

13



Township Council
1 Municipal Plaza
Bloomfield, NJ 07003

Louise M. Palagano
Municipal Clerk

<http://www.bloomfieldtwpnj.com>

Meeting: 06/01/15 07:00 PM

2015 RESOLUTION APPROVAL

RESOLUTION - ANIMAL SHELTER

BE IT RESOLVED, that the Mayor and Council hereby authorize the Mayor to execute and the Clerk to attest to the attached contract with Bergen County Humane Enforcement for Animal Shelter and Animal Control Services.

* * * * *

I hereby certify that the above resolution was duly adopted by the Mayor and Council of the Township of Bloomfield at a meeting of said Township Council held on June 01, 2015.

Louise M. Palagano
Municipal Clerk of the Township of Bloomfield

MLV Jg
Mayor of the Township of Bloomfield

✓ Vote Record -- Resolution						
		Yes/Aye	No/Nay	Abstain	Absent	
<input type="checkbox"/> Adopt		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Deny		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Withdrawn		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Table		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Not Discussed		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> First Reading		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Table with no Vote		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Approve		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Veto by Mayor		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Discussion		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Defeated		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<input type="checkbox"/> Discussion No Vote		<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

APPROVED AS TO FORM AND PROCEDURE
ON BASIS OF FACTS SET FORTH

Brian J. Keira
DIRECTOR OF LAW - TOWNSHIP ATTORNEY

**AGREEMENT BETWEEN THE
TOWNSHIP OF BLOOMFIELD
AND
BERGEN COUNTY HUMANE ENFORCEMENT
FOR ANIMAL SHELTER AND ANIMAL CONTROL SERVICES**

THIS AGREEMENT, made this ____ day of _____, 2015, by and between the Township of Bloomfield (hereinafter "Township") with a mailing address of 1 Municipal Plaza, Bloomfield, New Jersey, 07003 and Bergen County Humane Enforcement Corporation (hereinafter "Provider") with a mailing address of 302 2nd Street Cliffside Park, New Jersey 07010.

WHEREAS, the Township advertised RFPs for animal control and animal shelter services for the Township of Bloomfield; and

WHEREAS, the responses to the RFPs were due on or about July 30, 2014; and

WHEREAS, Provider responded to the Animal Shelter RFP and offered to perform all necessary Animal Shelter services for \$145,000 with no increase for 2015, 2016 and 2017; and

WHEREAS, the Provider also responded to the Animal Control Services RFP and offered to perform will Animal Control Services for \$120,000 flat fee with 2% increase for years 2015 and 2016 (no increase for 2017); and

WHEREAS, on or about August 11, 2014, the Township Council approved a resolution authorizing the Mayor to sign a contract in accordance with the RFP advertised; and

WHEREAS, the resolution authorized the agreement between the Township to become effective once the required layoff of Township employees was complete; and

WHEREAS, on or about September 26, 2014, the Township employee layoff is approved with an effective last working day of November 14, 2014; and

WHEREAS, on November 15, 2015, Provider took control of the animal control and shelter services of the Township; and

WHEREAS, the Township and Provider failed to enter into an agreement for the Animal Shelter or Animal Control Services because of disagreements in the interpretation of the award and the duties and responsibilities of the parties; and

WHEREAS, the Township and Provider are desirous of entering into an agreement that establishes their respective duties and responsibilities.

NOW THEREFORE, the parties agree as follows:

This Agreement shall be for the purpose of ensuring the provision of animal shelter and an animal control services for the Township of Bloomfield in accordance with N.J.S.A. 4:19-15:16

Agreement between
Township of Bloomfield and
Bergen County Humane Enforcement

et seq and N.J.S.A. 26:3A2-1 et seq. and any other applicable administrative rules, regulations and/or statutes promulgated by the State of New Jersey for animal control and animal shelter services.

A. ANIMAL SHELTER

Provider shall provide the necessary employees and equipment to perform all Animal Shelter services for the Township of Bloomfield using the John A. Bukowski Animal Shelter (Bloomfield) for the all-inclusive price of \$145,000 per year with no increase for 2016. Provider shall also be entitled to retain all donations given to Provider based upon its operations at the Bukowski Shelter and said donations must be used for the care and support of the animals located at the Bukowski Shelter.

B. ANIMAL CONTROL

Provider shall provide Animal Control services for the Township of Bloomfield for the all-inclusive price of \$120,000 per year flat fee with a 2% increase for 2016.

C. ADMINISTRATION OF SERVICES

- 1) Provider shall perform all duties, responsibilities and services outline and requested in the Animal Shelter Facility RFP attached hereto as Exhibit A (which are hereby incorporated herein as though fully set forth). Furthermore, Provider shall manage and be responsible to complete any and all duties, responsibilities and services required to maintain full compliance with all laws, rules and regulations governing animal shelter facilities in the State of New Jersey, including, but not limited to, any laws, rules and regulations promulgated by the New Jersey Department of Health. Provider shall also provide services for all towns (Caldwell and Glen Ridge) which the Township has entered into contracts with to provide animal shelter and/or animal control services. Provider will paid the same amount the Township receives under the contracts for these services. Provider recognizes that it is not the Township's intent to renew these contracts, but the Township can do so in its sole discretion and Provider shall provide the necessary services.

- 2) Provider shall perform all duties, responsibilities and services outlined and requested in the Animal control Services RFP attached hereto as Exhibit B (which are hereby incorporated herein as though fully set forth). Furthermore, provider shall manage and be responsible to complete any and all duties, responsibilities and services required to maintain full compliance with all laws, rules and regulations governing animal control

Agreement between
Township of Bloomfield and
Bergen County Humane Enforcement

services in the State of New Jersey, including, but not limited to, any laws, rules and regulations promulgated by the New Jersey Department of Health.

- 3) Provider shall implement a "No Kill" animal policy at Bloomfield Animal Shelter.
- 4) Provider recognizes and acknowledges that animal shelter meets building and shelter code under N.J.S.A. 8:23-A and all other relevant statutes, rules, and regulations and Provider is responsible at its costs to ensure continued compliance with all such statutes, rules, and regulations as amended.
- 5) Provider shall arrange for any necessary veterinarian and veterinarian technician visitations to the shelter. Furthermore, Provider shall ensure the eradication of any possible disease outbreak(s), develop state mandated Disease Control Plan, and shall cover all costs for past, current and future veterinary care for all animals (incl. feral cat colony).
- 6) Provider shall also provide all services and additional services as outlined in Provider's response to the Township's RFP for Animal Shelter Facility attached hereto as Exhibit C.
- 7) Provider shall also provide all services and additional services as outlined in Provider's response to the Township's RFP for Animal Control Services attached hereto as Exhibit D.
- 8) Any stray dog, cat or other animal of unknown ownership charged with or suspected of biting a human shall be impounded and quarantined by the Animal Control Officer for at least ten (10) days at the Bloomfield Animal Shelter as per N.J.A.C. 8:23A-1.10 or euthanized for laboratory examination for rabies as per N.J.S.A. 4:19-15.16
- 9) Any dog, cat or other animal of known ownership charged with or suspected of biting a human shall be quarantined by the Township of Bloomfield Health Department for at least ten (10) days according to the procedures of the Township and N.J.A.C. 8:23A-1.10. The Provider shall require that such animal be quarantined at the Bloomfield Animal Shelter.
- 10) Pursuant to N.J.S.A. 4:19-19, the Provider will seize and impound any dog when such officer has reason to believe that the dog may have caused injury in a manner as described in N.J.S.A. 4:19-19 et seq.

D. SERVICES:

- 1) The "Provider" will provide animal control services to the Township and shall make its services available during regular working hours, Monday through Sunday,

Agreement between
Township of Bloomfield and
Bergen County Humane Enforcement

8:30AM to 4:30PM. Shelter hours of operation Sunday to Saturday are 8:30am -- 4:30pm, except on holidays (8:30am – 1:00pm).

- 2) All animal control regulations and programs adopted by ordinance by the Township upon execution of this Agreement will be enforced and provided by the Provider.
- 3) New animal control programs, ordinances and ordinance amendments created or passed by the Township during the term of this Agreement must be provided within ten (10) days of adoption to the Provider by the Township unless agreed to otherwise.
- 4) The Provider shall have its representative(s) appear in court and testify in cases where a summons is issued on behalf of the Township and a trial is required without additional charge.
- 5) Rabies control (i.e. Rabies clinics) programs will be conducted at regularly scheduled sites within Bloomfield Township, in addition to any rabies control clinic conducted by the Township. The Provider will provide adequate notice of the date, time and location of its Rabies control programs. The provisions of this Agreement do not extend to Rabies clinics solely sponsored by the Township.
- 6) The Provider will trap animals, in accordance with the provisions herein, for removal and disposal from their community. Requests by the Township for trapping or removal of feral cats covered under this contract must be made in advance (seven (7) days) in order for the Provider to assure space availability at the Bloomfield Animal Shelter. The Provider will accept animals trapped by the Township, its agents or residents, however, all trapping should be authorized, monitored and/or supervised by Animal Control.
- 7) The Provider and the Township agree to jointly develop and the Township will distribute pamphlets or other materials to educate residents of the Township on the public health issues associated with feeding unowned cats and wild animals or other animal control policies and regulations as necessary.
- 8) When necessary the Provider will provide for the humane destruction and proper disposal of animals in its care.
- 9) Transportation to the New Jersey Department of Health & Senior Services Laboratory of the head of a deceased animal alleged or suspected of having rabies shall be provided by the Provider.
- 10) The pick-up, preparation and transportation of specimens for laboratory analysis for West Nile Virus or any other disease surveillance required by the State of New Jersey will be the responsibility of the Provider.
- 11) The Provider will only euthanize, trap and/or relocate wild animals that pose an imminent public health threat and only in accordance with New Jersey State statutes,

Agreement between
Township of Bloomfield and
Bergen County Humane Enforcement

rules, regulations and policies, including the current "Policy on the Relocation of Wildlife" issued by the State of New Jersey's Division of Fish and Wildlife. The Provider may at its option, but is not responsible to euthanize or relocate nuisance wildlife.

- 12) Removal of any dead animal, including wildlife, on private or public property, unless noted otherwise herein, is not covered under this Agreement.
- 13) The Provider will provide proper and adequate record keeping and documentation of services rendered to the Township and will provide such documentation to the New Jersey State Department of Health & Senior Services as necessary.
- 14) The Provider shall provide the Township and its Board of Health with monthly activity reports and a summary table of all monthly activities at the end of each calendar year.
- 15) The Township shall be responsible for initial response to after-hour emergency calls. The Township may call upon the Provider for after-hour emergencies as defined below at no cost to the Township. After-hour emergency calls are calls received on Sundays, Bloomfield Township recognized Holidays or Monday through Saturday between the hours of 4:30 PM and 8:30 AM. The Police Department or any other Official so charged by the Township may initiate emergency calls.
- 16) Residents found to be housing 5 or more cats requiring removal and are not properly cared for or are a nuisance or neglected then the resident will incur all costs associated with necessary enforcement action.
- 17) Township is not responsible to reimburse Provider for any fees, costs, or charges not paid to Provider by a resident/animal owner or any responsible party.

An emergency is defined as:

- A. An animal presenting an immediate danger or threat to human health or safety;
- B. An injured or sick wild animal or an injured or sick domestic animal at-large, lost, abandoned or otherwise not under the possession/control of its owner and/or the owner is not available or cannot be located;
- C. A bat (or other wild animal at relative high risk of rabies) inside the living quarters of a house (private residence).

Routine strays or other matters of a non-emergency nature will not require an emergency response and will be handled during regular working hours.

- 18) Township is responsible to maintain (not upgrade for any reason) the structural, mechanical and electrical components of the animal shelter in working order.

Agreement between
Township of Bloomfield and
Bergen County Humane Enforcement

- 19) Township is responsible for all animal licensing and shall be entitled to retain all monies collected in that regard.
- 20) Upon receipt of Township's written request, Provider is responsible to develop and obtain all canvassing material and perform all canvassing for 2015 and/or 2016 at the total inclusive and fixed price of \$18,000 per year requested.
- 21) Provider acknowledges that the Township has met its responsibility to complete the second floor of the animal shelter and the Township is not required to do any additional work on the animal shelter.

E. INSURANCE AND INDEMNIFICATION:

- 1) The Provider will maintain liability, malpractice, worker's compensation and all mandated coverage for its employees at least the amounts required in the RFPs or the minimum amount required to law, whichever is greater.
- 2) The Provider must maintain comprehensive general liability insurance and name the Township of Bloomfield and its employees and agents as additional insured.
- 3) The Provider shall indemnify, defend and hold the Township harmless from any and all claims arising out of the performance of this contract by the Provider, its agents, servants or employees including, but not limited to, claims for personal injury, property damage and worker's compensation, and agrees to reimburse the Township for any and all costs, legal fees, claims and judgments which may be paid by the Township arising out of the performance of this contract by the Provider.

F. DURATION:

This Agreement shall be deemed effective November 15, 2014 and ending on the 31st day of December 2016.

