Township of Toms River
PURCHASING
CASSIE CAPPARELLI, PURCHASING AGENT
33 Washington Street, Toms River, NJ 08753

RESPONSE DOCUMENT REPORT

BID No. PROPOSAL-2024-142
PROVISION OF ANIMAL CONTROL SERVICES
RESPONSE DEADLINE: March 13, 2024 at 11:00 am
Report Generated: Tuesday, March 19, 2024

A-Academy Termite & Pest Control Response

CONTACT INFORMATION

Company:
A-Academy Termite & Pest Control

Email:
academyy2000@aol.com

Contact:
Vincent Fabricatore

Address:
2760 Route 9 south
Howell, NJ 07731

Phone:
N/A

Website:
a-academy.com

Submission Date:
Mar 12, 2024 10:35 AM

ADDENDA CONFIRMATION

No addenda issued

QUESTIONNAIRE

1. PRICE CERTIFICATION*

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS MANDATORY; FAILURE TO SIGN SHALL BE CAUSE FOR REJECTION

- PRICE_CERTIFICATION.pdf

doc15693420240308130728.pdf

2. CORPORATE RESOLUTION

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS MANDATORY

- CORPORATE_RESO.pdf

doc15693520240308130751.pdf

3. MANDATORY AFFIRMATIVE ACTION*

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS MANDATORY

- MANDATORY_EQUAL_EMPLOYMENT_...

doc15693620240308130805.pdf

4. ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA*

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENTS, COMPLETE AND UPLOAD.

NOTE: THIS IS MANDATORY; FAILURE TO SIGN SHALL BE CAUSE FOR REJECTION

- RECEIPT_OF_ADDENDA.pdf

doc15693720240308130817.pdf

5. STATEMENT OF OWNERSHIP*

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS MANDATORY

- STATEMENT_OF_OWNERSHIP_DISC...

doc15693820240308130935.pdf

6. NON-COLLUSION AFFIDAVIT*

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENTS, COMPLETE AND UPLOAD.

NOTE: THIS IS MANDATORY

- NON_COLLUSION_AFFIDAVIT.pdf

doc15704920240312103330.pdf

7. EXCEPTIONS SHEET*

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS MANDATORY; PLEASE LIST ANY EQUIVALENT PRODUCTS HERE OR CHECK "NO EXCEPTIONS"

- EXCEPTIONS.pdf

doc15693920240308130955.pdf

8. RUSSIA-BELARUS DISCLOSURE

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION

- RUSSIA-BELARUS_DISCLOSURE.docx

doc15694020240308131014.pdf

9. IRAN DISCLOSURE

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION

- IRAN_DISCLOSURE_FORM.docx

doc15694120240308131030.pdf

10. ADA COMPLIANCE

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION

- ADA_COMPLIANCE_FORM.pdf

doc15694220240308131042.pdf

11. BUSINESS REGISTRATION CERTIFICATE
Pass

PLEASE UPLOAD A COPY OF YOUR BUSINESS REGISTRATION CERTIFICATE. NOTE: APPLICATION MUST BE DONE BY BID OPENING.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION

doc15692920240308115536.pdfdoc15693020240308115545.pdf

12. W-9
Pass

PLEASE UPLOAD A COPY OF YOUR W-9.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION

doc15572020240214111344.pdf

13. CERTIFICATE OF INSURANCE
Fail

PLEASE UPLOAD A COPY OF YOUR CERTIFICATE NAMING THE TOWNSHIP AS THE CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED ON A PRIMARY AND NON-CONTRIBUTORY BASIS.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION

doc15692820240308115526.pdf

14. AFFIRMATIVE ACTION/AA302/EMPLOYEE INFORMATION REPORT

Pass

PLEASE UPLOAD YOUR AA302 AND COPY OF THE CHECK OR EMPLOYEE INFORMATION REPORT CERTIFICATE.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION; AN AA302 SHALL ONLY BE ACCEPTED IF THE VENDOR HAS NEVER BEEN AWARDED A CONTRACT WITH THE TOWNSHIP.

doc15693120240308120007.pdf

15. FEDERAL TRANSIT ADMINISTRATION (FTA) LOBBYING CERTIFICATION

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION

- FTA_LOBBYING.pdf

doc15694320240308131057.pdfdoc15694420240308131121.pdf

16. DISCLOSURE OF LOBBYING ACTIVITES (LLL FORM)

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

NOTE: THIS IS REQUIRED PRIOR TO AWARD OF CONTRACT, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR BID SUBMISSION

- DISCLOSURE_OF_LOBBYING.pdf

doc15694420240308131121.pdf

17. ADDITIONAL DOCUMENTATION

Pass

PLEASE UPLOAD ANY ADDITIONAL DOCUMENTATION HERE.

NOTE: THIS IS NOT REQUIRED

doc15693220240308120339.pdfdoc15693320240308121023.pdfdoc15694720240308133936.pdf

18. CHECKLIST*

Pass

PLEASE DOWNLOAD THE BELOW DOCUMENT, COMPLETE AND UPLOAD.

