CITY OF CLIFTON

REQUEST FOR PROPOSAL
26-001 -HEALTH INSURANCE BROKERS

NOTICE OF REQUEST FOR FAIR AND OPEN PROPOSAL

Pursuant to N.J.S.A. 19:44A-20.4 *et seq.*, the City of Clifton is soliciting Fair and Open Proposals for **Health Insurance Broker** for a contract period of one (1) year from date of contract award or start of the year. Proposals shall be endorsed "Health Insurance Broker" and delivered to Purchasing Agent Amisha Jariwala, City of Clifton, 900 Clifton Avenue, Clifton, New Jersey 07013.

Due Date: September 9,2025, at 11:00 AM

CITY OF CLIFTON
REQUEST FOR PROPOSALS
HEALTH INSURANCE BROKER SERVICES FOR THE CITY OF CLIFTON

The City of Clifton is soliciting a Request for Proposal ("RFP") to provide Health Insurance Broker Services to the City, as directed by the Municipal Attorney or designee thereof, for a contract period of one (1) year from date of contract award or Start of the Year. All candidates are required to comply with N.J.S.A. 10:5-31, *et seq*. and N.J.A.C. 17:27 as amended (Affirmative Action).

I - GENERAL

All questions relating to the RFP shall be submitted in writing to City of Clifton Purchasing Agent, Amisha Jariwala, via email to: ajariwala@cliftonnj.org, no later than 3:00 PM on September 2,2025. Any questions, which in the opinion of the City warrant a return reply or an amendment to the RFP, will be furnished to all parties not less than seven (7) business days prior to receipt of Proposals.

Proposals shall be received no later than 11:00 AM on September 9,2025, and must be made on the basis that they either meet or exceed the requirements contained herein.

II - SCOPE OF SERVICES

1.Purpose

The City of Clifton is soliciting proposals from licensed insurance brokers in New Jersey to perform insurance brokerage services and to represent the City as Broker of Record for the City's Self-Insured Employee Health, Prescription and Dental Benefits. The Broker of Record shall demonstrate prior experience in the brokerage of public employee insurance, specifically self-funded benefits.

2.Duties and Responsibilities

The Broker of Record (hereinafter the "Broker") shall:

Procure Health and Dental Insurance Coverage

The Broker will be responsible for analyzing and recommending any and all health, prescription and dental insurance coverage for the City of Clifton. The Broker of Record, when requested, is to market and provide competitive proposals for City review, evaluation, and consideration. The Broker is to review present policies and plans for accuracy, compliance, and financial prudency and make any recommendations to the City.
The Broker is to identify all issues and exposures as it pertains to health, prescription and dental benefits and to inform the City of the latest developments affecting the insurance.

The Broker is to provide any recommendations upon completion of reviews that would be a cost benefit savings to the City will be in compliance with the Collective Bargaining Contracts.

The Broker is to provide assistance to the City in the budget planning process, including the evaluation and impact of rate changes to health prescriptions and dental benefit costs. Broker should be able to provide the City with reasons for projected renewal figures during the budget process.

b. Familiarize with City's Collective Bargaining Agreements
The Broker is required to familiarize themselves with the present health insurance, prescription insurance and dental insurance coverages and present Collective Bargaining Agreements of the City to allow for comprehensive comparison and analysis of submitted proposals as to ensure equal or better coverage to the existing plan.

c. Monitor Federal and State Law & Code
The Broker is required to be knowledgeable of all Federal and State Law & Regulations as it pertains to health, prescription and dental benefits coverage to provide the latest updates to the city, especially to the City Attorney and Human Resources Coordinator. The Broker is to provide all assistance in implementing any or all Federal and State Law & Regulations as it pertains to health, prescription, and dental benefits.

d. Liaison and Intermediary for City
The Broker will serve as a liaison and intermediary with all insurance carriers or Third-Party Administrators, on the City's behalf in resolving any or all concerns, complaints, or disputes with health, prescription and dental insurance coverages.

e. Broker Availability
The Broker of Record and/or their professional staff shall be available to City officials during work hours for telecommunications and/or electronic communication support and available for staff and council meetings as needed.