E. FINANCIAL TERMS:

- 1) The Provider will bill the Township by invoice at the beginning of each month in accordance with paragraphs A & B above. There will be no additional charges, fees or expenses that the Township will assume unless special arrangements are made in writing and approved by resolution of the Township Council.
- 2) All Provider animal shelter fees incurred by residents of the Township will be retained by the Provider.

F. TERMINATION:

Agreement between
Township of Bloomfield and
Bergen County Humane Enforcement

Either party may terminate this Agreement by providing ninety (90) days advance written notification by certified copy of its intentions to terminate the Agreement and setting forth the proposed date of withdrawal. Notification within this section shall be by first class United States Postal Service certified and return receipt mail.

G. NOTICES

All notices under the terms of the Agreement shall be by e-mail followed by express mail or certified mail, return receipt requested.

For the Township of Bloomfield:

Email: Ted Ehrenburg, Administrator at tehrenburg@bloomfieldtwpnj.com and Brian Aloia, Township Attorney at baloia@bloomfieldtwpnj.com

Mail: Township of Bloomfield, Attention Township Administrator, 1 Municipal Plaza, Bloomfield, New Jersey, 07003.

For Bergen County Humane Enforcement:

Email: Vince Ascolese, Supervising Animal Control Officer at va@bchenj.org

Mail: Bergen County Humane Enforcement 302 2nd Street, Cliffside Park, New Jersey 07010.

H. MISCELLANEOUS TERMS

- 1) This Agreement shall be a valid and binding agreement of Township enforceable in accordance with its terms once executed and approved by Resolution.
- 2) Governing Law. This Agreement shall be governed by and construed in accordance with the laws of the State of New Jersey.
- 3) Counterparts. The Agreement may be signed in counterparts all of which when taken together shall constitute a single agreement.
- 4) Construction and Interpretation. All references made and pronouns used in the Agreement shall be construed in the singular or plural, and in such gender, as the sense and circumstances require.
- 5) Paragraph Headings. Paragraph headings contained in the Agreement are for convenience or reference only. They shall not be deemed to modify, limit, define or describe in any respect the provisions of the Agreement.
- 6) Entire Agreement and Modification. This Agreement contains the entire agreement between the parties hereto with respect to the matters covered herein. No other agreements, representations, warranties or other matters, oral or written, purportedly agreed to or

Agreement between
Township of Bloomfield and
Bergen County Humane Enforcement

represented by or on behalf of Township by any of its employees or agents, shall be deemed to bind the parties hereto with respect to the subject matter hereof. Provider acknowledges that it is entering into this Agreement solely on the basis of the representations contained herein. This Agreement may not be modified except by a written instrument signed by both parties. A telefaxed or scanned signature on this Agreement shall be deemed an original signature for all purposes. This Agreement supersedes and all prior agreements or understandings between the parties.

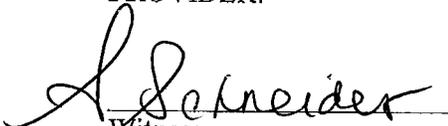
- 7) Scope of Agreement. If the scope of any of the provisions of the Agreement is too broad in any respect whatsoever to permit enforcement to its full extent, then such provisions shall be enforced to the maximum extent permitted by law, and the parties hereto consent and agree that such scope may be judicially modified accordingly and that the whole of such provisions of this Agreement shall not thereby fail, but that the scope of such provisions shall be curtailed only to the extent necessary to conform to law.

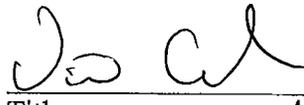
IN WITNESS HEREOF, each party has caused its authorized officials to sign this Agreement on its behalf on this _____ day of _____, 2015.

ATTEST:

PROVIDER:

North Jersey Human Society
BERGEN COUNTY HUMANE ENFORCEMENT


Witness

 Date: 5/20/15
Title: Director Animal Services.

TOWNSHIP:

TOWNSHIP OF BLOOMFIELD


Witness

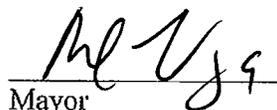
 Date: 5/28/15
Mayor

EXHIBIT A

REQUEST FOR PROPOSAL

**PROVIDING ANIMAL SHELTER FACILITY FOR THE TOWNSHIP OF
BLOOMFIELD**

**PROPOSAL SUBMITTAL:
10 A.M. PREVAILING TIME
WEDNESDAY, JULY 30, 2014
HELD IN COUNCIL CHAMBERS
TOWNSHIP OF BLOOMFIELD
1 MUNICIPAL PLAZA, NEW JERSEY**

**TED M. EHRENBURG
TOWNSHIP ADMINISTRATOR**

**PROVIDING 2014 ANIMAL SHELTER FACILITY
SERVICES FOR THE TOWNSHIP OF BLOOMFIELD**

INTENT

The intent and purpose of this specification is to adequately describe the requirements for providing Animal Shelter Facility Services for the Township of Bloomfield, and to list all requirements necessary for entering into a contract for providing the services described herein or as mutually agreed upon.

SUBMISSION OF MANDATORY FORMS

All pages of this packet, including the necessary forms to be signed, must be returned with the quote. Failure to return all pages of this packet may be cause for rejection of your proposal.

TERMS OF THE AGREEMENT

The contract shall commence September 1, 2014 or at a later date when approved by the Mayor and Township Council, and shall terminate December 31, 2016. The vendor shall be paid monthly for providing the services.

CANCELLATION FOR UNSATISFACTORY PERFORMANCE

Vendors are hereby notified that any contract awarded as a result of this request for quotation may be voided without recourse, with ten (10) calendar days written notification, by certified mail, if services provided under this contract are not complete and satisfactorily performed. The Township of Bloomfield Administrator shall be the sole judge as to what constitutes incomplete and/or unsatisfactory performance.

VENDOR INQUIRIES

All inquiries from vendors with respect to this request for proposal shall be directed to the Bloomfield Township Administrator, 1 Municipal Plaza, Bloomfield, NJ 07003; telephone (973) 680-4006 or by email at tehrenburg@bloomfieldtwpnj.com.

INSURANCE (Required for this Quotation: Yes No)

The successful vendor shall not commence any work in connection with the awarded contract until all of the following types of insurance have been obtained and such insurance policies have been approved by the Township Attorney for the Township of Bloomfield. All insurance policies shall be obtained from an insurance company authorized to conduct business in the State of New Jersey.

The vendor shall furnish proof of insurance coverage by Certificate of Insurance accompanying the contract documents and shall name the Township of Bloomfield as additional insured. Such

Certificate of Insurance shall provide that the insurance company give the Township of Bloomfield thirty (30) days prior notice of any changes or cancellation terms of such policies during the period of coverage.

The Township of Bloomfield shall be exempt from, and in no way liable for, any sums of money that may represent a deductible in any insurance policy. The payment of any such deductible shall be the sole responsibility of the vendor providing such insurance.

It shall be the responsibility of the successful vendor to maintain in force such insurance policies named herein during the life of this contract.

WORKER'S COMPENSATION INSURANCE, including Occupational Diseases, shall be required of the successful contractor, covering its employees engaged in the work, in accordance with the statutory requirements of the laws of the State of New Jersey. The Worker's Compensation Insurance Policy shall contain an Employee's Liability endorsement providing limits of not less than statutory requirements.

GENERAL PUBLIC LIABILITY INSURANCE shall be required of the successful vendor, which shall also include Products Liability, including losses, injury, or damage resulting from the performance of this agreement, with a limit of not less than \$500,000.00 single limit bodily injury and/or property damage combined from damages arising out of bodily injury and/or property damage combined from damages arising out of bodily injuries to, or death of all persons in any one occurrence and for damages to, or destruction of property including the loss of use thereof in any one occurrence, and \$500,000.00 aggregate property damage per accident.

PROPERTY DAMAGE INSURANCE in an amount no less than \$500,000.00 for damage to property for each and every accident with provisions for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation of such coverage. The Township of Bloomfield shall be included as an additional named insured.

FAILURE TO ATTACH A CERTIFICATE OF INSURANCE OR TO FULLY EXECUTE THE ATTACHED CONSENT OF INSURANCE FORM AND RETURN SAME WITH THIS PROPOSAL MAY BE GROUNDS FOR REJECTION OF THIS PROPOSAL.

BUSINESS REGISTRATION (Required for all Proposals)

All New Jersey and out of state business organizations must obtain a Business Registration Certificate from the New Jersey Department of Treasury, Division of Revenue, prior to conducting business in the State of New Jersey. Respondents shall submit with their quotation proof of their valid Business Registration with the Division of Revenue, Department of Treasury, State of New Jersey, and, if applicable, proof of the valid registration of each prime contractor. Questions regarding Business Registration may be directed to the Division of Revenue at (609) 292-1730. Online filing is available at www.state.nj.us/treasury/revenue/taxreg.htm.

TIE PROPOSALS

The Township of Bloomfield reserves the right to award at their discretion to any one of the tie proposals.

TECHNICAL SPECIFICATIONS

SCOPE AND DESCRIPTION OF SERVICES

The Township is interested in entering into a contract with a qualified vendor who is able to provide Animal Shelter Facility Services for the Township of Bloomfield as detailed and described herein.

The vendor shall be required to provide animal shelter services as detailed and described herein and in accordance with all regulations established by the State of New Jersey for providing such services.

The Township reserves the right to award the contract for the performance of these services in the manner which is most advantageous to the Township.

Once awarded, this contract shall be managed and enforced by the Bloomfield Township Administrator. All inquiries, invoices and all paperwork submitted for payment shall be directed to the Township of Bloomfield, Finance Office, 1 Municipal Plaza, Bloomfield, NJ 07003.

Respondents shall provide on the Official Proposal Form their annual, total, all inclusive price, which shall be paid monthly, that they shall charge the Township to provide the animal shelter facility services as detailed and defined herein which shall include but not limited to, all labor, equipment, fuel, utilities, insurance, animal food, bedding, shelter, maintenance, disposal, record keeping, etc.

Services to be provided by the vendor shall include but not be limited to the following:

- A. The vendor shall provide an animal shelter facility in full compliance with laws governing animal shelter facilities in the State of New Jersey, including any regulations promulgated by the New Jersey Department of Health. Said shelter shall be designed to confining, receiving, housing and/or distributing animals seized within the jurisdiction of Bloomfield Township, and pursuant to all applicable laws
- B. Vendors are encouraged to bid providing their own animal shelter for this service however, vendors may submit bids using the John A. Bukowski Animal Shelter, (Bloomfield).

- C. Vendors who select to use the John A. Bukowski Animal Shelter will ensure that they are in full compliance with laws governing animal shelter facilities in the State of New Jersey, including any regulations promulgated by the New Jersey Department of Health. The shelter shall be designed to confining, receiving, housing and/or distributing animals seized within the jurisdiction of Bloomfield Township, and pursuant to all applicable laws
- D. The vendor and facility shall be available and open a minimum of four (4) hours per day, Monday through Friday, and a minimum of five (5) hours per day on Saturday, during normal business hours, during which times the animals may be reclaimed by the owners. The vendor shall establish written charges that may be incurred for claiming and/or quarantining animals. The vendor shall provide a copy of those charges to the Township prior to contract award. The owner shall be responsible for said charges, including applicable New Jersey Sales Tax, when reclaiming their animals. Hours shall be conspicuously posted at the facility and available to residents of Bloomfield Township on an answering machine, answering service or website after hours.
- E. The vendor shall provide to the Township a telephone number by which residents may contact the vendor when necessary, during normal business hours and with a means to leave a message or obtain information after hours such as on an answering machine, answering service or website. The vendor shall additionally provide the Township with a cellular telephone number, which will not be released to the public, by which the vendor may be reached either by Township personnel, Bloomfield Township Police and/or by the New Jersey State Police.
- F. The vendor shall provide humane treatment to all animals in conformity with the rules and regulations established by the New Jersey Department of Health. Said shelter shall hold all stray animals of Bloomfield Township for at least seven (7) days from the date that the municipal Animal Control Officer or other designated representative delivers such animal to the facility or for at least such other time as may be required by law. Unclaimed stray animals shall be held for adoption only if the vendor determines that the animal is healthy and adoptable.
- G. The shelter shall hold all animals of Bloomfield Township, whether stray or owned, delivered by the municipal Animal Control Officer and identified as "bite cases" for at least ten (10) days from the date on which the bite occurred, for any period specified by the New Jersey Department of Health or for at least such other time as otherwise required by law.
- H. The vendor shall immediately notify all owners of animals wearing a license or identification tag or that have license or locator micro-chips implanted, and shall only allow redemption of dogs by their owners when a current license is displayed.
- I. The vendor shall, upon presentation of proper identification, accept any animal from Bloomfield Township residents. When such animals are certified as being owned, the

shelter shall require, in writing, authorization for disposal of the animal from the person turning the animal in. A surrender fee may be charged. If the animal is certified as a stray or lost animal, shelter personnel shall enter it into the records in the same way as animals received from Township personnel and will submit a complete record of such animals to the Township.

