



Township Council
 1 Municipal Plaza
 Bloomfield, NJ 07003

Louise M. Palagano
 Municipal Clerk

<http://www.bloomfieldtwpnj.com>

Meeting: 08/11/14 07:00 PM

2014 ACTION ITEM APPROVAL

RESOLUTION - ANIMAL SHELTER

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 for Animal Shelter services in accordance with the request for proposals and the response submitted by Bergen County Humane Enforcement to the request for proposals; and

BE IT FURTHER RESOLVED, that the contract for Animal Shelter services with Bergen County Humane Enforcement shall not become be effective until after the layoff plan for the Township's employees is approved by the Civil Service Commission.

* * * * *

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 August 11, 2014.



 Municipal Clerk of the Township of Bloomfield



 Mayor of the Township of Bloomfield

✓ Vote Record – Resolution		Yes/Aye	No/Nay	Abstain	Absent
<input type="checkbox"/> Adopt					
<input type="checkbox"/> Deny					
<input type="checkbox"/> Withdrawn					
<input type="checkbox"/> Table					
<input type="checkbox"/> Not Discussed					
<input type="checkbox"/> First Reading					
<input type="checkbox"/> Table with no Vote					
<input type="checkbox"/> Approve					
<input type="checkbox"/> Veto by Mayor					
<input type="checkbox"/> Discussion					
<input type="checkbox"/> Defeated					
<input type="checkbox"/> Discussion No Vote					
	Elias N. Chalet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Nicholas Joanow	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Carlos Bernard	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Wartyna Davis	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Joseph Lopez	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Carlos Pomares	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	Michael J. Venezia	<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**



 DIRECTOR OR LAW-TOWNSHIP ATTORNEY



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 Wielkoc | 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: \$ 145,000

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. Palisades Park (current providers)
Chief Health Admin Jad Mihalenic 201-407-4581
2. Cliffside Park (current Provider)
Boro 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 cel

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, BCHC / NJHS 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:

Bergen County Human Ed. Ent.
(Bidder's Company Name)

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

INSURER:

Jeannette 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: Berger 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: 201-290-7040 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 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 “BCHE 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.

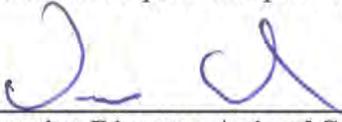
CONTRACT COST/PAYMENT SCHEDULE:

- 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 A Ascolese
Print Name

7/29/14
Date

X _____
Bloomfield Twp. Rep.

X _____
Print Name

Date

**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:

TRADE NAME:

BERGEN COUNTY HUMANE ENFORCEMENT CORPORA

ADDRESS:

SEQUENCE NUMBER:

**22 SHORE ROAD
EDGEWATER NJ 07020-1539**

1624847

EFFECTIVE DATE:

ISSUANCE DATE:

03/11/11

03/16/11



Director
New Jersey Division of Revenue

FORM-BRC

(04-08) D205846V

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 INSURER A: Essex Insurance Company INSURER B: Liberty Mutual INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 23043	

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 INSR	SUBR 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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$ Excluded
	<input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$ 2,000,000
	AUTOMOBILE LIABILITY						PRODUCTS - COMP/OP AGG \$ Excluded
	<input type="checkbox"/> ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	<input type="checkbox"/> ALL OWNED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per accident) \$
	<input type="checkbox"/> HIRED AUTOS						PROPERTY DAMAGE (PER ACCIDENT) \$
	<input type="checkbox"/> NON-OWNED AUTOS						\$
	UMBRELLA LIAB						\$
	<input type="checkbox"/> EXCESS LIAB						EACH OCCURRENCE \$
	<input type="checkbox"/> OCCUR						AGGREGATE \$
	<input type="checkbox"/> CLAIMS-MADE						\$
	DEDUCTIBLE						\$
	RETENTION \$						\$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY			WC713505	09/27/2013	09/27/2014	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTH-ER
	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 <input type="checkbox"/> Y	N/A				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 <i>Jeanne S. Frey</i>
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