- BID_CHECKLIST.pdf

doc15694520240308131140.pdf

PRICE TABLES

ANIMAL CONTROL SERVICES

ANY ADDITIONAL SERVICES/FEES SHALL BE PROVIDED IN THE VENDOR QUESTIONNAIRE

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	No Bid
1	DOMESTIC ANIMAL IMPOUNDMENT	1	PER ANIMAL	$195.00	$195.00	
2	CAPTURE OF SICK/INJURED WILDLIFE	1	PER ANIMAL	$195.00	$195.00	
3	RABIES TEST	1	PER ANIMAL	$125.00	$125.00	

Line Item	Description	Quantity	Unit of Measure	Unit Cost	Total	No Bid
4	PICKUP OF DEAD WILDLIFE ON TOWNSHIP PROPERTY	1	PER ANIMAL	$195.00	$195.00	
5	RATE FOR ANIMAL CRUELTY INVESTIGATION	1	HOUR	$75.00	$75.00	
TOTAL					**$785.00**	

TOWNSHIP OF TOMS RIVER

PRICE CERTIFICATION

The signature provided on this document certifies that the specifications within were carefully reviewed and all pricing submitted on the Bid Table is correct. The bidder agrees to provide the goods or services specified, inclusive of all terms and conditions.

The optional prompt payment discount shall have no effect on the making of the award.

PROMPT PAYMENT DISCOUNT 0 % AUTHORIZED INITIALS VJF

FAILURE TO SIGN THIS SHEET SHALL BE REASON FOR REJECTION.

BIDDER NAME: *(MUST MATCH W-9 PROVIDED)*
A-ACADEMY

SIGNATURE: [signature] PHONE #: 800-624-1709

PRINTED NAME: VINCENT J. FABRICATORE TITLE: MANAGER

EMAIL ADDRESS: ACADEMYY2000@AOL.COM
VINCENT.FABRICATORE@ROLLINS.COM

ADDRESS: 2760 ROUTE 9 SOUTH
HOWELL, NJ.
07731

BIDDER'S FEDERAL TAX ID #: [redacted]

BID# 2024-142

CORPORATE RESOLUTION

(To be completed by all business entities. Individuals listed under Section 1 shall be the only authorized signatories on the Price Certification and any other submitted documentation.)

WESTERN INDUSTRIES - NORTH, LLC.
A-ACADEMY ANIMAL CONTROL
2760 ROUTE 9 SOUTH
HOWELL, NJ. 07731

RESOLVED, that the following named officers:

(1) VINCENT J. FABRICATORE

Be and hereby are authorized and empowered to sign and submit to the Township of Toms River the attached proposal and further that said officers are authorized to execute the Contract or any other agreement or bond or statement necessary for the fulfillment of obligations incurred by the acceptance of the Township of Toms River of the bid.

PROVISION OF ANIMAL CONTROL SERVICES
PROPOSAL - 2024-142

I hereby certify that the above constitutes a true copy of a Resolution passed and approved by the Board of Directors at a meeting held on (Date) 03-08-2024

Affix Corporate Seal:
(if applicable)

Signature of Secretary: William Stolz

Print name of Secretary: WILLIAM STOLZ

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY

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 take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such action 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, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with 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 employ minority and women workers consistent with the applicable county employment goals established in accordance with

N.J.A.C. I7:27-5.2, or a binding determination of the applicable county employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, 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 applicable 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, 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

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

SIGNATURE

VINCENT J. FABRICATORE

03-08-2024

DATE

Township of Toms River

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

Addendum Number	Dated	Acknowledge Receipt (initial)

☒ **No addenda were received**:

Acknowledged for: WESTERN INDUSTRIES - NORTH, LLC D/B/A A-ACADEMY ANIMAL CONTROL
(Name of Bidder)

(PROPOSAL - 2024-142)

By: _____
(Signature of Authorized Representative)

Name: VINCENT J. FABRICATORE
(Print or Type)

Title: MANAGER

Date: 03-08-2024

BID # 2024-142

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 quote or proposal.

Name of Organization: WESTERN INDUSTRIES - NORTH, LLC D/B/A A-ACADEMY ANIMAL CONTROL

Organization Address: 2760 ROUTE 9 SOUTH
HOWELL, NJ. 07731

(PROPOSAL 2024-142)

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 shall 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 shall be.

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

Name of Individual or Business Entity	Business Address

STATEMENT OF OWNERSHIP DISCLOSURE (CONT'D)

Part III Disclosure **of 10% or greater ownership in the stockholders, partners or LLC members listed in part II**

If a vendor 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	Business 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 vendor/proposer; that the Township of Toms River 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 Township of Toms River to notify the Township of Toms River 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 shall constitute a material breach of my agreement(s) with the, permitting the Township of Toms River to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	VINCENT J. FABRICATORE	Title:	MANAGER
Signature:		Date:	03-08-2024

TOWNSHIP OF TOMS RIVER
NON-COLLUSION AFFIDAVIT

State of New Jersey
County of MONMOUTH ss:

I, VINCENT J. FABRICATORE residing in HOWELL Twp.
(name of affiant) (name of municipality)
in the County of MONMOUTH and State of NEW JERSEY of full age, being duly sworn according to law on my oath depose and say that:

I am MANAGER of the firm of A-ACADEMY ANIMAL CONTROL WESTERN INDUSTRIES-NORTH, LLC
(title or position) (name of firm)

A-ACADEMY ANIMAL CONTROL the bidder making this proposal for the bid
PROPOSAL # 2024-142
entitled PROVISION OF ANIMAL CONTROL SERVICES, and that I executed the said proposal with
(title of bid)
full authority to do so that said bidder has not, directly or indirectly entered into any 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 Township of Toms River relies upon the truth of the statements contained in said Proposal and in the 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 employees or bona fide established commercial or selling agencies maintained by A-ACADEMY ANIMAL CONTROL OR WESTERN INDUSTRIES-NORTH, LLC.

