

# Home Improvement Program

## Policies and Procedures Manual

*Township of Woodbridge*  
*New Jersey*

July 13, 2016

Prepared by:



**CGPH**

Community Grants, Planning & Housing

*Good People. Great Results.™*

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be provided for the rehabilitation of the rest of the units if income-eligible households occupy those units. Rents must be affordable to low- or moderate-income households.

### C. INCOME LIMITS

Household income is defined as the combined annual income of all family members over 18 years of age including wages, Social Security, disability insurance, unemployment insurance, pensions, dividend/interest income, alimony, etc. Each unit's total household income must fall within the State's low and moderate income limits based on family size as follows.

**Table 1: 2016 Regional Income Limits (updated annually)**

| Household Size | Low Income Limit | Moderate Income Limit |
|----------------|------------------|-----------------------|
| 1              | \$36,750         | \$58,800              |
| 2              | \$42,000         | \$67,200              |
| 3              | \$47,250         | \$75,600              |
| 4              | \$52,500         | \$84,000              |
| 5              | \$56,700         | \$90,720              |
| 6              | \$60,900         | \$97,440              |
| 7              | \$65,100         | \$104,160             |
| 8              | \$69,300         | \$110,880             |

These income guidelines are based on median income figures determined by the New Jersey Department of Community Affairs Income Limits for Region 3 which includes Middlesex County. The Program Administrator will ensure that this chart is updated whenever adjustments to these income figures become available.

### D. APPLICATION SELECTION

The program will process new applicants added to the waiting list/applicant pool on a first-come, first served basis, to qualified applicants. The goal is to have a minimum of 50% of the properties assisted comprising of low income households. The HIP will establish the waiting list from the program marketing efforts identified in Section IX of this manual.

#### 1. Emergency Processing Order

Properties with safety and/or health hazards, confirmed/certified as an emergency by the municipal Construction Official or Health Department, can by-pass the first-come, first served process however they must meet all the other program requirements including bringing the unit up to code.

The Program Administrator shall determine that an emergency situation exists based on the following:

- A. The repair problem is an immediate and serious threat to the health and safety of the building's residents
- B. The problem has been inspected and the threat verified by the appropriate local building inspector and/or health official

Please note that the loan agreement will state that if the homeowner takes the emergency funds to abate the safety/health hazards and then subsequently decides to voluntarily remove themselves

- Painting
- Exterior rain carrying system repair

**B. Ineligible Improvements**

Work not eligible for program funding includes but is not limited to luxury improvements (improvements which are strictly cosmetic), carpets, additions, conversions (basement, garage, porch, attic, etc.), repairs to structures separate from the living units (detached garage, shed, barn, etc.), furnishings, pools and landscaping. If determined unsafe, stoves may be replaced. The replacement or repair of other appliances is prohibited. The cost of removing any illegally converted living space (e.g., illegal bedrooms in the basement) are not eligible for assistance.

Rehabilitation work performed by property owners shall not be funded under this program.

**C. Rehabilitation Standards**

Funds are to be used for work and repairs required to make the unit standard and abate all interior and exterior violations of the New Jersey State Housing Code, N.J.A.C. 5:28 and the Rehabilitation Subcode, N.J.A.C. 5:23-6, (of which the more restrictive requirements will apply), and remove health and/or safety hazards; and any other work or repairs, including finishing and painting, which are directly related to the above listed objectives. For projects that require construction permits, the rehabilitated unit shall be considered complete at the date of final approval pursuant to the Uniform Construction Code.

Municipal rehabilitation investment for hard costs shall average at least \$10,000 per unit, and include the rehabilitation of at least one major system, as previously defined under eligible improvements.

**D. Certifications of Substandard/Standard**

The Program Building Inspector will inspect the property to determine which systems, if any, are substandard in accordance with sub-section A above and issue a Certification of Substandard. Upon program construction completion, all code deficiencies noted in the inspection report must be corrected and rehabilitated units must be in compliance with the standards proscribed in sub-section C above upon issuance of a municipal certificate of completion/approval.



## B. Terms and Conditions on Owner-Occupied Multi-Family Properties including Tenant Units

Table 3 Owner-Occupied Multi-Family Home Terms & Conditions

| Type of Dwelling Unit                                        | Terms and Conditions of Loan |                                                                                                                                                                                                                                                                                                                       |
|--------------------------------------------------------------|------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Owner- Occupied Multi-Family including Tenant Unit(s)</b> | Minimum Loan Amount          | \$5,000 per unit                                                                                                                                                                                                                                                                                                      |
|                                                              | Maximum Loan Amount          | \$16,000 per unit                                                                                                                                                                                                                                                                                                     |
|                                                              | Interest Rate                | 0%                                                                                                                                                                                                                                                                                                                    |
|                                                              | Payment Terms                | No monthly payment<br>100% forgivable if homeowner maintains title and occupancy in at least one of the units during the 10-year period. Original Principal is due if not in compliance with rental affordability controls. Rental restrictions on the rental unit(s) transfer with property. See Restrictions below. |
|                                                              | Mechanism for Securing Loan  | Mortgage, Mortgage Note and Deed Restriction recorded on property                                                                                                                                                                                                                                                     |

Each assisted unit(s) must be occupied by, and affordable to a household(s) that is(are) certified as low or moderate income as per DCA Low and Moderate Income Limits.

The owner will execute a Mortgage, Mortgage Note, and Deed Restriction, the latter which guarantees the continued availability of the rental unit to low or moderate income households for the terms of the ten-year lien affordability period. The affordability terms for the rental units do not expire even in the event that the owner sells the property, transfers title to the property, or dies within the ten-year program lien period.

Moreover, if Program funds were expended on the owner occupied unit, and the homeowner sells, transfers title, dies or is not in compliance during the ten-year lien period, unless ownership is transferred to another low or moderate income homeowner, any Program funds expended on work done on the owner's individual unit along with a pro-rata portion of the shared improvements must be fully repaid to the Township.

### **Additionally, for rental units in a multi-family owner-occupied home:**

For tenant units, the maximum permitted rent is pursuant to N.J.A.C. 5:97-9 and UHAC.

If a unit is vacant upon initial rental subsequent to rehabilitation, or if a renter-occupied unit is re-rented prior to the end of controls on affordability, the Deed Restriction shall require the unit to be rented to a low- or moderate- income household at an affordable rental price and will be affirmatively marketed in accordance with the Township of Woodbridge's Affordable Housing Affirmative Marketing Plan. Rents in rehabilitated rental units may increase annually based on the standards in N.J.A.C. 5:97-9. The Township's Administrative Agent will ensure that all appropriate

#### **D. Special Needs Waivers**

In cases of severe need:

- The Program will get confirmation of whether or not the homeowner can contribute personal funding.
- If needed, the Program will attempt to partner with other possible funding sources such as the Low Income Home Energy Assistance Program (LIHEAP).
- The Program reserves the right to make an exception and allow the expenditure of up to an additional \$3,000 per unit to address code violations. The Township will consider other situations for special needs waivers. Individual files will be reviewed on a case-by-case basis. Upon Program and Township approval, a Special Needs Funding Limit Waiver may be issued.

