



CITY OF JERSEY CITY

Department of Housing, Economic Development and Commerce

Division of Housing Preservation

Steven M. Fulop

Mayor

REQUEST FOR QUALIFICATIONS

Lead Remediation/Mitigation Contractors and NJ Certified Lead Abatement Contractors

The City of Jersey City ("City") is seeking responses from qualified contractors Request for Qualifications (RFQ) for "Lead Remediation/Mitigation Contractors" and "NJ Certified Lead Abatement Contractors." All work will be performed in Jersey City, New Jersey.

Bidders are required to comply with the requirements of P.L 1975 C.127. Minority Business Enterprises (MBE) will be offered full opportunity to bid and will not be subject to discrimination on the base of race, color, gender, or national origin in consideration of an award.

The City intends to award contracts to respondents whose proposals are most advantageous to the City with price and other factors considered. Contractors who have been rejected for cause, removed, or suspended from any lead remediation or abatement program, in NJ or any state, will not be eligible for submission to this RFQ. Contractors with unsatisfactory references will not be chosen for this RFQ.

The City reserves the right to reject any and all proposals when it is determined by the City to be in its best interest. The City further reserves the right to waive minor irregularities in proposals submitted in response to this RFQ and allow for amendments.

1.0 SCALE OF WORK

A minimum of 100 jobs will be issued for cost estimates to the Qualified Bidder Pool over a 24-month period. Approximately 70 will be lead remediation/mitigations and 30 will be units with Notices of Violation which will require Abatement.

The allowable cost of these jobs are a maximum of \$13,000 for lead remediation/mitigation and \$25,000 for lead abatement, based on work indicated by a Lead Risk Assessment and Scope of Work generated by the City. These are flexible on a case-by-case basis. Changes to these limits may occur in the future.



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Contractors for each job will be chosen in a **“Round Robin”** format. (See Attachment A). It is expected that each qualified contractor in the Bidder Pool will receive a satisfactory and equal share of those jobs, based on expertise, availability and demonstrated excellence in meeting project guidelines.

2.1 SCOPE OF SERVICES REQUESTED

The City intends to prequalify NJ Certified Lead Abatement and RRP Certified Lead Remediation contractors with experience, training and required certifications to participate in Isles’ Qualified Contractor Pool to perform work under the NJ Department of Community Affairs (NJ DCA) Lead Assistance Program grants. These include but are not limited to the Lead Safe Home Remediation, Single Family Home Remediation and Lead Remediation and Abatement Program. Eligible units include 1-4 family owneroccupied and rental units.

Up to 5 qualified lead remediation contractors and up to 3 NJ Certified Lead Abatement Contractors who respond to and qualify for the RFQ, will be considered in the pool for the work requested under this RFQ.

Contractors in the Lead Contractor Pool will be assigned or awarded residential structure projects for specific properties at the sole discretion of the City, based on contractors’ abilities, capacity, availability, and ability to comply with unit cost limitations. The cost per unit is limited and is determined by the Scope of Work developed by Isles’ Lead Construction Manager, the Cost Guidelines for lead measures and the maximum cost per unit of the DCA grant. (Program Cost Guidelines are attached). Potential contractors should read these guidelines and be fully aware of the requirements of this program to participate.

Respondent(s) must be able to provide services in Jersey City, New Jersey, as needed. The selected Respondent(s) shall be bound to specific terms and conditions of the signed contract. Contracts will be issued within 14 working days of the RFQ submission deadline. Work is scheduled to begin immediately thereafter.

Lead and Healthy Homes Rehabilitation Scope of Work

It is anticipated that homes eligible for Lead Abatement (those receiving a Notice of Violation from the Department of Health) and Lead Remediation will require an array of lead safe repairs, removal of lead components (abatement), interim controls, health and safety services and minor structural repairs that shall be performed per HUD, EPA and NJ Administrative code, as applicable. Units are assigned per the **Round Robin Process** as described in Attachment A.



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Contractor must be available for one (1) walk through of inspected property with the Lead Construction Manager (LCM) to develop a Lead Hazard Control Estimate/Scope of Work (SOW). Sometimes this will be done in coordination with the Lead Evaluation Contractor. That SOW will be based on the walkthrough, instructions of the LCM and response to the Lead Inspection Risk Assessment hazard report. The Lead Construction Manager will coordinate the walk- through of the property with the homeowner and Contractor. Ancillary health and safety issues and issues that are causative factors for lead hazards will be part of the SOW as appropriate.

The scope of work for each repaired structure will vary but may include (although not be limited to) the following:

- Coordination with property owner, Lead Construction Manager and Lead Evaluator
- Obtaining all necessary state and local permits and approvals after the land use permits are acquired, but prior to the commencement of the work for each structure.
- (Generally, only for abatements)
- Control of lead-based paint hazards in eligible residential units as specified by a certified Lead Risk Assessor/Inspector in accordance with EPA RRP, NJAC 5:17 and/or NJAC 8:51.
- Control of lead-based paint hazards in residential units in accordance with EPA standards and with reference to HUD's Guidelines for the Evaluation and Control of Lead Based Paint Hazards in Housing (Second Edition 2012), including but not limited to interim controls, encapsulation, and abatement measures designed to provide a lead safe environment for a period of 20 years.
- Building envelope repair, including roof repair or replacement and attendant damage; door and window replacement; and siding /veneer repair or replacement.
- Dry wall repair or replacement; rough and trim carpentry.
- Repair of trip and fall hazards, such as step repair/replacement and/or handrail installation or repair.
- Surface preparation and painting; flooring repair or replacement.
- Specialty construction elements associated with historic properties.
- Debris removal in accordance with all Federal, State, and local requirements, including disposal of materials containing lead-based paint in accordance with all applicable local and state codes and standards.

OTHER SCOPE OF SERVICES

- Provide professional labor, equipment, and materials adequate to perform the work in accordance with the scope of work for each eligible applicant's residential structure while ensuring that all



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applicable housing standards and codes are met, specifically the New Jersey Code Construction Requirements. SOWs must provide a cost for each measure and a SOW template will be provided by Isles.

