
Bid Request
***Scavenger and/or
Garbage Removal Services***

at

Grove Gardens
41 Grove St., South Hackensack, NJ



For Site Information
See Attachment #1

For Bid Information
Jerry Volpe
Telephone # 1-973-464-6800
Email: volpe@habcnj.org

AUGUST 2020

BID FOR: **SCAVENGER AND/OR GARBAGE REMOVAL SERVICES AT GROVE GARDENS**

ADVERTISEMENT DATE:

CONTENTS OF BID PACKAGE:

- X 1. **Public Advertisement for Invitation for Bid (from the Record August 12, 2020) made a part of specifications**
- X 2. **Bid Document Submission List**
- 3. Specifications HABC 2020.08.12 dated August 12, 2020
- X 4. **Bid Form**
- X 5. **Non-Collusion Affidavit (must be notarized)**
- X 6. **Notice to Corporations and Partnerships (2 pages)**
- X 7. **Statement of Ownership**
- X 8. **Affirmative Action Affidavit and Regulations (must be notarized)**
- X 9. **Affidavit for Affirmative Action Plan (must be notarized)**
- X 10. **Affidavit for Minority Business Enterprise (must be notarized)**
- 11. General Contractor and Subcontractor Qualification Questionnaire (Narrative 2 pages)
- X 12. **General Contractor Qualification Questionnaire (8 pages)**
- X 13. **Sub-Contractor Qualification Questionnaire (8 pages) Must be submitted for each subcontractor used**
- X 14. **Representations, Certifications, and Other Statements to Bidders**
- X 15. **Previous Participation Certification**
- X 16. **Bid Bond or Certified Check**
- 17. Instruction to Bidders for Contracts for Public Housing Programs
- 18. Important Notices regarding Bonding Requirements
- X 19. **Business Registration Certificate (Must be submitted for the contractor, and each sub-contractor used)**
- X 20. **References Attachment**
- X 21. **Contractor and Sub-Contractor Qualifications and Licensing Requirements**
- X 22. **Acknowledgment of Receipt of Changes/Addendums/Clarifications to Bid Documents**
- X 23. **Conflict Of Interest & Political Contribution Disclosure Form**
- X 24. **Section 3 Requirements & Certification of Conformity**
- X 25. **MSDS Sheets (if applicable)**
- X 26. **W-9 Form (Request for Taxpayer Identification Number and Certification)**
- X 27. **A Certificate from a Surety Company, pursuant to N.J.S.A. 40A:11-22**

Pre-Bid Opening: NONE

OPENING OF BIDS: **11:00 a.m.. on Friday October 16 , 2020**

BIDDERS PLEASE NOTE: ALL ITEMS PRECEDED BY AN "X" MUST BE RETURNED IN YOUR BID PACKAGE. FAILURE TO INCLUDE ANY OF THESE ITEMS MAY DISQUALIFY YOU AS A BIDDER.

Date: _____

NOTICE TO BIDDERS

Sealed bids will be received by GFA, LLC, on behalf of the Housing Authority of Bergen County on Friday, October 16, 2020 at 11:00 a.m. prevailing time at GFA, LLC's main office. Bids are to be submitted to HABC care of GFA, LLC, 576 Valley Road, Suite 242, Wayne NJ 07470 for: **SCAVENGER AND/OR GARBAGE REMOVAL SERVICES AT GROVE GARDENS, 41 GROVE ST, SOUTH HACKENSACK, NJ** in accordance with specifications HABC 2020.08.12 dated August 12, 2020.

The contract shall be for a term of up to 5 years at the discretion of the HABC. All multi-year contracts (if any) shall be subject to fund availability on a yearly basis and the contractor must agree to the extension. The Housing Authority of Bergen County reserves the right to delete sections of the work from the Contract after the award of the bid has been made, due to funding or other reasons. The prices bid for the various items and/or services shall not be adjusted due to the deflection of any work or due to the variation of any quantity for the various items and/or services scheduled in the bid. The Housing Authority of Bergen County reserves the right to modify the locations & quantities at the unit price.

The bid opening will be held at 11:00 a.m. (prevailing time) on Friday, October 16, 2020, at which time they will be opened and publicly read via zoom as listed below. LATE BIDS WILL NOT BE ACCEPTED. PHOTOCOPIES OR FACSIMILIES OF THE BID DOCUMENTS WILL NOT BE ACCEPTED IN LIEU OF THE ORIGINALS.