#### **E. Use of Recaptured Program Funds**

Any recaptured funds will be deposited into a Woodbridge affordable housing trust fund in accordance with N.J.A.C. 5:97-8.6 and designated for the continuation of home improvements to income eligible households. Funds will be disbursed on the same terms as the original program.

### **V. IMPLEMENTATION PROCESS**

#### **A. Application/Interview**

For each prospective applicant, this process starts with a homeowner either submitting an online preliminary application or the Case Manager pre-qualifies the interested homeowner by phone, whichever is the homeowner's preference. The information is entered in the program applicant pool/waiting list. If the homeowner passes the preliminary criteria review, program information, guidelines, and an application package will be mailed to the applicant when their name is reached on the program's waiting list.

Each prospective applicant is to complete the application and return it to the Case Manager, along with the required verification documents. Upon receipt of the completed application package, a case file will be opened for the applicant and a case file number will be assigned to the unit. The Case Manager will be available via a direct phone line to assist applicants during this and all other phases of the process. Additionally, as needed, a Case Manager will be available for face to face prescheduled appointments. Once a case is assigned a number, the cases are processed in the order of receipt of completed applications.

#### **B. Eligibility Certification**

In order to be eligible for assistance, households in each unit to be assisted must be determined to be income eligible. All adult members, 18 years of age and older, of both the owner household and tenant household (if any) must be fully certified as income-eligible before any assistance will be

Payments received for foster care

Relocation assistance benefits

Income of live-in attendants

Scholarships

Student loans

Personal property such as automobiles

Lump-sum additions to assets such as inheritances, lottery winnings, gifts, insurance settlements

Part-time income of dependents enrolled as full-time students

Court ordered payments for alimony or child support paid to another household shall be deducted from gross annual income

#### **E. How to Verify Income**

To calculate income, the current gross income of the applicant is used to project that income over the next 12 months. Income verification documentation should include, but is not limited to the following for each and every member of a household who is 18 years of age or older:

1. Four current consecutive pay stubs, including bonuses, overtime or tips, or a letter from the employer stating the present annual income figure or if self-employed, a current Certified Profit & Loss Statement and Balance Sheet.
2. A signed copy of regular IRS Form 1040 (Tax computation form), 1040A or 1040EZ (as applicable) and state income tax returns filed for the last three years prior to the date of interview or notarized tax waiver letter for respective tax year(s)- A Form 1040 Tax Summary for the past three tax years can be requested from the Internal Revenue Service Center by calling 1-800-829-1040 or visiting [irs.gov](http://irs.gov) to either obtain an online printout or to request a copy by mail, the latter which takes five to ten calendar days.
3. If applicable, a letter or appropriate reporting form verifying monthly benefits such as:
  - Social Security or SSI – Current award letter or computer print out letter
  - Unemployment – verification of Unemployment Benefits
  - Welfare -TANF current award letter
  - Disability - Worker's compensation letter or
  - Pension income (monthly or annually) – a pension letter

- Proof of flood insurance, if property is located in a flood zone
- Copy of recorded deed to the property to be assisted
- Proof of separate residency if a deed co-holder resides at another location (copy of driver's license, etc.)
- If you are a widow or widower, copy of Death Certificate should be included
- Copy of your most current property tax assessment
- Receipt for property taxes
- Signed Eligibility Release form
- Proof that all mortgage payments are current
- Copy of any and all other liens recorded against the property
- Personal identification (a copy of any of the following: Driver's License, Passport, Birth Certificate, social security card, Adoption Papers, Alien Registration Card, etc.)

#### **H. Requirements of Utilities & Taxes Paid Current**

All applicants' property tax and sewer accounts must be paid current. The Program reserves the right to make an exception to the requirement of paid up tax and/or sewer accounts. Individual files will be reviewed on a case-by-case basis. Upon approval by the appropriate municipal officials and the Program, a Special Needs Eligibility Requirements Waiver may be issued.

#### **I. Sufficient Equity**

Additionally, to be determined eligible, there must be sufficient equity in the home to cover the program lien plus the total of other liens. In other words, the market value of the house must be greater than the total of the liens combined. The Township may consider a Special Needs Waiver approved by the municipality on a case-by-case basis for limited equity, but not for negative equity.

#### **J. Eligibility Scenarios of Multi-Family Structures**

Several possibilities exist concerning the determination of eligibility in a multi-family structure.

Scenario 1. The Program Administrator determines that the owner is income eligible and the renters in each unit are income eligible. In this case, all of the units are eligible for rehabilitation.

Scenario 2. The Program Administrator determines that the owner is income eligible, but the renters are not. In this case, only the landlord's unit is eligible for rehabilitation. If a home improvement is undertaken which affects all the units in the house (e.g., replacement of a roof), the HIP will only cover a prorated percentage of the cost. For example, in a two family home with units of approximately equal size, only 50% of the cost of roof replacement will be covered. Where units differ by more than 10% in size, the proration should be based on percentage of square footage within each unit compared to the total interior square footage of all other units in the structure. Shared common areas should not be counted in the denominator for the pro rata calculation.

the homeowner does not wish to have notified of the availability of the bid package. If the homeowner wishes to solicit a bid from a contractor not currently on the Program contractor list, the homeowner will provide the contractor's name, address and telephone number on the Work Write-Up Review Form. Any contractors that have not been previously qualified are eligible to participate but must submit their qualifications as well as their bid in the bid package.

The Case Manager will notify at least three (3) currently active contractors that a bid package for the property is available. Each contractor must contact the Case Manager to obtain a full bid package and the contractor must submit a bid to the Case Manager by the submission deadline (usually within three (3) weeks of the date of the bid notification letter). All submitted bids will be opened and recorded by the Program Administrator at a meeting open to all interested parties.

The submitted bids will be reviewed by the homeowner and the Program Inspector. Generally, the lowest responsible bid from a qualified contractor will be chosen. If the homeowner selects a higher bid, he/she must pay the difference between the chosen and the lowest responsible bid. Contractors will be notified of the results of the bidding within one (1) week of the date the homeowner makes his/her contractor selection.

Contractor award is passed via resolution by Township Council.

#### **N. Pre-Construction Conference/Contract Signing**

Upon issuance of contractor award, the Program Inspector will conduct a pre-construction conference with the homeowner and contractor. Prior to the pre-construction conference the homeowner will be provided with copies of the loan documents and the Construction Agreement and the contractor will be provided with a copy of the Construction Agreement for review. At the time of the pre-construction conference, the scope of work will once again be reviewed. The homeowner and contractor responsibilities will also be reviewed, as well as the program's construction procedures and program limitations. The homeowner and contractor will each sign the Construction Agreement and receive copies. The homeowner will sign and receive copies of the Mortgage and Mortgage Note in the amount of the HIP subsidy. For rental properties, the property owner will also sign the Deed Restriction (COAH form Appendix E-3).

If the homeowner is providing any funds for the rehabilitation of his/her home, those funds must be provided at the time of the pre-construction conference in the form of a certified check or money order made payable to the contractor. The check will be held by the Program and will be applied towards the contractor's first progress payment.