- Comply with all State and Federal laws, regulations, and guidelines.
- Provide tracking of construction progress.
- Meet with Lead Construction Manager to review the scope of work to be performed, including establishing a work schedule acceptable to property owners and Lead Construction Manager and to review work upon final inspection.
- Complete all work within agreed upon timeline.

The preceding list of responsibilities is not exclusive. The City and the successful respondent(s) may agree in writing to amend or augment the responsibilities set forth above.

CONTRACTOR PRICING

Contractor shall provide a separate price for each item specified on the Work Scope Form provided by Isles' Construction Manager. Contractor estimates must include line-item work description and cost writeup to document measures procured. (Scope of Work Template Attached) Price shall be inclusive of all costs incurred by the Contractor. No separate reimbursements for travel or other costs are permitted.

Subcontractor labor and materials cost cannot exceed \$13,000 per unit for Lead Remediation/Mitigation and \$25,000 for Lead Abatement per unit, except in rare cases and the approval of DCA . Changes to these limits may occur in the future.

Costs for each job are limited and directed by the "Cost Guidelines for Lead Control Work" issued for the program (SEE Attachment B). All jobs must be completed in accordance with DCA/HUD program rules within 10 days from start of job until completion unless prior consent is given.

Contractors who cannot work within these guidelines should not respond to this RFQ.

3.1 MINIMUM QUALIFICATIONS

Respondents must meet the minimum qualifications listed below. Furthermore, Solicitation Responses that appear unrealistic in terms of technical commitment, that show a lack of technical competence, or that indicate a failure to comprehend the risk and complexity of a potential contract may be rejected. Any Contractor that has been removed or suspended or otherwise barred from any Federal, State, or local lead



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contracting program is categorically ineligible for this program. Contractors whose references do not show adequate competence to operate successfully within this program will not be qualified to perform work.

RESPONDENTS MUST

- Have been in business for a minimum of 2 years, or the principals/owners must have had senior level experience in a previous company that provided residential construction or lead hazard control services.
- Be financially solvent and adequately capitalized.
- Hold a current business registration issued by the State of New Jersey, at a minimum, for Abatement Projects -- be on the NJ Certified Abatement Contractor List and have at least one Lead Supervisor on the job at all times; and all workers must have their Lead Worker certification issued by the State of NJ. For Lead Remediation Projects – Business must have an RRP Firm Certification and have trained Lead Renovators performing work. (However, training of workers for Lead Worker and Lead Renovator can be provided free of charge through this program.)
- Carry the minimum \$1 million liability insurance, state required worker's compensation insurance and recommended supplemental pollution insurance. Proof of coverages must be active at time of contracting, but if contractor does not currently hold certain coverages a letter of commitment to obtain such coverage will suffice for this RFQ. (See Appendix C – Insurance Coverages).
- Have current NJ Contractor's License in good standing.
- Have a demonstrated ability to commit to residential lead-safe rehabilitation and reconstruction, and to carry such projects to completion within the time frame allotted by the Isles' Lead Construction Manager (generally 2-10 days).
- Have the demonstrated equipment, organization, and ability to perform lead-based paint hazard control, health and safety projects related to the rehabilitation of residential properties.
- Have demonstrated experience in managing and completing projects of a similar type, size, and complexity.

A lack of any of these requirements will cause the proposal to be deemed “not qualified”.



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OTHER REQUIREMENTS

- Respondent should indicate that they meet each of the following requirements by providing documentation and/or specific proof of experience and qualifications to carry out each task (See Checklist).
- Contracts for work in connection with this project will be awarded, to the greatest extent feasible, to business concerns that are located in or owned in substantial part by persons residing in the area of the program, providing that they meet minimum qualifications and demonstrated abilities.
- Respondent(s) shall commit to make a demonstrated effort to provide subcontract opportunities to locally owned businesses, minority, and women-owned businesses enterprises, and low-income residents in the program area.

4.0 VERIFICATION OF MINIMUM QUALIFICATIONS

- The City will confirm that Contractors continue to satisfy the minimum qualifications described in Section
- 3.0 of this RFQ. Contractors without satisfactory references will be considered to not meet minimum qualification. Providers who no longer satisfy the required minimum qualifications will be removed from the vendor pool at the sole discretion of the City
- Contractors shall specify the name(s) and experience of each person who would perform the items identified in the scope of services, herein. Contractors shall provide evidence and/or documentation of all required Certifications for each individual performing requested services.



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5.0 RFQ SUBMISSION REQUIREMENTS

RFQ released: 5/15/2025

Submission Closing Date: Tuesday, July 1, 2025 at 2:00 pm

TIMELINE

All questions or requests for additional information shall be conducted through the Bidnet Direct portal.

RFQ proposal packets can be obtained through www.bidnetdirect.com

All RFQ submissions must be received and delivered to the dedicated lockbox at **280 Grove Street, 1st Floor, Room 116, Jersey City, New Jersey, 07302**, no later than 2:00 p.m. on 7/1/25.

Any RFQ received after 2:00 p.m. will not be accepted.

Per NJ DCA requirements, submissions can only be submitted by mail or delivered in person to the dedicated lockbox located at the Division of Purchasing, 280 Grove Street, 1st Floor, Room 116, Jersey City, NJ 07302. Email or faxed submissions are not allowed.

WHETHER THE RFQ IS SENT BY MAIL, OR COMMERCIAL EXPRESS SERVICE, THE CONTRACTOR SHALL BE RESPONSIBLE FOR THE ACTUAL DELIVERY OF THE RFQ TO THE DEDICATED LOCKBOX LOCATED AT THE DIVISION OF PURCHASING, 280 GROVE STREET, 1ST FLOOR, ROOM 116, JERSEY CITY, NEW JERSEY, 07302, BEFORE THE DEADLINE TIME.



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One (1) original and one (1) copy of your RFQ response should be submitted. All RFQs shall be submitted in a sealed envelope/package, **CLEARLY LABELED WITH THE TITLE OF THE RFQ ON THE EXTERIOR**

Envelope/package shall be addressed & DELIVERED TO THE DEDICATED LOCKBOX:

**Attn: Raquel Tosado, Director, QPA
Division of Purchasing
280 Grove Street, 1st Floor, Room 116
Jersey City, New Jersey, 07302**

THE FOLLOWING SHALL BE CLEARLY PRINTED ON THE OUTSIDE:

YOUR COMPANY NAME, LEAD CONTRACTOR RFQ, AND DATE.

