

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD  
STANDARDIZED SUBMISSION REQUIREMENTS FOR PROFESSIONAL SERVICES  
INFORMATION FOR PROFESSIONAL SERVICES ENTITIES  
(FAIR & OPEN PUBLIC SOLICITATION PROCESS)**

**Section 1. RECEIPT AND OPENING OF SUBMISSIONS**

A. OWNER AND PROJECT

The Board of Health of the Township of Bloomfield, Essex County, New Jersey (hereinafter called the “Board” invites submissions for the service(s) mentioned in the Public Notice for Solicitation.

B. TIME AND PLACE OF SUBMISSION OPENINGS

The Secretary to the Board and/or his designated representative will receive submissions at the time and place mentioned in the Public Notice for Solicitation, and at such time and place will be publicly opened and read aloud.

C. SUBMISSIONS NOT IN COMPLIANCE

The Board may waive any informality or reject any and/or all submissions, in accordance with the *Fair and Open Public Solicitation Process for Professional Service(s)* as set forth in N.J.S.A. 19:44A-20.5 et seq.

D. WITHDRAWING SUBMISSIONS

Submissions forwarded to the Secretary to the Board and/or his/her designated representative before the time of opening of submissions may be withdrawn upon written application of the professional services entity who shall be required to produce evidence showing that they are or they represent the principal or principals involved in the submission. Submission may not be withdrawn within twenty-four (24) hours of the stipulated time of opening of submissions. Once submissions have been opened, they must remain firm for a period of sixty (60) days.

**Section 2. QUALIFICATIONS OF PROFESSIONAL SERVICES ENTITIES  
(RESPONSES MUST INCLUDE THE FOLLOWING INFORMATION)**

A. INDIVIDUALS PERFORMING TASKS

Name and roles of the individuals who will perform the tasks and descriptions of their education and experience similar to the services contained herein.

B. PAST PERFORMANCE

Documented past performance of same and/or similar service.

C. REFERENCES

References and record of success of same or similar service.

D. DESCRIPTION OF ABILITIES

Description of ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff).

E. COST DETAILS

If applicable, cost details including the hourly rates of each of the individuals who will be performing services, and all expenses.

F. TECHNICAL PROCESS AND EQUIPMENT

Description of technical process and equipment used in performing the task(s).

**Section 3. PREPARATION OF SUBMISSIONS**

A. COMPLETION OF SUBMISSIONS

Each submission must be provided on a Standardized Submission Form as supplied in this submission package, and signed by the professional services entity or principal thereof and shall contain the name, address, and telephone number of the professional services entity. All prices and amount must be written in ink or preferably typewritten. Each signatory to the submission must initial all erasures or corrections. **Each submission shall be contained in a sealed envelope addressed to the Board of Health, Township of Bloomfield, Secretary to the Board Office, 1 Municipal Plaza, Room 111, Bloomfield, New Jersey 07003 and shall specify the Title/Professional Service for which the submission is provided. The submission is to be clearly marked "Sealed Submission Enclosed" and must be delivered at the place and time required or mailed so as to be received prior to the opening time set in the advertisement. Submissions received after the hour indicated in the Public Notice for Solicitation or in unsealed envelopes shall not be considered.**

The Board will not be responsible for submissions forwarded through the U.S. Mail or any delivery service if lost in transit at any time before submission opening, or if hand-delivered to the incorrect location.

The submission shall be accompanied by (1) a Non-Collusion Affidavit, (2) a Disclosure of Ownership Form, (3) an Insurance Requirement Acknowledgment Form, (4) a Mandatory Equal Employment Opportunity Notice Acknowledgment, (5) a copy of the applicable Business Registration Certificate, (6) a Professional Services Entity Information Form, (7) a Qualifications of Submission, and (8) Business Entity Disclosure Certificate (9) an Acknowledgment of Corrections, Additions and Deletions Form.

**B. ERRORS IN SUBMISSIONS**

If applicable, in the event there is a discrepancy between the unit prices and the extended totals, the unit prices shall govern or if between the correct sum of the extended totals and the total submission submitted, the correct sum shall govern. Amounts written in words shall govern over the amounts written in numerals.

**Section 4. TIME FOR AWARD OF CONTRACT**

The Board shall award the contact or reject all submissions within such time as may be specified in the invitation for submission, but in no case more than sixty (60) days, except that the submissions of any professional services entities who consent thereto may, at the request of the Board, be held for consideration for such longer period as may be agreed.

The award of the Contract for this service will not be made unless the Township Chief Financial Officer has certified the necessary funds in a lawful manner.