The contractor will be provided with information regarding the Lead-Based Paint Poisoning Prevention Act (42 USC 483 1 (b)). The homeowner will be advised of the hazards of lead based paint in houses built prior to 1978 and provided with the EPA booklet Renovate Right. Both contractor and homeowner will each sign the respective Certifications. Additionally, for houses built prior to 1978, Section VII Lead Based Paint (LBP) applies.

Following the pre-construction meeting, the Case Manager will provide the Township Planning and Development office with 1) a copy of the first three pages of the Construction Agreement which includes identifying the homeowner, the property and the contractor, and an itemized price list of

- Properly close out all the permits and to provide proof of closed out permits to the Case Manager via the municipal Certificate of Approval;
- Deliver to the homeowner a complete release of all liens arising out of the Construction Agreement, a receipt in full covering all labor, materials and equipment for which a lien could be filed or a bond satisfactory to the owner indemnifying owner against any lien; and
- Provide the homeowner with all applicable warranties for items installed and work completed during the course of the rehabilitation.

Once the contractor has provided the Case Manager with all required job closeout forms, the contractor will be responsible to request the program's final inspection. The Program Inspector will schedule the final inspection with the homeowner, at which time the Program Inspector will also obtain verbal confirmation from the homeowner that the rehabilitation work has been completed and is ready for inspection. The Program Inspector will then conduct a final inspection to certify that the required property improvements are complete. The homeowner will be present during the final inspection and the contractor will be present if there are issues to resolve.

Only 100% completed line items will be inspected and considered for payment. If the work passes satisfactory final inspection, the Case Manager will follow the procedures spelled out in Section V subsection *S Payment Structure and Process* to process the contractor's final payment request.

For houses built prior to 1978, a work item marked *EPA RRP Rule* cannot be paid for until the contractor provides a post renovation report to the program. Refer to Section VII Lead Based Paint (LBP) for the EPA regulation.

If the Program Inspector identifies any work deficiencies during the final inspection, the Program Inspector will notify the contractor and the homeowner of the deficiencies in writing and the value of said deficiencies will be deducted from the final payment request. Work deficiencies discovered during the final inspection will require the Program Inspector to conduct a subsequent inspection upon contractor's correction of deficiencies. The Rehabilitation Program reserves the right to hold the contractor responsible to pay the cost of any additional inspections beyond the final inspection at a rate of \$350 per inspection for prematurely requesting the final inspection with the work not 100% completely done in a workman-like manner. Additional inspections are those in excess of the one progress inspection and the final inspection which are needed to inspect corrected deficiencies. The contractor must issue the failed final inspection penalty payment directly to CGP&H via a check prior to the program inspector scheduling and repeating the final inspection process. CGP&H will notify the municipality each time a penalty is levied.

The Program lien period will commence upon satisfactory completion of the final inspection. Photographs will be taken of the rehabilitated housing unit by the Program Inspector at the time of the satisfactory final inspection.

#### **S. Payment Structure and Process**

The Township will issue all payments, which will be made according to the following schedule:



the rehabilitation assistance) does not exceed eighty (80%) of the appraised value of the unit. If the homeowner is simply refinancing their primary mortgage to a lower interest rate and not "cashing out" any equity, Woodbridge will subordinate up to 100% of the appraised value.

The fee to process subordination requests will be paid by the homeowner directly to CGP&H at a rate of \$150 per request.

## **VI. CONTRACTOR REQUIREMENTS AND RECRUITMENT**

### **A. Marketing**

The Program will coordinate with the Township to advertise the availability of construction work on the Township's website and display a contractor outreach poster and brochures in the municipal building, including the local construction office. If determined needed, additional outreach will be conducted in the local newspapers and through the posting of community notices. As necessary, the Program will advertise the availability of construction work by posting information at local building supply dealers. All interested contractors will have the opportunity to apply for inclusion on the Program contractor list, which will be made available for the homeowner's use in selecting rehabilitation contractors. The contractor outreach material will be posted on CGP&H's website.

### **B. Contractor Qualifications**

To qualify, contractors must meet the following minimum requirements:

- Contractors must carry workmen's compensation coverage and liability insurance of at least \$100,000/\$300,000 for bodily injury or death and \$50,000 for property damage as required by state regulations; and provide the Case Manager with a certificate of insurance naming the Program as Certificate Holder; and
- At least two favorable references on the successful completion of similar work; and
- A reference of permit compliance from a municipal inspector (building inspector, code official, etc.); and
- The Contractor's State Business Registration Certificate; and
- Current Consumer Affairs Home Improvement Contractor license; and
- Applicable lead certifications for contractors working on houses built prior to 1978. As identified in the scope of work, the contractor must comply with the EPA Renovation, Repair and Painting (RRP) Rule regarding certification; and
- If claiming prior experience with local, state or federally funding housing rehabilitation programs, a record of satisfactory performance in a neighborhood rehabilitation program or other federal/state programs; and
- Appropriate licenses; e.g. plumbing, electrical.

Initial rents are based on targeted “model” household sizes for each size home as determined by the number of bedrooms. Initial rents must adhere to the following rules. These rents are based on COAH’s Annual Regional Income Limits Chart at the time of occupancy:

The above rules are only to be used for setting initial rents.

| Size of Unit      | Household Size Used to Determined Max Rent |
|-------------------|--------------------------------------------|
| Studio/Efficiency | 1                                          |
| 1 Bedroom         | 1.5                                        |
| 2 Bedrooms        | 3                                          |
| 3 Bedrooms        | 4.5                                        |
| 4 Bedrooms        | 6                                          |

- A studio shall be affordable to a one-person household;
- A one-bedroom unit shall be affordable to a one- and one-half person household;
- A two-bedroom unit shall be affordable to a three-person household;
- A three-bedroom unit shall be affordable to a four- and one-half person household; and
- A four-bedroom unit shall be affordable to a six-person household.

### C. Determining Rent Increases

Rents in rehabilitated units may increase annually based on N.J.A.C. 5:97-9. Rent increases are permitted at the anniversary of tenancy according to the Department of Community Affairs Annual Regional Income Limits Chart, available on the DCA website. These increases must be filed with and approved by the Administrative Agent. Property managers or landlords who have charged less than the permissible increase may use the maximum allowable rent with the next tenant with permission of the Administrative Agent. Rents may not be increased more than once a year, may not be increased by more than one COAH-approved increment at a time, and may not be increased at the time of new occupancy if this occurs less than one year from the last rental. No additional fees may be added to the approved rent without the express written approval of the Administrative Agent.