f. Broker Assistance to Retirees
When requested by the City, the Broker shall provide the City any guidance as it pertains to health benefit plans to City retirees.

g. Monitor Carrier Compliance/Claims Services:
Broker will monitor and ensure carrier compliance with all plans, commitments and facilitate working relationships with the carrier and the City. Broker is responsible for quarterly review and analysis of claims and financial data, including identifying allowable and unallowable claim costs, and relevant discounts, rebates, and credits for the City.

h. Managing Health Benefits Program: The Broker will assist the Health Benefits Coordinator in managing all aspects of the health benefits programs, including enrollment activities.
Broker shall assist the district in evaluating and settling employee grievances relating to health benefit issues.
i. Broker must be qualified and authorized to be recognized as broker of record for all prospective insurance carriers and companies for the City.
j. Reviewing policies and endorsements for accuracy and conformity to specifications and negotiated coverage.
k. Reviewing all correspondence referred to by the City, and preparation of correspondence on behalf of the City, if requested.

III - MINIMUM QUALIFICATIONS AND EXPERIENCE

Proposer for the position of Broker of Record must meet the following minimum qualifications:

a.) The Broker must maintain its principal business office within the State of New Jersey.
b.) The Broker shall be able to designate a dedicated account manager to handle the services required by the City.
c.) Must have five (5) years' experience as a Broker of Record for a public agency.
d.) Must be responsive to telephone calls and inquiries.
e.) The Broker must be actively licensed as a New Jersey insurance Broker for a minimum of five (5) years.
f.) Broker must demonstrate knowledge of insurance brokerage issues pursuant to the applicable laws and regulations of the State of New Jersey.
g.) Broker must list past and present public entities represented.
h.) Broker must have sufficient staff to perform the services set forth in the Scope of Services in the RFP.
i.) Must demonstrate ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff).

IV – PROFESSIONAL INFORMATION REQUIREMENTS

The Respondent:

1. Shall provide Name, Federal I.D. number, address, phone and fax numbers of the firm submitting the proposal and a brief description of background such as years in business, size of staff and any affiliations.

2. Shall provide Name, title and address of principal/individual preparing this response and the contact person for the RFP.

3. Shall describe the professional achievements of the firm and the principal who would be assigned to the City of Clifton as its account manager such as educational background, licenses, number of clients handled and number of years of experience. Resumes or summarized credentials are to be attached.

4. Shall provide a list of New Jersey public sector entities for which the firm has provided similar services to those contained herein, including the name, title and phone number of the appropriate contact person within the entity.

5. All respondents must be partners, owners, employees of the firm.

6. The Respondent may submit any supplemental information it deems important to the evaluation of this proposal and the reason why it should be considered in the overall evaluation of the proposal.

7. Shall supply at least four (4) references, three (3) of which must have knowledge of your service to public entities.
8. Shall supply Business Registration Certificate (prior to contract award);

V – COMPENSATION

1. Respondent shall sign, complete and submit the attached proposal form.

VI – CONTRACT TERMS AND CONDITIONS

1. The term of this agreement shall be for one year.

2. Respondent's proposal shall remain valid for a period of ninety (90) days after submission and will be considered as a binding offer to perform the required services.

3. Respondents shall comply with all Local, State and Federal directives, orders, and laws as applicable to this proposal.

4. The successful Respondent shall not assign or transfer this agreement to any other person or company without prior consent and approval in writing from the City of Clifton.

5. Only one (1) proposal from the same Firm will be considered. A Respondent submitting more than one (1) proposal will cause the rejection of all the proposals of said consultant. If there is a reason for believing that collusion exists among Respondents, those proposals shall be rejected.

6. All proposals and documents submitted to the City of Clifton in response to this RFP shall become the property of the City of Clifton and are subject to the Open Public Records Act of the State of New Jersey, after the contract is awarded.

7. The City of Clifton may secure background information based upon the references provided in this RFP.

VII – SELECTION CRITERIA

The City reserves the right to award a contract to the vendor as determined to be in the best interest of the City based upon the selection criteria.

The selection criteria used in the awarding contract as described herein shall include:

1.) Qualifications of the individuals who will perform the tasks and the degree of their respective participation.