- J. The vendor shall provide twenty four (24) hour, seven day per week service, for injured animals in an emergency situation and/or to quarantine animals that have bitten and/or caused injuries to persons within the Township. Should an owner request the right to quarantine their own animal, they shall have the right unless a court order prevails. All quarantined animals shall be retained for the mandatory ten (10) day holding period if the owner is unknown.
- K. The shelter shall arrange for a veterinary care by a veterinarian to any injured/sick animal sufficient to stabilize said animal's condition and to alleviate pain and suffering and to prevent the spread of disease. The vendor shall submit all veterinary fees to the owner, if known, and if not known, to the Township.
- L. The shelter shall have a veterinarian monitor the veterinary care and all other aspects of shelter operation affecting the health of the animal population of the shelter.
- M. If an animal is suspected of having a disease which may pose a risk to the animal population of the shelter or humans said animal may be refused.
- N. If an animal dies in route to said shelter, the Municipal Animal Control Officer shall place animal in body bag, complete stray animal form. Shelter shall hold body for at least 10 days unless otherwise provided by law or where the individual responsible for the animal is notified and wishes to identify or repossess said animal.
- O. The shelter shall be available during regular business hours for animals to be lawfully claimed by their rightful owners. Said hours shall be posted conspicuously at the facility and listed on answering message/website for after hours contact.
- P. The shelter shall provide 24 hour/7 day a week access to the municipal animal control officer to deliver stray animals and access to impoundment area for drop off.
- Q. The shelter shall be available for inspection by municipal representative during regular business hours and shall make all records, required by law to be maintained, accessible as well.
- R. The vendor shall complete and maintain all required records and documentation and shall make them available for inspection by authorized Township personnel.
- S. The vendor shall confine or euthanize any stray or wild animals exhibiting characteristics of rabies and when directed by the appropriate authorities shall behead the animal and prepare for testing of the disease.

- T. The vendor shall designate a contact person who shall handle all inquiries and concerns from the Township.
- U. The vendor shall complete and submit an annual Shelter/Pound Survey relative to the Animal Population Control Program established pursuant to P.L. 1983, c 172. A copy of the survey shall be submitted to the Township Clerk.
- V. The vendor may charge owner bringing in their own animals and shall not charge the Township.
- W. Owners of animals running at large without the proper inoculations shall be wholly responsible for any diseases contracted before, during or after impoundment.
- X. The shelter shall identify its annual cost for providing said service to the Township and shall outline all fee schedules, emergency call out rate, etc. with this proposal.
- Y. The shelter shall provide a monthly activity report to the Township with their monthly invoice which lists the date and times of service, source of animal, breed of animal and unique identifying features of the case to be able to link said animal and case to the Animal Control Officer's report.
- Z. Shelter shall identify any additional service that they are capable of and willing to provide to the Township, including but not limited to spay/neuter clinics, resident/owner education, printed and electronic resources, adoption services, etc.

PAYMENT

The vendor shall be required to sign the standard Township of Bloomfield contract which is on file in the Office of the Township Administrator. Vendor payment will be made on a monthly basis. A purchase order will be issued from the Township of Bloomfield for these services. With each purchase order a voucher will be submitted for a Claimant Signature. The vendor will sign the voucher and return it, along with an invoice, to the Township of Bloomfield Finance Office. Promptness in submitting vouchers is of advantage to the vendor.

OFFICIAL PROPOSAL SHEET

The Respondent agrees to Provide Animal Shelter Facility Services for the Township of Bloomfield for the prices submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

My total, all inclusive, annual cost to provide the services detailed and described herein, which shall be paid on a monthly basis, shall be: \$ _____.

PROPOSAL SUBMITTED FOR:

COMPANY: _____

ADDRESS: _____

BID BY: _____

(Please Print or Type Name)

TITLE: _____

DATE: _____

TELEPHONE: _____

FAX: _____

TAXPAYER IDENTIFICATION NUMBER: _____

Do you have any exceptions to the specifications? Yes _____ No _____. If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Quotation Document.

QUESTIONNAIRE

Please answer the following questions.

List two (2) public agencies presently or previously contracted to whom you provide or have provided the services as herein specified. Include a contact name and telephone number.

1. _____

2. _____

How many employees does your company presently employ? _____

How many years has your company been providing this service? _____

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes _____ No _____. If yes, provide details here: _____

Name and telephone numbers of personnel who can be contacted if problems or emergencies arise:

Name and telephone number of an individual who can be contacted at all times if service information is requested: _____

CONSENT OF INSURANCE COVERAGE

WHEREAS, _____ as Principal has submitted a quotation to provide goods and/or services as specified in the subject quotation to the Township of Bloomfield, and whereas, in order for such quotation to be considered, proof of insurance must be submitted therewith;

NOW, THEREFORE, BE IT KNOWN THAT, if the Township of Bloomfield shall accept the quotation of the Principal and the Principal shall enter into a contract with the Township of Bloomfield in accordance with the terms of such quotation, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below:

- A. The insurance to be provided shall be underwritten by a company licensed to conduct business in the State of New Jersey.
- B. General Public Liability insurance in an amount no less than \$500,000.00 combined single limit including broad form comprehensive general liability insurance liability endorsement, and \$500,000.00 aggregate property damage per accident; and shall include provisions for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation of such coverage. The Township of Bloomfield shall be included as an additional named insured.
- C. Property Damage Insurance in an amount no less than \$500,000.00 for damage to property for each and every accident with provisions for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation of such coverage. The Township of Bloomfield shall be included as an additional named insured.
- D. All policies maintained shall name the Township of Bloomfield as an additional named insured and shall provide for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation terms of such policies and we shall provide the Township Attorney with certificates of insurance evidencing such policies and provisions.
- E. All required insurance coverage must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

Sworn to and subscribed
Before me on this _____
Day of _____ 20 _____

NOTARY PUBLIC

My commission expires: _____

PRINCIPAL:

(Bidder's Company Name)

(Authorized Signature on
Behalf of the Principal)

INSURER:

(Insurer's Company Name)

(Authorized Signature on
Behalf of the Insurer)

VENDOR INFORMATION SHEET

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, and to expedite future payments, the following information must be provided with this Request for Quotation:

Name of Business: _____

Correspondence Address, including zip code:

Purchase Order Address, including zip code:

Payment Address, including zip code:

Telephone Number: _____

Facsimile Number: _____

Cellular Number: _____

EXHIBIT B

REQUEST FOR PROPOSAL

**PROVIDING ANIMAL CONTROL SERVICES FOR THE TOWNSHIP OF
BLOOMFIELD**

**PROPOSAL SUBMITTAL:
10 A.M. PREVAILING TIME
WEDNESDAY, JULY 30, 2014
HELD IN COUNCIL CHAMBERS
TOWNSHIP OF BLOOMFIELD
1 MUNICIPAL PLAZA, NEW JERSEY**

**TED M. EHRENBURG
TOWNSHIP ADMINISTRATOR**

Notice To Suppliers

PROPOSALS will be received by the Bloomfield Township Administrator for providing Animal Control Services for the Township of Bloomfield until Wednesday, July 30, 2014, at 10:00 A.M, prevailing time. Proposals shall be opened at 10:00 A.M. on Wednesday, July 30, 2014.

The proposals will be opened in the Council Chambers of the Bloomfield Township Municipal Building, 1 Municipal Plaza, Bloomfield, New Jersey, on the appropriate date and time as shown in this notice.

The Township will not be responsible for the late delivery of proposals, regardless of the method of delivery. Proposals received after the designated date and time will not be considered. **Faxed or e-mailed proposals will not be accepted.**

Information on this Request for Quotation is on file in the office of the Township Administrator, Bloomfield Township Municipal Building, 1 Municipal Plaza, Bloomfield, New Jersey, and may be inspected during regular business hours. Potential respondents will be furnished with copies of the same upon request.

Proposals must be submitted on the Official Quotation Sheets provided in the manner designated. Return all pages of this Request for Quotation as they will be the contract documents between the Township of Bloomfield and the successful vendor (contractor).

Proposals are to be delivered to: Office of the Township Administrator
Bloomfield Township Municipal Building
1 Municipal Plaza
Bloomfield, New Jersey, 07003

Indicate on the envelope for mailed proposals the subject of the quotation.

The Bloomfield Township Administrator reserves the right to reject any and all proposals when it is deemed in the best interest of the township.

Any questions regarding this Request for Proposals prior to the opening may be addressed to the Office of the Township Clerk, Bloomfield, New Jersey, 07003; telephone 973-680-4191 or by e-mail at lpalagano@bloomfieldtwpnj.com.

Ted Ehrenburg

Township Administrator

**PROVIDING 2014 ANIMAL CONTROL SERVICES
FOR THE TOWNSHIP OF BLOOMFIELD**

INTENT

The intent and purpose of this specification is to adequately describe the requirements for providing Animal Control Services for the Township of Bloomfield, and to list all requirements necessary for entering into a contract for providing the services described herein or as mutually agreed upon.

SUBMISSION OF MANDATORY FORMS

All pages of this packet, including the necessary forms to be signed, must be returned with the quote. Failure to return all pages of this packet may be cause for rejection of your proposal.

TERMS OF THE AGREEMENT

The contract shall commence September 1, 2014 or at a later date when approved by the Mayor and Township Council, and shall terminate December 31, 2016. The vendor shall be paid monthly for providing the services.

CANCELLATION FOR UNSATISFACTORY PERFORMANCE

Vendors are hereby notified that any contract awarded as a result of this request for quotation may be voided without recourse, with ten (10) calendar days written notification, by certified mail, if services provided under this contract are not complete and satisfactorily performed. The Township of Bloomfield Administrator shall be the sole judge as to what constitutes incomplete and/or unsatisfactory performance.

VENDOR INQUIRIES

All inquiries from vendors with respect to this request for proposal shall be directed to the Township of Bloomfield Administrator, 1 Municipal Plaza, Bloomfield, NJ 07003; telephone (973) 680-4006 or by email at tehrenburg@bloomfieldtwpnj.com.

INSURANCE (Required for this Quotation: Yes X No)

The successful vendor shall not commence any work in connection with the awarded contract until all of the following types of insurance have been obtained and such insurance policies have been approved by the Township Attorney for the Township of Bloomfield. All insurance policies shall be obtained from an insurance company authorized to conduct business in the State of New Jersey.

The vendor shall furnish proof of insurance coverage by Certificate of Insurance accompanying the contract documents and shall name the Township of Bloomfield as additional insured. Such

Certificate of Insurance shall provide that the insurance company give the Township of Bloomfield thirty (30) days prior notice of any changes or cancellation terms of such policies during the period of coverage.

The Township of Bloomfield shall be exempt from, and in no way liable for, any sums of money that may represent a deductible in any insurance policy. The payment of any such deductible shall be the sole responsibility of the vendor providing such insurance.

It shall be the responsibility of the successful vendor to maintain in force such insurance policies named herein during the life of this contract.

WORKER'S COMPENSATION INSURANCE, including Occupational Diseases, shall be required of the successful contractor, covering its employees engaged in the work, in accordance with the statutory requirements of the laws of the State of New Jersey. The Worker's Compensation Insurance Policy shall contain an Employee's Liability endorsement providing limits of not less than statutory requirements.

GENERAL PUBLIC LIABILITY INSURANCE shall be required of the successful vendor, which shall also include Products Liability, including losses, injury, or damage resulting from the performance of this agreement, with a limit of not less than \$500,000.00 single limit bodily injury and/or property damage combined from damages arising out of bodily injury and/or property damage combined from damages arising out of bodily injuries to, or death of all persons in any one occurrence and for damages to, or destruction of property including the loss of use thereof in any one occurrence, and \$500,000.00 aggregate property damage per accident.

AUTOMOBILE LIABILITY INSURANCE shall be required of the successful vendor, with a limit of not less than \$500,000.00 single limit bodily injury and/or property damage combined for damages arising out of bodily injuries to or death of all persons in any one occurrence and for damages to, or destruction of property, including the loss of use thereof in any one occurrence covering owned, non-owned, or hired vehicles.

FAILURE TO ATTACH A CERTIFICATE OF INSURANCE OR TO FULLY EXECUTE THE ATTACHED CONSENT OF INSURANCE FORM AND RETURN SAME WITH THIS PROPOSAL MAY BE GROUNDS FOR REJECTION OF THIS PROPOSAL.

BUSINESS REGISTRATION (Required for all Proposals)

All New Jersey and out of state business organizations must obtain a Business Registration Certificate from the New Jersey Department of Treasury, Division of Revenue, prior to conducting business in the State of New Jersey. Respondents shall submit with their quotation proof of their valid Business Registration with the Division of Revenue, Department of Treasury, State of New Jersey, and, if applicable, proof of the valid registration of each prime contractor. Questions regarding Business Registration may be directed to the Division of Revenue at (609) 292-1730. Online filing is available at www.state.nj.us/treasury/revenue/taxreg.htm.

TIE PROPOSALS

The Township of Bloomfield reserves the right to award at their discretion to any one of the tie proposals.

TECHNICAL SPECIFICATIONS

SCOPE AND DESCRIPTION OF SERVICES

The Township is interested in entering into a contract with a qualified vendor who is able to provide Animal Control Services for the Township of Bloomfield, within the jurisdiction of the Township, as detailed and described herein.

The vendor shall be required to provide animal control services as detailed and described herein and in accordance with all regulations established by the State of New Jersey for performing such services. Vendors must be certified by the New Jersey Department of Health as a Certified Animal Control Officer prior to contract award.