Subscribed and sworn to

before me this day

March 12, 2024

Notary public of

My Commission expires 9/3/25

(Seal)

AMIR AHMED
Notary Public - State of New Jersey
My Commission Expires Sep 3, 2025

Signature

VINCENT J. FABRICATORE
(Type or print name of affiant under signature)

BID # 2024-142

NOTICE OF EXCEPTIONS

BIDDERS EXCEPTIONS TO SPECIFICATIONS OR PROVISION OF 'EQUAL' PRODUCTS

1) _____

2) _____

3) _____

4) _____

5) _____

Please use additional pages, if necessary.

☒ No exceptions to the specifications.

Acknowledged for: WESTERN INDUSTRIES - NORTH, LLC A-ACADEMY ANIMAL CONTROL
(Name of Bidder)

By: _____
(Signature of Authorized Representative)

Name: VINCENT J. FABRICATORE
(Print or Type)

Title: MANAGER

Date: 03-08-2024

PROPOSAL - 2024-142

Prohibited Russia-Belarus Activities

Person or Entity:	WESTERN INDUSTRIES - NORTH, LLC A-ACADEMY ANIMAL CONTROL

Part 1: Certification

VINCENT J. FABRICATIONS - MANAGER

COMPLETE PART 1 BY CHECKING **ONE OF THE THREE BOXES BELOW**

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list as a person or entity engaging in prohibited activities in Russia or Belarus. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. The list can be found on Treasury's website at the following web addresses:

https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be 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 party.

CONTRACT AWARDS AND RENEWALS

☒ VJK

I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. 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. (Skip Part 2 and sign and complete the Certification below.)

WESTERN INDUSTRIES - NORTH, LLC.
A-ACADEMY ANIMAL CONTROL
VINCENT J. FABRICATORE

CONTRACT AMENDMENTS AND EXTENSIONS	
☒ VJF	*I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. 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.* (Skip Part 2 and sign and complete the Certification below.)
IF UNABLE TO CERTIFY	
☐	*I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.*

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED INVESTMENT ACTIVITIES IN RUSSIA-BELARUS.

You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited investment activities in Iran in the space below and, if needed, on additional sheets provided by you.

WESTERN INDUSTRIES - NORTH, LLC
A-ACADEMY ANIMAL CONTROL

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, 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 Township of Toms River is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Township of Toms River to notify Township of Toms River 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. 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 Township of Toms River and that the Township of Toms River at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print)	VINCENT J. FABRICATORE	**Title**	MANAGER
Signature		**Date**	03-08-2024

Prohibited Iran Investment Activities

Person or Entity:	A-ACADEMY ANIMAL CONTROL, WESTERN INDUSTRIES NORTH, LLC VINCENT J. FABRICATORE

Part 1: Certification

COMPLETE PART 1 BY CHECKING **ONE OF THE THREE BOXES BELOW**

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in prohibited activities in Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Chapter 25 list. The list can be found on Treasury's website at the following web address:

www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

As applicable to the type of contract, the above-referenced list must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be 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 party.

CONTRACT AWARDS AND RENEWALS

☒ VJF	*I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's list of entities engaged in prohibited investment activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). 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.* (Skip Part 2 and sign and complete the Certification below.)

WESTERN INDUSTRIES - NORTH - LLC.
A - ACADEMY ANIMAL CONTROL
VINCENT J. FABRICATORE

CONTRACT AMENDMENTS AND EXTENSIONS	
☒	*I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited investment activities in Iran pursuant to P.L. 2012, c.25 ("Chapter 25 List"). 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.* (Skip Part 2 and sign and complete the Certification below.)
IF UNABLE TO CERTIFY	
☐	*I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.*

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED INVESTMENT ACTIVITIES IN IRAN.

You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited investment activities in Iran in the space below and, if needed, on additional sheets provided by you.

WESTERN INDUSTRIES-NORTH, LLC
A-ACADEMY ANIMAL CONTROL
VINCENT J. FABRICATORE

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, 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 Township of Toms River is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Township of Toms River to notify Township of Toms River 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. 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 Township of Toms River and that the Township of Toms River at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print)	VINCENT J. FABRICATORE	**Title**	MANAGER
Signature		**Date**	03-08-2024

BID # 2024-142

ADA COMPLIANCE FORM

EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES

The contractor and the Township of Toms River do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S12.101 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 Township, pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event 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 Township in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the Township, 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 incurred in all costs and other expenses arising from such action or administrative proceeding or therewith. In any and all complaints brought pursuant to the Township's grievance procedure, the contractor agrees to abide by any decision of the Township which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Township, or if the Township 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 Township 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 Township or any of its agents, servants, and employees, the Township shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the Township or its representatives.