6.0 APPLICATION AND REQUIRED DOCUMENTS FOR SUBMISSION

Failure to provide any of the information or documentation requested below will result in the RFQ submission being deemed non-responsive and therefore unqualified for this contract. The City reserves the right to reject all submissions, in whole or in part, to waive technicalities and to make award as deemed to be in the best interest of the City. The City does not discriminate on the basis of disability in the admission or access to its services or activities.

Check List: The following current/valid documents (copies) should be submitted as Contractor's RFQ response (in this order):

- ☐ RFQ Application Form
- ☐ Provide a Sample Cost Estimate/Work Scope for a lead remediation or abatement job
- ☐ NJ Business License
- ☐ NJ Contractor's License



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- ☐ NJ Lead Abatement Contractor's Certificate (for Abatement Contractors), EPA Lead Renovation Firm Certification (Lead Remediation Contractors), and any other professional lead certs.
- ☐ Certificates of Insurance (liability and workers comp)
- ☐ List of employees with RRP training, Lead Worker certification, Lead Supervisor certification or Lead Risk Assessor certification
- ☐ Contractor Information Form
- ☐ Certification Regarding Debarment and Suspension
- ☐ Responsible Contractor Certification
- ☐ Non-Collusion Affidavit of Prime Bidder (Must be notarized)
- ☐ Contractor Registration Application
- ☐ Affirmative Action Affidavit (Must be notarized)
- ☐ MBE or WBE certification (if applicable) ☐ References

* If you need help with getting your documents notarized, please contact our office*

In the event the Bidder is a corporation or a partnership, a statement must be submitted setting forth the names and addresses of all stockholders in the corporation or partnership, who owns ten percent (10%) of greater interest therein as the case may be. Each bid must be accompanied by a certification by the Bidder regarding Equal Opportunity Employment Practice and a Non-Collusive Affidavit and Statement of Compliance with the bidding requirements.

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- ☐ NJ Contractor's License
- ☐ NJ Lead Abatement Contractor's Certificate (for Abatement Contractors), EPA Lead Renovation Firm Certification (Lead Remediation Contractors), and any other professional lead certs.
- ☐ Certificates of Insurance (liability and workers comp)
- ☐ List of employees with RRP training, Lead Worker certification, Lead Supervisor certification or Lead Risk Assessor certification
- ☐ Contractor Information Form
- ☐ Certification Regarding Debarment and Suspension
- ☐ Responsible Contractor Certification
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**RFQ APPLICATION FORM
NJ CERTIFIED ABATEMENT
CONTRACTOR**

Company Name: _____

Address: _____

Phone: _____ Cell Phone: _____ Business

Contact Email: _____

**NAME(S) AND EXPERIENCE OF PERSONS/ORGANIZATIONS WHO WOULD
PERFORM ITEMS IN SCOPE OF SERVICES:**

Name	Experience/Certification
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

General Information

Federal I.D. #: _____ If not incorporated, Social Security #: _____

Privilege Tax#: _____ Expiration Date: _____

Contractor Registration #: _____ Expiration Date: _____

Are you registered with a minority/women's business enterprise program? Yes No If
your answer is "YES", please submit a copy of certification.

When was your firm established? (Month/Year): _____

Has your firm had experience with HUD funded projects or other lead remediation projects?
☐ yes ☐ no

If yes, please attach a list of HUD or other lead remediation projects your firm has worked on.

**Signature/Date of Authorized Contractor Official Submitting this RFQ Response and this
RFQ Schedule.**

Signature

Date

REFERENCES

City requests a minimum of three (3) references:

1. Company/Job Name: _____

Contact Person: _____

Brief Description of Project:

Phone:

Completion Date: _____

2. Company/Job Name: _____

Contact Person: _____

Brief Description of Project:

Phone:

Completion Date: _____

3. Company/Job Name: _____

Contact Person: _____

Brief Description of Project:

Phone:

Completion Date:

Contractor Information Form

THE UNDERSIGNED CONTRACTOR CERTIFIES THAT ALL INFORMATION GIVEN
HEREIN IS SUBSTANTIALLY CORRECT AND FURTHER AGREES:

Contractor License Class and bond are current, and the undersigned contractor agrees to maintain
in current status all licenses and bonds as required by the contracting agency.

That the work be performed in accordance with the property requirement standards.

That if the work performed by the contractor is found to be unsatisfactory by the administering
agency or if contract relations between the contractor, homeowner or other parties are found to
be unsatisfactory, that the administering agency may remove the contractor's name from the
approved list, with such accompanying publicity as it deems necessary.

The contractor will abide by the federal regulations pertaining to equal employment opportunity.

That the work will be done in conformance with all appliance codes and zoning regulations.

Contractor's Signature: _____

Certification Regarding Debarment and Suspension

COMPANY NAME: _____

This certification is required by the regulations implementing Executive Order 12549,
Debarment and Suspension, 29 CFR Part 98, Section 98.510, Participants' responsibilities. The
regulations were published as Part VII of the May 26, 1988 Federal Register (pages 19160-
19211).

(Before Signing Certification, Read Attached Instruction)

1. The prospective contractor certifies to the best of its knowledge and belief, that it and its principals:
 - a. Are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal department or agency;
 - b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State, or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
 - c. Are not presently indicted for or otherwise criminally or civilly charged by a Government entity (Federal, State, or local) with commission of any of the offense enumerated in paragraph (1)(b) of this certification; and
 - d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State, or local) terminated for cause or default.
 - e. Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

NAME AND TITLE OF AUTHORIZED REPRESENTATIVE

Name (Printed)

Title

Signature

Lead-Safe Home Remediation Pilot Grant Program

Responsible Contractor Certification

I _ certify that I am knowledgeable of requirements to bid on a project funded through the Lead-Safe Home Remediation Pilot Grant Program.

After reading and understanding, please initial each line: Failure to submit attachments will deem application incomplete – Include attachments where applicable.