2.) Experience and References

3.) Ability to perform the task in a timely fashion, including staffing and familiarity with the subject matter.

4.) Cost competitiveness

5.) Minimum of 5 years of successful experience in providing similar services to municipalities the size of the City of Clifton.

6.) Senior staff members must be available for emergencies after regular business hours.

7.) Other factors the Mayor & Council deem to be in the best interest of the City of Clifton and its taxpayers.

A final award shall be made by resolution adopted by a majority of the Mayor and Council based upon the proposal made to the City that has been determined **to be the most advantageous to the City, price and all other factors considered.** The City further reserves the right to conduct an interview or interviews with the prospective proposer to discuss the scope of the services as outlined in the proposer's proposal. All awards are and shall be subject to the availability of funds.

The City of Clifton in its sole discretion and reserves the right to reject any or all proposals and to waive any or all irregularities as are in the best interest of the City.

PACKET C

1. That The Following Required Documents are properly executed and included as directed.

	DOCUMENT CHECKLIST	Seller Initials
□	**Vendor Information Form**	
□	**Fee Proposal / Required - sign**	
□	**Corporate Disclosure**	
□	**Business Registration Certificate – please provide a photocopy**	
□	**Disclosure Statement – sign**	
□	**Stockholder Disclosure Certification (Ownership Statement) - sign**	
□	**Non-Collusion Affidavit Form - sign and notarize**	
□	**Affirmative Action (copy of organization's Employee Information Certificate)**	
□	**Americans with Disabilities Act of 1990 Language – read and sign**	
□	**Disclosure of Investment Activities in Iran, Russia, and Belarus – sign and return**	

NOTICE: Pursuant to N.J.A.C. 17:44-2.2 the Vendor shall maintain all documentation related to products, transactions or services under this contract for a period of five (5) years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request

CITY OF CLIFTON
NEW/UPDATED VENDOR FORM

REQUIRED WHEN DOING BUSINESS WITH THE CITY

NAME OF COMPANY: _____

MAILING ADDRESS: _____

_____

_____

PHONE /FAX NUMBER: _____

1) FOR PURCHASE ORDERS:

CONTACT PERSON: _____

EMAIL ADDRESS: _____

2) FOR PAYMENT/REMIT-TO:

ADDRESS: _____

_____

_____

REMIT-TO CONTACT PERSON: _____

REMIT-TO EMAIL ADDRESS: _____

TAX IDENTIFICATION NUMBER (W-9): _____

NOTE: **MUST SUBMIT COPY OF W-9, BUSINESS REGISTRATION CERTIFICATE, AND ACH INFO TO:**

AMISHA J. JARIWALA, PURCHASING AGENT
DIVISION OF PURCHASING
900 CLIFTON AVENUE,
CLIFTON, NJ 07013
973-470-5754 (p)
973-470-9456 (f)
ajariwala@cliftonnj.org (e)

Re 11_2023

PROPOSAL FEE PAGE

The undersigned has completed the required forms herein and promises to provide the services and ancillary activities as proposed with associated costs delineated in the appropriate spaces below.

The proposer must identify if fee is to be paid by Carrier (indicate C) or by the Municipality (indicate M).

1) **Medical - _____**% commission or flat fee of $_____ to be paid by _____ (C or M)

2) Prescription - _____% commission or Flat Fee of $_____ to be paid by ____ (C or M)

3) Dental - %_____ of the first $_____ in Premium, %_____ of the next $_____ in premium, and %_____ thereafter, all commissions to paid by _____ (C or M)

4) Stop Loss - _____% commission |or| Flat Fee of $ _____ to be paid by ____ (C or M)

5) Administrative Fees (If any) $_____ to be paid by _____ (C or M)

6) **The City of Clifton is currently self-insured. Where percentages are proposed, you must indicate below specifically what the proposed percentage commission is based upon in each instance for which a percentage is proposed. Also, provide details and fee structures for any additional items in the spaces below**:

_____

_____

_____

_____

COMPANY NAME_____

ADDRESS_____

CITY _____ STATE _____ ZIP _____

SIGNATURE_____ DATE_____

PRINT NAME_____ TITLE_____

TELEPHONE #_____ FAX #_____

CORPORATE DISCLOSURE STATEMENT

The undersigned is an: INDIVIDUAL | PARTNERSHIP | CORPORATION
(Please circle above designation to indicate organization type)

Under the laws of the State of_____

having principal offices at_____

_____

RESPECTFULLY SUBMITTED BY_____
(Name of Corporation, Partnership or Individual)

WITNESS:

S/_____

POSITION: _____

DATE:_____

ADDRESS _____

TELEPHONE:_____

SIGNATURE:_____

POSITION:_____

SSAN (If Individual):_____

FED ID# (IF Incorporated):_____

DATE: _____

NOTE: If Contractor is a **CORPORATION**, this proposal must be executed by its president, attested to by its secretary or assistant secretary, with the corporate seal affixed thereto. This proposal may be executed and attested to by other than the aforesaid corporate officers if they have been duly authorized to so act in behalf of the Contractor, pursuant to a resolution of the Corporate Board of Directors, or other authorization equivalent thereto. In that event, a certified copy of said resolution or authorization shall be attached to this proposal.

If Bidder is a **PARTNERSHIP**, then this proposal must be signed by at least one partner.

If Bidder is an **INDIVIDUAL**, please indicate Social Security Number in space provided above.

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY)
)ss.
COUNTY OF)

I,
in the County of , of the City of ,
of full age, being duly sworn according to law on my oath depose and say that:

I am
of the firm of
the bidder making the Proposal for the above named project, and that I executed the said Proposal with full authority to do so; that said bidder has not, directly or indirectly, entered into an agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the State of New Jersey, and/or the City of Clifton relies upon statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide established commercial or selling agencies maintained by

_____ .
(Name of Contractor)

(N.J.S.A. 52:34-15)

Subscribed and sworn to
before me this day
of , 20

_____
(Also type or print name of affiant under signature)

_____
Notary Public of
My commission expires , 20

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: _____

Organization Address: _____

Part I Check the box that represents the type of business organization:

☐ Sole Proprietorship (skip Parts II and III, execute certification in Part IV)

☐ Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)

☐ For-Profit Corporation (any type) ☐ Limited Liability Company (LLC)

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP)

☐ Other (be specific): _____

Part II

☐ The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (**COMPLETE THE LIST BELOW IN THIS SECTION**)

OR

☐ No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (**SKIP TO PART IV**)

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Address

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed**.

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above**. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the ***<name of contracting unit>*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with ***<type of contracting unit>*** to notify the ***<type of contracting unit>*** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the ***<type of contracting unit>*** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

All successful bidders are required to submit evidence of appropriate affirmative action compliance to the City and Division of Public Contracts Equal Employment Opportunity Compliance. During a review, Division representatives will review the City files to determine whether the affirmative action evidence has been submitted by the vendor/contractor. Specifically, each vendor/contractor shall submit to the City, prior to execution of the contract, one of the following documents:

Goods and General Service Vendors
1. Letter of Federal Approval indicating that the vendor is under an existing Federally approved or sanctioned affirmative action program. A copy of the approval letter is to be provided by the vendor to the City and the Division. This approval letter is valid for one year from the date of issuance.

Do you have a federally-approved or sanctioned EEO/AA program? Yes □ No □
If yes, please submit a photocopy of such approval.

2. A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with N.J.A.C. 17:27-1.1 et seq. The vendor must provide a copy of the Certificate to the City as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division. The period of validity of the Certificate is indicated on its face. Certificates must be renewed prior to their expiration date in order to remain valid.

Do you have a State Certificate of Employee Information Report Approval? Yes □ No □
If yes, please submit a photocopy of such approval.

3. The successful vendor shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with $150.00 Fee and forward a copy of the Form to the City. Upon submission and review by the Division, this report shall constitute evidence of compliance with the regulations. Prior to execution of the contract, the EEO/AA evidence must be submitted.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) on the Division website www.state.nj.us/treasury/contract_compliance.