The Township reserves the right to award the contract for the performance of these services in the manner which is most advantageous to the Township.

Once awarded, this contract shall be managed and enforced by the Bloomfield Township Administrator. All inquiries, invoices and all paperwork submitted for payment shall be directed to the Township of Bloomfield, Finance Office, 1 Municipal Plaza, Bloomfield, NJ 07003.

Respondents shall provide on the Official Proposal Form their annual, total, all inclusive price that they shall charge the Township to provide the animal control services as detailed and described herein. Contractor payment shall be made on a monthly basis.

Services to be provided by the contractor within the jurisdiction of the Township of Bloomfield shall include but not be limited to the following:

- A. All services performed under this contract shall conform to the Federal and State requirements in effect at the time of the contract-specifically N.J.S.A. 4:19, 4:22 and 8:23A.
- B. The vendor shall proactively patrol the streets and neighborhoods of the municipality for lost, stray and free roaming animals.
- C. The vendor shall receive and respond to all communications from authorized Township personnel, Bloomfield Township Police, New Jersey State Police, and residents/property owners. The vendor shall, within six (6) hours of receipt of said communications, apprehend by proper means, all stray animals and/or animals

running at large and shall transport them, at the vendor's expense, to the animal shelter designated by the Township. The vendor shall immediately contact the owners of those animals apprehended that have identification. Vendor shall designate in their proposal the normal business hours they are available if they vary from the Township business hours. Vendor shall designate the alternative mean to accept calls after normal business hours. Normal business hours shall be 8:30 am – 4:30 pm.

- D. Telephone calls pertaining to rabid animals, dog bites and/or dogs which have been hit by a car but are still alive and received between the hours of 4:30 pm and 8:30 am, weekends and holidays, shall be considered emergencies.
- E. Owners of free roaming animals will be contacted before transporting them to the animal shelter.
- F. The vendor shall provide to the Township a telephone number by which residents may contact the vendor when services are required. The vendor shall additionally provide the Township with a cellular telephone number, which will not be released to the public, by which the contractor may be reached either by Township personnel and/or by the New Jersey State Police. An answering machine will be available to accept calls from the vendor beyond normal working hours. Fax and e-mail communications is strongly suggested in the event of emergencies and for prompt communications with the contract administrator.
- G. Contractor will investigate dog bites and impound animals under the NJ Vicious Dog Law N.J.S.A. 4-19-19. The municipality is responsible for removal and boarding costs.
- H. Vendor will provide residents with humane traps for the capture of feral and stray cats. Residents will give a fully refundable \$35 deposit which will be held until trapping is complete. All cat trapping will be conducted to comply with N.J.S.A. 8:23-11 a-h. Vendor will remove contained stray cats during normal business hours only. Cat trapping will not apply to industrial, commercial or rental properties, without specific consent of the Township. Only property owners of rental properties may contact the ACO to make arrangements for trapping.
- I. The vendor shall provide humane treatment to all animals in conformity with the rules and regulations established by the New Jersey Department of Health.
- J. The vendor shall complete and maintain all required records and documentation and shall make them available for inspection by authorized Township personnel. With the vendor's invoice, a listing of the activity shall be submitted and will include specific information to identify the animal and response made to an inquiry (including date, time and outcome of the calls).

- K. The vendor shall conduct, in accordance with State regulations, regular patrols of the Township to apprehend stray and/or running at large animals and to detect possible violations of State and Local animal regulations.
- L. The vendor shall issue summonses for violations of State and Local animal regulations and shall make appearances in the Municipal Court when necessary.
- M. The vendor shall inspect sick and/or injured animals to determine whether they need emergency veterinary care and if so, to obtain such care in a timely manner. The vendor shall submit all veterinary fees to the owner, if known, and if not known, to the Township.
- N. The vendor will be responsible for removing road-kill animals, except very large animals (deer, livestock, birds and lower rodents), when requested by the Township personnel, Bloomfield Township Police, or when discovered during regular patrols of the Township.
- O. All animal shelter facility expenses for the care of all animals turned over by the vendor shall be the responsibility of the Township.
- P. Vendor will describe all educational and public outreach that is planned and available for the calendar year. Participation in annual rabies clinic by ACO and staff is strongly encouraged and will be in conjunction with Bloomfield Health Department.
- Q. Vendor shall provide all necessary equipment needed to patrol and impound sick, stray and injured animals.
- R. Vendor shall provide a listing of personnel that are available to assist the ACO in the performance of the duties of this contract. Under no circumstance will any individual whose ACO certification has been revoked by the State of New Jersey perform any duties under this contract as an ACO. All personnel shall bear uniforms and carry appropriate identification at all times.
- S. Vendor will provide a copy of all licensing and insurance documents with the proposal.
- T. Vendors shall be required to perform the annual dog census for the Township between April 1, 2014 and September 1, 2014. A separate price shall be submitted for performance of this work.
 - 1. The contractor shall conduct a door to door canvas of all dwellings within the Township of Bloomfield in order to determine the dog population of the Township in accordance with all regulations established by the State of New Jersey and the Code of the Township of Bloomfield for performing such services. The 2014 Dog Census is conducted independent of 2014 Dog Licenses issued by the Township Clerk.

2. The Township Clerk will provide the vendor with a Township of Bloomfield road map and property index to reference during conduction of the census. The vendor may be required to disperse information relative to pertinent chapters of the Code of the Township of Bloomfield. The vendor shall issue 7-day warnings to any resident found to be in violation of dog licensing requirements. This may occur on the spot or by mail after presenting alleged failure to license information to the Township Clerk on a weekly basis during the census period for verification that no 2014 Dog License(s) have been issued to the resident. Residents are given seven (7) days to obtain the required license(s). Upon expiration of the seven days, the Township Clerk advises the vendor of any licenses which remain outstanding as a result of the warning being issued. Copies of all warnings shall be presented to the Township Clerk on a weekly basis.
3. The vendor shall issue summonses to all dog owners who fail to license dogs in accordance with Township regulations. The Bloomfield Municipal Court shall serve, by regular mail, those summonses issued by the vendor. The vendor shall make, when necessary, court appearances to present evidence on behalf of the Township concerning violations of Township animal regulations. Upon request, the Township Clerk will verify proof of 2014 licensure to the Township of Bloomfield Municipal Court.
4. The vendor shall commence the census after April 1, 2014, and shall complete the census by September 1, 2014. The vendor shall provide a copy of the completed census plus all other required documentation to the Township Administrator no later than September 15, 2014.

PAYMENT

The vendor shall be required to sign the standard Township of Bloomfield contract which is on file in the Office of the Township Clerk. Vendor payment will be made on a monthly basis. A purchase order will be issued from the Township of Bloomfield for these services. With each purchase order a voucher will be submitted for a Claimant Signature. The vendor will sign the voucher and return it, along with an invoice, to the Township of Bloomfield Finance Office. Promptness in submitting vouchers is of advantage to the vendor.

Payment for the dog census will be made by purchase order. Upon completion of one half (1/2) of the contract, when satisfactorily demonstrated to the Township Administrator, the contractor shall be paid one half (1/2) of the contracted amount of the dog census fee. Upon successful completion of the entire contract, including final report submittals, the contractor shall be paid the balance of the contracted amount. Final payment shall not be withheld due to circumstances out of the control of the contractor, such as court appearances for violations issued during census.

OFFICIAL PROPOSAL SHEET – Animal Control Officer (ACO)

The Respondent agrees to Provide Animal Control Services for the Township of Bloomfield for the prices submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Total, all inclusive, annual cost to provide the services detailed and described herein, which shall be paid on a monthly basis, shall be: \$_____.

PROPOSAL SUBMITTED FOR:

COMPANY: _____

ADDRESS: _____

BID BY: _____

(Please Print or Type Name)

TITLE: _____

DATE: _____

TELEPHONE: _____

FAX: _____

TAXPAYER IDENTIFICATION NUMBER: _____

Do you have any exceptions to the specifications? Yes ____ No ____ . If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Quotation Document.

OFFICIAL PROPOSAL SHEET – Dog Census 2014

The Respondent agrees to Provide Animal Control Services for the Township of Bloomfield for the prices submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Total, all inclusive, annual cost to provide the services detailed and described herein, which shall be paid according to specification language, shall be: \$ _____.

PROPOSAL SUBMITTED FOR:

COMPANY: _____

ADDRESS: _____

BID BY: _____
(Please Print or Type Name)

TITLE: _____ DATE: _____

TELEPHONE: _____ FAX: _____

TAXPAYER IDENTIFICATION NUMBER: _____

Do you have any exceptions to the specifications? Yes _____ No _____. If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Quotation Document.

QUESTIONNAIRE

Please answer the following questions.

List two (2) public agencies presently or previously contracted to whom you provide or have provided the services as herein specified. Include a contact name and telephone number.

1. _____

2. _____

How many employees does your company presently employ? _____

How many years has your company been providing this service?

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes _____ No _____. If yes, provide details here: _____

Name and telephone numbers of personnel who can be contacted if problems or emergencies arise:

Name and telephone number of an individual who can be contacted at all times if service information is requested: _____

CONSENT OF INSURANCE COVERAGE

WHEREAS, _____ as Principal has submitted a quotation to provide goods and/or services as specified in the subject quotation to the Township of Bloomfield, and whereas, in order for such quotation to be considered, proof of insurance must be submitted therewith;

NOW, THEREFORE, BE IT KNOWN THAT, if the Township of Bloomfield shall accept the quotation of the Principal and the Principal shall enter into a contract with the Township of Bloomfield in accordance with the terms of such quotation, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below:

- A. The insurance to be provided shall be underwritten by a company licensed to conduct business in the State of New Jersey.
- B. General Public Liability insurance in an amount no less than \$500,000.00 combined single limit including broad form comprehensive general liability insurance liability endorsement, and \$500,000.00 aggregate property damage per accident; and shall include provisions for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation of such coverage. The Township of Bloomfield shall be included as an additional named insured.
- C. Automobile Liability Insurance shall be required of the successful vendor, with a limit of not less than \$500,000.00 single limit bodily injury and/or property damage combined for damages arising out of bodily injuries to, or death of all persons in any one occurrence and for damages to, or destruction of property, including the loss of use thereof in any one occurrence covering owned, non-owned, or hired vehicles.
- D. All policies maintained shall name the Township of Bloomfield as an additional named insured and shall provide for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation terms of such policies and we shall provide the Office of the Township Attorney with certificates of insurance evidencing such policies and provisions.
- E. All required insurance coverage must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

Sworn to and subscribed
Before me on this _____
Day of _____ 20__

NOTARY PUBLIC

My commission expires: _____

PRINCIPAL:

(Bidder's Company Name)

(Authorized Signature on
Behalf of the Principal)

INSURER:

(Insurer's Company Name)

(Authorized Signature on
Behalf of the Insurer)

VENDOR INFORMATION SHEET

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, and to expedite future payments, the following information must be provided with this Request for Quotation:

Name of Business: _____

Correspondence Address, including zip code:

Purchase Order Address, including zip code:

Payment Address, including zip code:

Telephone Number: _____

Facsimile Number: _____

Cellular Number: _____

EXHIBIT C



**Bloomfield Township
New Jersey**

**Action Item
3818**



XIV.2 Animal Shelter RFP

Information

Department:	Administrator	Sponsors:
Category:	Approval	

Attachments

Printout

Meeting History

Aug 11, 2014 7:00 PM Township Council Regular Meeting

Township Attorney Brian Aloia read the following Resolution aloud:

"Be it resolved that the Mayor and Council hereby authorized the Mayor to execute and the Clerk to attest to a contract with Bergen County Humane Enforcement In accordance with the request for proposals and the response submitted by Bergen County Humane Enforcement to the request for proposals. This will be effective once a plan for the Township's employees is approved by the Civil Service Commission."

Councilman Bernard asked Vincent Ascolese, ACO of Bergen County Humane Enforcement to approach the microphone after which he asked Mr. Ascolese a series of questions involving volunteers, funding and training, to which Mr. Ascolese responded. Mr. Ascolese then provided the Mayor and Council with a brief overview of his organization and how he anticipates his group will be able to better the lives of the animals at the Bloomfield Bukowski Animal Shelter. Councilman Pomares and Chalet both commented on Mr. Ascolese's organization before the roll was called.

Vote showed the following:

RESULT: APPROVED [UNANIMOUS]
MOVER: Carlos Bernard, Third Ward Councilman
SECONDER: Joseph Lopez, Councilman
AYES: Elias N. Chalet, Nicholas Joanow, Carlos Bernard, Wartyna Davis, Joseph Lopez, Carlos Pomares, Michael J. Venezia



Bergen County Humane Enforcement

302 2nd Street, Cliffside Park, NJ 07010

T: 201.621.4111

W: www.BCHENJ.org

July 28, 2014

Dear Administrator Ted Ehrenburg:

We are pleased to be afforded the opportunity regarding your inquiry as the Animal Control Agency & Shelter Operations for the Township of Bloomfield. Our company truly understands the need for outstanding professional service at an affordable flat rate price. Our main objectives at Bergen County Humane Enforcement are to provide exceptional response time, job execution, care & custody of the animals in a No Kill facility while administering professional service to both residents and township administrators on a 24/7 days a week basis.