Bidder possesses appropriate business and contracting licensing (New Jersey Home Improvement Contractors' Registration), insurance and bonding. _____
Copies attached.

Bidder agrees to perform all work through utilization of individuals properly classified as employees, rather than independent contractors (except where subcontracting to a subcontractor). _____

Bidder has had no more than six governmental determinations of a violation of federal, state, or local laws relating to public safety, workplace safety or employment in the past three years. (Attach a description of each such violation and a resolution). _____

Bidder has not been disbarred from any public contract (federal, state, or local). _____

Bidder has successfully completed a job of this size and this type or a similar type of work in the past five years with a satisfactory record of on-time performance. (Attach documentation). _____

Bidder will require all employees on Lead-Safe Pilot Program work to complete at least 10 hours of OSHA safety training. _____

Bidder will comply with any applicable local hiring or first source policy. _____

Name: _____

Date: _____

Title: _____

Lead-Safe Home Remediation Pilot Grant Program
Non-Collusion Affidavit of Prime Bidder

County _____
(County of Residence)

_____, being first duly sworn, deposes and says
(Name of person completing form)

that:

1. I am the (owner, partner, officer, representative or agency) of _____, the Bidder
(Name of Firm/Agency/Corporation submitting Bid, circle one choice) that has submitted the attached Bid.
2. Neither the said bidder nor any of its officers, partners, owners, agents, representatives, employees or parties interest, has in any way colluded, conspired, connived or agreed, directly or indirectly, with any other Bidder, firm or person to submit a collusive or sham Bid in connection with the Contract for which the attached Bid has been submitted or to refrain from bidding in connection with such Contract, or has in any manner, directly or indirectly, sought by agreement or collusion conference with any other Bidder, firm or person to fix the price or prices in the attached Bid or that of any other Bidder, or, to fix any overhead, profit or cost element of the Bid price or the Bid price of any other Bidder, or to secure through any collusion, conspiracy, connivance or unlawful agreement any advantage against the City of Jersey City in the proposed Contract; and
3. I am fully informed respecting the preparation and contents of the attached Bid and of all pertinent circumstances respecting such Bid;
4. Such Bid is genuine and is not a collusive or sham Bid;
5. The price or prices quoted in the attached Bid are fair and proper and are not tainted by any collusion, conspiracy, connivance or unlawful agreement on the part of the Bidder or any of its agents, representatives, owners, employees, or parties of interest.

Lead-Safe Home Remediation Pilot Grant Program

Non-Collusion Affidavit of Prime Bidder (cont'd)

(Signature - Bidder Representative)

(Title)

Subscribed and sworn before me

This _____ day of _____
(day) (month)

SEAL

(year)

(Signature of Witness)

(Name of Witness)

Lead-Safe Home Remediation Pilot Grant Program

Contractor Registration Application

1. Firm Being Registered:

Name: _____

Address: _____

Phone Number: _____

Type of Work Performed: _____

2. Names, Addresses and years of construction experience of all owners, partners and stockholders of the construction firm.

<u>Name</u>	<u>Address</u>	<u>Experience</u>	<u>Years</u>
-------------	----------------	-------------------	--------------

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

3. Other contracting firm names which the principals have operated.

First Name

Address

Associated Principal

Lead-Safe Home Remediation Pilot Grant Program

4. Business References:

BANKS

Name

Address

Type of Account

SUPPLIERS

Name

Address

Telephone Number

SUBCONTRACTORS

Name

Address

Telephone Number

5. Recent Customers:

(Include all previous Lead-Safe Pilot Program-funded work experience references)

Name

Address

Date(s) Service Provided

Lead-Safe Home Remediation Pilot Grant Program

6. Please list any current contracts with other Agencies and Contract Expiration

Date: Name

Expiration Date

7. Insurance: **(Attach Insurance Certificates)**

Insurance Company

Agency

Type of Coverage

Authorized Signature

Title

Date

Lead-Safe Home Remediation Pilot Grant Program

Affirmative Action Affidavit

State of New Jersey

County of _____
(Your County)

I, _____ of the _____
(Name of person completing form) (Name of Firm/Agency/Corporation)

in the County of _____, and State of New Jersey,
(Your County)

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

I am (owner, partner, officer, representative or agent) of the firm of
(circle one)

_____, the bidder making the proposal for the lead-safe
(Name of Firm/Agency/Corporation)

remediation of _____ and that I executed the said proposal with full
(Name of Project or Bid Package #)

authority to do so; that said bidder hereby affirms that the bidder will abide by all terms of the

“Affirmative Action Law”, P.L., 1975, c. 127, as set forth in the specifications; and that all
statements contained in said proposal and in this Affidavit are true and correct, and made with full
knowledge that

_____ Agency

Name (Name of Lead-Safe Pilot Program Agency)

relies upon the truth of the statements contained in this Affidavit in awarding the Contract for the
said project.

Lead-Safe Home Remediation Pilot Grant Program

Affirmative Action Affidavit (cont'd)

Signature

Title

Name of Witness

Signature of Witness

Sworn and subscribed before

me this _____ day of

SEAL (day)

_____,

(month)

_____.

(year)

ATTACHMENT A: Round Robin Bidding Process

The Round Robin bidding process shall be implemented as follows:

- In order to receive an invitation to participate in the Round Robin Bid Process, contractors must be listed on the City's "Qualified Contractor's List", as determined by the RFQ process.
- The City shall hold a lottery to determine the order that the eligible contractors will be invited to submit a bid on an individual property.
- The Lead Construction Manager will provide a Scope of Work with itemized lead measures to the contractor. The Scope of Work will be submitted to the first eligible contractor from the Lottery who will conduct a site visit to determine if they will be able to complete the project within the allotted budget based on the measures listed in the Scope of Work. The Lead Construction Manager will be available to discuss the lead hazard control measure list in the SOW with the contractor. If needed, the Lead Construction Manager will make revisions to the Scope of Work based on those discussions.
- The Lead Contractor will then finalize the SOW with costs include for each measure, as well as costs for site preparation and cleanup and submit to LCM.
- LCM will either accept the SOW or discuss with Contractor any proposed changes. A final SOW will be agreed upon between the two parties and the contract for the job signed. Few Change Orders will be accepted, once the job begins, unless unforeseen issues arise that both the Lead Contractor and Isles LCM agree require changing the terms of the contract.

