such, not only price but the qualifications and professional ability and other similar factors may be utilized in awarding the contract involved herein.

- 1) Attend monthly Board meetings and other meetings when requested to do so by the Executive Director
- 2) Represent the HABC & HDC in eviction and collection proceedings
- 3) Provide written memorandum of law when requested to do so by the Executive Director
- 4) Represent the HABC & HDC in court proceedings and being available during normal business hours to respond to inquiries from HABC & HDC personnel

Qualifications:

The proposal should include a summary of the professional qualifications of the staff that will be performing the aforementioned services under the scope of work. Also provide a brief history of the firm along with information about organization structure and size. Additionally, include a description of any prior experience the firm has had with public housing authorities.

1. Prior experience as a Housing Authority Attorney
2. Knowledge of and experience in Landlord/Tenant Law
3. Prior experience in working with a non-profit corporation in the development and construction of affordable housing
4. Knowledge and understanding of HUD regulations, including, but not limited to Public Housing, Subsidy Program and Annual Contributions Contract (ACC)
5. Knowledge of and experience in New Jersey Public Entity Law, such as the Local Public Contracts Law, Municipal Land Use Law, Tort Claims Act and Open Public Meetings Act

References:

Provide the name and address of five references of the specific type of services as noted under the scope of work, along with the phone number, fax number and email of each contact person.

Proposal Submission and Pricing Information:

All persons or Firms interested in submitting a proposal for legal services should submit a proposal indicating an annual retainer based on the services herein specified, payable on a monthly basis. Additionally, the vendor shall submit hourly rates for additional ancillary and/or general services which are not included in the original scope of work but may be required or requested at a future time. ***The proposal should be delivered HABC PURCHASING DEPT. c/o GFA, LLC, 576 Valley Road, Suite 242, Wayne, NJ 07470, on or before Friday, May 14, 2021 by 10:00 A.M.*** Proposals will be evaluated according to the Housing Authority's "Competitive Evaluation System." A copy of the evaluation system has been attached to the RFP for review by those persons interested in submitting a proposal.

HOUSING AUTHORITY OF BERGEN COUNTY

Contract Period:

This contract will be in force for a period of Three (3) Years beginning June 1, 2021 and terminating May 31, 2024, with the option at the sole discretion of the Authority to extend the contract for an additional Two- One (1)- Year terms, for a total of Five (5) Years. But shall be subject to earlier termination for convenience or cause, at the sole discretion of the Authority. Either party shall have the right to terminate the contract upon a thirty (30) day written notice to the other party. In the event of termination of the contract, the Firm's fees outlined within said contract shall be prorated to the date of termination.

The HABC & HDC and the Firm awarded the contract expressly agree that this contract shall not be deemed to create an employer-employee relationship between the HABC & HDC and the Firm, respectively, and no rights or privileges of an employee of the HABC & HDC shall inure to the Firm.

Award of Contract:

The HABC & HDC reserves the right to reject any or all proposals, or to waive any informalities contained therein and to award the contract in a manner that will best serve the interest of the HABC & HDC. Should the proposer to whom the contract is awarded fail to enter into a contract with the HABC & HDC, the HABC & HDC may then, at its option, accept the proposal of the next proposer with the highest score, as graded by the Evaluation Committee.

Governing Law, State and Funding:

This contract shall be governed by and construed in accordance with the laws of New Jersey (N.J.S.A. 40A: 11 et. seq. and N.J.A.C. 5:34.1 et. seq.). All contracts are subject to the availability and appropriation of funds annually.

HOUSING AUTHORITY OF BERGEN COUNTY

PROPOSAL FORM

Name of Firm: _____

Address: _____

Telephone #: _____ Fax #: _____

E-Mail address: _____

The following proposal is submitted in response to the request for proposal for GENERAL COUNSEL SERVICES for the Housing Authority of Bergen County and the Housing Development Corporation of Bergen County beginning June 1, 2021.

Total Annual Retainer fee to be submitted separately for:

	TOTAL ANNUAL RETAINER				
	ORIGINAL CONTRACT TERM			OPTIONAL ADDITIONAL YEARS	
	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE
HABC					
HDC					

Also provide the hourly rates for additional ancillary and/or general services which are not included in the original scope of work, but may be required or requested at a future time.