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

It is further agreed and understood that the Township assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which shall 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 Township from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

03-08-2024
Date

Signature

VINCENT J. FABRICATORE
MANAGER

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	WESTERN INDUSTRIES- NORTH, LLC
Trade Name:	
Address:	2170 PIEDMONT RD NE ATLANTA, GA 30324-4135
Certificate Number:	1548788
Effective Date:	March 12, 2010
Date of Issuance:	June 06, 2023

For Office Use Only:

[redacted]

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
CERTIFICATE OF ALTERNATE NAME

WESTERN INDUSTRIES- NORTH, LLC
0600353617

I, the Treasurer of the State of New Jersey, do hereby certify that the above-name did on the 17th of June, 2022, file and record in this department a Certificate of Alternate Name.

1. Business Name: WESTERN INDUSTRIES- NORTH, LLC

2. New Jersey Business Entity ID: 0600353617

3. Alternate Name:

Name: A-ACADEMY TERMITE AND PEST CONTROL

Activity To Be Conducted Using Alternate Name
GENERAL PEST CONTROL

Alternate Name is Valid Until: 06/17/2027

Signature and Title
PATRICIA SMITH, OTHER

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of June, 2022

Elizabeth M. Muoio
State Treasurer

Certificate Number : 4176267857

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

Form **W-9**
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

▶ **Go to *www.irs.gov/FormW9* for instructions and the latest information.**

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

Print or type. See **Specific Instructions** on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Western Industries-North, LLC

2 Business name/disregarded entity name, if different from above
A-Academy

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☑ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ C

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is **not** disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
2760 Route 9 South

Requester's name and address (optional)

6 City, state, and ZIP code
Howell, NJ 07731

7 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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN,* later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number
[redacted]

or

Employer identification number
[redacted]

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); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 for Part II, later.

Sign Here | **Signature of U.S. person** ▶ [signature] **Date** ▶ 02/14/2024

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to *www.irs.gov/FormW9.*

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, *later.*

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 02/13/2024

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

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

PRODUCER
Willis Towers Watson Southeast, Inc.
Five Concourse Corporate Center, 18th Floor
Atlanta, GA 30328

CONTACT NAME: Willis Towers Watson Certificate Center
PHONE (A/C, No, Ext): 1-877-945-7378 **FAX (A/C, No):** 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Old Republic Insurance Company	24147
INSURER B: ACE Property & Casualty Insurance Company	20699
INSURER C: Indemnity Insurance Company of North Ameri	43575
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Western Industries-North LLC
Western Pest Services / Western Fumigation
800 Lanidex Plaza 2nd Fl
Parsippany, NJ 07054

COVERAGES **CERTIFICATE NUMBER:** W32664493 **REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS		
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Pesticide/Herbicide Coverage [X] Pest Control Professional GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:	Y	Y	MWZY 312034 24	01/01/2024	01/01/2025	EACH OCCURRENCE	$	3,000,000
							DAMAGE TO RENTED PREMISES (Ea occurrence)	$	3,000,000
							MED EXP (Any one person)	$	0
							PERSONAL & ADV INJURY	$	3,000,000
							GENERAL AGGREGATE	$	3,000,000
							PRODUCTS - COMP/OP AGG	$	3,000,000
								$	
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	MWTB 312033 24	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident)	$	3,000,000
							BODILY INJURY (Per person)	$	
							BODILY INJURY (Per accident)	$	
							PROPERTY DAMAGE (Per accident)	$	
								$	
B	[X] UMBRELLA LIAB [X] OCCUR EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			XEU G27927683 009	01/01/2024	01/01/2025	EACH OCCURRENCE	$	5,000,000
							AGGREGATE	$	5,000,000
								$	
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [No] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WLR C50672207	01/01/2024	01/01/2025	[X] PER STATUTE [ ] OTH-ER		
							E.L. EACH ACCIDENT	$	2,000,000
							E.L. DISEASE - EA EMPLOYEE	$	2,000,000
							E.L. DISEASE - POLICY LIMIT	$	2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Branch#: 237
Branch Name: A-Academy
Branch Location: 2760 U.S. 9, Howell Township, NJ 07731

Blanket Additional Insured status is provided on the General Liability and Auto Liability policies as required by written contract.

CERTIFICATE HOLDER

HOA Inc.
First Service Residential Maryland INC
138 Industry Lane, Suite 1
Forest Hill, MD 21050

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

SR ID: 25430846 BATCH: 3332053

AGENCY CUSTOMER ID: _____

LOC #: _____

ADDITIONAL REMARKS SCHEDULE

AGENCY Willis Towers Watson Southeast, Inc.	NAMED INSURED Western Industries-North LLC Western Pest Services / Western Fumigation 800 Lanidex Plaza 2nd Fl Parsippany, NJ 07054
POLICY NUMBER See Page 1	
CARRIER See Page 1 / NAIC CODE: See Page 1	EFFECTIVE DATE: See Page 1

ADDITIONAL REMARKS

THIS ADDITIONAL REMARKS FORM IS A SCHEDULE TO ACORD FORM,

FORM NUMBER: 25 FORM TITLE: Certificate of Liability Insurance

The Umbrella Policy is follow form to the scheduled underlying policies and scheduled retained limits, subject to policy exclusions.

General Liability, Auto Liability shall be Primary and Non-contributory with any other insurance in force for or which may be purchased by Additional Insured, as required by written contract.

Waiver of Subrogation applies in favor of Additional Insureds with respects to General Liability, Auto Liability and Workers Compensation as required by written contract and as permitted by law.