During the COVID-19 pandemic, while the statewide 'State of Emergency' declaration is still in effect, all bid packets will only be available electronically on "Vendor Registry" and 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 bid 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 bid electronically no later than the due date and time outlined in the bid documents.

Additionally, pursuant to N.J.S.A. 40A: 11-23 a hard copy of each bid must also be mailed on original forms made available, in a sealed envelope no later than the due date and time outlined in the bid documents.

- 1) addressed and mailed to the HABC Purchasing Department as noted below
- 2) bearing the name and address of the bidder on the outside
- 3) clearly marked "BID" with the name of the item(s) being bid

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

It should be noted that electronic bid submissions will be kept locked and will only be made accessible to the Authority's Qualified Purchasing Agent on the prescribed bid 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 bid 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: October 16, 2020 at 11:00 AM Eastern Time (US and Canada)

<https://us04web.zoom.us/j/74842806292?pwd=RzdKTHZmRFRxZ0UySFliVkJSQWlkdz09>

Meeting ID: 992 776 9002

Password: HABC101620

Individuals lacking resources or know-how for technological access to the bid documents should contact Jerry Volpe, the Authority's Qualified Purchasing Agent for assistance in accessing plans and bid documents by calling 1-973-464-6800 or by emailing him at volpe@habcnj.org. Further, those individuals who have no capacity to access computer or mobile devices may obtain detailed

instructions on how to obtain access to the public bid opening process by contacting Jerry Volpe, the Authority's Qualified Purchasing Agent at the above referenced phone number and email address.

A certified check or bank draft payable to the Housing Authority of Bergen County or a Bid Bond in the amount of not less than ten percent (10%) of the bid amount not to exceed \$20,000.00 shall be submitted with each re-bid. Each re-bid shall be accompanied by a Consent of Surety Guarantee that if a contract is awarded, the bidder shall enter into a contract and shall furnish a Performance Bond and a Material and Labor Payment Bond for One Hundred percent (100%) of the contract price.

THE SURETY COMPANY WHERE BONDING IS OBTAINED MUST BE LICENSED IN THE STATE OF NEW JERSEY AND APPEAR IN THE MOST CURRENT DEPARTMENT OF THE TREASURY'S LISTING OF APPROVED SURETIES (DEPARTMENT CIRCULAR 570).

Prospective bidders are strongly urged to visit the sites prior to submitting a re-bid. Failure to do so will not waive the contractor of their responsibility.

The successful bidder shall be required to comply with the provisions of the New Jersey Prevailing Wage Act, Chapter 150 of the Laws of 1963, Section 3 of the Housing and Urban Development Act of 1968, as amended, as well as the requirements of P.L. 1975C.127 regarding Affirmative Action, Executive Order 11246 regarding Equal Employment Opportunity.

The Housing Authority of Bergen County reserves the right to reject any or all re-bids, waive any informalities in the bidding, sever or make awards of all or parts of any re-bids to one or more bidders. No re-bid shall be withdrawn for a period of sixty (60) days subsequent to the re-bid opening date without the consent of the Housing Authority of Bergen County.

Lynn Bartlett
Executive Director
Housing Authority of Bergen County

By: Jerry Volpe
Qualified Purchasing Agent

SPECIFICATIONS FOR SCAVENGER SERVICE AND/OR GARBAGE REMOVAL SERVICE
Grove Gardens, 41 Grove St., South Hackensack, NJ