## IX. MARKETING STRATEGY

In coordination with the Township, the Program Administrator will employ a variety of proven strategies to advertise the program within Woodbridge to establish the program’s applicant pool/waiting list. The marketing strategy/plan possibilities include but are not limited to:



**B. Participant Record keeping**

The Program will be responsible for ensuring that individual files for each unit are established, maintained and then submitted to the municipality upon completion. Each completed file will contain a minimum of the following:

- Checklist
- Application form
- Tenant Application form (Rental Units Only) including rental lease
- Proof of ownership
- Income verification (for all households)
- Proof of currency of property tax and municipal water/sewer/electric accounts
- Proof of homeowner extended coverage/hazard insurance (Declaration Page)
- Proof that the municipal lien plus the total of other liens does not exceed the market value of the unit.
- Certification of Eligible Household or Notice of Ineligible Household (whichever is applicable)
- Homeowner/Program Agreement
- Certificate of Substandard
- Work Specifications/Cost Estimate aka Work Write-Up
- Bid Notice
- Contractor bids
- Bid Tabulation
- Construction Agreement
- Mortgage and Mortgage Note, and for rental properties, Deed Restriction
- Notice of Right of Rescission
- Homeowner Confirmation of Receipt of EPA Lead Information Pamphlet
- Contractor Confirmation of Receipt of Lead Paint Notice
- Copies of all required permits
- Change orders, if any

homeowner may request a hearing conducted by the Housing Advisory Committee. All Housing Advisory Committee decisions are final.

If the reason for the mediation is due to the homeowner's refusal to pay the contractor and work has been done to work specification and to the satisfaction of the Program, it may authorize payment to the contractor directly. However, the Program will make a reasonable attempt to resolve the differences before taking this step.

Additionally the Housing Advisory Committee may decide on cases that are not clearly determined via the Policy and Procedures Manual, requiring either a change to the Manual, a waiver approval or waiver denial. During this process, when discussing case specifics with and among Committee members, the confidentiality of the individual homeowner will be protected by use of case numbers rather than names.

## **XII. CONCLUSION**

If the procedures described in this manual are followed, the Township of Woodbridge's Home Improvement Program should operate smoothly and effectively. Where it is found that a new procedure will eliminate a recurring problem, that procedure may be incorporated into the program operation. In addition, this manual may be periodically revised to reflect changes in local, state and federal policies and regulations relative to the Home Improvement Program.

## **XIII. LIST OF PROGRAM FORMS**

- Application Transmittal Letter
- Program Information Handout
- Application for Assistance- Homeowner
- Application for Assistance- Landlord (Investor)
- Application for Assistance- Tenant
- Eligibility Release Form
- Checklist
- Special Needs Waiver (Eligibility Requirements)
- Special Needs Waiver (Exceed Program Limit)
- Certification of Eligible Household
- Eligibility Determination Form
- Notification of Eligibility
- Notification of Ineligibility
- Homeowner/Program Agreement
- Certificate of Substandard
- Certificate of Substandard – Emergency Situation
- Letter: forward work write-up and contractor list to homeowner
- Work write-up review form
- Request for Rehabilitation Bid
- Affidavit of Contractor
- Subcontractor Bid Sheet

**Township of Woodbridge  
One Main Street  
Woodbridge, NJ 07095**

***REQUEST FOR QUALIFICATIONS***

***TO  
SUPPLEMENT OUR EXISTING "POOL" OF  
QUALIFIED CONSULTANTS***

***FOR THE PROVISION OF PROFESSIONAL SERVICES FOR  
PHYSICIAN, WASTEWATER ATTORNEY, VETERINAREAN SERVICES, GRANT  
WRITER, QPA SERVICES, ENVIRONMENTAL CONSULTANTS AND OTHER  
CONSULTANTS***

The Instructions for Qualification Statements may be picked up in person by respective respondents from the office of the Purchasing Agent, Township of Woodbridge, One Main Street, Woodbridge, NJ 07095, during regular business hours between 8:00 a.m. to 4:30 p.m. or by requesting same via email to [Jennifer.Burns@twp.woodbridge.nj.us](mailto:Jennifer.Burns@twp.woodbridge.nj.us)

Qualification Statements must be submitted in the manner designated in the instructions, must be enclosed in sealed envelopes bearing the name and address of the proposer and the name of the work on the outside, and addressed to the Township. Qualification packages shall be submitted on or before 10:00 a.m., on Thursday, August 27, 2020.

**NOTE:** The Township will consider proposals only from firms or organizations that have demonstrated the capability and willingness to provide high quality services in the manner described in this Request for Qualifications.

**IT SHOULD BE NOTED THAT THOSE PROFESSIONAL FIRMS WHICH HAVE ALREADY BEEN QUALIFIED AND ARE IN THE EXISTING "POOL" OF QUALIFIED CONSULTANTS, NEED NOT RE-SUBMIT A PROPOSAL. THIS EFFORT IS SOLELY FOR THE PURPOSE OF SUPPLEMENTING OUR EXISTING "POOL" OF PROFESSIONAL RESOURCES. IF YOU ARE NOT SURE IF YOU HAVE BEEN PREVIOUSLY QUALIFIED, PLEASE EMAIL [JENNIFER.BURNS@TWP.WOODBRIDGE.NJ.US](mailto:JENNIFER.BURNS@TWP.WOODBRIDGE.NJ.US)**

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## SECTION I

### INTRODUCTION AND GENERAL INFORMATION

#### **1.1 Introduction and Purpose.**

The Township of Woodbridge ("Township"), is soliciting qualifications from interested persons and/or firms to supplement their existing list of qualified consultants for the provision of listed services for the Township, as more particularly described herein. Through a Request for Qualification process described herein, persons and/or firms interested in assisting the Township with the provision of such services must prepare and submit a Qualification Statement in accordance with the procedure and schedule in this RFQ. The Township will review Qualification Statements only from those firms that submit a Qualification Statement which includes all the information required to be included as described herein. The Township intends to qualify person(s) and/or firm(s) that possess the professional, financial and administrative capabilities to provide the proposed services, and will agree to work under the compensation terms and conditions which provide the greatest benefit, as determined by the Township.

Respondents who meet the qualifications established in this RFQ will be placed on the List and may be offered engagements to provide service on a periodic, as-needed basis for any of the identified tasks, as determined by the Township. As the Township identifies the needs for professional services, engagement letters will be issued with the specific requirements and terms of the engagement. Engagements will be assigned at the discretion of the Township as determined to be in the best interests of the Township, based on the correlation between the type/complexity of the work required and the areas of specialization/expertise of the Respondents on the List. As such, the Township cannot guarantee any minimum volume of work, if any, for respondents selected from the RFQ process. The Township also reserves the right to engage other professional consultants, if in the opinion of the Township, it is necessary to retain such persons or firms. Further, the engagement of respondents will be limited to the specific provision of services to be set out in the Engagement Letter.

#### **1.2. Procurement Process and Schedule.**

The selection of Qualified Respondents is subject to the provisions of the Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq. and the New Jersey Local Unit Pay-to-Play Law, N.J.S.A. 19:44A-20.4 et seq. The Township has structured a procurement process that seeks to obtain the desired results described above, while establishing a competitive process to assure that each person and/or firm is provided an equal opportunity to submit a Qualification Statement in response to the RFQ. Qualifications Statements will be evaluated in accordance with the criteria set forth in Section II and IV of this RFQ, which will be applied in the same manner to each Qualification Statement received.