- Once accepted, contractor will be awarded the project for the amount of the final SOW provided by the Lead Construction Manager, unless an exception has been recommended and approved by the Program Director.
- Should the eligible contractor decline the project offered, the next Eligible Contractor on the Round Robin bidding lottery list will be provided an opportunity to accept the project.
- Once an eligible contractor is awarded a property, that firm will not be offered another unit until the remaining contractors are given an opportunity to participate. This will repeat until all contractors have been offered an opportunity to be awarded a contract.
Once exhausted, a new lottery cycle will begin.

Costs below are for Remediation/RRP lead mitigation work. For Lead Abatement add up to 25% to each cost.

Measure	Cost Range	Type
All costs are based on room size, home condition and both standard and custom work. City Lead Construction Managers have the final say in determining reasonable costs.		
Site Preparation: Lead safe work practices	\$20 \$125 per room	Based on room size and conditions.
Window Trim: Strip to bare wood and repaint	\$90 \$200 per unit	Casing, Apron, Sill, well
Window Trim: Stabilize (wet sand/scrape) and encapsulate	\$90 \$175 per unit	Casing, Apron, Sill
Window: Replace trim	\$10 \$20 per ft	Casing, Apron, Sill
Window: Enclose trim	\$40 \$100 per unit	aluminum
Window: Vinyl replacement STANDARD	\$350 \$700 per unit	DH/DG, casement, other
Window: Vinyl replacement CUSTOM/Non standard	\$350 \$920 per unit	DH/DG, casement, other
Window: Wood/Historic replacement	\$600 \$1300 per unit	DH/DG, casement, other
Door Trim: Strip to bare wood and repaint	\$90 \$200 per unit	Casing, sill, jamb, stop, threshold
Door Trim: Stabilize (wet sand/scrape) and encapsulate	\$90 \$175 per unit	Casing, sill
Door: Replace trim	\$10 \$20 per ft	Casing, jamb, stop
Door Interior: Replace	\$300 \$600 per unit	Pre hung
Door Exterior Replace	\$600 \$1200 per unit	Pre hung entry door
Stair: Strip to bare wood and repaint	\$5 \$12 per ft	tread, riser, rail, baluster, stringer
Stair: stabilize (wet sand/scrape) and encapsulate	\$5 \$10 per ft	tread, riser, rail, baluster, stringer
Stair: Enclose treads	\$25 \$50 per unit	vinyl, wood
Stair: Enclose riser	\$25 \$50 per unit	vinyl, wood
Stair: Replace	\$15 \$300 per unit	tread, riser, rail, baluster, stringer
Baseboard: Strip to bare wood and repaint	\$5 \$10 per ft	dependent on size of baseboard

Baseboard: stabilize (wet sand/scrape) and encapsulate	\$5 \$10 per ft	dependent on size of baseboard
Baseboard: replace	\$10 \$15 per ft	dependent on size of baseboard
Porch: Strip to bare wood and repaint	\$5 \$12 per sq ft	soffit, fascia, trim, wall, ceiling, floor
Porch: Stabilize (wet sand/scrape) and encapsulate	\$5 \$12 per sq ft	soffit, fascia, trim, wall, ceiling, floor
Porch: enclose	\$45 \$60 per hr	soffit, fascia, trim, wall, ceiling, floor
Exterior: Enclose	\$45 \$60 per hr	soffit, fascia, trim, etc.
Exterior: Replace Trim	\$12 \$25 per ft	Fascia,trim boards, casing, etc.
Exterior: Stabilize and repaint siding	\$45 \$60 per hr	Siding
Exterior: Replace Siding	\$45 \$60 per hr	vinyl or wood
Interim Control: Roofing Repair	\$45 \$60 per hr	shingles, tar, silver coat, rubber, other
Interim Control: Roofing Replacement	\$5 \$8 per sq ft	shingles, tar, silver coat, rubber, other
Interim Control: Gutter Repair	\$45 \$60 per hr	Gutter, leader, downspout, all
Interim Control: Gutter Replacement	\$10 \$18 per ft	Gutter, leader, downspout, all
Interim Control: Wallboard repair/replacement	\$5 \$7 per sq ft	Wall, ceiling
Interim Control: Wallboard repair	\$3 \$5 per sq ft	Includes tape, patch, joint compound
Interim Control: Wallboard install (wall/ceiling)	\$4 \$6 per sq ft	Includes tape, joint compound, sanding
Interim Control: Wall/Ceiling Paint	\$4 \$8 per sq ft	Includes lead block and finish coating
Furnace filter replace	\$5 \$35 each	
Cleaning: Unit cleaning for clearance	\$25 \$100 per room	HEPA, wet wipe, rug shampoo. Dependant on size of room and cleaning methods used.
Disposal of lead components	\$25 \$250	Windows, doors, trim, wall board, carpet, etc.
Frame/sheathing repairs for door/window replacement	\$40 \$65 per hour	If needed for proper installation of replacement component.
Ancillary cost: Other	case by case	Health and Safety or structural repairs not noted above

SCOPE OF WORK

ProjectNameDCALeasAssistanceProgram

Name:

Age of Unit:

FileNumber:

Property Address:

LOCATION	ITEM TYPE	WALL	#	HESWAP WORK DESCRIPTION	NOTES FOR CONTRACTOR	UNIT PRICE	PRICE
							\$0
							\$0
							\$0
							\$0
							\$0

							\$0
				Cleaning: Unit cleaning for clearance			\$0
				Disposal of lead components			\$0
							\$0

Lead Contractor Signature

Name of Contractor

Date:

LCM Signature

Name of Lead Construction Manager

Date

Item Type: i.e. Window, door, roof, baseboard, handrail, stair, sheetrock, paint, disposal, cleaning, etc. List all lead recommendations from Lead Risk Assessment separately by location. Attach LRA as necessary **All scopes of work must include line item for: Debris Removal and Cleaning.**