The successful vendor(s) must submit the AA302 Report to the Division of Public Contracts Equal Employment Opportunity Compliance, with a copy to Public Agency.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

COMPANY: _____ SIGNATURE: _____

PRINT NAME: _____ TITLE: _____

DATE: _____

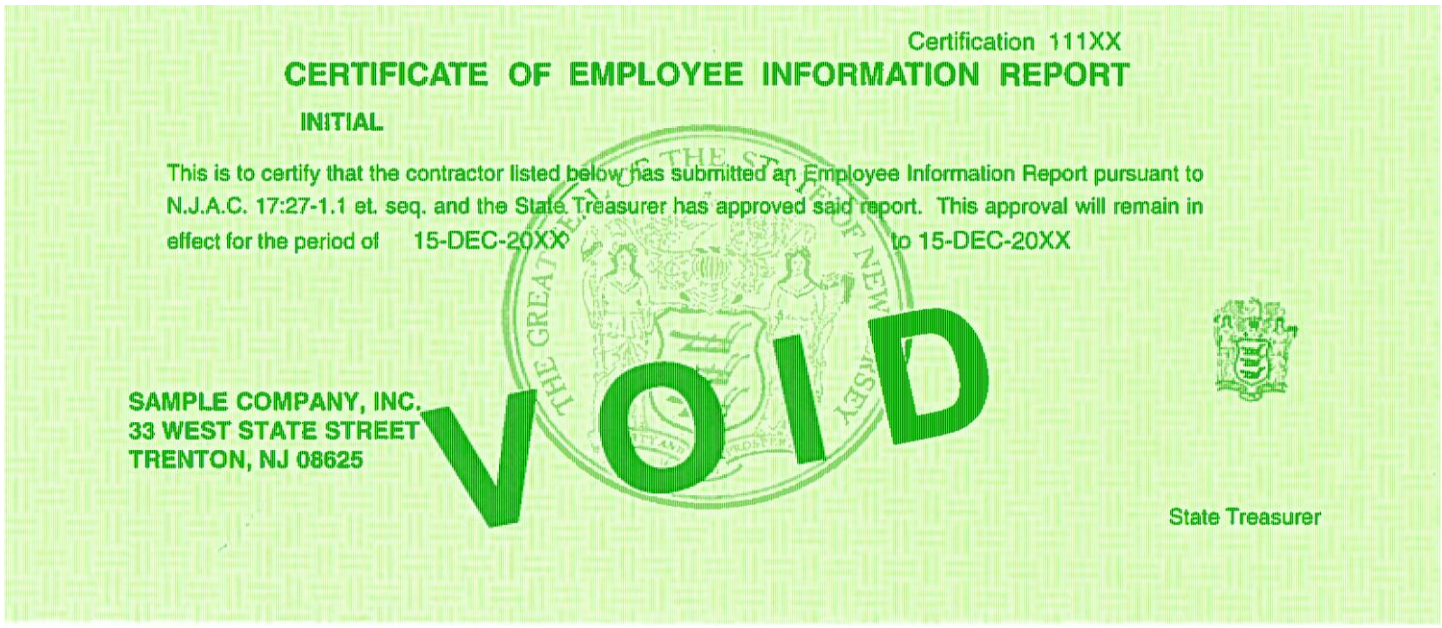
PLACE HERE

A COPY OF THE

CERTIFICATE OF

EMPLOYEE INFORMATION

REPORT



Sample AA302 Form

SAMPLE ONLY

Form AA302
Rev. 11/01

STATE OF NEW JERSEY

Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED $150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT Submit EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FED. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS ☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE ☐ 4. RETAIL ☐ 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY

4. COMPANY NAME

5. STREET | CITY | COUNTY | STATE | ZIP CODE

6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) | CITY | STATE | ZIP CODE

7. CHECK ONE: IS THE COMPANY: ☐ SINGLE ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN (a)

9. TOTAL NUMBER OF EMPLOYEES AT THE ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT

10. PUBLIC AGENCY AWARDING CONTRACT | CITY | COUNTY | STATE | ZIP CODE

Official Use Only	DATE RECEIVED	IN NJ DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

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

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
				MALE					FEMALE				
	COL. 1 TOTAL (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/ Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment From previous Report (if any)													
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? ☐ 1. Visual Survey ☐ 2. Employment Record ☐ 3. Other (Specify)