Qualification Statements will be reviewed and evaluated by the Township and their legal and/or financial advisors (collectively, the "Review Committee"). The Qualification Statements will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial areas described in this RFQ. Under no circumstances will a member of the review committee review responses to an RFQ for a job which they or their firms submitted a response. Based upon the totality of the information contained in the Qualification Statement, including information about the reputation and experience of each Respondent in their respective expertise, the Township will determine which Respondents are qualified. Each Respondent who meets the requirements of the RFQ will be designated as a Qualified Respondent and will be given the opportunity to participate in the selection process determined by the Township and Development Corporation.



Any and all Qualification Statements not received by the Township by 10:00 a.m. prevailing time on Thursday, August 27, 2020 will be rejected.

The Township, nor their respective staffs, consultants or advisors (including but not limited to the Review Committee) shall be liable for any claims or damages resulting from the solicitation or preparation of the Qualification Statement, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Qualification Statement or for participating in this procurement process.

#### **1.4. Rights of the Township**

The Township reserves, holds and may exercise, at its sole discretion, the following rights and options with regard to this RFQ and the procurement process in accordance with the provisions of applicable law:

To determine that any Qualification Statement received complies or fails to comply with the terms of this RFQ.

To supplement, amend or otherwise modify the RFQ through issuance of addenda to all prospective Respondents who have received a copy of this RFQ.

To waive any technical non-conformance with the terms of this RFQ.

To change or alter the schedule for any events called for in this RFQ upon the issuance of notice to all prospective Respondents who have received a copy of this RFQ.

To conduct investigations of any or all of the Respondents, as the Township deems necessary or convenient, to clarify the information provided as part of the Qualification Statement and to request additional information to support the information included in any Qualification Statement.

To suspend or terminate the procurement process described in this RFQ at any time. If terminated, the Township may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to the Respondents.

The Township shall be under no obligation to complete all or any portion of the procurement process described in this RFQ.

The Township shall have the right, at their sole discretion, to supplement the List of Qualified Consultants at any time during the term of the qualification period.

## **SECTION II**

### **SCOPE OF SERVICES**

The Township routinely procures the services of architects, engineers and contractors and other consultants from time to time. It is the intent of the Township to solicit Qualification Statements from Respondents that have professional expertise in the provision of professional services for upcoming projects managed by the Township for the sole purpose of supplementing their existing "pool" of qualified consultants. Consultants who have already

Respondents are expected to examine this RFQ carefully, understand the terms and conditions for providing the services listed herein and respond completely. Failure to complete and provide any of the following documents may result in your firm not being placed on the Qualified List ("Pool").

The Qualifications Summary must contain:

1. An interest letter identifying the types of services set forth in Section II hereof for which you wish to be considered.
2. Description and Summary of Experience - Provide a brief description of your firm or yourself, and the capabilities to provide the services required.
3. Personnel - Please provide a brief resume of the individuals who would provide the services, indicating the principal of the firm. Provide a brief resume for each person and describe his/her experience in rendering services of the nature that the Township seeks.
4. General Experience - Describe your experience assisting public, municipalities and governmental agencies.
5. Conflicts - Describe any existing or potential conflicts of interest, or appearance of conflict of interest, you may have, or which reasonably might arise, because of your proposed representation of the Township and Development Corporation.
6. Investigations - State whether you or any other principals in your firm have been (in the past five years) or are currently the subject of any Federal or State investigation or any investigation by any law enforcement agency and indicate the nature of this investigation.
7. Insurance - Please provide a copy of your Insurance Certificate, in amounts acceptable to the Township, including, but not limited to, the following categories of insurance: Professional Liability, General Liability, Automobile Liability, and Worker's Compensation, if deemed necessary by the Township's Risk Manager.
8. Proposed Fee Schedule - A completed Proposed Fee Schedule set out in RFQ Attachment 2.
9. Any and all documentation as listed in the Submittal Requirement Checklist.

## SECTION IV

### EVALUATION CRITERIA

The following criteria will be used to evaluate each qualification package submitted. Each respondent is responsible to submit sufficient information in its proposal that will address each and every evaluation Criteria points. The review committee will evaluate and will score each proposal that is submitted as a complete response. Responses may receive a maximum score of one hundred (100) points subdivided as follows:

## SECTION V

### AMENDMENTS TO RFQ

During the period provided for the preparation of responses to the RFQ, the Township may issue addenda, amendments or answers to written inquiries. Those addenda will be notices by the Township and will constitute a part of the RFQ. All responses to the RFQ shall be prepared with full consideration of the addenda issues prior to the proposal submission date.

No oral statement of any person shall modify or otherwise change or affect the terms, conditions or specifications stated in this RFQ, and changes to this RFQ, if any, shall be made in writing only as described above. Last day for questions or clarifications shall be Friday, August 20, 2020 at 10:00 a.m.

## SECTION VI

### SUBMISSION REQUIREMENTS SUMMARY

#### 6.1. General Requirements.

The Qualification Statement submitted by the Respondent must meet or exceed the professional, administrative and financial qualifications set forth in this Section 6 and shall incorporate the information requested below.

In addition to the information required as described below, a Respondent may submit supplemental information that it feels may be useful in evaluating its Qualification Statement. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

#### 6.2. Administrative Information Requirements.

The Respondent shall, as part of its Qualification Statement, provide the following information:

1. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Qualification Statement.
2. An executed Letter of Qualification (See Appendix A of this RFQ).
3. Name, address and telephone number of the firm or firms submitting the Qualification Statement pursuant to this RFQ, and the name of the key contact person.
4. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each firm, its ownership and its organizational structure.
  - (a) Provide the names and business addresses of all Principals of the firm or firms submitting the Qualification Statement. For purposes of this RFQ, "Principals" mean persons possessing an ownership interest in the Respondent. If the Respondent is a corporation, "Principals" shall include each investor who would have any amount of

- e. A narrative statement of the Respondent's understanding of the Township needs and goals.
- f. List all immediate relatives of Principal(s) of Respondent who are The Township employees or elected officials of the Township. For purposes of the above, immediate relative means a spouse, parent, stepparent, brother, sister, child, stepchild, direct-line aunt or uncle, grandparent, grandchild, and in-laws by reason of relation.
- g. This RFQ will remain open until 10:00 a.m. on Thursday, August 27, 2020. Respondents are encouraged to submit a Qualification Summary to the address listed in item h of this section.
- h. Respondents shall submit one (1) typewritten original signed in ink and labelled ORIGINAL along with 3 additional copies marked COPY, of the Qualification Summary, in a sealed envelope, clearly marked "RFQ for Supplemental List of Professional Services" and delivered to the Township at:  
  
**Township of Woodbridge  
Purchasing Department, 3<sup>rd</sup> floor  
One Main Street  
Woodbridge, NJ  
Purchasing/Contract Procurement Coordinator**
- i. All submissions shall become the property of the Township upon receipt and will not be returned. Any information to be confidential by Respondent should be clearly noted on the page(s) where confidential information is contained; however, the Township cannot guarantee that it will not be compelled to disclose all or part of any public record under the New Jersey Public Information Act, since information deemed to be confidential by Respondent may not be considered confidential under New Jersey law, or pursuant to a court order. Respondent will be deemed to have submitted all such information with this understanding.