1. Contractor shall supply all material, equipment, tools, permit, insurance and labor necessary to safely collect and legally dispose of all waste materials from the buildings listed herein on Attachment #1. This document shall be an integral part of any contract executed by the Housing Authority of Bergen County, hereinafter referred to as the Authority and the contractor and may not be modified except as agreed to, in writing, by both parties.
2. Waste material is defined as follows:
 - a. Refuse of animal or vegetable matter.
 - b. Waste paper, tin, cans, bottles (plastic and/or glass).
 - c. Cloth material.
 - d. Grass cuttings, old hedges/bushes or bush or tree trimmings and leaves, provided the same are put in containers or are bundled and placed at container locations.
 - e. Discarded household appliances and furniture, which shall include, but shall not be limited to, washing machines, dryers, sofas, stuffed chairs, carpets which are rolled and tied, mattresses, bed springs, etc.
 - f. Christmas trees and other ornamental trees used for decoration purposes. These trees are to be picked up in their natural state and may or may not be bundled.
 - g. Contractor will not be required to remove major construction debris such as broken concrete, etc. However, the contractor will be responsible for the removal of materials resulting from minor repairs and renovations performed by the Authority.
3. Contractor shall be responsible for obtaining (at their expense) all necessary licenses, permits, insurance and certificates as required by the State of New Jersey and the County of Bergen. Copies are to be submitted with the bid.
4. Contractor shall be responsible for the legal disposal of waste materials from the sites. Copies of dumping permits must be submitted with the bid.
5. Contractor shall be responsible for the cleaning up of any spillage of waste materials, which may occur during the pickup of same. Any required clean up must be done immediately.
6. Contractor shall, at all times, keep noise to a minimum in connection with the collection of waste material.

7. Contractor shall provide price quotations, for one year, two years, three years, four years and five years, for the building listed in Attachment #1. The Authority has the right to select any of the above and to increase or decrease the size and number of containers at the unit process you provide.
8. Contractor shall be responsible to supply and maintain all containers in satisfactory working condition, which shall include, but shall not be limited to the repair and/or replacement of container covers, wheels, etc. Should the containers become inoperable, during the course of the contract, the contractor shall provide replacements of like kind without additional cost.
9. The Authority will be responsible for snow removal, if accumulated snowfall hinders the contractor in the performance of his/her work. Snowfall under 6" accumulation shall not relieve the contractor of his/her responsibility to make scheduled collections.
10. Containers must be returned to enclosures and gates must be closed after each pick up, as applicable. Contractor shall at his/her own expense, be responsible to restore all areas damaged.
11. The safety of visitors, residents and workers at the building shall not be jeopardized.
12. Accumulation of refuse left outside containers will not be allowed, and must be picked up, in addition to the garbage in each container. On these occasions, HABC staff will be available, if needed, to assist the driver with the pick-up of all garbage and refuse, **inside and outside the containers.** The site must be left clean, and all areas disturbed must be restored to their original condition.
13. Contractor must make arrangements to visit the job site to familiarize themselves with all current conditions affecting this work. Failure to visit the site will not release the contractor of his responsibility to provide all the requirements of this job.
14. Contractor shall be responsible to restore all areas damaged by the removal operation.
15.
 - a. Prior to the award of a contract, the contractor will be required to provide the Authority with telephone number(s) to be used to contact the contractor in emergency situations.
 - b. Contractor shall also provide the name(s) and telephone number(s) of any and all sub-contractors to be used by the contractor in the removal operation.
 - c. Contractor must provide a schedule of pickups as per Attachment#1.

16. These specifications are intended to provide a guide on how the work is to be done and material and equipment to be used, but in no way are they exhaustive. Should any work, equipment or material be required which is not specified herein, but which is nevertheless necessary for the proper execution of the work, such work equipment and material shall be provided as fully as if they were specified without any additional compensation to the contractor.
17. Contractor shall provide general liability, automobile liability and Workers Compensation coverage with the following limits: \$1,000,000, \$1,000,000, and \$1,000,000 respectively. A Certificate of Insurance must be provided within ten (10) days after notice of award is made to the contractor.
18. Invoices must be submitted to the Housing Authority of Bergen County, One Bergen County Plaza, Floor 2, Hackensack, New Jersey 07601, by no later than the last Friday of the month to be considered for payment at the end of month. Failure to comply with this requirement will result in a delay in the processing of invoices.
19. The Contract shall be awarded for a period not to exceed 5 years and may be for any combination of years from 1 through 5 years. The Housing Authority of Bergen County reserves the right to delete sections of the work from the Contract after the award of the bid has been made due to funding or other reasons. The prices bid for the various items of work shall not be adjusted due to the deflection of any work or due to the variation of any quantity for the various items scheduled in the bid.

