



## INFORMATION SHEET AND CHECKLIST FOR WAIVERS AND DELEGATED PURCHASING AUTHORITY (DPA) TRANSACTIONS

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY  
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

VENDOR NAME: \_\_\_\_\_

THIS CHECKLIST IS ONLY A GUIDE TO ASSIST VENDORS IN LOCATING AND COMPILING ALL REQUIRED COMPLIANCE FORMS FOR WAIVERS AND DPA TRANSACTIONS. VENDORS ARE REQUIRED TO ENSURE THAT ALL COMPLIANCE REQUIREMENTS HAVE BEEN MET.

| If any of the below fail to open, all forms are available on the following Division of Purchase & Property website:<br><a href="https://www.nj.gov/treasury/purchase/forms.shtml">https://www.nj.gov/treasury/purchase/forms.shtml</a> | THE COMPLETED<br>& SIGNED FORM<br>IS INCLUDED IN<br>THE PACKET |
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| <b>STATE OF NEW JERSEY STANDARD TERMS AND CONDITIONS</b> (For Waiver and DPAs)   |  |
| <b>OWNERSHIP DISCLOSURE FORM</b>   |  |
| <b>DISCLOSURE OF INVESTIGATIONS AND OTHER ACTIONS INVOLVING VENDOR</b>   |  |
| <b>DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM</b>  |  |
| <b>TWO-YEAR CHAPTER 51/EXECUTIVE ORDER 117 VENDOR CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS</b> (Only required for orders or contracts that will be greater than \$17,500)   |  |
| <b>CHAPTER 271 VENDOR CERTIFICATION AND POLITICAL DISCLOSURE FORM</b>  |  |
| <b>MACBRIDE PRINCIPALS FORM</b>  |  |
| <b>PROOF OF BUSINESS REGISTRATION</b><br>You may register your business <a href="#">HERE</a> or obtain a copy of the Business Registration Certificate <a href="#">HERE</a> .  |  |
| <b>CERTIFICATE OF INSURANCE / ACORD</b> Naming the State, its officers, and employees as "Additional Insureds"   |  |
| <b>SOURCE DISCLOSURE FORM</b> (To be used only where the contract is primarily for services)   |  |
| <b>AFFIRMATIVE ACTION COMPLIANCE</b> (Submit one of the following)   |  |
| <b>NEW JERSEY CERTIFICATE OF EMPLOYEE INFORMATION REPORT</b>   |  |
| <b>FEDERAL LETTER OF APPROVAL VERIFYING A FEDERALLY APPROVED OR SANCTIONED AFFIRMATIVE ACTION PROGRAM</b> (Dated within one year of the submission)  |  |
| <b>AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT</b> (FORM AA302)<br><a href="#">INSTRUCTIONS FOR AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT</a>  |  |

***VENDORS SHOULD RETURN ALL COMPLETED AND SIGNED FORMS TO THE USING AGENCY.***