#### **6.4     Submission Requirements**

- 1. Respondent must submit a completed RFQ submittal requirement check list (Appendix C) and attach executed copies of all of the documents listed therein.

## **SECTION VII**

- D. Accept assignments through Engagement Letters that will specify the work to be performed, term and budget (if applicable).
- E. Adhere to the applicable The Township Guidelines for professional consulting services that are included in the Engagement Letter.
- F. Understand and be responsive to the Township goals for assigned work and be able to complete the assigned matters to achieve those goals.
- G. Provide required resources in order to support the work assigned.
- H. Accomplish the assigned work in a manner that is efficient in terms of time, staffing and costs.
- I. Maintain professional relationships and work with the Township, including providing needed reports, briefings to the members of the Township staff, as required by the Township and as incorporated in the Engagement Letter and; maintain open communication and accessibility to all concerned, and
- J. Agree to provide insurance as may be required for individual engagements.

## **SECTION IX**

### **NON-CURABLE ITEMS**

The following requirements shall be considered mandatory items to be submitted at the time specified by the contracting unit for receipt of the proposal; the failure to submit any one of the mandatory items shall be deemed a fatal defect that shall render the proposal submission unresponsive and that cannot be cured by the governing body:

- 1. A Statement of corporate ownership pursuant to NJSA 52:25-24.2
- 2. A listing of subcontractors as required by NJSA 40:11-16
- 3. A document for the proposer to acknowledge receipt of any notice or revisions or addenda to the advertisement or proposal documents, or if not applicable, proposer acknowledges same pursuant to NJSA 40A:11-23/2e

#### **9.1. Business Registration Certificate.**

Beginning September 1, 2004, all business organizations that do business with a local contracting agency are required to be registered with the State and provide proof of that registration to the contracting agency before the contracting agency may enter into a contract with the business. Contracts awarded after September 1, 2004 must comply with the law.

not bear responsibility for delays in delivery for any reason.

To be responsive, Qualification Statements must provide all requested information, and must be in strict conformance with the instructions set forth herein. Qualification Statements and all related information must be bound and signed and acknowledged by the Respondent.

#### **10.2 Evaluation.**

The Township objective in soliciting Qualification Statements is to enable it to select a firm or organization that will provide high quality and cost-effective services to the Township. The Township will consider Qualification Statements only from firms or organizations that, in the Township judgment, have demonstrated the capability and willingness to provide high quality services to the Township in a manner described in this RFQ.

Proposals will be evaluated by the Township on the basis of the most advantageous submission, all relevant factors considered. The evaluation will consider:

1. Experience and reputation in the field.
2. Knowledge of the Township and the subject matter addressed under the contract.
3. Capacity to provide the resources required by the Township
4. Availability to accommodate the required meetings of the Township, and
5. Other factors demonstrated to be in the best interest of the Township.

## **APPENDIX B**

7. (Name of Respondent) acknowledges that any contract executed with respect to the provision of (insert services) must comply with all applicable affirmative action and similar law. Respondent hereby agrees to take such actions as are required in order to comply with such applicable laws.

(Respondent shall sign and complete the space provided below. If a joint venture, appropriate officers of each company shall sign.

(Signature of Executive Officer)

(Typed Name and Title)

(Signature)

## APPENDIX A



## ATTACHMENT 1

### INVOICE FORMAT

---

*SAMPLE*

---

Date:

TOWNSHIP OF WOODBRIDGE  
Attn: Purchasing  
One Main Street, Purchasing Dept. 3rd floor  
Woodbridge, NJ 07095

Re: Invoice #

(Insert period covered by invoice)

(Name of Project)

#### PROFESSIONAL A/E SERVICES RENDERED:

| <u>Date</u> | <u>Description of Task</u> | <u>Hrs</u>         | <u>Cost (Hrs x Fee)</u> |
|-------------|----------------------------|--------------------|-------------------------|
|             |                            | Total Hours        | XXX                     |
|             |                            | Total Fee          | \$\$\$\$                |
|             |                            | TOTAL THIS INVOICE | \$\$\$\$                |

## APPENDIX A

---

RFQ 2020.08.02  
PROFESSIONAL SERVICES TO SUPPLEMENT "POOL" OF QUALIFIED CONSULTANTS

## RFQ SUBMITTAL REQUIREMENT CHECKLIST

(PLEASE CHECK OFF EACH ITEM)

| MANDATORY SUBMITTAL REQUIREMENTS                                         | YES | NO |
|--------------------------------------------------------------------------|-----|----|
| 1. Check List (Completed) (Appendix C)                                   |     |    |
| 2. RFQ Advertisement                                                     |     |    |
| 3. Disclosure Statement Form                                             |     |    |
| 4. Affidavit of Non-Collusion                                            |     |    |
| 5. Stockholder Disclosure Certification                                  |     |    |
| 6. Affirmative Action Documents                                          |     |    |
| 7. Affidavit of Non-Default                                              |     |    |
| 8. Business Registration Certificate for Contractor & All Subcontractors |     |    |
| 9. Subcontractor Information Form                                        |     |    |
| 10. Acknowledgment of Receipt of Addenda                                 |     |    |
| 11. Letter of Intent (Appendix B)                                        |     |    |
| 12. Proposed Fee Schedule (Appendix A, Attachment 2)                     |     |    |
| 13. W-9 Form                                                             |     |    |
| 14. Insurance Requirement and Acknowledgment Form                        |     |    |
| 15. Mandatory Equal Employment Opportunity Notice                        |     |    |
| 16. Statement of Compliance                                              |     |    |
| 17. Service Entity Information Form                                      |     |    |
| 18. Investment Activities in Iran                                        |     |    |
|                                                                          |     |    |
|                                                                          |     |    |

## ENGAGEMENT LETTER

documents, the documents shall govern in the following order: Engagement Letter, Township Guidelines for Professional Consulting Services, and Matter Transmittal Form). The written terms of engagement are not subject to any oral agreements or understandings and can be modified only by further written agreements signed both by the Purchasing/Contract Procurement Coordinator and the Principal of the Firm. Unless expressly stated in these terms of engagement, no obligation or undertaking shall be implied on the part of the Township or Firm.

Please review this Engagement Letter carefully. If this Engagement Letter is acceptable, please sign it together with Exhibit A, and return same to Attn: Jennifer Burns, Purchasing/Contract Procurement Coordinator, Township, One Main Street, Purchasing Dept. 3rd floor, Woodbridge, NJ by (Insert Due Date). If you have any questions concerning this engagement, please call Jennifer Burns at 732-726-2335 or email Jennifer.Burns@twp.woodbridge.nj.us.