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/29/2023

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

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

PRODUCER
Willis Towers Watson Southeast, Inc.
Five Concourse Corporate Center, 18th Floor
Atlanta, GA 30328

CONTACT NAME: Willis Towers Watson Certificate Center
PHONE (A/C, No, Ext): 1-877-945-7378 FAX (A/C, No): 1-888-467-2378
E-MAIL ADDRESS: certificates@willis.com

INSURER(S) AFFORDING COVERAGE	NAIC #
INSURER A: Old Republic Insurance Company	24147
INSURER B: ACE Property & Casualty Insurance Company	20699
INSURER C: Indemnity Insurance Company of North Ameri	43575
INSURER D:	
INSURER E:	
INSURER F:	

INSURED
Western Industries-North, LLC dba A-Academy Termite and Pest Control
2760 Route 9 South
Howell, NJ 07731

COVERAGES CERTIFICATE NUMBER: W32267830 REVISION NUMBER:

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	[X] COMMERCIAL GENERAL LIABILITY [ ] CLAIMS-MADE [X] OCCUR [X] Pesticide/Herbicide Coverage [X] Pest Control Professional GEN'L AGGREGATE LIMIT APPLIES PER: [X] POLICY [X] PRO-JECT [X] LOC [ ] OTHER:	Y	Y	MWZY 312034 24	01/01/2024	01/01/2025	EACH OCCURRENCE DAMAGE TO RENTED PREMISES (Ea occurrence) MED EXP (Any one person) PERSONAL & ADV INJURY GENERAL AGGREGATE PRODUCTS - COMP/OP AGG [ ]	$ 3,000,000 $ 3,000,000 $ 0 $ 3,000,000 $ 3,000,000 $ 3,000,000 $
A	AUTOMOBILE LIABILITY [X] ANY AUTO [ ] OWNED AUTOS ONLY [ ] SCHEDULED AUTOS [ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY	Y	Y	MWTB 312033 24	01/01/2024	01/01/2025	COMBINED SINGLE LIMIT (Ea accident) BODILY INJURY (Per person) BODILY INJURY (Per accident) PROPERTY DAMAGE (Per accident) [ ]	$ 3,000,000 $ $ $ $
B	[X] UMBRELLA LIAB [X] OCCUR [ ] EXCESS LIAB [ ] CLAIMS-MADE [ ] DED [ ] RETENTION $			XEU G27927683 009	01/01/2024	01/01/2025	EACH OCCURRENCE AGGREGATE [ ]	$ 5,000,000 $ 5,000,000 $
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N [No] (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	Y	WLR C50672207	01/01/2024	01/01/2025	[X] PER STATUTE [ ] OTH-ER E.L. EACH ACCIDENT E.L. DISEASE - EA EMPLOYEE E.L. DISEASE - POLICY LIMIT	 $ 2,000,000 $ 2,000,000 $ 2,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Branch #: 237
Branch Name: A-Academy
Branch Address: 2760 U.S. 9, Howell Township, NJ, 07731.

Blanket Additional Insured status is provided on the General Liability and Auto Liability policies as required by written contract.

CERTIFICATE HOLDER

Northsight Management, LLC
Attn: President
8901 E. Mountain View Rd # 100
Scottsdale, AZ 85258

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

Jessica Graham

SR ID: 25212504 BATCH: 3261883

Certification **17488**

CERTIFICATE OF EMPLOYEE INFORMATION REPORT **RENEWAL**

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-Sep-2022** to **15-Sep-2029**

A-ACADEMY OF SOUTH JERSEY, INC.
2760 RTE 9 SOUTH
HOWELL **NJ** **07731**

ELIZABETH MAHER MUOIO
State Treasurer

BID # 2024-142

FEDERAL TRANSIT ADMINISTRATION (FTA) LOBBYING CERTIFICATION

Required (An authorized representative of the applicant must sign and submit this certification.)**

The undersigned applicant certifies, to the best of his or her knowledge and belief, that:

(1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned to a person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriate funds have been paid or will be paid to any person for making lobbying contracts to an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure form to Report Lobbying," in Restrictions on Lobbying," 61 Fed. Reg. 1413 (1/19/96). Note: Language in paragraph (2) herein has been modified in accordance with Section 10 of the Lobbying Disclosure Act of 1995 (P.L. 104-65, to be codified at 2 U.S.C. 1601, et. seq.)

(3) The undersigned shall require that the language of this certification be included in the award documents or all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure. [Note: Pursuant to 31 U.S.C. § 1352(c)(1)–(2)(A), any person who makes a prohibited expenditure or fails to file or amend a required certification or disclosure form shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such expenditure or failure.]

(**The Applicant**) WESTERN INDUSTRIES - NORTH, LLC. A-ACADEMY ANIMAL CONTROL certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801, et seq., apply to this certification and disclosure, if any.