LIST OF REMEDIATION MEASURES

Site Preparation: Lead safe work practices
Wet scrape/strip to bare wood and repaint
Stabilize and encapsulate
Window Trim: Strip to bare wood and repaint
Window Trim: Stabilize (wet sand/scrape) and repaint or encapsulate
Window: Replace trim
Window: Enclose trim
Window: Vinyl or Historic replacement
Window: Stabilize and repaint
Door Trim: Strip to bare wood and repaint
Door Trim: Stabilize (wet sand/scrape) and encapsulate
Door: Stabilize and repaint
Door: Replace trim
Door Interior: Replace
Door Exterior- Replace
Stair: Strip to bare wood and repaint
Stair: stabilize (wet sand/scrape) and encapsulate
Stair: Enclose treads
Stair: Enclose riser
Stair: Replace
Baseboard: Strip to bare wood and repaint
Baseboard: stabilize (wet sand/scrape) and encapsulate
Baseboard: replace
Porch: Strip to bare wood and repaint
Porch: Stabilize (wet sand/scrape) and encapsulate
Porch: enclose
Exterior: Enclose
Exterior: Replace Trim
Exterior: Stabilize and repaint siding
Exterior: Stabilize and repaint- Other
Exterior: Replace Siding
Interim Control: Roofing Repair
Interim Control: Roofing Replacement
Interim Control: Gutter Repair
Interim Control: Gutter Replacement
Interim Control: Wallboard repair/replacement
Furnace filter-replace
Cleaning: Unit cleaning for clearance
Disposal of lead components
Interim Control: Wallboard repair
Interim Control: Wallboard install (wall/ceiling)
Interim Control: Wall/Ceiling Paint
Furnace filter-replace

Cleaning: Unit cleaning for clearance

Disposal of lead components

Frame/sheathing repairs for door/window
replacement

Ancillary cost: Other



ATTACHMENT C: Suggested Insurance Coverages for Lead Assistance Program Contractors

INSURANCE TYPE	REQUIRED	RECOMMENDED
WORKERS COMPENSATION	Sufficient insurance to protect against all claims under Workers Compensation as statutorily required	\$500,000 E.L. Each Accident \$500,000 E.L. Disease-each employee \$500,000 E.L. -Policy Limit
GENERAL LIABILITY	\$1,000,000.00 single occurrence \$2,000,000.00 general aggregate	
AUTOMOBILE INSURANCE	\$1,000,000.00. May be covered under General Liability for some insurance providers	
CONTRACTOR'S POLLUTION LIABILITY	\$1,000,000 per occurrence \$2,000,000 aggregate	
EXCESS LIABILITY (OCCURRENCE BASED)		\$1,000,000 Each Occurrence \$1,000,000 Aggregate



STEVEN M. FULOP
MAYOR

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

CITY HALL | 280 GROVE STREET, ROOM 320 | JERSEY CITY, NJ 07302
O: 201-547-5166 | E-MAIL: diversityandinclusion@jcnj.org



FLOYD JETER
CHIEF DIVERSITY OFFICER

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: _____

Address: _____

Phone: _____

Email: _____

Contact Name: _____

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



STEVEN M. FULOP
MAYOR

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

CITY HALL | 280 GROVE STREET, ROOM 320 | JERSEY CITY, NJ 07302
O: 201-547-5166 | E-MAIL: diversityandinclusion@cnj.org



FLOYD JETER
CHIEF OFFICER

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.**

**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
EEO/AA/Public Agency Compliance Officer/
Acting Director
Department of Administration
Office of Tax Abatement & Compliance
280 Grove Street, Bsmt. Rm. 109A
Jersey City NJ 07302
Tel. # 201-547-4538
E-Mail Address: abuanj@jcnj.org**

CHECKLIST:

Please submit the following:

1. **Mandatory EEO/AA Language of Exhibit "A"**
 - **Attach the 2 page, updated, completed and signed form**
2. **Appendix A- Americans With Disabilities Act of 1990**
 - **Attach updated, completed and signed form**
3. **One of the following:**
 - **A current federally approved or sanctioned Affirmative Action Program or**
 - **An unexpired Certificate of Employee Information Report (CEIR) or**
 - **A copy of check/money order and completed Employee Information Report (AA-302 Form)**
 - **Refer to the attached sample of these forms and procedures, questions and answers on the issuance, renewal and duplication of Certificate of Employee Information Report For Vendors**

Mandatory Language of Exhibit "A"

Goods, General Services and Professional Services Vendors/Contractors must sign a contract containing the Mandatory Equal Employment Opportunity/Affirmative Action Contract Language of Exhibit "A". If the vendor refuses to sign a contract containing the Mandatory EEO/AA Contract Language of Exhibit "A" at the time the contract is submitted for signing by the City of Jersey City, the City's Public Agency Compliance Officer shall reject the vendor's bid/contract as non-responsive. When such a rejection occurs, the same EEO/AA requirements shall apply to any other successful vendors selected by the City in accordance with contracting laws and procedures.

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, c. 127)

N.J.A.C. 17:27 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

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, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment 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, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality 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.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

EXHIBIT A (Continuation)

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at:

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 N.J.A.C. 17:27-1.1 et seq.

The undersigned vendor certifies on their company's receipt, knowledge and commitment to comply with:

EXHIBIT A
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, c.127)
N.J.A.C. 17:27 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

The undersigned vendor further agrees to furnish the required forms of evidence and understands that their contract/company's bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. (P.L. 1975, c.127)
N.J.A.C. 17:27 et seq.

Representative's Name/Title (Print): _____

Representative's Signature: _____

Name of Company: _____

Tel. No.: _____ **Date:** _____

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

The contractor and the City 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. 5121 01 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 at law.