Some of the highlights in recent years that we have accomplished with some of our participating towns (with no additional costs to the Township) have been the following:

- *Organize & Assist w/ In-Town Rabies Clinic
- *Sponsored/Administered Animal Adoption Event(s)
- *Online Complaint/Volunteer/Info Requests Svc.
- *Established "No Kill" Shelter in Cliffside Park in partnership with community organization(s).
- *Conducted NJ State mandated Animal Canvass/Census in various towns to increase licensing.
- *Trained & assembled East Bergen OEM Shelter Group, CERT, BC CART Volunteer team (deployed during Hurricane Sandy to set up, staff and maintain Pet Shelter at BCCC & BC Police & Fire Academy).
- *Initiated T-N-R (cats) Program(s)
- *Animal Awareness School Programs
- *E-Link to Boroughs Website

In working directly with your health department staff we are able to increase animal licensing, raise animal ordinance awareness and education on township policies to its citizens. In working along side the Police Department we are able to effectuate positive solutions thus reducing wasted man hours and assist officers in the field with immediate response time.

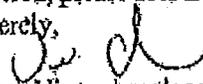
REFERENCES:

- | | | |
|---------------------------|---|--------------|
| 1) Jad Mihalinec | Pal Park Chief Health Administrator & Officer | 201-407-4581 |
| 2) Joseph Rutch | Cliffside Park Borough Administrator | 201-937-9603 |
| 3) Steve Wielkocz | Fort Lee Chief Health Officer/Administrator | 201-638-0752 |
| 4) Dr. Luis Bravo, DVM | Animal Paradise Hospital | 201-941-0782 |
| 5) Dr. Carlos Triano, DVM | Summit Animal Hospital | 201-392-9200 |
| 6) Stew DeVito, Director | East Bergen OEM & NJ State VP OEM | 201-313-2021 |

In partnership with our "True No Kill" shelter staff, the officers, volunteers & staff at B.C.H.E. are committed albeit difficult in today's economic climate, to place, foster and adopt out every animal that we rescue.

If given the opportunity we look forward to a long lasting relationship with the Townships Mayor, Council, Health Dept., its distinguished Board members and the citizens of Bloomfield. Thank you again for the opportunity to be considered, please feel free to contact me directly via cell or VA@BCHENJ.org.

Sincerely,


Officer Vince Ascolese
Director B.C.H.E.

OFFICIAL PROPOSAL SHEET

The Respondent agrees to Provide Animal Shelter Facility Services for the Township of Bloomfield for the prices submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

My total, all inclusive, annual cost to provide the services detailed and described herein, which shall be paid on a monthly basis, shall be: \$ 195,000

PROPOSAL SUBMITTED FOR:

COMPANY:

Bergen County Humane Enforcement / North Jersey Humane Society

ADDRESS:

302 2nd ST

Cliffside Park, NJ 07010

BID BY:

Vincent Ascolese

(Please Print or Type Name)

TITLE:

Director

DATE:

7/29/14

TELEPHONE:

201-621-4111

FAX:

201-945-0099

TAXPAYER IDENTIFICATION NUMBER:

970-640514/500

Do you have any exceptions to the specifications? Yes No . If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Quotation Document.

QUESTIONNAIRE

Please answer the following questions.

List two (2) public agencies presently or previously contracted to whom you provide or have provided the services as herein specified. Include a contact name and telephone number.

1. Palisades Park (Current providers)
Chief Health Admin Tad Mihalenic 201-407-4581
2. Cliffside Park (current provider)
Boo Administrator Joe Rutch 201-313-2000

How many employees does your company presently employ? 7⁺ (vols. 50⁺)

How many years has your company been providing this service? 4⁺ years

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes _____ No If yes, provide details here: _____

Name and telephone numbers of personnel who can be contacted if problems or emergencies arise:

Vince Ascolese - 201-697-6244 (c)
Kristi Heller - 201-966-2928 sc1

Name and telephone number of an individual who can be contacted at all times if service information is requested: Vince Ascolese 201-697-6244

CONSENT OF INSURANCE COVERAGE

WHEREAS, BCHE INJHS as Principal has submitted a quotation to provide goods and/or services as specified in the subject quotation to the Township of Bloomfield, and whereas, in order for such quotation to be considered, proof of insurance must be submitted therewith;

NOW, THEREFORE, BE IT KNOWN THAT, if the Township of Bloomfield shall accept the quotation of the Principal and the Principal shall enter into a contract with the Township of Bloomfield in accordance with the terms of such quotation, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below:

- A. The insurance to be provided shall be underwritten by a company licensed to conduct business in the State of New Jersey,
- B. General Public Liability insurance in an amount no less than \$500,000.00 combined single limit including broad form comprehensive general liability insurance liability endorsement, and \$500,000.00 aggregate property damage per accident; and shall include provisions for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation of such coverage. The Township of Bloomfield shall be included as an additional named insured.
- C. Property Damage Insurance in an amount no less than \$500,000.00 for damage to property for each and every accident with provisions for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation of such coverage. The Township of Bloomfield shall be included as an additional named insured.
- D. All policies maintained shall name the Township of Bloomfield as an additional named insured and shall provide for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation terms of such policies and we shall provide the Township Attorney with certificates of insurance evidencing such policies and provisions.
- E. All required insurance coverage must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

Sworn to and subscribed
Before me on this _____
Day of _____ 20 _____

NOTARY PUBLIC

My commission expires: _____

PRINCIPAL:

Berger County Home Est.
(Bidder's Company Name)

J. D. [Signature]
(Authorized Signature on
Behalf of the Principal)

INSURER:

Jeanne S. Frey Ins Agency
(Insurer's Company Name)

[Signature]
(Authorized Signature on
Behalf of the Insurer)

VENDOR INFORMATION SHEET

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, and to expedite future payments, the following information must be provided with this Request for Quotation:

Name of Business: Bergen County Humane Enforcement / NJHS

Correspondence Address, including zip code:

P.O. Box 1172
Fort Lee, NJ 07024

Purchase Order Address, including zip code:

P.O. Box 1172
Fort Lee, NJ 07024

Payment Address, including zip code:

P.O. Box 1172
Fort Lee, NJ 07024

Telephone Number: 201-621-4111 ext 4

Facsimile Number: 201-945-0649

Cellular Number: 201-290-7090 Lauren



**Bergen County
Humane Enforcement**

302 2nd Street, Cliffside Park, NJ 07010

T. 201.621.4111 W: www.BCHENJ.org

BERGEN COUNTY HUMANE ENFORCEMENT/NORTH JERSEY HUMANE SOCIETY will provide the Township of Bloomfield with 24 hour 7 days a week 365 days a year with comprehensive Animal Control, Animal Cruelty Investigations & Animal Shelter Facility Operation Services. The following is a detail oriented breakdown of our experience and accomplishments:

"Animal Shelter Facility RFP"

NAME OF AGENCY: BERGEN COUNTY HUMANE ENFORCEMENT CORP.
NORTH JERSEY HUMANE SOCIETY CORP.

ANIMAL SHELTER: BERGEN COUNTY PROTECT & RESCUE FOUNDATION

CONTACT INFORMATION:

Main Office H.Q.	302 2 ND STREET, CLIFFSIDE PARK, NJ 07010
MAIN H.Q. #	201-621-4111
ON DUTY CELLPHONE	201-449-3437 (assigned to officer on duty)
Animal Shelter:	201-945-0649
Website (Interactive)	www.BCHENJ.org & BCrescues.org

***EMERGENCY 24 hr. NON-PUBLIC Telephone #'s:**

Director Animal Control Vince Ascolese:	HOME	201-224-5820
	MOBILE	201-697-6244

FEE PROPOSAL: Vendor herein will be referenced as "BCHEN and or NJHS" and Township will be referenced as "Bloomfield."

- \$145,000.00 fee w/ NO increase for years 2015 through 2017.
- Implement a "No Kill" animal policy at Animal Shelter located at 61 Bukowski Place.
- Installing a qualified, trained community based volunteer program within 1st quarter of ops.
- Bloomfield Township agrees to bring facility up to building & shelter code according to N.J.S.A. Title 8:23-A.

- BCHE/NJHS agrees to all components, directives stated in the RFP form Bloomfield specifically all "Technical Specifications" including but not limited (Scope & Description of Services) to line items A. through Z.

➤

BCHE/ NJHS fee responsibilities encompass the following but not limited to:

- Installing a new Shelter Director that has been certified and qualified by our Executive Director. All current shelter employees will be given an opportunity to meet with our Executive Director for a review process.
- Daily Shelter Operations under N.J.S.A. Title 8:23.A while implementing a No-kill policy.
- Continuing Education: All essential personnel will be provided with continuing education courses. All fees associated with Police Academy/Private Training to be paid by our Agency.
- Veterinarian and Vet tech visitations to the shelter. Eradicate any possible disease outbreak(s), develop state mandated Disease Control Plan, cover all costs for current & future Veterinary care for all animals (incl. feral cat colony).
- Technology upgrades: office equipment, software, web design & advertising. NJHS will implement an interactive website, social media (facebook etc.) campaign to better inform our public.
- Immediate initial facility upgrades including landscaping & fencing for pack training and outdoor exercise yard for our animals.
- Work directly with Animal Control, Law Enforcement, township officials & residents to ensure a smooth and seamless transition.
- Maintain proper animal records, inspection reports & submit monthly animal reports and/or requested documentation records.
- Reinstating a trained community based volunteer program for all.
- Work closely with community organizations to promote educational outreach, community based projects and animal welfare programs.
- Reorganize and maintain feral cat colony with theme based housing units (Wild West).

- Implement compassionate care shelter atmosphere program(s) to better socialize our animals and prepare them for their new adoptive journey into a safe environment.
- Organize and assist with at least 2 in-town rabies clinics, goal is to have quarterly clinics.
- Assist Township Officials and or health officers with anything regarding animal related issues.

BLOOMFIELD TOWNSHIP will be responsible for the following:

1. Maintain structural, mechanical & electrical components at animal shelter facility.
2. Completion of 2nd floor of animal shelter.
3. Animal licensing.

BLOOMFIELD, BCHE & NJHS will collectively work on the following:

1. Construction & completion of 2nd floor of animal shelter.
2. Promoting adoption, special events, educational outreach programs.

Additional Services:

- The NJHS Animal Shelter shall partner up with People for Animals to be a registered pick up and drop off site for residents to participate in the Low Cost Spay Neuter Program known as the "Neuter Scooter." Space is limited but can accommodate up to approximately 15 animals per trip.
- Animal welfare seminars/webinars provided at no cost to residents.
- Provide free of charge quarterly rabies clinics (weather permitting) to residents.
- Attend local health fairs, instill High School/ College volunteer and club activities.
- Continue T-N-R (trap, neuter & return) programs to control disease and animal population.
- Alongside animal control transport injured animals/wildlife to Animal hospitals & Rescue Centers.
- Initiate and provide animal food pantry items, low cost care and payment plans with local Veterinarians to low income needy families.

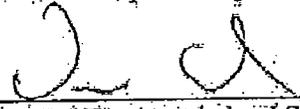
CONTRACT COST/PAYMENT SCHEDULE:

- The Contract cost will be \$145,000.00 annually to the Township of Bloomfield with no increase for additional two (2) years.
- There will be no "call out fees" as stated in Technical Specifications line item "Z" to Bloomfield.

* BCHE/NJHS would be open for discussion to certain concessions in exchange for other considerations brought forth by either Bloomfield or BCHE/NJHS officials.

** Attached please see additional fee schedule(s) for owners of animal(s).

If given the opportunity to serve the good people of Bloomfield, any and all additional information requested will be provided prior to award of said contract.

X 
Executive Director Animal Services

X Vincent Ascalone
Print Name

7/29/14
Date

X _____
Bloomfield Twp. Rep.

X _____
Print Name

Date

ADDENDUM A

CONTRACTING MUNICIPALITY FEE SCHEDULE

OWNED ANIMALS: RECLAIMS (Cat & Dog)

<u>First (1st) time</u>	<u>Second (2nd) time</u>	<u>Third (3rd) time</u>
Service charge: \$55.00	Service charge: \$80.00	Service charge: \$105.00
Care & Custody: \$25.00 Per day	Care & Custody: \$25.00	

Municipal Impoundment fee: \$25.00 per day per animal

Quarantine Animals:

Municipal Impoundment Care & Custody fee: \$35.00 per day per animal or \$25.00 cats (to be paid by Animal owner).

*Once the owner of the animal is notified that their animal is at our shelter and after two (2) days that they choose not to pick said animal up, the Care/custody fee becomes \$40.00 per day. (Unless extenuating circumstances are present).

RECLAIM SERVICES:

All animals will be reclaimed at the Animal Shelter at 61 Bukowski Place, Bloomfield or under certain circumstances they will be met at Police Headquarters by an officer representative of BCHE/NJHS or they can reclaim their animals at our animal shelter at 302 2nd St. Cliffside Park, NJ.

OWNED ANIMALS: TRANSPORT FOR MEDICAL SERVICES.

Dog(s): \$75.00 per animal Cat(s) \$75.00 1st & \$20.00 additional

OWNED ANIMALS DEAD ON ARRIVAL

Dog: \$75.00 Cat: \$75.00

*Pass through charges will apply for cremation and or special (remains returned, urn) requests.