**Section 5. MODIFICATIONS OF SUBMISSIONS**

Any professional services entity may modify his submission by mail, courier or hand delivery at any time prior to the scheduled closing time for receipt of submissions. The communication should not reveal the submission price but should provide specific information regarding the addition to or subtraction from or other modification to the original submission so that the Board will not know the final price(s) or term(s) until the sealed submissions are opened.

**Section 6. REJECTION OF SUBMISSIONS**

**A. MULTIPLE SUBMISSIONS NOT ALLOWED**

More than one submission from an individual, a firm or partnership, a corporation or association of principals under the same or different names shall not be considered.

**B. UNBALANCED SUBMISSIONS**

Submissions, which are obviously unbalanced, may be rejected at the option of the Board.

C. RIGHT TO REJECT SUBMISSIONS

The right is reserved to reject any and all submissions in whole or in part if not in compliance with these requirements.

D. METHOD OF AWARD OF SUBMISSIONS

The right is reserved by the Board to award submissions on a “*service by service*” basis, “*per project*” basis, *in part or in whole* as determined by the Board.

E. RIGHT TO WAIVE INFORMALITIES RESERVED

The Board expressly reserves the right to waive any informality in any submission, or to accept the submission, which is the Board’s judgment serves its best interests.

**Section 7. PROFESSIONAL SERVICES ENTITY REFERRED TO LAWS**

The attention of the professional services entity is especially directed to the provisions of Federal, State, County and Local Government statutes and regulations that may apply to the work.

**Section 8. PAYMENT**

Checks are processed by the Township of Bloomfield’s Finance Department approximately on the 30<sup>th</sup> day of each month. It is necessary that the approved signed vouchers be accompanied by an invoice and be submitted in advance of these dates.

**Section 9. TRANSITIONAL PERIOD**

In the event that a new contract has not been awarded prior to the contract expiration date, it shall be incumbent upon the professional services entity to continue the contract under the same terms and conditions until a new contract(s) can be completely operational. At no time shall this transition period extend more than thirty (30) days beyond the expiration date of the contract.

**Section 10. FACSIMILE DOCUMENTS PROVIDED IN A SUBMISSION**

Under no circumstances, on submission documents requiring authorized signatures, will the Board accept documents provided through facsimile machines.

**Section 11. CONTRACT COMPLIANCE AND EQUAL EMPLOYMENT OPPORTUNITY  
IN PUBLIC CONTRACTS**

Professional services entities are required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.

**Section 12. GENERAL REQUIREMENTS/INFORMATION**

The professional services entity shall guarantee any and all material and services supplied under these specifications. Defective or inferior items shall be replaced at the expense of the professional services entity.

It is understood by the professional services entity that this submission is provided on the basis of standardized submission requirements prepared by Board and the fact that any professional services entity is not familiar with these standardized submission requirements or conditions will not be accepted as an excuse.

**NO MINIMUM PAYMENT IS IMPLIED OR GUARANTEED.**

**THE BOARD RESERVES THE RIGHT TO CANCEL ANY CONTRACT ENTERED INTO UPON THIRTY (30) DAYS NOTICE.**

Contract Term: Pursuant to N.J.S.A 40a:11-3(B), ..."contracts for professional services pursuant to subparagraph (i) of paragraph (a) subsection (1) of section 5 of P.L. 1971, c.198 (N.J.S.A. 40A:11-5) may be awarded for a period not exceeding twelve (12) consecutive months."

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**  
**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**

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 or sex. Except with respect to affectional or sexual orientation, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer; 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 non-discrimination clause.

The contract or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applications will receive consideration for employment without regard to age, race, creed, color national origin, ancestry, marital status, affectional or sexual orientation or sex.

The contractor or subcontractors, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act 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 the 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 attempt in good faith to employ minority and female workers consistent with the applicable county employment goals established in accordance with **N.J.A.C. 17:27-5.2**, or a binding determination of the applicable county employment goals determined by the Division, pursuant to **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, labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, or sex, and that it will discontinue to 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.

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 AA302

The contractor and its subcontractor shall furnish such reports or other documents to the Division of Contract Compliance & EEO as may be requested by the Division 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 Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**AMERICAN WITH DISABILITIES ACT OF 1990**  
**EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITY**

The Contractor and the Board does hereby agree that the provisions of Title 11 of the American with Disabilities Act of 1990 (the "Act") (42 U.S.C. S12101 et seq.), which prohibits discrimination on the basis of disability by entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Board 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 Board in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the Board, 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 Board's grievance procedure, the Contractor agrees to abide by any decision of the Board which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Board or if the Board 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 Board shall, as soon as practicable after a claim has been made against it, given 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 Board or any of its agents, servants and employees, the Board shall expeditiously forward or have forwarded to the Contractor every demand, compliant, notice, summons, pleading, or other process received by the Board or its representatives.