Signature of Applicant's Authorized Representative: _____ SIGN HERE

Print Name of Applicant's Authorized Representative: VINCENT J. FABRICATORE

Title of Applicant's Authorized Representative: MANAGER

Date 03-08-2024

BID # 2024-142

DISCLOSURE OF LOBBYING ACTIVITIES (LLL Form)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

☒ N/A – My agency does not engage in any lobbying activities

1. Type of Federal: _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	**2, Status of Federal Action:**_____ a. bid/offer/application b. initial award c. post-award	**3. Report Type:** _____ a. initial filing b. material change For Material Change Only: Year _____ Quarter____ Date of last report_____

4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier _____, *if known:* Congressional District, *if known*:	**5. If Reporting Entity in No 4 is a Subawardee, Enter Name and Address of Prime:** Congressional District, *if known*:
6. Federal Department/Agency:	**7. Federal Program Name/Description:** CDFA Number, *if applicable*_____
8. Federal Action Number, *if known*:	**9. Award Amount, *if known*:** $
10. a. Name and Address of Lobbying Registrant *(if individual, last name, first name, MI):*	**b. Individuals performing services including address if different from no. 10a)** *(last name, first name, MI):*

11. Information request through this form is authorized by title 31 U. S.C Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will available for public inspection. Any person who fails to file the required disclosure shall be subject to civil penalty of not less then 10,000 and no more then $100,000 for each such failure.	Signature: _____ SIGN HERE Print Name: VINCENT J. FABRICATORE Title: MANAGER - WESTERN INDUSTRIES NORTH, LLC - A-ACADEMY AMMO CONTROL Telephone No.: 800-624-1709 Date: 03-08-2024

Federal Use Only: *Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)*

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer of employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter n which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency.) Include prefixes, e.g. "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. A) Enter the full name, address, city, state and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    B) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter last name, first name and middle initial (MI).

11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

BID # 2024-142

DISCLOSURE OF LOBBYING ACTIVITIES (LLL Form)

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352

☒ N/A – My agency does not engage in any lobbying activities

1. Type of Federal: _____ a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	**2, Status of Federal Action:**_____ a. bid/offer/application b. initial award c. post-award	**3. Report Type:** _____ a. initial filing b. material change For Material Change Only: Year _____ Quarter____ Date of last report_____

4. Name and Address of Reporting Entity: ☐ Prime ☐ Subawardee Tier _____, *if known:* Congressional District, *if known*:	**5. If Reporting Entity in No 4 is a Subawardee, Enter Name and Address of Prime:** Congressional District, *if known*:
6. Federal Department/Agency:	**7. Federal Program Name/Description:** CDFA Number, *if applicable*_____
8. Federal Action Number, *if known*:	**9. Award Amount, *if known*:** $
10. a. Name and Address of Lobbying Registrant *(if individual, last name, first name, MI):*	**b. Individuals performing services including address if different from no. 10a)** *(last name, first name, MI):*

11. Information request through this form is authorized by title 31 U. S.C Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will available for public inspection. Any person who fails to file the required disclosure shall be subject to civil penalty of not less then 10,000 and no more then $100,000 for each such failure.	Signature: _____ SIGN HERE Print Name: VINCENT J. FABRICATORE Title: MANAGER - WESTERN INDUSTRIES NORTH, LLC - A-ACADEMY AMMO CONTROL Telephone No.: 800-624-1709 Date: 03-08-2024

Federal Use Only: *Authorized for Local Reproduction Standard Form LLL (Rev. 7-97)*

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer of employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter n which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, state and zip code of the reporting entity include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency.) Include prefixes, e.g. "RFP-DE-90-001."

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10. A) Enter the full name, address, city, state and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    B) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter last name, first name and middle initial (MI).