Representative's Name/Title (Print): _____
Representative's Signature: _____
Name of Company: _____
Tel. No.: _____ **Date:** _____



STEVEN FULOP
MAYOR

CITY OF JERSEY CITY
OFFICE OF TAX ABATEMENT AND COMPLIANCE
DEPARTMENT OF ADMINISTRATION
280 Grove Street | JERSEY CITY, NJ 07302
(201) 547-4538



JEANA F. ABUAN
ACTING DIRECTOR

FREQUENTLY ASKED QUESTIONS ON CERTIFICATE OF EMPLOYEE INFORMATION REPORT and EMPLOYEE INFORMATION REPORT (FORM AA-302):

THIS IS THE FIRST TIME I AM CONTRACTING OR DOING BUSINESS WITH JERSEY CITY, WHICH OF THESE FORMS TO SUBMIT?

VENDORS/CONTRACTORS MAY SUBMIT ANY ONE OF THE FOLLOWING:

- A current federally approved or sanctioned Affirmative Action Program or
- A Certificate of Employee Information Report or
- A copy of check/money order and completed Employee Information Report (Form AA-302)

If **first time doing business with Jersey City** and the vendor or contractor do not have a current letter of federally approved or sanctioned Affirmative Action Program or a Certificate of Employee Information Report, the vendor/contractor may submit **copy** of check or money order and **copy** of completed Employee Information Report (AA-302 form) to the City.

The **original** completed AA-302 form is submitted with the actual check or money order to the State of New Jersey Department of Treasury's Division of Purchase & Property EEO Monitoring Unit. Line #14 and #15 of the AA-302 Form must be filled out accordingly.

The contractors' or vendors' bid or contract will be rejected as non-responsive if the vendor or contractor fails to submit any of these requirements within the time specified.

WHO SHOULD CHECK OR MONEY ORDER BE PAYABLE TO?

The Treasurer, State of New Jersey

CAN PAYMENTS BE MADE WITH CREDIT CARDS?

Payments are only accepted in the form of a check or money order in the amount of \$150 and must be submitted with the Form AA-302 (Employee Information Report).

HOW LONG DOES IT TAKE TO PROCESS FORM AA-302 AND RECEIVE CERTIFICATE OF EMPLOYEE INFORMATION REPORT?

The initial Form AA-302 certificate may take up to three (3) weeks. Renewals certificates may take up to two (2) weeks.

HOW LONG ARE CERTIFICATES VALID?

For entities with fewer than 50 employees, the certificate is valid for seven (7) years. For entities with 50 employees or more, the certificate is valid for three (3) years.

WHICH ADDRESS SHOULD BE USED?

When using the United States Postal Service (regular mail) to deliver the Form AA-302 and payment, the following address must be used:

NJ Dept. of the Treasury
Division of Purchase & Property
Contract Compliance and Audit Unit
EEO Monitoring Program
PO Box 206
Trenton, NJ 08625-0206

When using a commercial delivery service such as FEDEX, UPS or other delivery service, the following address must be used:

NJ Dept. of the Treasury
Contract Compliance and Audit Unit
EEO Monitoring Program
33 West State Street, 9th floor
Trenton, NJ 08625

HOW TO OBTAIN A DUPLICATE CERTIFICATE:

Complete the Duplicate Request Form and mail with a \$75 check or money order payable to The Treasurer, State of NJ, P.O. Box 206, Trenton, NJ 08625. **NOTE:** No fee is required for name and/or address updates.

HOW TO REGISTER FOR SUBMISSION OF ELECTRONIC RENEWAL CERTIFICATE:

Visit www.state.nj.us/treasury/contract_compliance. Select the Premier Business Services Online Forms Account Instructions and follow the instructions.

HOW TO SUBMIT PAYMENT AFTER FILING RENEWAL CERTIFICATE ELECTRONICALLY?

Mail check or money order (for \$150) to the State's Division along with a print out of the online submission screen. Make check or money order payable to: The Treasurer, State of New Jersey. Please write your certificate number on the check or money order.

RECEIVED RENEWAL NOTICE – HOW DO I RENEW MY CERTIFICATE?

Follow the instructions on the renewal notice, contact the Office of Tax Abatement & Compliance or the City's PACO for copy of forms or renewal package, complete Form AA-302, Vendor Activity Summary Reports and mail in along with a check or money order payable to: The Treasurer, State of New Jersey.

TO OBTAIN THE STATUS OF YOUR CERTIFICATE:

Please call the City's PACO at (201) 547-4538 or the State's Division at (609) 292-5473 and a representative will be available to assist you. Please have your federal ID or certificate number available to ensure faster service. **NOTE:** Renewal Notices will be mailed within 90 days prior to the expiration date of your certificate.

DO NONPROFIT ORGANIZATIONS HAVE TO COMPLETE FORM AA-302?

Yes, the Employee Information Report (Form AA-302) must be completed by nonprofit organizations to ensure compliance with the EEO/AA requirements.

WHAT DOES THE CERTIFICATE LOOK LIKE?

The Certificate of Employee Information Report is yellow in color, 3 ½ X 8 ½ and has your assigned certificate number in the top right corner. The entity's name and address along with the effective date and expiration date also are included on the certificate.

THE COMPANY HAS NO EMPLOYEES. SHOULD THE OWNER OPERATING THE BUSINESS REPORT NO EMPLOYEES OR ONE EMPLOYEE FOR HIMSELF/HERSELF?

A company with no employees must report the officials and managers on line #3 and on line #11 (officials/managers).

PROCEDURES FOR THE ISSUANCE, RENEWAL, AND DUPLICATION OF A CERTIFICATE OF EMPLOYEE INFORMATION REPORT FOR VENDORS

❖ The vendor/contractor shall complete an Initial Employee Information Report Form, (Form AA-302) and submit with a \$150.00 fee payable to the Treasurer, State of New Jersey, Division of Purchase and Property, EEO Monitoring Program, and forward a copy to the City of Jersey City's Office of Tax Abatement & Compliance' Public Agency Compliance Officer (PACO) and to the City's department/division initiating the contract. Upon submission and review by the State's Division and the City's PACO, this report shall constitute evidence of compliance with the regulations;

❖ The State's Division shall approve or reject the Employee Information Report (AA-302 Form) within 40 business days of its submission, provided, however, that such a rejection, if it is independent of a noncompliance determination, shall in no way affect the validity of a contract for which said employee information report was presented. Upon approval of an Employee Information Report (AA-302 Form), the State's Division shall issue to the vendor a Certificate of Employee Information Report which shall be valid for the time period indicated on the certificate; and

❖ A vendor may submit an application for renewal of their Certificate of Employee Information Report, with a fee in the amount of \$150.00 payable to the Treasurer, State of New Jersey, Division of Purchase and Property, EEO Monitoring Program, as early as ninety (90) business days prior to the expiration of a certificate.