SCAVENGER SERVICE AND/OR GARBAGE REMOVAL SERVICES

ATTACHMENT # 1 (REVISED)

LOCATION	TYPE OF GARBAGE	# OF CONTAINERS	SIZE OF CONTAINERS	NUMBER OF PICK-UPS PER WEEK	
				GENERAL ITEMS	RECYCLED ITEMS
Grove Gardens 41 Grove Street South Hackensack, NJ 07606 Contact: David Scardino/Property Manager cell phone: 201-954-4582	General	1	2.5 cubic yards	2x per week	
	Recyclable	1	2 cubic yards		1x per week

NOTE: The Recyclable Items include: Paper, Cardboard, Plastic, Glass & Cans. All recyclable bins must be identified with proper signs. During the term of the contract, if any town passes an ordinance requiring the recyclables to be picked up separately, the contractor must provide recyclable containers and pick up service for that location, upon written request from the Housing Authority of Bergen County

Size of containers may change according to future needs.

BID FORM

Name of Company: _____ Date: _____

Name of Officer: _____ Signature of Officer: _____

Address: _____

Phone Number: _____ Fax Number: _____ Email: _____

24-Hour Contact Phone Number: _____

Name of Landfill/Disposal Site: _____ Landfill/Disposal Site Permit No.: _____

#	Location	Year One		Year Two		Year Three		Year Four		Year Five	
		Monthly Cost	Yearly Total Cost	Monthly Cost	Yearly Total Cost	Monthly Cost	Yearly Total Cost	Monthly Cost	Yearly Total Cost	Monthly Cost	Yearly Total Cost
1	Grove Gardens, South Hackensack										
	TOTAL										

ATTACHMENT # 2

**2015 HOLIDAY SCHEDULE
HOUSING AUTHORITY OF BERGEN COUNTY**

January	1 st	Thursday	New Year's Day*
January	<u>20th</u>	Monday	Martin Luther King's Birthday
February	12 th	Thursday	Lincoln's Birthday
February	<u>17th</u>	Monday	President's Day
April	<u>10rd</u>	Friday	Good Friday
May	25 th	Monday	Memorial Day*
July	3 rd	Friday	Independence Day* (observed)
September	7 th	Monday	Labor Day*
October	12 th	Monday	Columbus Day
November	3 rd	Tuesday	Election Day
November	11 th	Wednesday	Veteran's Day
November	26 th	Thursday	Thanksgiving Day*
November	27 th	Friday	Day after Thanksgiving Day
December	25 th	Friday	Christmas Day*

*The business day preceding this holiday is a half day. The Main Office will be open from 8:00am – 12:00pm.

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

NOTICE FOR CORPORATIONS AND PARTNERSHIPS

Chapter 33 of the Public Laws of 1977 provides that no Corporation or Partnership shall be awarded any State, County, Municipal or School District contracts for the performance of any work or the furnishing of any materials or supplies, unless prior to the receipt of the bid or accompanying the bid of said corporation or partnership there is submitted a statement. The statement shall set forth the names and addresses of all stockholders in the corporation or partnership who own ten percent (10%) or more of its stock of any class or all individual partners in the partnership who own ten percent (10%) or greater interest therein. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding 10% or more of the corporation stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. See below:

STOCKHOLDER OR PARTNERSHIP DISCLOSURE STATEMENT

Please check the appropriate paragraph:

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned
 ____ (partnership) (corporation).

I certify that no one stockholder owns 10% or more of issued and outstanding stock of the undersigned
 ____ (partnership) (corporation).

Company Name _____

*Signature _____

Officer _____

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

STOCKHOLDERS

Name _____

Address: _____

 Percentage of Ownership _____%

Name: _____

Address: _____

 Percentage of Ownership _____%

Name: _____

Address: _____

 Percentage of Ownership _____%

Name: _____

Address: _____

 Percentage of Ownership _____%

STATEMENT OF OWNERSHIP**STATE OF NEW JERSEY CHAPTER 33 PL 1977**

CHAPTER 33 OF PUBLIC LAWS OF 1977 PROVIDES THAT NO CORPORATION OR PARTNERSHIP SHALL BE AWARDED ANY STATE, COUNTY, MUNICIPAL OR SCHOOL DISTRICT CONTRACT FOR THE PERFORMANCE OF ANY WORK OR THE FURNISHING OF ANY MATERIALS OR SUPPLIES UNLESS PRIOR TO THE RECEIPT OF THE BID OR ACCOMPANYING THE BID OF SAID CORPORATION OR PARTNERSHIP THERE IS A STATEMENT. THE STATEMENT SHALL SET FOR THE NAMES AND ADDRESSES OF ALL STOCKHOLDERS IN THE CORPORATION OR PARTNERSHIP WHO OWN TEN PERCENT (10%) OR MORE OF ITS STOCK OF ANY CLASS, OR OF ALL INDIVIDUAL PARTNERS WHO OWN A TEN PERCENT (10%) OR GREATER INTEREST THEREIN.