13. DATES OF PAYROLL PERIOD USED: From: To:

14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES ☐ 2. NO ☐

15. IF NO, DATE LAST REPORT SUBMITTED: MO. | DAY | YEAR

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO. DAY YEAR

17. ADDRESS: NO. & STREET | CITY | COUNTY | STATE | ZIP CODE | PHONE (AREA CODE, NO.) (EXTENSION)

(REVISED 4/10)

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127) and N.J.A.C. 17:27
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:
The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment. The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act. The contractor or subcontractor agrees to make good faith efforts to meet targeted City employment goals established in accordance with N.J.A.C. l7:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices. The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

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

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

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.nj.us/treasury/contract_compliance

The contractor and its subcontractors shall furnish such reports or other documents to the Division of
Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

PROOF OF BUSINESS REGISTRATION

Pursuant to N.J.S.A. 52:32-44, each bidder (contractor) and any listed sub-contractor, is required to be registered at or before time of bid opening. Proof of registration shall be a copy of the bidder's Business Registration Certificate (**BRC**), which must be submitted prior to contract award (BRC is obtained from the NJ Division of Revenue).

N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that knowingly provide goods or perform services for a contractor fulfilling this contract:

1) The contractor shall provide written notice to its subcontractors to submit proof of business registration to the contractor;

2) Prior to receipt of final payment from a contracting agency, the contractor must submit to the contracting agency an accurate list of all subcontractors or attest that none was used;

3) During the term of this contract, the contractor and its affiliates shall collect and remit, and shall notify all subcontractors and their affiliates that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into this State.

4) A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of $25 for each day of violation, not to exceed $50,000 for each business registration not properly provided or maintained under a contract with a contracting agency. Information on the law and its requirements is available by calling (609) 292-9292.

AS A PROFESSIONAL COURTESY AND TO SAVE TIME,

PLEASE SUBMIT A PHOTOCOPY OF YOUR BRC


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

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME:
TAX REGISTRATION TEST ACCOUNT

TRADE NAME:
CLIENT REGISTRATION

TAXPAYER IDENTIFICATION#:
970-097-382/500

SEQUENCE NUMBER:
0107530

ADDRESS:
847 ROEBLING AVE
TRENTON NJ 08611

ISSUANCE DATE:
07/14/04

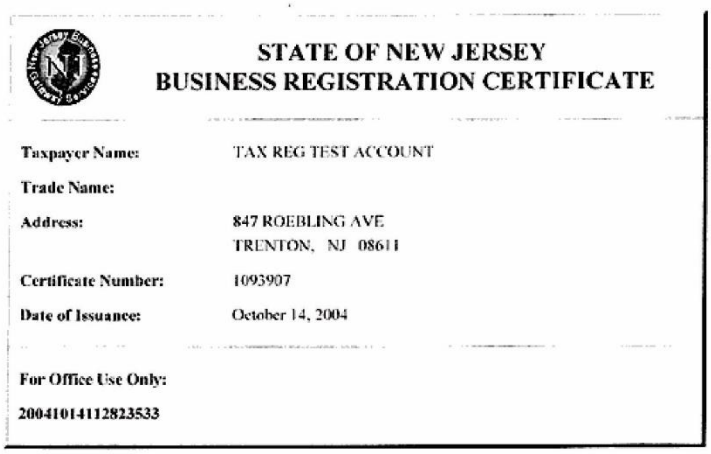
EFFECTIVE DATE:
01/01/01

Acting Director

FORM BRC(08-01)

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

SAMPLE


STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004

For Office Use Only:

20041014112823533

Americans With Disabilities Act
Equal Opportunity For Individuals With Disabilities

The Contractor and the City of Clifton do hereby agree that the provisions of Title II of the *Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. 12101 et. seq.)*, which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the City pursuant to this contract, the Contractor agrees that the performance shall be in strict compliance with the Act. In the event that the Contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the Contractor shall defend the City in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the City, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The Contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the City's grievance procedure, the Contractor agrees to abide by any decision of the City which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the City or if the City incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the Contractor shall satisfy and discharge the same at its own expense.