11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

NICHOLAS D. DESTEFANO

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

CERTIFIED ANIMAL CONTROL OFFICER

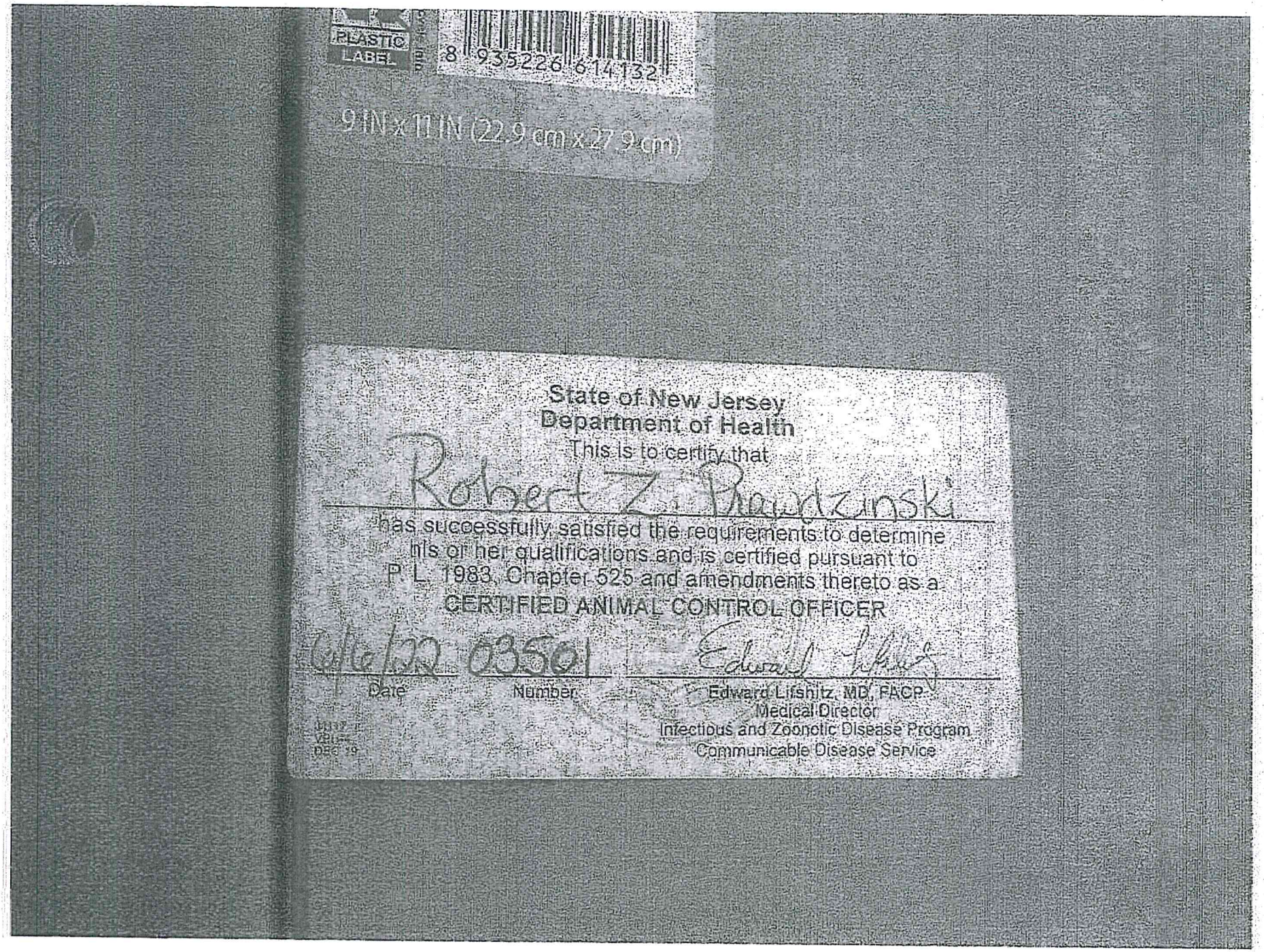
April 12, 2023
DATE

03552
NUMBER

Edward Lifshitz

Edward Lifshitz, MD, FACP
Medical Director
Infectious and Zoonotic Disease Program
Communicable Disease Service

VPH-34
NOV 18


PLASTIC LABEL
8 935226 614132
9 IN x 11 IN (22.9 cm x 27.9 cm)
State of New Jersey
Department of Health
This is to certify that
Robert Z. Pinardzinski
has successfully satisfied the requirements to determine
his or her qualifications and is certified pursuant to
P.L. 1983, Chapter 525 and amendments thereto as a
CERTIFIED ANIMAL CONTROL OFFICER
Date
Number
Edward Lifshitz, MD, FACP
Medical Director
Infectious and Zoonotic Disease Program
Communicable Disease Service

State of New Jersey

Department of Health

This is to certify that

CHRISTOPHER B. CITTADINO

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

CERTIFIED ANIMAL CONTROL OFFICER

1/29/13	02612	*Faye E. Sorhage*
Date	Number	Dr. Faye E. Sorhage, V.M.D., M.P.H.
		State Public Health Veterinarian

VET

SEP 12

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

MARCUS L. PERRY

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

1/10/14	02721	Colin T. Campbell
Date	Number	Colin T. Campbell, D.V.M., C.P.M.
		State Public Health Veterinarian

VPH-4
AUG 13

A-ACADEMY

ANIMAL CONTROL

NUISANCE WILDLIFE & DOMESTIC ANIMALS

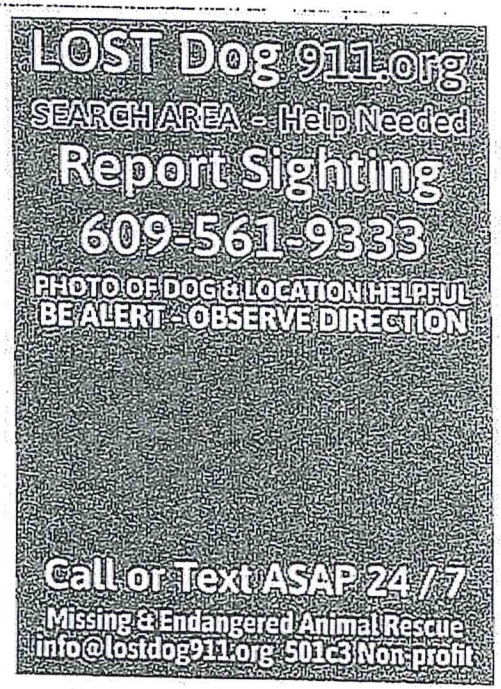
NEW JERSEY 800-624-1709

CHRIS CITTADINO

CELL: 732-492-4505 • ACO LICENSED 02612

WWW.A-ACADEMY.COM

A-ACADEMY OF SOUTH JERSEY, INC., 2760 ROUTE 9 SOUTH, HOWELL, NJ 07731



609-381-1414 - ccc

A-ACADEMY

PHONE 800-624-1709 • FAX 732-363-0614 • WWW.A-ACADEMY.COM

We would like to thank you for giving A-Academy Animal Control the opportunity to bid on animal control services for your town. We have been providing animal control services to many towns for many years with great success. A-Academy has a long list of very happy residents and township officials and we would be happy to furnish you with referrals upon request. All of our Animal Control officers have many years experience in the field and also have training for Emergency situations and dog training as well. We are available 24/7 all year long and our commitment to the towns we service is second to none. A-Academy is equipped to handle any and all types of Animal Control no matter how small or large the task may be.