NAME OF BIDDER: _____

ADDRESS: _____

THE ABOVE FIRM STATES THAT THE FOLLOWING IS A COMPLETE LISTING OF STOCKHOLDERS/INDIVIDUAL PARTNERS WHO OWN TEN PERCENT (10%) OR MORE INTEREST IN THE ABOVE NAMED FIRM.

<u>NAME</u>	<u>ADDRESS</u>	<u>% OF STOCK OR INTEREST</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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 _____ 2020 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 _____, 2020

Notary Public

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

AFFIRMATIVE ACTION REGULATIONS

(To be completed by firms with fifty (50) or more employees

BIDDER STATES HE HAS FIFTY (50) OR MORE EMPLOYEES: CHECK ONE

YES _____ NO _____

COMPANYNAME: _____

NAME: _____

SIGNATURE: _____

TITLE: _____

A. CONTRACTORS WITH 50 OR MORE EMPLOYEES NOTE:

Within seven (7) days after receipt of the notification of intent to award the contract or receipt of the contract, whichever is sooner, a procurement contractor with 50 or more employees should present one of the following to the County of Bergen and Housing Authority of Bergen County.

2. Appropriate evidence that the contractor is operating under an existing federally approved or sanctioned affirmative action program;

OR

3. A Certificate of Employee Information Report Approval issued in accordance with Article 4 of the Regulations promulgated by the Treasurer pursuant to P.L. 1975, c127;

OR

3. If the bidder cannot present "1" or "2" and the bidder has never applied for "2", the bidder is required to submit to the State Affirmative Action Office (a copy to accompany this bid proposal) a completed Employee Information Report (Form AA302). This form may be obtained at State Affirmative Action Office.

A contractor's bid must be rejected as non-responsive if a contractor fails to submit either "1", "2", or "3" listed above in A, within the time specified after the Housing Authority submits the contract to the contractor for signing.

B. CONTRACTORS WITH LESS THAN 50 EMPLOYEES NOTE:

Bidders with less than 50 employees who are negotiating for a contract, as a precondition to entering into a valid and binding procurement or service contract with the Housing Authority of Bergen County, prior to recommendation of contract award is submitted to the Commissioners of the Housing Authority must complete the following affidavit in accordance with P.L. 1975,C.127.

AFFIDAVIT FOR MINORITY BUSINESS ENTERPRISES

STATE OF: _____

COUNTY OF: _____

_____ being first duly sworn depose and says:
(Individual's Name)

That he/she is _____ of the _____ the party
(Partner or Officer) (Firm of)

Making a certain proposal or bid dated _____, 2020, for work in connection
with the _____ located in _____
(Indicate Job Name) (Indicate Town)

New Jersey that such proposal or bid is submitted with full knowledge and understanding of the Minority Business Enterprise (MBE) requirements contained herein; that in submitting such proposal or bid, the bidder acknowledges that he/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 _____, 2020.

(Notary Public)

Seal

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646
TAXPAYER NAME: TAX REGISTRATION TEST ACCOUNT	TRADE NAME: CLIENT REGISTRATION	
TAXPAYER IDENTIFICATION: 97C-007-000/000	SEQUENCE NUMBER: 010200	
ADDRESS: 847 ROEBLING AVE TRENTON NJ 08611	ISSUANCE DATE: 07/14/04	
EFFECTIVE DATE: 01/01/01		
FORM-B4C(08-01)		

John S. Kelly
AN ORDER

This Certificate NOT negotiable or transferable. 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:	1092907
Date of Issuance:	October 14, 2004
For Office Use Only:	
	20041014112813533

SAMPLE NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

INSURANCE REQUIREMENT AND ACKNOWLEDGMENT FORM**And****HOLD HARMLESS / INDEMNIFICATION AGREEMENT**

Respondents Certificate of Professional Liability coverage shall be filed with the Authority's Office upon award of contract by the Authority.