Very truly yours,  
Township of Woodbridge

Purchasing/Contract Procurement Coordinator

(Insert Name of Firm), AGREES TO AND ACCEPTS THIS LETTER AND THE ATTACHED TERMS OF ENGAGEMENT:

\_\_\_\_\_  
(Insert Name of Principal & Title)

\_\_\_\_\_  
Date

## EXHIBIT B TO ENGAGEMENT LETTER GUIDELINES FOR PROFESSIONAL CONSULTING SERVICES

---

SAMPLE

---

### I. INTRODUCTION

- A. **Acknowledgment:** All firms shall review the contents of these guidelines and acknowledge their willingness to comply with these policies and procedures with respect to all existing and future matters for which the firm is retained. It is the responsibility of the Principal to ensure that all the firm's personnel adhere to the policies and procedures set out in these guidelines.
- B. **Engagement Letter:** Referrals of matters to the Firm will be done through Engagement Letters that set out the terms of the engagement in the matter. Each Engagement Letter shall be accompanied by: 1) a Matter Transmittal Form (the "Form"); and 2) a copy of these Guidelines. The form will: 1) identify the name of the matter; 2) describe the requirements of the representation; 3) list the name of the Purchasing/Contract Procurement Coordinator who shall act as the Township liaison with the Firm; 4) list the Firm and the name of the Principal of the Firm; and 5) provide a list of names of other personnel who will be authorized to work on the representation. To accept the engagement, the Firm will be required to sign the Engagement Letter and the Form and return them along with other required documents to the Township by the due date to be stated in the Engagement Letter. Work on the matter is limited to the Representation as set forth on the Form and may not be billed until receipt of this Form, unless otherwise agreed to by the Purchasing/Contract Procurement Coordinator.
- C. **Conflicts of Interest:** The officers, directors, appointed officials, board or commission members and employees of the Township, when acting within the scope of their duties or employment, represent the Township and Development Corporation. No firm representing the Township may represent any person or other entity in any matter or engagement where the Township has an interest and the interests of such person or entity actually or potentially conflict with the Township interest.
- Immediately upon receipt of an Engagement Letter, the consultant will perform a conflict check and inform the Township, in writing, of any actual or potential conflict of interest or provide a statement that no conflicts exist. In the event an identified conflict cannot be resolved to the Township satisfaction, the Township may decline to use the consultant.
- D. **Staffing:** The consultant is expected to staff the Representation with appropriate resources and provide representation services in a manner that is both beneficial to the Township interests and cost effective.
- E. **Work Product:** As a matter of ongoing practice, the consultant should consult with the Township on significant tactical or procedural decisions. The Township must be informed of the scheduling of all meetings in a timely manner.

All reports, information and other data given to, prepared or assembled by the consultant in furtherance of work performed on behalf of the Township, and any other related documents or items, shall become the sole property of the Township and shall be delivered to the Township and Development Corporation, without restriction on future use.

### II. BILLING PROCEDURES

- B. **Rates:** Billing rates are agreed upon at the time the consultant is added to the List and shall remain in effect for a period of five years from such date. In planning for each engagement to be assigned by the

| STANDARD BID DOCUMENT REFERENCE |                                                                |
|---------------------------------|----------------------------------------------------------------|
|                                 | Reference: VII-C                                               |
| Name of Form:                   | STOCKHOLDER DISCLOSURE CERTIFICATION                           |
| Statutory Reference:            | N.J.S.A. 52:25-24.2 (P.L. 1977, c.33)                          |
| Instructions Reference:         | Statutory and Other Requirements VII-C                         |
| Description:                    | Meets statutory criteria for disclosure of bidder's ownership. |

No corporation or partnership shall be awarded any contract for the performance of any work or the furnishing of any materials or supplies, unless, prior to the receipt of the bid or accompanying the bid of said corporation or partnership, there is submitted a statement setting forth the names and addresses of all stockholders in the corporation or partnership who own ten (10) percent or more of its stock of any class, or of all individual partners in the partnership who own a ten (10) percent or greater interest therein. Form of Statement shall be completed and attached to the bid proposal.

The Attorney General has concluded that the provisions of N.J.S.A. 52:25-24.2, in referring to corporations and partnerships, are intended to apply to all forms of corporations and partnerships, including, but not limited to, limited partnerships, limited liability corporations, limited liability partnerships, and Subchapter S corporations.

Bidders are required to disclose whether they are a partnership, corporation or sole proprietorship. The Stockholder Disclosure Certification form shall be completed, signed and notarized. Failure of the bidder to submit the required information is cause for automatic rejection of the bid.

## SIGNATURE PAGE

T Check box that indicates business structure of Respondent

- ☐ Individual or Proprietorship
- ☐ Partnership or Joint Venture
- ☐ Corporation

The undersigned certified that he (she) is authorized to bind the Respondent firm.

Respondent Organization Name (dba also required if Individual or Proprietorship)

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

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

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

By signature above, Respondent agrees to the following:

1. If selected to be included on the List of Qualified Professional consultants in response to this RFQ, Respondent will be able and willing to execute Engagement Letters and abide by the Township Guidelines, both being attached and set out in RFQ Attachment 1 and 2 for respective matters, with the understanding that the specifics of engagements will be included in separate Engagement Letters and that the professional fees will be in amounts quoted in response to the RFQ for a period of five years from the date a Respondent is first added to the List.
2. If selected to be included on the List of Qualified Professional A/E consultants in response to this RFQ, Respondent will be able and willing to comply with the insurance requirements as may be set out in Engagement Letters consistent with RFQ Section VIII, item J, Insurance.
3. If selected to be include on the List of Qualified Professional A/E consultants in response to this RFQ, Respondent will be able and willing to comply with all representations made by Respondent in Respondent's Qualification Summary and during RFQ process.
4. Respondent agrees to provide updated Disclosures to the Township, as needed, or required by the Township.

**NOTARY PUBLIC**

State of \_\_\_\_\_ )  
                                ) ss  
County of \_\_\_\_\_ )

Subscribed and sworn to before me, this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_ My Commission Expires: \_\_\_\_\_, 20\_\_\_\_

Notary Public Signature

(Affix Notary Public Seal)

# Acknowledgment of Receipt of Addenda

Please note that this Form must be returned with your bid regardless if you received an addendum or not. Failure to return this Form with your bid is a non-curable fatal flaw which shall cause your bid to be rejected

The undersigned respondent hereby acknowledges receipt of the following Addenda, (if any)

| ADDENDA NUMBER | DATE OF ADDENDA | DATE ADDENDA RECEIVED BY CONTRACTOR |
|----------------|-----------------|-------------------------------------|
|                |                 |                                     |
|                |                 |                                     |
|                |                 |                                     |
|                |                 |                                     |
|                |                 |                                     |

☐ No addenda issued

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

Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Company: \_\_\_\_\_



**ARTICLE TWO. THE CONTRACT PRICE:**

The Township of Woodbridge agrees to pay the Consultant for the performance of the Contract, in current funds, subject to additions and deductions as provided in the Request for Proposal not to exceed:

\_\_\_\_\_ ( \$x,xxx.xx) in accordance with the following phases:

**ARTICLE THREE. CONTRACT DOCUMENTS:**

The Contract will consist of the following component parts:

- A. This Instrument.
- B. Request for Proposal dated ----- as prepared by the Township of Woodbridge.
- C. Proposal Form dated -----.