	HOURLY RATE				
	YEAR ONE	YEAR TWO	YEAR THREE	YEAR FOUR	YEAR FIVE
HABC					
HDC					

Signature: _____

Print Name: _____

Date: _____

HOUSING AUTHORITY OF BERGEN COUNTY

COMPETITIVE PROPOSAL EVALUATION SYSTEM

Type of Service: **General Counsel Services for HABC & HDC**

The HABC & HDC shall evaluate all responses to this request for proposal and eliminate those that are obviously unqualified or do not meet all the criteria to provide the required services. Selection will be based on the following points system:

- 1) Demonstrated prior experience and competence as a Housing Authority Attorney
- 2) Knowledge of and experience in Landlord/Tenant Law
- 3) Prior documented & verifiable experience in working with a non-profit corporation in the development and construction of affordable housing
- 4) Knowledge and understanding of HUD regulations, including, but not limited to Public Housing, Subsidy Program and Annual Contributions Contract (ACC)
- 5) Knowledge of and experience in New Jersey Public Entity Law, such as the Local Public Contracts Law, Municipal Land Use Law, Tort Claims Act and Open Public Meetings Act
- 6) Price based on an Annual Retainer payable in equal monthly payments
- 7) Firm's Equal Opportunity Policy. Each bidder must ensure that all employees and applicants for employment are not discriminated against because of race, color, religion, sex or national origin
- 8) Reasonable Geographic location of the firm relative to HABC & HDC

Total Point Score: 100

Rating Key:

0%	No response
50%	Marginal
70%	Acceptable
80%	Occasionally exceeds acceptability
90%	Consistently exceeds acceptability
100%	Outstanding in all respects

The Housing Authority of Bergen County reserves the right to reject any or all proposals or to waive any informalities contained therein.

HOUSING AUTHORITY OF BERGEN COUNTY

NON-COLLUSION AFFIDAVIT

I, _____, of the City/Town of _____,

in the County of _____, and the State of _____,

of full age, being duly sworn according to law on my oath depose and say that:

I am the _____ of the firm of _____ the bidder making this proposal for the above named project, and that I executed the said Proposal with full authority to do so; that said bidder has not, directly or indirectly, entered into an 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 Housing Authority 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 fully warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by:

Company Name

*Signature

Title

Date

*FAILURE TO SIGN THIS AFFIDAVIT BY THE PRESIDENT, VICE PRESIDENT OR DULY AUTHORIZED COMPANY OFFICIAL WILL RESULT IN REJECTION OF THIS PROPOSAL.

MUST BE NOTARIZED

HOUSING AUTHORITY OF BERGEN COUNTY

AFFIDAVIT FOR AFFIRMATIVE ACTION PLAN

STATE OF
COUNTY OF

_____ being first duly sworn deposes and says;
(Individual's Name)

THAT he/she is the _____ of the _____ and the
(Partner or Officer) (Firm Of)

party making a certain proposal or bid dated _____ 2021 for work in connection with the
bid for _____ (Indicate Job Name)

located in _____, New Jersey that such proposal or bid is
submitted with full knowledge and understanding of the Affirmative Action Plan (AAP) requirements
contained herein; that in submitting such proposal or bid, the bidder acknowledges that he or she must and
will fulfill these requirements and that all statements in said proposal or bid are true.

SIGNATURE OF: Bidder, if the bidder is an individual;
Officer, if the bidder is a Corporation;
Partner, if the bidder is a Partnership;

(Signature of Contractor)

Subscribed and sworn to before me, this _____ day of _____ 2021

Notary Public

HOUSING AUTHORITY OF BERGEN COUNTY

AFFIRMATIVE ACTION AFFIDAVIT

(to be completed by firms with less than 50 employees)

I, _____, of the (City, Town, Borough) of _____ in the County of _____, State of _____, of full age being duly sworn according to law on my oath depose and say that:

1. I am (President, Partner, Owner) of the firm of _____ a bidder making a proposal upon the above named project.
2. (Name of Firm/Co.) _____ does not have 50 employees or more inclusive of all officers and employees of every type.
3. I am familiar with the affirmative action requirements of P.L. 1975 c. 127 and rules and regulations issued by the Treasurer, State of New Jersey, pursuant thereto.
4. (Name of Firm/ Co.) _____ has complied with all the affirmative action requirements of the State of New Jersey, including those required by P.L. 1975 c. 127 and the rules and regulations issued by the Treasurer, State of New Jersey, pursuant thereto.
5. I am aware that if _____ does not comply with P.L. 1975 c. 127 and rules and regulations issued pursuant thereto, that no monies will be paid by the Housing Authority of Bergen County until an affirmative action plan is approved. I am also aware that the contract may be terminated and (Name of Firm/Co.) _____ may be debarred from all public contracts for a period of up to five (5) years.
6. In the event my workforce increases to 50 employees, I must contact the State Affirmative Action Office and complete an Employee Information Report.

Signature President, Vice-President or Authorized Representative.

Name and Title

MUST BE NOTARIZED

HOUSING AUTHORITY OF BERGEN COUNTY

BUSINESS REGISTRATION CERTIFICATE

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


DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 322
TRENTON, NJ 08646

TAXPAYER NAME: TAX REGISTRATION TEST ACCOUNT
TAXPAYER IDENTIFICATION: 97C-227-362/500
ADDRESS: 847 ROEBLING AVE
TRENTON NJ 08611
PERIOD OF DATE: 01/20/04
FORM-B4C(08-01)

TRADE NAME: CLIENT REGISTRATION
SEQUENCE NUMBER: 0107230
ISSUANCE DATE: 07/14/04

John S. Evely
JAN 15 2004

This Certificate is NOT negotiable or transferrable. It must be conspicuously displayed at above address.



STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: TAX REG TEST ACCOUNT
Trade Name:
Address: 847 ROEBLING AVE
TRENTON, NJ 08611
Certificate Number: 1092997
Date of Issuance: October 14, 2004

For Office Use Only:
20041014112823533

HOUSING AUTHORITY OF BERGEN COUNTY

Form W-9 (Rev. October 2018) Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Request for Taxpayer Identification Number and Certification</h2> <p style="margin: 0; color: blue;">▶ Go to www.irs.gov/FormW9 for instructions and the latest information.</p>	Give Form to the requester. Do not send to the IRS.
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Print or type. See Specific Instructions on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%;"> 1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. </td> <td style="width: 40%;"></td> </tr> <tr> <td> 2 Business name/disregarded entity name, if different from above </td> <td></td> </tr> <tr> <td> 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. </td> <td> 4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): </td> </tr> <tr> <td> <input type="checkbox"/> Individual/sole proprietor or single-member LLC </td> <td> Exempt payee code (if any) _____ </td> </tr> <tr> <td> <input type="checkbox"/> C Corporation </td> <td> Exemption from FATCA reporting code (if any) _____ </td> </tr> <tr> <td> <input type="checkbox"/> S Corporation </td> <td> <small>(Applies to accounts maintained outside the U.S.)</small> </td> </tr> <tr> <td> <input type="checkbox"/> Partnership </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Trust/estate </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ </td> <td></td> </tr> <tr> <td> <input type="checkbox"/> Other (see instructions) ▶ _____ </td> <td></td> </tr> <tr> <td> 5 Address (number, street, and apt. or suite no.) See instructions. </td> <td> Requester's name and address (optional) </td> </tr> <tr> <td> 6 City, state, and ZIP code </td> <td></td> </tr> <tr> <td> 7 List account number(s) here (optional) </td> <td></td> </tr> </table>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.		2 Business name/disregarded entity name, if different from above		3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	<input type="checkbox"/> Individual/sole proprietor or single-member LLC	Exempt payee code (if any) _____	<input type="checkbox"/> C Corporation	Exemption from FATCA reporting code (if any) _____	<input type="checkbox"/> S Corporation	<small>(Applies to accounts maintained outside the U.S.)</small>	<input type="checkbox"/> Partnership		<input type="checkbox"/> Trust/estate		<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____		<input type="checkbox"/> Other (see instructions) ▶ _____		5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)	6 City, state, and ZIP code		7 List account number(s) here (optional)	
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7 List account number(s) here (optional)																											

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

	Social security number [] [] [] - [] [] - [] [] [] []
	or Employer identification number [] [] [] [] - [] [] [] [] [] [] [] []

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
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General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Acknowledgment of Receipt of Addenda

Please note that this Form must be returned with your proposal regardless if you received an addenda or not. Failure to return this Form with your proposal is a non-curable fatal flaw which shall cause your proposal to be rejected

The undersigned respondent hereby acknowledges receipt of the following Addenda, (if any)

ADDENDA NUMBER	DATE OF ADDENDA	DATE ADDENDA RECEIVED BY CONTRACTOR

No addenda issued

Signed: _____ Title: _____

Printed Name: _____ Date: _____

Company: _____

HOUSING AUTHORITY OF BERGEN COUNTY

PROPOSAL SUBMITTAL REQUIREMENT CHECKLIST

(PLEASE CHECK OFF EACH ITEM)

#	MANDATORY SUBMITTAL REQUIREMENTS	YES	NO
1	Proposal Submittal Requirement Checklist		
2	Proposal Form		
3	Non-Collusion Affidavit		
4	Affirmative Action Affidavit & Affidavit for Affirmative Action Plan		
5	Acknowledgment of Receipt of Addenda (Failure to return will result in disqualification of your proposal)		
6	New Jersey Business Registration Certificate		
7	Professional Service Entity Information Form		
8	Mandatory Equal Employment Opportunity Notice		
9	Americans With Disabilities Act Language (check off that it was read)		

HOUSING AUTHORITY OF BERGEN COUNTY

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY NOTICE

(N.J.S.A. 10:5-31 et seq. and N.J.A.C 17:27 et seq.)

GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS

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

The successful professional service entity shall submit to the Housing Authority of Bergen County after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

- I. A photocopy of a valid letter that the vendor is operating under an existing Federally approved or sanctioned affirmative action program (good for one (1) year from the date of the letter);

OR

- II. A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C 17:27-1.1 et seq.;

OR

- III. A photocopy of an Employee Information Report (Form AA302) provided by the Division of Contract Compliance and distributed to the _____ to be completed by the vendor in accordance with N.J.A.C. 17:27-1.1 et seq.