Acknowledgment of Insurance Requirement:

(Signature)

(Date)

(Printed Name and Title)

INDEMNITY: To the maximum extent permitted by law, the firm/ contractor shall defend, indemnify and hold the Housing Authority of Bergen County and its commissioners, officers, agents and employees harmless from and against all claims, actions, judgments, damages and costs, including reasonable attorneys' fees and all other costs of defense to which the Housing Authority of Bergen County or its commissioners, officers, agents or employees may be subjected, or which they may suffer, that are caused by, or arise out of, any act, error or omission of the firm/ contractor, their subcontractors, affiliates, or anyone retained by or employed by the firm/ contractor in connection with the project/ service or from their failure to comply with any of the provisions of their contracts or of the law. This indemnity shall not apply to the extent of the Housing Authority's or its commissioners, officers, agents or employees negligence. The firm/ contractor agrees, that it will not implead the Housing Authority or its commissioners, officers, agents or employees into any such claim or action.

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:

1. 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

2. 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

3. 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: _____

STATEMENT OF COMPLIANCE

This is to certify that all persons employed by the undersigned will be paid full weekly wages earned, less permissible deductions for income taxes, social security, etc., and that no rebates have been or will be made either directly or indirectly to the undersigned from the full weekly wages earned by any person in its employ.

SIGNATURE: _____

PRINT NAME: _____

TITLE: _____

DATE: _____

ACKNOWLEDGMENT OF RECEIPT OF CHANGES TO BID DOCUMENTS FORM

Project: **SCAVENGER AND/OR GARBAGE REMOVAL SERVICES AT GROVE GARDENS**

Pursuant to N.J.S.A. 40A:11-23.1a., the undersigned bidder hereby acknowledges receipt of the following notices, revisions, or addenda to the bid advertisement, specifications or bid documents (if any). By indicating date of receipt, bidder acknowledges the submitted bid takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of notice to the bidders shall take precedence and that failure to include provisions of changes in a bid proposal may be subject for rejection of the bid. If no changes or addenda were received, please indicate that on this form and return with your bid or proposal.

Addenda #	Date Issued	Date Received

Acknowledgment by Bidder:

Name of Bidder _____

By Authorized Representative: _____

Signature: _____

Printed Name and Title: _____

Date: _____

Form HABC001

CONTRACTOR & SUBCONTRACTOR QUALIFICATIONS & LICENSING REQUIREMENTS

Project: **SCAVENGER AND/OR GARBAGE REMOVAL SERVICES AT GROVE GARDENS, 41 GROVE STRET, SOUTH HACKENSACK, NJ**

Please include a copy of your permit, certificate or license with your bid for those items listed below pertaining to this project **for the contractor and for each subcontractor** you will be using. **Failure to include proof of your qualifications with your bid may be cause for disqualification. All certificates must be current.**

- d. New Jersey State Business Registration Certificate, pursuant to P.L. 204, c.57.
- e. Certificate of Employee Information Report, pursuant to NJAC 17:27-1.1 et seq.
- f. Public Works Contractor Registration Certificate, pursuant to NJSA 34:11-56.48 et seq.
- g. Certificate of Authority, pursuant to NJSA 54:32B-1 et seq.
- h. Copies of Dumping Permits
- i. Solid Waste Facility Permit
- j. Certificate of Public Convenience and Necessity
- k. Solid Waste Transporter and Facility Licenses (N.J.S.A. 13:1E-126 et seq.)

Form HABC003

Housing Authority of Bergen County**REFERENCES ATTACHMENT**

Submission of this attachment is mandatory. Failure to complete and return this attachment with your bid will cause your bid to be rejected and deemed non-responsive.

List below three (3) references for services performed within the last five (5) years, which are similar in size and scope, to the scope of work which is required to be performed in this contract.