ANIMAL REMOVAL: 8:30am-5:00pm weekdays \$ 75.00 per animal
After hours & weekends \$ 75.00 per animal plus \$50 after hours fee.

*Traps are an additional \$10 per day plus deposit which will be applied to removal fee.

ANIMAL CRUELTY INVESTIGATION: \$230.00

*PLEASE NOTE: BCHE/NJHS Officers will always utilize its professional judgment and compassion and for the betterment of the borough, keep the animal and its owners best interest at hand if the owner is unable to pay for any aforementioned services.

**BUSINESS
CERTIFICATE**

03/16/11

Taxpayer Identification# 970-640-514/500

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
TAXPAYER NAME: BERGEN COUNTY HUMANE ENFORCEMENT CORPORA	TRADE NAME:	
ADDRESS: 22 SHORE ROAD EDGEWATER NJ 07020-1539	SEQUENCE NUMBER: 1624847	
EFFECTIVE DATE: 03/11/11	ISSUANCE DATE: 03/16/11	
FORM-BRC 104-081-020584nv		 Director New Jersey Division of Revenue

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

**INSURANCE
CERTIFICATIONS**



CERTIFICATE OF LIABILITY INSURANCE

OP ID: J2

DATE (MM/DD/YYYY)

07/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder, in lieu of such endorsement(s).

PRODUCER Jeanne S. Frey Ins. Agency Inc 2713 Rt. 23, P.O. Box 289 Newfoundland, NJ 07435	CONTACT NAME: Jeanne S Frey		
	PHONE (A/C, No, Ext): 973-697-0345	FAX (A/C, No):	
E-MAIL ADDRESS:			
PRODUCER CUSTOMER ID #: BERGE-1			
INSURED Bergen County Humane Enforcement, Inc. 22 Shore Rd. Edgewater, NJ 07020	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Essex Insurance Company		
	INSURER B: Liberty Mutual		23043
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES: CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY			3DS4451	01/17/2014	01/17/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						MED EXP (Any one person) \$ Excluded
							PERSONAL & ADV INJURY \$ Excluded
							GENERAL AGGREGATE \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COM/POP AGG \$ Excluded
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ANY AUTO						BODILY INJURY (Per person) \$
	<input type="checkbox"/> ALL-OWNED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> SCHEDULED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> HIRED AUTOS						\$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> EXCESS LIAB	<input type="checkbox"/> OCCUR					AGGREGATE \$
	<input type="checkbox"/> DEDUCTIBLE	<input type="checkbox"/> CLAIMS-MADE					\$
	<input type="checkbox"/> RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC713505	09/27/2013	09/27/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y/N					E.L. EACH ACCIDENT \$ 100,000
	If yes, describe under DESCRIPTION OF OPERATIONS below	<input checked="" type="checkbox"/> N	N/A				E.L. DISEASE - EA EMPLOYEE \$ 100,000
							E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 104, Additional Remarks Schedule, if more space is required)
Certificate Holder named as additional insured

CERTIFICATE HOLDER

CANCELLATION

Township of Bloomfield 1 Municipal Plaza Bloomfield, NJ 07003	BLOOMFI	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
		AUTHORIZED REPRESENTATIVE <i>Jeanne S. Frey</i>

© 1988-2009 ACORD CORPORATION. All rights reserved.

EXHIBIT D



**Bloomfield Township
New Jersey**

**Action Item
3819**



XIV.3 Animal Control Services RFP

Information

Department: Administrator **Sponsors:**
Category: Approval

Attachments

Printout

Meeting History

Aug 11, 2014 7:00 PM Township Council Regular Meeting

Township Attorney Brian Aloia stated that the Resolution for the Animal Control Services would be identical to the one for the Animal Shelter Services.

Vote showed the following:

RESULT: **APPROVED [UNANIMOUS]**
MOVER: Carlos Pomares, Councilman
SECONDER: Nicholas Joanow, Second Ward Councilman
AYES: Elias N. Chalet, Nicholas Joanow, Carlos Bernard, Wartyna Davis, Joseph Lopez, Carlos Pomares, Michael J. Venezia



Bergen County Humane Enforcement

302 2nd Street, Cliffside Park, NJ 07010

T: 201.621.4111

W: www.BCHENJ.org

July 28, 2014

Dear Administrator Ted Ehrenburg:

We are pleased to be afforded the opportunity regarding your inquiry as the Animal Control Agency & Shelter Operations for the Township of Bloomfield. Our company truly understands the need for outstanding professional service at an affordable flat rate price. Our main objectives at Bergen County Humane Enforcement are to provide exceptional response time, job execution, care & custody of the animals in a No Kill facility while administering professional service to both residents and township administrators on a 24/7 days a week basis.

Some of the highlights in recent years that we have accomplished with some of our participating towns (with no additional costs to the Township) have been the following:

- *Organize & Assist w/ In-Town Rabies Clinic
- *Sponsored/Administered Animal Adoption Event(s)
- *Online Complaint/Volunteer/Info Requests Svc.
- *Established "No Kill" Shelter in Cliffside Park in partnership with community organization(s).
- *Conducted NJ State mandated Animal Canvass/Census in various towns to increase licensing.
- *Trained & assembled East Bergen OEM Shelter Group, CBRT, BC CART Volunteer team (deployed during Hurricane Sandy to set up, staff and maintain Pet Shelter at BCCC & BC Police & Fire Academy).
- *Initiated T-N-R (cats) Program(s)
- *Animal Awareness School Programs
- *E-Link to Boroughs Website

In working directly with your health department staff we are able to increase animal licensing, raise animal ordinance awareness and education on township policies to its citizens. In working along side the Police Department we are able to effectuate positive solutions thus reducing wasted man hours and assist officers in the field with immediate response time.

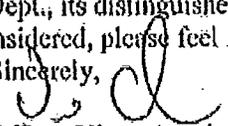
REFERENCES:

- | | | |
|---------------------------|---|--------------|
| 1) Jad Mihalinec | Pal Park Chief Health Administrator & Officer | 201-407-4581 |
| 2) Joseph Rutch | Cliffside Park Borough Administrator | 201-937-9603 |
| 3) Steve Wielkocz | Fort Lee Chief Health Officer/Administrator | 201-638-0752 |
| 4) Dr. Luis Bravo, DVM | Animal Paradise Hospital | 201-941-0782 |
| 5) Dr. Carlos Triano, DVM | Summit Animal Hospital | 201-392-9200 |
| 6) Stew DeVito, Director | East Bergen OEM & NJ State VP OEM | 201-313-2021 |

In partnership with our "True No Kill" shelter staff, the officers, volunteers & staff at B.C.H.E. are committed albeit difficult in today's economic climate, to place, foster and adopt out every animal that we rescue.

If given the opportunity we look forward to a long lasting relationship with the Townships Mayor, Council, Health Dept., its distinguished Board members and the citizens of Bloomfield. Thank you again for the opportunity to be considered, please feel free to contact me directly via cell or VA@BCHENJ.org.

Sincerely,


Officer Vince Ascolese
Director B.C.H.E.

OFFICIAL PROPOSAL SHEET - Animal Control Officer (ACO)

The Respondent agrees to Provide Animal Control Services for the Township of Bloomfield for the prices submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Total, all inclusive, annual cost to provide the services detailed and described herein, which shall be paid on a monthly basis, shall be: \$ 120,000

PROPOSAL SUBMITTED FOR:

COMPANY:

Bergen County Humane Enforcement / North Jersey Humane Society

ADDRESS:

302 2nd ST
Cliffside Park, NJ 07010

BID BY:

Vincent Ascolese
(Please Print or Type Name)

TITLE:

Director

DATE:

7/29/14

TELEPHONE:

201-621-4111

FAX:

201-945-0649

TAXPAYER IDENTIFICATION NUMBER:

970-640514/500

Do you have any exceptions to the specifications? Yes No If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Quotation Document.

OFFICIAL PROPOSAL SHEET - Dog Census 2014

The Respondent agrees to Provide Animal Control Services for the Township of Bloomfield for the prices submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Total, all inclusive, annual cost to provide the services detailed and described herein, which shall be paid according to specification language, shall be: \$ 18,000.

PROPOSAL SUBMITTED FOR:

COMPANY: Bergen County Humane Enforcement / North Jersey Humane Society

ADDRESS: 302 2nd ST.
Cliffside Park, NJ 07010

BID BY: Vincent Ascolese
(Please Print or Type Name)

TITLE: Director DATE: 7/29/14

TELEPHONE: 201-621-4111 FAX: 201-945-0649

TAXPAYER IDENTIFICATION NUMBER: 970 640514/500

Do you have any exceptions to the specifications? Yes No If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Quotation Document.

QUESTIONNAIRE

Please answer the following questions.

List two (2) public agencies presently or previously contracted to whom you provide or have provided the services as herein specified. Include a contact name and telephone number.

1. Polisades Park (Current Provider)
Chief Health Admin Tad Mihalencia - 201-407-4581
2. Cliffside Park (Current Provider)
Deo Administrator Joseph Rutch 201-313-2000

How many employees does your company presently employ? 4+

How many years has your company been providing this service?
4+

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes No If yes, provide details here: _____

Name and telephone numbers of personnel who can be contacted if problems or emergencies arise:

ACE Vince Ascotese - 201-697-6244 NON-Public
ACO John Rivera - 201-655-

Name and telephone number of an individual who can be contacted at all times if service information is requested: Vince Ascotese 201-697-6244

CONSENT OF INSURANCE COVERAGE

Vice Ascotese WPA

WHEREAS, *Bergen County Humane Enticement* as Principal has submitted a quotation to provide goods and/or services as specified in the subject quotation to the Township of Bloomfield, and whereas, in order for such quotation to be considered, proof of insurance must be submitted therewith;

NOW, THEREFORE, BE IT KNOWN THAT, if the Township of Bloomfield shall accept the quotation of the Principal and the Principal shall enter into a contract with the Township of Bloomfield in accordance with the terms of such quotation, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below;

- A. The insurance to be provided shall be underwritten by a company licensed to conduct business in the State of New Jersey.
- B. General Public Liability insurance in an amount no less than \$500,000.00 combined single limit including broad form comprehensive general liability insurance liability endorsement, and \$500,000.00 aggregate property damage per accident; and shall include provisions for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation of such coverage. The Township of Bloomfield shall be included as an additional named insured.
- C. Automobile Liability Insurance shall be required of the successful vendor, with a limit of not less than \$500,000.00 single limit bodily injury and/or property damage combined for damages arising out of bodily injuries to, or death of all persons in any one occurrence and for damages to, or destruction of property, including the loss of use thereof in any one occurrence covering owned, non-owned, or hired vehicles.
- D. All policies maintained shall name the Township of Bloomfield as an additional named insured and shall provide for thirty (30) days prior written notice to the Township of Bloomfield of any changes, modifications, or cancellation terms of such policies and we shall provide the Office of the Township Attorney with certificates of insurance evidencing such policies and provisions.
- E. All required insurance coverage must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

Sworn to and subscribed
Before me on this _____
Day of _____ 20____

NOTARY PUBLIC

My commission expires: _____

PRINCIPAL:

Berger County Home Enticent
(Bidder's Company Name)

[Signature]
(Authorized Signature on
Behalf of the Principal)

INSURER:

Jennet Gray Ins Agency
(Insurer's Company Name)

[Signature]
(Authorized Signature on
Behalf of the Insurer)

VENDOR INFORMATION SHEET

In order to assure that all future correspondence is directed to the correct address, assure proper ordering, and to expedite future payments, the following information must be provided with this Request for Quotation:

Name of Business: Bergen County Horse Estabmt / N.J.H.S.

Correspondence Address, including zip code:

P.O. Box 1172
Fort Lee, NJ 07024

Purchase Order Address, including zip code:

P.O. Box 1172
Fort Lee, NJ 07024

Payment Address, including zip code:

Fort Lee, NJ 07024
P.O. Box 1172

Telephone Number: 201-621-4111 Ext 4

Facsimile Number: 201-945-0649

Cellular Number: 201-290-7040 Lauren



**Bergen County
Humane Enforcement**

302 2nd Street, Cliffside Park, NJ 07010

T. 201.621.4111 W: www.BCHENJ.org

BERGEN COUNTY HUMANE ENFORCEMENT/NORTH JERSEY HUMANE SOCIETY will like to provide the Borough of Bloomfield with 24 hour 7 days a week 365 days a year with comprehensive Animal Control, Animal Cruelty Investigations & Animal Shelter Facility Operation Services. The following is a detail oriented breakdown of our experience and accomplishments:

"Animal Control Services"

NAME OF AGENCY: BERGEN COUNTY HUMANE ENFORCEMENT CORP.
NORTH JERSEY HUMANE SOCIETY CORP. (non-profit)

ANIMAL SHELTER: BERGEN COUNTY PROTECT & RESCUE FOUNDATION
(non-profit 501 (C) (3).