This instrument together with the other documents enumerated in this Article 3, which said other documents are fully a part of the Contract as if hereto attached or herein repeated, form the Contract. In the event that any provision in any component part of this contract conflicts with any provision of any other component part, the provision of the component part first enumerated in Article 3 will govern, except as otherwise specifically stated.

**PAGE 2 OF 4**

IN WITNESS WHEREOF, the parties have caused This Instrument for: *A/E Services for* -----  
-----

To be executed as of the day and year first above written.

By: \_\_\_\_\_ *PLEASE*  
ATTEST: \_\_\_\_\_

\*\* \_\_\_\_\_ (witness)

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

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

Tax ID: \_\_\_\_\_

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

*The Township of Woodbridge*

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

*Vito Cimilluca*

*Title: Administrator*

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

\*\*(Print or Type the Names underneath all signatures)

**CERTIFICATIONS (For Corporation)**

I \_\_\_\_\_, certify that I am the \_\_\_\_\_ of the Corporation named Consultant herein; that \_\_\_\_\_ who signed this Contract on behalf of the Consultant, was then \_\_\_\_\_ of a said corporation; that said Contract was duly signed for and in behalf of a said corporation by Township of its governing body, and is within the scope of its corporate powers.

Date: \_\_\_\_\_ Corporate Seal: \_\_\_\_\_

**PAGE 4 OF 4**

**AFFIDAVIT FOR AFFIRMATIVE ACTION PLAN**

\_\_\_\_\_ being first duly sworn deposes and says;  
(Individual's Name)

THAT he/she is the \_\_\_\_\_ of the \_\_\_\_\_ and the  
(Partner or Officer) (Firm Of)

party making a certain proposal or bid dated \_\_\_\_\_ 2020 for work in connection with the  
bid for

\_\_\_\_\_  
(Indicate Job Name)

located in \_\_\_\_\_, New Jersey that such proposal or bid is  
submitted with full knowledge and understanding of the Affirmative Action Plan (AAP) requirements  
contained herein; that in submitting such proposal or bid, the bidder acknowledges that he or she must  
and will fulfill these requirements and that all statements in said proposal or bid are true.

SIGNATURE OF: Bidder, if the bidder is an individual;  
Officer, if the bidder is a Corporation;  
Partner, if the bidder is a Partnership/

\_\_\_\_\_  
(Signature of Contractor)

**MUST BE NOTARIZED**

|                                                                    |                                      |
|--------------------------------------------------------------------|--------------------------------------|
| State of _____ )                                                   |                                      |
| ) ss                                                               |                                      |
| County of _____ )                                                  |                                      |
| Subscribed and sworn to before me, this _____ day of _____, 20____ |                                      |
| _____<br>Notary Public Signature                                   | My Commission Expires: _____, 20____ |
| (Affix Notary Public Seal)                                         |                                      |

**AFFIRMATIVE ACTION REGULATIONS**

(To be completed by firms with fifty (50) or more employees

**BIDDER STATES HE HAS FIFTY (50) OR MORE EMPLOYEES: CHECK ONE**

YES \_\_\_\_\_ NO \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

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

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

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

**A. CONTRACTORS WITH 50 OR MORE EMPLOYEES NOTE:**

Within seven (7) days after receipt of the notification of intent to award the contract or receipt of the contract, whichever is sooner, a procurement contractor with 50 or more employees should present one of the following to the County of Bergen and Township of Woodbridge.

XII. Appropriate evidence that the contractor is operating under an existing federally approved or sanctioned affirmative action program;

OR

XIII. A Certificate of Employee Information Report Approval issued in accordance with Article 4 of the Regulations promulgated by the Treasurer pursuant to P.L. 1975, c127;

OR

3. If the bidder cannot present "1" or "2" and the bidder has never applied for "2", the bidder is required to submit to the State Affirmative Action Office (a copy to accompany this bid proposal) a completed Employee Information Report (Form AA302). This form may be obtained at State Affirmative Action Office.

A contractor's bid must be rejected as non-responsive if a contractor fails to submit either "1", "2", or "3" listed above in A, within the time specified after the Township submits the contract to the contractor for signing.

**B. CONTRACTORS WITH LESS THAN 50 EMPLOYEES NOTE:**

Bidders with less than 50 employees who are negotiating for a contract, as a precondition to entering into a valid and binding procurement or service contract with the Township of Woodbridge, prior to recommendation of contract award is submitted to the Governing Body of the Township must complete the following affidavit in accordance with P.L. 1975, C.127.

**Request for Taxpayer  
Identification Number and Certification**

Give form to the  
requester. Do not  
send to the IRS.

Print or type  
See Specific Instructions on page 2.

|                                                                                                                                                                                                                                                                                                                                                                                                    |                                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|
| Name (as shown on your income tax return)                                                                                                                                                                                                                                                                                                                                                          |                                         |
| Business name, if different from above                                                                                                                                                                                                                                                                                                                                                             |                                         |
| Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership<br><input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ ..... <input type="checkbox"/> Exempt payee<br><input type="checkbox"/> Other (see instructions) ▶ |                                         |
| Address (number, street, and apt. or suite no.)                                                                                                                                                                                                                                                                                                                                                    | Requester's name and address (optional) |
| City, state, and ZIP code                                                                                                                                                                                                                                                                                                                                                                          |                                         |
| List account number(s) here (optional)                                                                                                                                                                                                                                                                                                                                                             |                                         |

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

|                                |
|--------------------------------|
| Social security number         |
| or                             |
| Employer identification number |

**Part II Certification**

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
3. I am a U.S. citizen or other U.S. person (defined below).

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

Sign  
Here

Signature of  
U.S. person ▶

Date ▶

**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Purpose of Form**

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

Cat. No. 10231X

Form **W-9** (Rev. 10-2007)

**W-9 FORM**

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY NOTICE**

**(N.J.S.A. 10:5-31 et seq. and N.J.A.C 17:27 et seq.)**

**GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS**

This form is a summary of the successful professional service entity's requirement to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.

The successful professional service entity shall submit to the Township of Woodbridge after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

- XIV. A photocopy of a valid letter that the vendor is operating under an existing Federally approved or sanctioned affirmative action program (good for one (1) year from the date of the letter);

OR

- XV. A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C 17:27-1.1 et seq.;

OR

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

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

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

COMPANY: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_ TITLE: \_\_\_\_\_

PRINT NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

**SERVICE ENTITY INFORMATION FORM**

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

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

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

Telephone No: \_\_\_\_\_ Federal ID No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

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

Trading as: \_\_\_\_\_ Telephone No: \_\_\_\_\_

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

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

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

Telephone No: \_\_\_\_\_ Federal ID No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

Signature of authorized agent: \_\_\_\_\_

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

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

Location of principal office: \_\_\_\_\_

Telephone No: \_\_\_\_\_ Federal ID No: \_\_\_\_\_

Fax No: \_\_\_\_\_ Email: \_\_\_\_\_

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

\_\_\_\_\_

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

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

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