NAME OF PROJECT: **SCAVENGER AND/OR GARBAGE REMOVAL SERVICES AT GROVE GARDENS, 41 GROVE STREET, SOUTH HACKENSACK, NJ**

REFERENCE 1

Name of Firm: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Telephone Number: _____
 Dates of Service: _____ Value or Cost of Service: _____

Brief Description of Service/ Work Provided:

REFERENCE 2

Name of Firm: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Telephone Number: _____
 Dates of Service: _____ Value or Cost of Service: _____

Brief Description of Service/ Work Provided:

REFERENCE 3

Name of Firm: _____
 Street Address: _____
 City: _____ State: _____ Zip Code: _____
 Contact Person: _____ Telephone Number: _____
 Dates of Service: _____ Value or Cost of Service: _____

Brief Description of Service/ Work Provided:

Company Name: _____ Date: _____

Signature: _____

HABC Form 2011-1Ref

W-9 FORM

Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service	Request for Taxpayer Identification Number and Certification	Give form to the requester. Do not send to the IRS.
Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return) _____ Business name, if different from above _____ Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ _____	
	Address (number, street, and apt. or suite no.) _____ Requester's name and address (optional) _____ City, state, and ZIP code _____ 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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.		
	Social security number _____ or Employer identification number _____	
Part II Certification Under penalties of perjury, I certify that:		
1. 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 2. 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 3. I am a U.S. citizen or other U.S. person (defined below).		
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 on page 4.		
Sign Here	Signature of U.S. person ▶ _____	Date ▶ _____
General Instructions Section references are to the Internal Revenue Code unless otherwise noted.		
Purpose of Form A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.		
Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:		
1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued), 2. Certify that you are not subject to backup withholding, or 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.		
Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.		
Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:		
<ul style="list-style-type: none"> • An individual who is a U.S. citizen or U.S. resident alien, • A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States, • An estate (other than a foreign estate), or • A domestic trust (as defined in Regulations section 301.7701-7). 		
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.		
The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:		
<ul style="list-style-type: none"> • The U.S. owner of a disregarded entity and not the entity, 		

Cat. No. 10231X

Form **W-9** (Rev. 10-2007)

HOUSING AUTHORITY OF BERGEN COUNTY

BID FOR: **SCAVENGER AND/OR GARBAGE REMOVAL SERVICES AT
GROVE GARDENS, 41 GROVE STRET, SOUTH HACKENSACK, NJ**

BID DOCUMENT SUBMISSION CHECKLIST

A: Failure to submit the following documents is a mandatory cause for the bid to be rejected (N.J.S.A. 40A:11-23.2):

Required with Submission of Bid <u>Initial Each Item</u>	Submitted with Bid (Bidder's Initials)
X A Statement of corporate ownership, pursuant to N.J.S.A. 52:24-25.2	_____
X A certificate from a Surety Company, pursuant to N.J.S.A. 40A:11-22	_____
X A Bid Guarantee as required by N.J.S.A. 40A:11-21	_____
X A listing of all sub-contractors as required by N.J.S.A. 11-16 & Sub-Contractor	_____
X Qualification Questionnaire for each sub-contractor used	_____
X If, Applicable, Bidder's Acknowledgment of Receipt of any Notice(s) or Revision(s) or Addenda to an Advertisement, Specifications or Bid Document	_____

B: Failure to submit the following documents may be cause for the bid to be rejected (N.J.S.A. 40A:11-23.1b):

Required with Submission of Bid <u>Initial Each Item</u>	Submitted with Bid (Bidder's Initials)
X Bid form(s)	_____
X Non-Collusion Affidavit	_____
X Notice to Corporations and Partnerships	_____
X Affirmative Action Affidavit and Regulations	_____
X Affidavit for Affirmative Action Plan	_____
X Affidavit for Minority Business Enterprise	_____
X General Contractor Qualification Questionnaire, including Certified Financial Statement within the last 12 months	_____
X Sub-Contractor Qualification Questionnaire, including Certified Financial Statement within the last 12 months	_____
X Business Registration Certificate, pursuant to P.L. 2004, c57. (Must be submitted for the Contractor and for each Sub-Contractor to be used)	_____
X Representations, Certifications, and Other Statements to Bidders	_____
X Previous Participation Certification	_____
X References Attachment	_____
X Contractor & Sub-Contractor Qualifications and Licensing Requirements	_____
X Consent of Surety as to a Performance, and Labor and Material Payment Bonds	_____
X Conflict of Interest Questionnaire	_____
X MSDS sheets (if applicable)	_____
X W-9 Form (Request for Taxpayer Identification Number and Certification)	_____
X Copies of Dumping Permits	_____

This checklist is provided for bidder's use in assuring compliance with required documentation; however, it does not include all specification requirements and does not relieve the bidder of the need to read and comply with the specifications.

C. Name of Bidder: _____
 Signature of Bidder: _____
 Print Name & Title: _____