CONTACT INFORMATION:

Main Office H.Q.	302 2 ND STREET, CLIFFSIDE PARK, NJ 07010
MAIN H.Q. #	201-621-4111
ON DUTY CELLPHONE	201-449-3437 (assigned to officer on duty)
Animal Shelter:	201-945-0649
Website (Interactive)	www.BCHENJ.org & BCrescue.org

***EMERGENCY 24 hr. NON-PUBLIC Telephone #'s:**

Director Animal Control Vince Ascólese:	HOME	201-224-5820
	MOBILE	201-697-6244

FREE PROPOSAL: Vendor herein will be referenced as "BCHEN and or NJHS" and Township will be referenced as "Bloomfield."

- \$120,000.00 annual flat fee w/ 2% increase for years 2015 through 2016.
- Bloomfield Township agrees to bring facility up to building & shelter code according to N.J.S.A. Title 8:23-A.
- BCHEN/NJHS agrees to all components directives stated in the RFP form Bloomfield specifically all "Technical Specifications" including but not limited (Scope & Description of Services) to line items A. through T.- 4.

BCHE/NJHS fee responsibilities encompasses the following but not limited to:

- ✓ Retaining ACO Michael Spinella during duration of contract, additional ACO's. All current employees will be given an opportunity to meet with our Executive Director for a review process.
- ✓ ACO's will work daily alongside with Shelter Operation personnel under N.J.S.A. Title 8:23.A while implementing a No kill animal policy,
- ✓ Continuing Education: All essential personnel will be provided with continuing education courses. All fees associated with Police Academy/Private Training to be paid by our Agency.
- ✓ BCHE/NJHS personnel will work collectively with Shelter personnel and if provided the opportunity will have offices on the 2nd floor of Animal Shelter facility.
- ✓ Technology upgrades: office equipment, software, web design & advertising.
- ✓ Animal Control & Animal Cruelty Investigations Services for Bloomfield.
- ✓ Patrol streets on a daily basis for animal related issues, impound strays.
- ✓ Investigate animal bites/impound animals under NJ Vicious Dog Law N.J.S.A 4-19-19.
- ✓ Maintain proper animal records, inspection reports & submit monthly animal reports and or requested documentation records.
- ✓ All ACO's will issue summonses for violations of State and local laws and or regulations and make appearances in Municipal Court when required.
- ✓ Animal Control will support reinstating a community based trained volunteer program.
- ✓ Capture & transport stray & domestic animals to shelter facility, conduct exam of animal and perform intake procedures.
- ✓ Conduct animal bite/exposure investigations when applicable (notice of bite and confinement of animal) notify health officials(as per NJSA 26:478), monitor animal, update all parties involved and when necessary, personally transport specimen to the NJDHHS lab for request for rabies examination in Trenton, NJ.
- ✓ Organize and assist in-town rabies clinics.
- ✓ Assist health officers with investigations regarding all animal related issues.
- ✓ Educational Outreach programs will include but not limited to school programs, youth based organizations, I.E. (Girl/Boy scouts) programs and also senior citizen based programs.

BLOOMFIELD TOWNSHIP will be responsible for the following:

1. Maintain structural, mechanical & electrical components at animal shelter facility,
2. Completion of 2nd floor of animal shelter.
3. Animal licensing.
4. Provide all animal canvassing materials.

BLOOMFIELD, BCHE & NJHS will collectively work on the following:

1. Construction & completion of 2nd floor of animal shelter.
2. Promoting adoption, special events, educational outreach programs.

CONTRACT COST/PAYMENT SCHEDULE:

✓ The Contract cost will be \$120,000.00 initial year to the Township of Bloomfield with 2% annual increase for additional two (2) years.

* If contracted by the Township of Bloomfield BCHE/NJHS will submit a separate price to perform the annual dog census. Price will be based upon amount of households within the Township.

** BCHE/NJHS would be open for discussion to certain concessions in exchange for other considerations brought forth by either Bloomfield or BCHE/NJHS.

* (Please see contract for very specific information regarding services)

X J. S. Cl
Director Animal Control Services

X _____
Bloomfield Twp. Rep.

X Vince Ascolese
Print Name

X _____
Print Name

7/29/19
Date

Date

**ACO/ACI
CERTIFICATIONS**

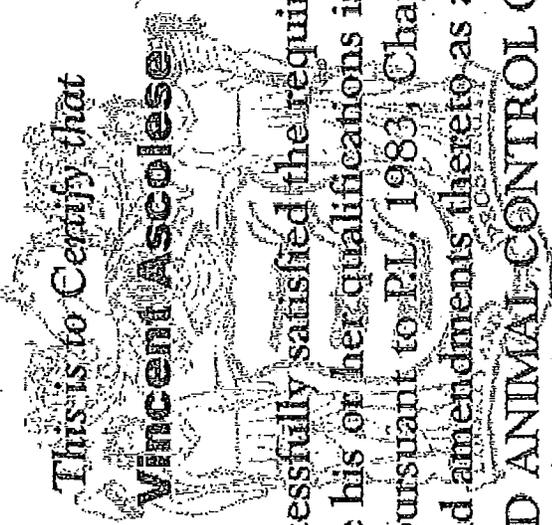
State of New Jersey
Department of Health and Senior Service
his is to certify that

Faye E. Sorbage

has successfully satisfied the requirements to determine
his or her qualifications and is certified pursuant to
P. L. 1983, Chapter 525 and amendments thereto as a
CERTIFIED ANIMAL CONTROL OFFICER

12/22/10
Date
2323
Number
Faye E. Sorbage
Dr. Faye E. Sorbage
State Public Health Veterinarian

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
AND SENIOR SERVICES



Having successfully satisfied the requirements to
determine his or her qualifications is hereby
certified pursuant to P.L. 1983, Chapter 525
and amendments thereto as a
CERTIFIED ANIMAL CONTROL OFFICER

12/22/2010
DATE
02323
NUMBER

Faye E. Sorbage
FAYE E. SORBAGE, VMD, MPH
State Public Health Veterinarian

State of New Jersey
Department of Health
This is to certify that

Vincent P. Ascolese
has successfully satisfied the requirements to determine
his or her qualifications and is certified pursuant to
P. L. 1997 Chapter 247 and amendments thereto as a
CERTIFIED ANIMAL CRUELTY INVESTIGATOR.

5-10-13 Date
495 Number
Dr. Faye E. Sorhage, V.M.D., M.P.H.
State Public Health Veterinarian

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

VINCENT P. ASCOLESE

Having successfully satisfied the requirements to
determine his or her qualifications is hereby
certified pursuant to P.L. 1997, Chapter 247
and amendments thereto as a

CERTIFIED ANIMAL CRUELTY INVESTIGATOR

5/10/13

DATE

495

NUMBER

Faye E. Sorhage

FAYE E. SORHAGE, VMD, MPH,
State Public Health Veterinarian

State of New Jersey
Department of Health
This is to certify that

Johnathon O. Rivera

has successfully satisfied the requirements to determine
his or her qualifications and is certified pursuant to
P. L. 1983, Chapter 525, and amendments thereto as a
CERTIFIED ANIMAL CONTROL OFFICER.

3-13-14 02745
Date Number

Colin T. Campbell
Colin T. Campbell, D.V.M., C.P.M.
State Public Health Veterinarian

STATE OF NEW JERSEY DEPARTMENT OF HEALTH

This is to Certify that

JOHNATHON O. RIVERA

Having successfully satisfied the requirements to
determine his or her qualifications is hereby
certified pursuant to P.L. 1983, Chapter 525
and amendments thereto as a

CERTIFIED ANIMAL CONTROL OFFICER

3/13/14

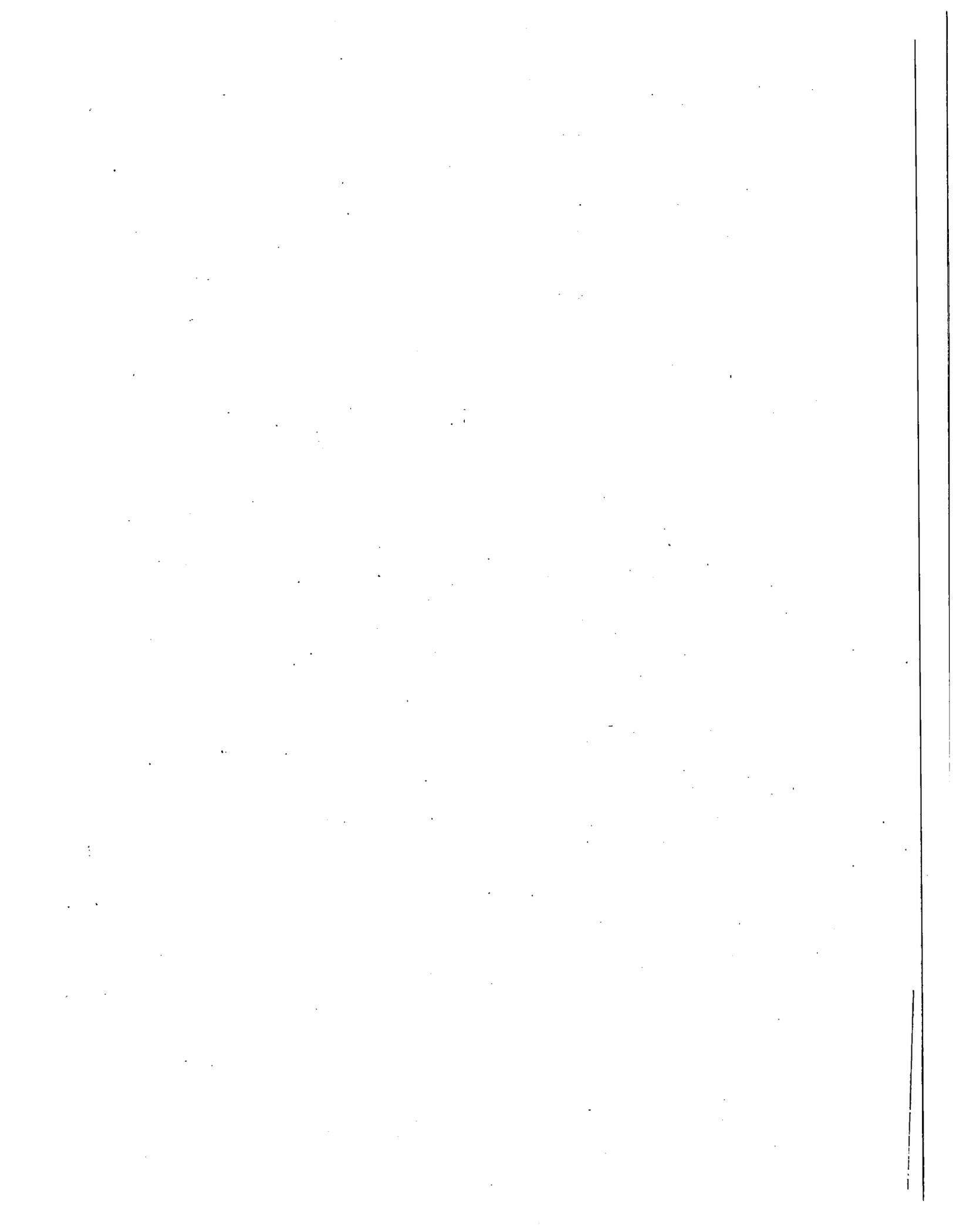
DATE

02745

NUMBER

Colin T. Campbell

COLIN T. CAMPBELL, DVM, CPM
State Public Health Veterinarian



STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
AND SENIOR SERVICES

This is to Certify that

MICHELE J. SHIBER

Having successfully satisfied the requirements to
determine his or her qualifications is hereby
certified pursuant to P.L. 1983, Chapter 525
and amendments thereto as a

CERTIFIED ANIMAL CONTROL OFFICER

8/6/10
DATE

02289
NUMBER

Faye E. Arhage

FAYE E. SORFACE, VMD, MPH
State Public Health Veterinarian

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

CLAIRE B. GOLDEN

Having successfully satisfied the requirements to
determine his or her qualifications is hereby
certified pursuant to P.L. 1983, Chapter 525
and amendments thereto as a

CERTIFIED ANIMAL CONTROL OFFICER

12/6/13

DATE

02705

NUMBER

Colin T. Campbell

COLIN T. CAMPBELL, DVM, CPM
State Public Health Veterinarian

**INSURANCE
CERTIFICATIONS**



CERTIFICATE OF LIABILITY INSURANCE

OP ID: J2

DATE (MM/DD/YYYY)

07/29/2014

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER Jeanne S. Frey Ins. Agency Inc 2713 Rt. 23, P.O. Box 289 Newfoundland, NJ 07436		CONTACT NAME: Jeanne S Frey PHONE (A/C, No, Ext): 973-697-0345 FAX (A/C, No): E-MAIL ADDRESS: PRODUCER CUSTOMER ID #: BERGE-1	
INSURED Bergen County Humane Enforcement, Inc. 22 Shore Rd. Edgewater, NJ 07020	INSURER(S) AFFORDING COVERAGE		NAIC #
	INSURER A: Essex Insurance Company		23043
	INSURER B: Liberty Mutual		
	INSURER C:		
	INSURER D:		
	INSURER E:		
INSURER F:			