It is expressly agreed and understood that any approval by the Board 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 Board pursuant to this paragraph.

It is further agreed and understood that the Board 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 the Agreement, nor

shall they be construed to relieve the Contractor from any liability, nor preclude the Board from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**STANDARDIZED SUBMISSION REQUIREMENTS & SELECTION CRITERIA**  
**(FAIR & OPEN PUBLIC SOLICITATION PROCESS**  
**FOR PROFESSIONAL SERVICES)**

The Board of Health of the Township of Bloomfield is seeking sealed submissions in response to a Public Notice for the Solicitation of Professional Service Contracts.

**The standard submission requirements shall include:**

1. Names and roles of the individuals who will perform the services/tasks and descriptions of their experience with projects similar to the services contained herein including their education, degrees and certifications.
2. References and record of success of same or similar service.
3. Description of ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff).
4. Cost details; including the hourly rates of each of the individuals who will perform services and time estimates for each individual, all expenses and total cost of “not to exceed” amount.

**The selection criteria to be used in awarding contracts shall include:**

1. Proposals will be evaluated by the Board on the basis of the most advantageous, price and other factors considered. The evaluation will consider:
  - a. Qualifications of the individuals who will perform the services/tasks and the amounts of their respective participation.
  - b. Experience and references.
  - c. Ability to perform the services/tasks in a timely fashion, including staffing and familiarity with the subject matter.
  - d. Cost consideration – including, but not limited to, historical costs for similar professional services, expertise involved and comparable costs for comparable public entities.
  - e. Knowledge of the Board and the subject matter to be addressed under the contract.

- f. Other factors if demonstrated to be in the best interest of the Board.
2. **Please Note this Additional Requirement:** Professional services entities shall submit **one (1) original and nine (9) additional sets** of their sealed submission.

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**CHECKLIST**

**PROFESSIONAL SERVICE TITLE:** \_\_\_\_\_

**SUBMISSION DATE:** \_\_\_\_\_

**The following items, as indicated below (X), shall be provided with the receipt of sealed submissions:**

- |  |          |
|--|----------|
| 1. Non-Collusion Affidavit   | <u>X</u> |
| 2. Disclosure of Ownership Form  | <u>X</u> |
| 3. Insurance Requirement Acknowledgment Form   | <u>X</u> |
| 4. Mandatory Equal Employment Opportunity<br>Notice Acknowledgment   | <u>X</u> |
| 5. Copy of your <b>Business Registration Certificate</b> as issued<br>by the State of New Jersey, Department of Treasury,<br>Division of Revenue | <u>X</u> |
| 6. Professional Service Entity Information Form  | <u>X</u> |
| 7. Qualifications Submission   | <u>X</u> |
| 8. Business Entity Disclosure Certificate  | <u>X</u> |
| 9. Acknowledgment of Corrections, Additions or Deletions Form  | <u>X</u> |

**Reminder**

**Please submit one (1) original and nine (9) additional sets of the sealed submission.**

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**NON-COLLUSION AFFIDAVIT**

STATE OF NEW JERSEY :  
 :  
COUNTY OF ESSEX :SS.  
 :

I, \_\_\_\_\_ of the \_\_\_\_\_  
of \_\_\_\_\_ in the County of \_\_\_\_\_ and  
the State of New Jersey, of full age, being duly sworn according to law on my oath depose and  
say that:

I am \_\_\_\_\_  
of the firm of \_\_\_\_\_

the Professional Service Entity making the submission for the above named Service, and that I  
executed the said submission with full authority to do so; that the Professional Service Entity has  
not, directly or indirectly, entered into any agreements, participated in any collusion, or  
otherwise taken any action in restraint of fair and open competition in connection with the above  
named Service; and that all statements contained in said submission and in this affidavit are true  
and correct, and made with full knowledge that the Board of Health of the Township of  
Bloomfield relies upon the truth of the statements contained in said submission and in the  
statements contained in this affidavit in awarding the contract for said Service.

I further warrant that no person or selling agency has been employed or retained to solicit or  
secure such contract upon an agreement or understanding for commission, percentage, brokerage  
or contingent fee.

Subscribed and sworn to before me  
this \_\_\_\_\_ day of \_\_\_\_\_ 2007

\_\_\_\_\_  
Notary Public

(Signature of Professional)

State of \_\_\_\_\_

My Commission Expires \_\_\_\_\_

\_\_\_\_\_  
(Type or print name of Affiant and  
Title under signature)

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**DISCLOSURE OF OWNERSHIP FORM**

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

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

**COMPLETE ONE OF THE FOLLOWING STATEMENTS:**

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

Name:

Address:

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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

\_\_\_\_\_ Limited Partnership                      \_\_\_\_\_ Limited Liability Corporation

\_\_\_\_\_ Limited Liability Partnership                      \_\_\_\_\_ Subchapter S Corporation

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM**

Certificate(s) of Insurance shall be filed with the Secretary to the Board's Office upon award of contract by the Board.