A-Academy has a full office staff available Monday through Saturday from 7:00 am to 6:00 pm. Our ACO's are reachable via cell phone for all calls 24/7. Residents also have the ability to call our office direct via our toll free number with questions or concerns. We also carry on board micro chip scanners to speed the process up to return someone's pet.

Please find attached proposal and credentials. Should you have any questions please feel free to contact us.

Sincerely

A-Academy Animal Control

Vincent J Fabricatore
Manager

STATEMENT OF EXPERIENCE AND QUALIFICATIONS
(continued)

ANIMAL CONTROL SERVICES FOR THE 2024 CONTRACT YEAR

A- ACADEMY TERMITE & PEST CONTROL D/B/A
A-ACADEMY ANIMAL CONTROL

VINCENT J. FABRICATORE - MANAGER

(BIDDER NAME)

10) Upon request, will you provide a detailed financial statement and furnish any other financial information that may be required to the proper agency? YES

11) Please provide a minimum of five (5) referenced and the following information for projects or goods/services contract currently in progress or completed within the last three (3) years:

PROJECT/CONTRACT NAME & ADDRESS	PROJECT/CONTRACT OWNER	PROJECT ENGINEER (IF APPLICABLE)	PHONE NUMBER(S) & EMAIL ADDRESS(ES)
LACEY TWP.	VERONICA	N/A	609-693-6636
BRICK TWP	JOANN	N/A	732-262-1058
BEACHWOOD TWP.	ELIZABETH	N/A	732-206-6000
MANCHESTER TWP.	TERI	N/A	732-657-8121 x 3200
OCEAN COUNTY B+G	DOREEN	N/A	732-929-2039

NOTE:

WE HAVE MANY MORE ANIMAL CONTROL TOWNSHIPS WE SERVICE UNDER CONTRACT:

LITTLE EGG HARBOR – 609-296-7241
EGG HARBOR CITY – 609-965-1200
HAMMONTON TWP. – 609-567-4331
GALLOWAY TWP. – 609-652-3700 x 292
SHIP BOTTOM TWP – 609-494-2171
SOUTHAMPTON – 609-859-2736
TWP OF WASHINGTON 609-965-3242
TUCKERTON – 609-296-3668
BASS RIVER – 609-294-9871
MULICA TWP – 609-561-0064
PORT OF REPUBLIC – 609-652-1501

TOWNSHIP OF TOMS RIVER
CHECKLIST

FAILURE TO SUBMIT THE BELOW DOCUMENTATION WITH YOUR BID SHALL RESULT IN THE MANDATORY REJECTION OF YOUR BID.

- [x] COMPLETED AND SIGNED ***STATEMENT OF OWNERSHIP DISCLOSURE***
- [x] COMPLETED, SIGNED AND NOTORIZED WITH SEAL AFFIXED TO ***NON-COLLUSION AFFIDAVIT***
- [x] COMPLETED AND SIGNED ***EXCEPTIONS SHEET***
- [x] COMPLETED ***CORPORATE RESOLUTION***
- [x] COMPLETED ***ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA***
- [x] COMPLETED AND SIGNED ***PRICE CERTIFICATION***
- [ ] VALID COPY OF YOUR ***PUBLIC WORKS CONTRACTOR REGISTRATION CERTIFICATE,*** WHEN APPLICABLE
- [ ] COMPLETE ***CONSENT OF SURETY***, WHEN APPLICABLE
- [ ] COMPLETE ***BID SECURITY***, WHEN APPLICABLE
- [ ] COMPLETED ***FEDERAL NON-DEBARMENT CERTIFICATION***, WHEN APPLICABLE

THE BELOW DOCUMENTATION SHALL BE SUBMITTED PRIOR TO AWARD, BUT BIDDERS ARE STRONGLY URGED TO INCLUDE WITH THEIR SUBMITTAL.

- [x] COMPLETED AND SIGNED ***DISCLOSURE OF INVESTMENT ACTIVITIES IN RUSSIA-BELARUS & IRAN***
- [x] COPY OF ***BUSINESS REGISTRATION CERTIFICATE*** ISSUED BY THE NEW JERSEY DEPARTMENT OF THE TREASURY
- [x] CURRENT ***AFFIRMATIVE ACTION*** DOCUMENTATION
- [x] ***CERTIFICATE OF INSURANCE*** NAMING THE TOWNSHIP AS AN ADDITIONAL INSURED
- [x] COMPLETED AND SIGNED ***W-9***
- [x] COMPLETED AND SIGNED ***ADA COMPLIANCE FORM***
- [x] COMPLETED AND SIGNED ***FEDERAL TRANSIT ADMINISTRATION (FTA) LOBBYING CERTIFICATION***
- [x] COMPLETED AND SIGNED ***DISCLOSURE OF LOBBYING ACTIVITIES (LLL FORM)***
- [x] A COPY OF YOUR ***BUSINESS ENTITY ANNUAL STATEMENT*** (FORM BE), IF APPLICABLE

Western Industries - North, LLC
A-Academy Animal Control
Company Name

Signature

Vincent J. Fabricatore
Printed Name

Manager

Redaction Date: 4/4/2024 11:34:51 AM

Redaction Log

Total Number of Redactions in Document: 3

Redaction Reasons by Page

Page	Reason	Description	Occurrences
9			1
25			1
27			1

Redaction Log

Redaction Reasons by Exemption

Reason	Description	Pages (Count)
		9(1) 25(1) 27(1)