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
X	GENERAL LIABILITY		3DS4451	01/17/2014	01/17/2015	EACH OCCURRENCE \$ 1,000,000
	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC					DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ Excluded GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPOP AGG \$ Excluded
	AUTOMOBILE LIABILITY					COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (PER ACCIDENT) \$ \$ \$
	<input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS					EACH OCCURRENCE \$ AGGREGATE \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB DEDUCTIBLE RETENTION \$	<input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS-MADE				\$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in RI) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input checked="" type="checkbox"/> N N/A	WC713505	09/27/2013	09/27/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 100,000 E.L. DISEASE - EA EMPLOYEE \$ 100,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
 Certificate Holder named as additional insured

CERTIFICATE HOLDER**CANCELLATION**

BLOOMFI

Township of Bloomfield
 1 Municipal Plaza
 Bloomfield, NJ 07003

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Jeanne S. Frey

PROGRESSIVE
COMMERCIAL

Customer Service
800-444-4487
800-556-0014 (fax)

Mailing address
Progressive
P.O. Box 94739
Cleveland, OH 44101-4739

Tuesday, July 29, 2014 3:26:32 PM
Total Number of Pages:04

Requested policy documents

To: va@bchenj.org
Fax number:

Message:

Progressive
P.O. Box 94739
Cleveland, OH 44101
1-800-895-2886

PROGRESSIVE®

Policy number: 07759740-3

Underwritten by:
Drive New Jersey Insurance Company
July 29, 2014
Page 1 of 1

Certificate of Insurance

Certificate Holder	Insured	Agent
BERGEN COUNTY HUMANE ENFORCEMENT PO BOX 1172 FORT LEE, NJ 07024	BERGEN COUNTY HUMANE ENFORCEMENT PO BOX 1172 FORT LEE, NJ 07024	PROG COMMERCIAL PO BOX 94739 CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Jan 10, 2014

Policy Expiration Date: Jan 10, 2015

Insurance coverage(s)	Limits
Bodily Injury/Property Damage	\$50,000/\$100,000/\$25,000
Uninsured/Underinsured BI/PPD	\$10,000

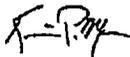
Description of Location/Vehicles/Special Items

Scheduled autos only

2001 FORD F350 1FTSF30L41EB13652	
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded
2003 GMC YUKON/DENALI 1GKEK63U53J342015	
Medical Expense	\$250,000
Income Continuation Benefit	BASIC
Funeral Expense Benefit	BASIC
Comprehensive	\$1,000 Ded
Collision	\$1,000 Ded

Certificate number

21014CMA740



PROGRESSIVE
PO BOX 94739
CLEVELAND, OH 44101

PROGRESSIVE*

Named Insured

BERGEN COUNTY HUMANE
ENFORCEMENT
PO BOX 1172
FORT LEE, NJ 07024

Policy number: 07759740-3

Underwritten by:
Drive New Jersey Insurance Company
July 28, 2014
Policy Period: Jan 10, 2014 - Jan 10, 2015
Page 1 of 3

progressiva.com

Online Service
Make payments, check billing activity, print
policy documents, or check the status of a
claim.

1-800-895-2866

For customer service and claims service,
24 hours a day, 7 days a week.

Commercial Auto Insurance Coverage Summary

This is your Declarations Page
Your coverage has changed

Your coverage began on January 10, 2014 at 12:01 a.m. This policy expires on January 10, 2015 at 12:01 a.m.

This coverage summary replaces your prior one. Your insurance policy and any policy endorsements contain a full explanation of your coverage. The policy limits shown for an auto may not be combined with the limits for the same coverage on another auto, unless the policy contract allows the stacking of limits. The policy contract is form 6912 (06/10). The contract is modified by forms 2852NJ (07/11), 1652NJ (04/13), 4852NJ (03/07), 4881NJ (07/11) and 2228 (01/11).

The named Insured organization type is a corporation.

Tort election

No Limitation on Lawsuit tort option selected.

Policy changes effective July 26, 2014

Premium change:	-\$517.00
Changes:	The auto coverage schedule has changed.

The changes shown above will not be effective prior to the time the changes were requested.

Outline of coverage

Description	Limits	Deductible	Premium
Liability To Others			\$3,279
Bodily Injury Liability	\$50,000 each person/\$100,000 each accident		
Property Damage Liability	\$25,000 each accident		
Uninsured/Underinsured Motorist Bodily Injury	\$25,000 each person/\$50,000 each accident		185
Uninsured/Underinsured Motorist Property Damage	\$10,000 each accident	\$500	43
Personal Injury Protection(PIP) - Medical Expense	\$250,000 each person	\$250	1,376
Extended Medical Payments	\$10,000 each person		6
PIP - Non-Medical Expense (Extra PIP)	Named Insured/spouse		1
Income Continuation Benefits	\$100 each week/\$5,200 total		
Essential Services Benefits	\$12 each day/\$4,380 total		1
Funeral Expense Benefit	\$1,000		1
Death Benefits	Base		1
Comprehensive			321
See Auto Coverage Schedule	Limit of liability less deductible		
Collision			739
See Auto Coverage Schedule	Limit of liability less deductible		
Subtotal policy premium			\$5,953
N) Property Liability Ins Guaranty Assoc Surcharge			54
Total 12 month policy premium and fees			\$6,007

Rated driver

- VINCENT ASCOLESE

Auto coverage schedule

1. 2001 Ford F350		Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)	
VIN: 1F1SF30L41EB13652		Garaging Zip Code: 07020 Radius: 50	
Liability Premium	Liability \$1,750	UM/UM BI \$82	UM/UM PD \$19
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$133	Collision Deductible \$1,000 Collision Premium \$376 Auto Total \$2,360
2. 2003 GMC Yukon/Denali		Actual Cash Value (plus \$2,000.00 Permanently Attached Equip)	
VIN: 1GKEK63U53J342015		Garaging Zip Code: 07020 Radius: 50	
Liability Premium	Liability \$1,529	UM/UM BI \$103	UM/UM PD \$24 PIP \$1,376 Extended \$6 Income Loss \$1 Essential \$1
Liability Premium	Funeral \$1	Death \$1	
Physical Damage Premium	Comp Deductible \$1,000	Comp Premium \$188	Collision Deductible \$1,000 Collision Premium \$363 Auto Total \$3,593

Premium discounts

Policy
07759740-3	Business Experience and Package
Vehicle
2003 GMC Yukon/Denali	Anti-Lock Brakes, Anti-Theft Device 3, Five MPH Bumper and Traction Control

Company officers

David L Pratt
President

Diane Anshelkow
Secretary

**BUSINESS
CERTIFICATE**

03/16/11

Taxpayer Identification# 970-640-514/500

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 292 TRENTON, NJ 08646-0292
TAXPAYER NAME: BERGEN COUNTY HUMANE ENFORCEMENT CORPORA	TRADE NAME:	
ADDRESS: 22 SHORE ROAD EDGEWATER, NJ 07020-1539	SEQUENCE NUMBER: 1624847	
EFFECTIVE DATE: 03/11/11	ISSUANCE DATE: 03/16/11	
FORM-BRC 103-001-020504rv		Director New Jersey Division of Revenue

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

MAYOR
Gerald A. Calabrese

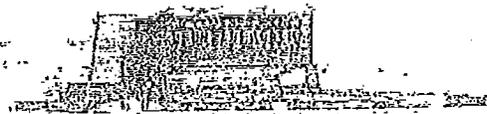
BOROUGH ADMINISTRATOR
Joseph Rutch

BOROUGH CLERK
Sercan Zokli, RMC



Municipal Complex
525 Palisade Avenue
Cliffside Park, New Jersey 07010
Tel. (201) 945-3456 • Fax. (201) 945-9823

COUNCIL
Donna Spoto
Bernard Fontana
Lawrence Boigard
Thomas Calabrese
Dana Martinotti
Kenneth Corcoran



"ON TOP OF THE PALISADES"

May 22, 2012

To Whom It May Concern:

I am writing to you with reference to Mr. Vincent Ascolese of the Bergen County Humane Enforcement, who business address is 302 2nd Street, Cliffside Park, New Jersey 07010.

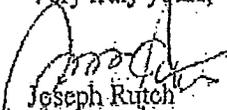
Since 2010, I have known Vincent in his professional capacity, The Bergen County Humane Enforcement and Vincent Ascolese has not only been an invaluable asset to the residents of the Cliffside Park, but also to the Administration, Police and Health Departments.

BCHE has an excellent response time and they are always willing to go the extra mile to assist whenever needed. In addition, the Borough has saved thousands of dollars in taxpayer monies through contracting with the BCHE.

Recently on May 15, 2012, for the first time in over 14 years, the BCHE assisted with a Rabies/Animal Adoption Clinic at no extra charge in our Fire House. The BCHE has always been professional, courteous and responsive with the Borough of Cliffside Park.

Please do not hesitate to contact me if you have any questions or if I can provide any further information.

Very truly yours,


Joseph Rutch
Borough Administrator



Board of Health
Borough of Palisades Park

275 Broad Avenue
Palisades Park, New Jersey 07650
Telephone 201-585-4105 • Fax 201-944-6748/201-585-4107
E-mail: ppbdhealth@aol.com

James M. Rotundo
Mayor

Jad Mihalinec, M.A., H.O.
Health Officer/ Administrator

July 3, 2012

To whom It may concern:

RE: Vincent Ascolese, Humane Enforcement

Please be advised that I have known Vincent Ascolese for many years and strongly recommend him for the position of a Director of Animal Control Services for the Township of Teaneck.

Vincent serves the Borough of Palisades Park as an Animal Control Officer and is a highly motivated and extremely competent individual.

He has assumed many leadership roles; particularly in the area of community rabies control, cruelty cases, rescue and impoundments of stray domestic animals, quarantine services, wildlife rescue, feral and dangerous animal trapping, care for injured and sick stray animals, 24 hour per day/every day of the year coverage, disaster plan, maintenance of lost & found file for dogs, adoption services, community education services and many more.

His experience in Municipal Government, administration of Animal Control Services and ability to effectively communicate with the public is another valuable asset.

Again, I strongly urge you to seriously consider his application for the position in your town.

If you have any question, please feel free to contact my office at 201-585-4106 or my cell at 201-407-4581

Very Truly Yours,

JAD MIHALINEC
HEALTH OFFICER/ADMINISTRATOR

Borough of Cliffside Park



MAYOR
Gerald A. Calabrese

BOROUGH ADMINISTRATOR
Joseph Rutch

BOROUGH CLERK
Sercan Zoklu, RMC

Municipal Complex
525 Palisade Avenue
Cliffside Park, New Jersey 07010
Tel. (201) 945-3456 • Fax. (201) 945-9823

COUNCIL
Donna Spoto
Bernard Fontana
Lawrence Bongard
Thomas Calabrese
Dana Martinotti
Kenneth Corcoran



"ON TOP OF THE PALISADES"

May 22, 2012

To Whom It May Concern:

I am writing to you with reference to Mr. Vincent Ascolese of the Bergen County Humane Enforcement, who business address is 302 2nd Street, Cliffside Park, New Jersey 07010.

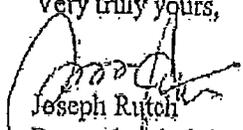
Since 2010, I have known Vincent in his professional capacity. The Bergen County Humane Enforcement and Vincent Ascolese has not only been an invaluable asset to the residents of the Cliffside Park, but also to the Administration, Police and Health Departments.

BCHE has an excellent response time and they are always willing to go the extra mile to assist whenever needed. In addition, the Borough has saved thousands of dollars in taxpayer monies through contracting with the BCHE.

Recently on May 15, 2012, for the first time in over 14 years, the BCHE assisted with a Rabies/Animal Adoption Clinic at no extra charge in our Fire House. The BCHE has always been professional, courteous and responsive with the Borough of Cliffside Park.

Please do not hesitate to contact me if you have any questions or if I can provide any further information.

Very truly yours,


Joseph Rutch
Borough Administrator



Board of Health
Borough of Palisades Park

275 Broad Avenue
Palisades Park, New Jersey 07650
Telephone 201-585-4105 • Fax 201-944-6748/201-585-4107
E-mail: ppbdhealth@aol.com

James M. Rotundo
Mayor

Jad Mihalinec, M.A., H.O.
Health Officer/ Administrator

July 3, 2012.

To whom it may concern:

RE: Vincent Ascolese, Humane Enforcement

Please be advised that I have known Vincent Ascolese for many years and strongly recommend him for the position of a Director of Animal Control Services for the Township of Teaneck.

Vincent serves the Borough of Palisades Park as an Animal Control Officer and is a highly motivated and extremely competent individual.

He has assumed many leadership roles; particularly in the area of community rabies control, cruelty cases, rescue and impoundments of stray domestic animals, quarantine services, wildlife rescue, feral and dangerous animal trapping, care for injured and sick stray animals, 24 hour per day/every day of the year coverage, disaster plan, maintenance of lost & found file for dogs, adoption services, community education services and many more.

His experience in Municipal Government, administration of Animal Control Services and ability to effectively communicate with the public is another valuable asset.

Again, I strongly urge you to seriously consider his application for the position in your town.

If you have any question, please feel free to contact my office at 201-585-4106 or my cell at 201-407-4581

Very Truly Yours,

JAD. MIHALINEC
HEALTH OFFICER/ADMINISTRATOR