The City shall, as soon as practicable after a claim has been made against it, give written notice thereof to the Contractor along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the City or any of its agents, servants, and employees, the City shall expeditiously forward or have forwarded to the Contractor every demand, complaint, notice, summons, pleading, or other process received by the City or its representatives.

It is expressly agreed and understood that any approval by the City of the services provided by the Contractor pursuant to this contract will not relieve the Contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the City pursuant to this paragraph.

It is further agreed and understood that the City assumes no obligation to indemnify or save harmless the Contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the Contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the Contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the Contractor from any liability, nor preclude the City from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

Signature: _____

PAY TO PLAY ADVISORY
Disclosure Requirement
P.L. 2005, Chapter 271, Section 3 Reporting (N.J.S.A. 19:44A – 20.27)

Any business entity that has received $50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at www.elec.state.nj.us.

If you have any questions please contact ELEC at: 1-888-313-ELEC (toll free in NJ) or 609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

Initials

City of Clifton, New Jersey Division of Purchasing
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Solicitation/Bid Number: _____Company Name: _____

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the person or entity.

☐ I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to PL 2012, c. 25 ("Chapter 25 List") http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.

- OR -

☐ I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Division of Purchase under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN
You must provide, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

NAME: _____ Relationship to Respondent _____

Description of Activities_____

Duration of Engagement_____ Anticipated Cessation Date: _____

Respondent/Offeror Contact Name_____ Contact Phone Number_____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the City of Clifton is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the City to notify the City in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the City of Clifton, New Jersey and that the City at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): _____ Signature: _____
Title_____ Date: _____

CERTIFICATION OF NON INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L.2022, c.3

CONTRACT / BID SOLICITATION TITLE _____

CONTRACT / BID SOLICITATION No. _____

CHECK THE APPROPRIATE BOX

☐ I, the undersigned, am authorized by the person or entity seeking to enter into or renew the contract identified above, to certify that the Vendor/Bidder is not engaged in prohibited activities in Russia or Belarus as such term is defined in P.L.2022, c.3,[1] section 1.e, except as permitted by federal law.

I understand that if this statement is willfully false, I may be subject to penalty, as set forth in P.L.2022, c.3, section 1.d.

OR

☐ I, the undersigned am unable to certify above because the person or entity seeking to enter into or renew the contract identified above, or one of its parents, subsidiaries, or affiliates may have engaged in prohibited activities in Russia or Belarus. A detailed, accurate and precise description of the activities is provided below.

Failure to provide such description will result in the Quote being rendered as non-responsive, and the Department/Division will not be permitted to contract with such person or entity, and if a Quote is accepted or contract is entered into without delivery of the certification, appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Description of Prohibited Activity

_____
_____
_____
_____
_____

Attach Additional Sheets If Necessary.

If you certify that the bidder is engaged in activities prohibited by P.L. 2022, c. 3, the bidder shall have 90 days to cease engaging in any prohibited activities and on or before the 90th day after this certification, shall provide an updated certification. If the bidder does not provide the updated certification or at that time cannot certify on behalf of the entity that it is not engaged in prohibited activities, the State shall not award the business entity any contracts, renew any contracts, and shall be required to terminate any contract(s) the business entity holds with the State that were issued on or after the effective date of P.L. 2022, c. 3.

Signature of Vendor's Authorized Representative	Date
Print Name and Title of Vendor's Authorized Representative	
Vendor Name	Vendor Phone Number
Vendor Address (Street Address)	Vendor Fax Number
Vendor Address (City/State/Zip Code)	Vendor Email Address for Authorized Representative

Precluded Entities List: https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf

[1] Engaged in prohibited activities in Russia or Belarus" means (1) companies in which the Government of Russia or Belarus has any direct equity share; (2) having any business operations commencing after the effective date of this act that involve contracts with or the provision of goods or services to the Government of Russia or Belarus; (3) being headquartered in Russia or having its principal place of business in Russia or Belarus, or (4) supporting, assisting, or facilitating the Government of Russia or Belarus in their campaigns to invade the sovereign country of Ukraine, either through in-kind support or for profit.