The minimum amount of insurance to be carried by the Professional Service Entity shall be as follows:

PROFESSIONAL LIABILITY INSURANCE

Limits shall be a minimum of \$1,000,000.00 for each claim and \$1,000,000.00 aggregate each policy period.

*Acknowledgment of Insurance Requirement:*

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(Signature) (Date)

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(Printed Name and Title)

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**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 Board one of the following three documents as forms of evidence:

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

OR

- (b) 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

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

The successful professional service entity may obtain the Employee Information Report (AA302) from the Board of Health of the Township of Bloomfield during normal business hours.

The undersigned 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: \_\_\_\_\_ PRINT NAME: \_\_\_\_\_

TITLE: \_\_\_\_\_ DATE: \_\_\_\_\_

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**PROFESSIONAL SERVICE ENTITY INFORMATION FORM**

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

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Social Security No: \_\_\_\_\_

Fax No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

Trading As: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

Name of Partners: \_\_\_\_\_

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Federal I.D. No: \_\_\_\_\_

Fax No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security No: \_\_\_\_\_

Signature of Authorized Agent: \_\_\_\_\_

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

State under whose laws incorporated: \_\_\_\_\_

Location of Principal Office: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Federal I.D. No: \_\_\_\_\_

Fax No: \_\_\_\_\_ E-Mail: \_\_\_\_\_

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

\_\_\_\_\_

Telephone No: \_\_\_\_\_ Name of Corporation: \_\_\_\_\_

Signature: \_\_\_\_\_ By: \_\_\_\_\_

Title: \_\_\_\_\_ Address: \_\_\_\_\_

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**SUBMISSION FORM**

1. Names and roles of the individuals who will perform the services and description of their education and experience with projects similar to the services contained herein including their education, degree and certifications.

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2. References and record of success of same or similar service:

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3. Description of ability to provide the services in a time fashion (including staffing, familiarly and location of key staff):

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4. Cost details, including the hourly rates of each of the individuals who will perform Services and all expenses:

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*Note: Attach Additional sheets as necessary.*

Firm: \_\_\_\_\_ Date: \_\_\_\_\_

Authorized Representative (Print): \_\_\_\_\_

Signature: \_\_\_\_\_ Title: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Fax No: \_\_\_\_\_

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD  
BUSINESS ENTITY DISCLOSURE CERTIFICATION  
FOR FAIR AND OPEN CONTRACTS**

**Part I – Vendor Affirmation**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that it has listed in the table below all reportable contributions as defined under N.J.S.A. 19:44A-3 that were made in the one year period preceding the solicitation notice that were made by the individual, firm, partnership, corporation or association of principals responding to this solicitation to any of the following named elected officials and committees listed.

<u>Elected Officials</u>
Mayor Raymond J. McCarthy
Councilman Bernard Hamilton
Councilwoman Janice Maly
Councilman Ray Tamborini
Councilwoman Patricia Ritchings
Councilwoman Patricia Barker
Councilwoman Patricia Spsychala

<u>Committees</u>
Bloomfield 2007 Democrats
Bloomfield Democratic County Committee
Committee to Elect the McCarthy Team
Committee to re-elect Janice Maly
Committee to re-elect Ray Tamborini
Committee to re-elect Pat Ritchings
The Ray McCarthy Election Fund

**Part II – Ownership Disclosure Certification**

I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

**Check the box that represents the type of business entity:**

- Partnership     
  Corporation     
  Sole Proprietorship     
  Subchapter S Corporation  
 Limited Partnership   
  Limited Liability Corporation     
  Limited Liability Partnership

Name of Stock or Shareholder	Home Address


**Part 3 – Signature and Attestation:**

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity:

Signed: \_\_\_\_\_  
Title: \_\_\_\_\_

Print Name: \_\_\_\_\_  
Date: \_\_\_\_\_

Subscribed and sworn before me this ____ day of _____, 2008.	_____
My Commission expires:	(Affiant)
	_____
	(Print name & title of affiant) (Corporate Seal)

**BOARD OF HEALTH OF THE TOWNSHIP OF BLOOMFIELD**

**ACKNOWLEDGMENT OF CORRECTIONS, ADDITIONS AND DELETIONS FORM**

I, \_\_\_\_\_

of the firm \_\_\_\_\_

hereby acknowledge that any corrections, additions and/or deletions have been initialed and dated in the Submission Package.

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Type or print name of Affined and Title, under signature)

\_\_\_\_\_  
(Date)

**END OF SUBMISSION PACKAGE**