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

The undersigned professional service entity further understands that his/her submission shall be rejected as non-responsive if said professional service entity fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.

COMPANY: _____

SIGNATURE: _____ TITLE: _____

PRINT NAME: _____ DATE: _____

HOUSING AUTHORITY OF BERGEN COUNTY

SERVICE ENTITY INFORMATION FORM

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

Name: _____

Address: _____

Telephone No: _____ Federal ID No.: _____

Fax No.: _____ E-Mail: _____

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

Trading as: _____ Telephone No.: _____

If the Professional Service Entity is a **PARTNERSHIP**, sign name and give the following information:

Name: _____

Address: _____

Telephone No: _____ Federal ID No.: _____

Fax No.: _____ E-Mail: _____

Signature of authorized agent: _____

If the Professional Service Entity is a **CORPORATION**, sign name and give the following information:

State under whose laws incorporated: _____

Location of principal office: _____

Telephone No: _____ Federal ID 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: _____

HOUSING AUTHORITY OF BERGEN COUNTY

The federal Americans with Disabilities Act of 1990 requires bid specifications and contracts to contain language that prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities.

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

The contractor and the Housing Authority of Bergen County (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 there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

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

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

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

HOUSING AUTHORITY OF BERGEN COUNTY

For Publication in The Record: Friday, April 23, 2021

REQUEST FOR PROPOSALS Competitive Contract

The Housing Authority of Bergen County, in compliance with N.J.S.A. 19:44A-20.4 et seq., N.J.S.A 10:5-31 & N.J.A.C. 17-27 et seq. is seeking Sealed Proposals for:

GENERAL COUNSEL SERVICES for the Housing Authority of Bergen County and the Housing Development Corporation of Bergen County.

All attorneys submitting proposals must be licensed to participate in the State of New Jersey.

Request for Proposals may be obtained on our website at www.habcnj.org.

The services to be provided are regarded as professional services, and selection will be based on price and other factors.

The proposal opening will be held at 10:00 a.m. (prevailing time) on Friday, May 14, 2021 at which time they will be opened and publicly read via zoom as listed below. LATE PROPOSALS WILL NOT BE ACCEPTED. PHOTOCOPIES OR FACSIMILIES OF THE PROPOSAL DOCUMENTS WILL NOT BE ACCEPTED IN LIEU OF THE ORIGINALS.

During the COVID-19 pandemic all proposal packets will only be available electronically on “Vendor Registry”. Vendors can register on the following link:

<https://vrapp.vendorregistry.com/Vendor/Register/Index/bergen-county-housing-authority-nj-vendor-registration>

Once registered, a vendor will be able to download any open and available proposal on the following link:

<https://vrapp.vendorregistry.com/Bids/View/BidsList?BuyerId=ae35e3d1-5079-4fe0-9688-0d6422c5d4bf>

All documents must be completed as required and vendor must submit their proposals electronically no later than the date and time outlined in the RFP documents.

Additionally, pursuant to N.J.S.A. 40A: 11-23 a hard copy of each proposal must also be mailed

HOUSING AUTHORITY OF BERGEN COUNTY

- 1) on original forms, as made available electronically, in a sealed envelope no later than the date and time outlined in the RFP documents.
- 2) addressed and mailed to the HABC Purchasing Department as noted below
- 3) bearing the name and address of the proposer on the outside
- 4) clearly marked "PROPOSAL" with the name of the item(s) being proposed

HABC PURCHASING DEPT. c/o GFA, LLC
576 Valley Road
Suite 242
Wayne, NJ 07470

It should be noted that electronic proposal submissions will be kept locked and will only be made accessible to the Authority on the prescribed proposal opening date and time herein noted. Additionally, all hard copies mailed to the above address shall be kept sealed, and will be received and publicly opened on the opening date and time in the conference room of GFA, LLC using virtual teleconferencing which can be accessed by logging in to zoom in the following manner:

Join Zoom Meeting:

Time: Friday, May 14, 2021 at 10:00 AM Eastern Time (US and Canada)

<https://us04web.zoom.us/j/9927769002?pwd=bjJYUjhBamQySFdyQURyVVRiZjBDdz09>

Meeting ID: 992 776 9002
Password: HABC0828

The Housing Authority of Bergen County reserves the right to reject any or all proposals, or to waive any informalities contained therein. No proposal shall be withdrawn for a period of sixty (60) days subsequent to the proposal due date without the consent of the Housing Authority of Bergen County.

Lynn Bartlett
Executive Director
Housing Authority of Bergen County

By: Vincent Bufis, Q.P.A.
Director of Operations

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