The renewal package, consisting of the AA-302 renewal report, AA-302 forms, (for each New Jersey facility that engages in bidding on public contracts; and shares the same Federal Employee Identification Number and company name), and vendor employee activity summary report, must be submitted on the forms made available to the vendor by the City of Jersey City and the State of New Jersey.

❖ The vendor/contractor agrees to provide documentation that it has made good faith efforts to meet equal employment opportunity requirements whenever the NJ State's Division or the City of Jersey City, upon its own initiative or upon the complaint of any member of the public, determines that such information is needed to determine whether the contractor or subcontractor has failed to comply with the applicable equal employment opportunity requirements.

❖ There shall be a \$75.00 non-refundable fee for a duplicate or replacement Certificate of Employee Information Report. The Vendor/contractor must complete and submit the Duplicate Certificate of Employee Information Report request electronically or via regular mail.

All other inquiries and form requests may be directed to the City of Jersey City's Office of Tax Abatement & Compliance or to the City's Equal Employment Opportunity/Affirmative Action/ Public Agency Compliance Officer at: 201-547-4538 or at abuanj@icnj.org

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 07108



<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 11246, 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 OF 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

VOID

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 \$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 predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

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

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

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

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

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

ITEM 8 - If "Multi-establishment" was entered in item 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 Phillippine Islands and Samoa.

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

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

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

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

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

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

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

TYPE OR PRINT IN SHARP BALL POINT PEN

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

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

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473



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

3. COMPANY NAME

4. STREET	CITY	COUNTY	STATE	ZIP CODE

5. REASON FOR REQUEST OF DUPLICATE CERTIFICATE

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

--

SECTION B - SIGNATURE AND IDENTIFICATION

6. NAME OF PERSON COMPLETING FORM (Print or 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 DLN #:

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



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**. 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.

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 SUBMIT 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/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		
5. STREET	CITY	COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-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	INAG. DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
	COL 1 TOTAL (Cols 2 & 3)	COL 2 MALE	COL 3 FEMALE	***** MALE *****					***** FEMALE *****					
				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 B OBTAINED?
☐ 1. Visual Survey ☐ 2. Employment Record ☐ 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 ☐ 2. NO ☐

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 \$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 predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

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

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

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

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

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

ITEM 8 - If "Multi-establishment" was entered in item 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 Phillippine Islands and Samoa.

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

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

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

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

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

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

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

TYPE OR PRINT IN SHARP BALL POINT PEN

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

**NJ Department of the Treasury
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Contract Compliance Audit Unit
EEO Monitoring Program
P.O. Box 206**

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY
 Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program
 VENDOR ACTIVITY SUMMARY REPORT
☐ NEW HIRES ☐ PROMOTIONS ☐ TRANSFERS ☐ TERMINATIONS (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO. _____ DATES OF PAYROLL PERIOD USED: FROM _____ TO _____
 NAME OF FACILITY: _____

Street _____ City _____ County _____ State _____ Zip Code _____

JOB CATEGORIES	Total	MALE					FEMALE				
		Black	Hispanic	AM. Indian	Asian	Non-Min.	Black	Hispanic	AM. Indian	Asian	Non-Min.
OFFICIALS & MANAGERS											
PROFESSIONALS											
TECHNICIANS											
SALES WORKERS											
OFFICE & CLERICAL											
CRAFTWORKERS											
OPERATIVES											
LABORERS											
SERVICE WORKERS											
TOTAL											

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

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

INSTRUCTIONS

VENDOR ACTIVITY SUMMARY REPORTS

1. You should complete 4 blank Vendor Activity Summary Reports with your AA-302, Employee Information Report Renewal Application package. These 4 Reports are to be completed for new hires, promotions, transfers and terminations that took place between the time you received your Certificate of Employee Information Report (hereafter referred to as "Certificate") and the date of your Renewal Application.
2. The Vendor Activity Summary Reports must be completed to show your firm's total personnel actions for the previous Certificate period. For example, if your firm renews its Certificate every 3 years, one of the reports should indicate the total number of people hired during the entire 3-year period during which you held the Certificate. Another report should indicate the total number of people terminated during that 3-year period. The third report should indicate the total number of people transferred during that 3-year period and the final report should indicate the total number of people promoted during that 3-year period. Please note, there is no need to re-state the information provided on the AA-302 form.

"New Jersey Business Registration Requirements" For Construction 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 [N.J.S.A. 52:32-44(g)(3)] shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act on all sales of tangible personal property delivered into this State, regardless of whether the tangible personal property is intended for a contract with a contracting agency.

A business organization that fails to provide a copy of a business registration as required pursuant to section 1 of P.L.2001, c.134 (C.52:32-44 et al.) or subsection e. or f. of section 92 of P.L.1977, c.110 (C.5:12-92), or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration copy not properly provided under a contract with a contracting agency."

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

TAXPAYER NAME:
TAX REG TEST ACCOUNT
TAXPAYER IDENTIFICATION#:
ADDRESS:
ISSUANCE DATE: 02/14/04

J. L. & Tally

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

TAXPAYER NAME:
TAX REG TEST ACCOUNT
ADDRESS:
ISSUANCE DATE: October 14, 2004

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 942 TRENTON, NJ 08646-0942
TAXPAYER NAME:	TRADE NAME	
TAX REGISTRATION TEST ACCOUNT	CLIENT REGISTRATION	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER	
870-087-382/000	0107530	
ADDRESS:	ISSUANCE DATE:	
847 ROEBLING AVE	07/14/04	
TRENTON NJ 08611	<i>J.P. S. Tully</i>	
EFFECTIVE DATE:	Acting Director	
01/01/01		
FORM-BRC(08-01)	This Certificate is NOT assignable 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:	1093907
Date of Issuance:	October 14, 2004

For Office Use Only:

20041014112823533