MUNICIPAL COUNCIL OF THE CITY OF BAYONNE

RESOLUTION NO. 21-04-14-088

WHEREAS, the City of Bayonne is in need of an **Animal Control Officer and Animal Shelter Services** for the period commencing **May 1, 2021** and ending **December 31, 2021**, with two (2) possible one (1) year renewal options, extending the contract period one year each; and

WHEREAS, the City of Bayonne advertised a Request for Qualifications for the aforesaid Animal Control Officer and Animal Shelter Services pursuant to the fair and open contracting provisions set forth in N.J.S.A. 19:44A-20.4 and N.J.S.A. 19:44A-20.5; and

WHEREAS, **NJ Humane Society, Corp., 6412 Dewey Avenue, West New York, New Jersey 07093** has submitted to the City of Bayonne a formal written response to the City's Request for Qualifications/Proposals for said services; and

WHEREAS, **NJ Humane Society, Corp.**, is qualified, ready, willing and able to provide said services for a contract amount of **$81,185.76 per year** payable at the rate of **$6,765.48** per month; and

WHEREAS, the City desires to retain the services of **NJ Humane Society, Corp.**, for the period commencing **May 1, 2021** and ending **December 31, 2021** payable at the rate of **$6,765.48 per month** for a total contract amount of **$54,123.84** for the **eight (8) month period** with two (2) possible one (1) year renewal options, extending the contract period one year each; and

WHEREAS, any subsequent renewals would be based upon an **annual contract amount of $81,185.76**; and

WHEREAS, this professional services contract was advertised under the Fair & Open Contracting Requirements pursuant to N.J.S.A.19:44A:20.4.5; and

WHEREAS, this contract constitutes a "Professional Service" contract under the provisions of the Local Public Contracts Law because the service is a recognized profession, licensed and regulated by the State of New Jersey, and therefore, may be awarded without competitive bidding pursuant to N.J.S.A. 40A:11-1, et seq.; and

WHEREAS, the Local Public Contract Law (N.J.S.A. 40A:11-1, et seq.) requires that the resolution authorizing the award of contracts for "Professional Services" without competitive bids and the contract itself must be available for public inspection; and

WHEREAS, pursuant to N.J.A.C. 5:30-5.5(e), the award of the contract shall be subject to the availability and appropriation of funds in the **CY2021** budget in account **#1-01-27-330-0000-028**; now, therefore, be it

RESOLVED, by the Municipal Council of the City of Bayonne as follows:

1. The Mayor and the City Clerk are hereby authorized and directed to execute an agreement with **NJ Humane Society, Corp., 6412 Dewey Avenue, West New York, New Jersey 07093** for the aforesaid **Animal Control Officer and Animal Shelter Services** for the period commencing **May 1, 2021** and ending **December 31, 2021** payable at the rate of **$6,765.48 per month** for a total contract amount of **$54,123.84** for the **eight (8) month period** with two (2) possible one (1) year renewal options, extending the contract period one year each calculated at $84,185.76 if exercised.

2. A notice of this action shall be printed once in a newspaper of general circulation within the boundaries of the City of Bayonne.

3. Funds shall be chargeable to account **#1-01-27-330-0000-028.**

4. Pursuant to N.J.A.C. 5:30-5.5(e), the award of the contract shall be subject to the availability and appropriation of funds in the **CY2021** budget in account **#1-01-27-330-0000-028.**

JFC:nmi

A TRUE COPY
Madelene L. Medina
CITY CLERK

ADDENDUM TO AGREEMENT #CY21-062

THIS **ADDENDUM TO AGREEMENT #CY19-062** entered into this 17th day of **August, 2021** between **NJ HUMANE SOCIETY, CORP.** (the "Contractor"), having an address at **6412 DEWEY AVENUE, WEST NEW YORK, NEW JERSEY 07093,** and the City of Bayonne (the "City"), a municipal corporation, having its principal offices at 630 Avenue C, Bayonne, New Jersey 07002 (collectively the "Parties");

The following is hereby agreed between the Parties that the following language is added to Section A, Subsection II, Subparagraph 2 (b):

IV. Automobile and Truck Liability

A. Automobile and truck liability insurance which shall be written to cover any automobile or truck used by the insured. Limits of liability for bodily injury and property damage shall be not less than $1,000,000.00 per occurrence as a combined single limit.

NJ HUMANE SOCIETY, CORP.

Attest:

By:

By:

CITY OF BAYONNE

Attest:

By:
Madelene C. Medina, City Clerk

By:
James M. Davis, Mayor

APPROVED AS TO FORM:

By:
John F. Coffey II, Esq., Law Director

NOTICE POSTED: 03/04/2021
DUE DATE: 04/05/2021 @ 10:00 a.m. prevailing time
PUBLIC READING: All proposals/responses will be opened at the City Council Chambers on **04/05/2021 @ 1:00 p.m.**

THE CITY OF BAYONNE REQUESTS PROPOSALS FROM BUSINESS ORGANIZATIONS INTERESTED IN PROVIDING ANIMAL CONTROL OFFICER AND ANIMAL SHELTER SERVICES FOR THE PERIOD MAY 1, 2021 TO DECEMBER 31, 2021

INTRODUCTION

Pursuant to the Fair and Open Process described under N.J.S.A. 19:44A-1 et seq., the City of Bayonne ("City") seeks proposals ("RFP") from a licensed vendor to provide Animal Control Officer and Animal Shelter Services for the City for a contract period running from **MAY 1, 2021** until **December 31, 2021**. Two one-year renewal options may also be awarded, extending the contract period one year each. All candidates are required to comply with N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27, as amended. (Affirmative Action). Each candidate shall submit proof of business registration with the New Jersey Division of Taxation (P.L. 2004, C.57) with its proposal.

GENERAL AND TECHNICAL S P E C I F I C A T I O N S

Scope and Description of Services

The City is interested in entering into a contract with a qualified vendor who is able to provide Animal Control Officer and Animal Shelter Services for the City as detailed and described herein. The City reserves the right to award the contract for the performance of these services in the manner which is most advantageous to the City.

Once awarded, this contract shall be managed and enforced by the City's Purchasing Agent. All inquiries, invoices and all paperwork submitted for payment shall be directed to the City of Bayonne, Finance Department, 630 Avenue C, Bayonne, New Jersey 07002.

Respondents shall provide on the Official Proposal Form their annual, total, all-inclusive price, which shall be paid monthly for both services combined, that they shall charge the City to provide the animal control officer and animal shelter services as detailed and defined herein which shall include, but not be limited to, all labor, equipment, fuel, utilities, insurance, animal food, bedding, shelter, maintenance, disposal, recordkeeping, etc.

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

The services to be provided by the vendor shall include, but not be limited, to the following:

A. Providing animal control officer services as required by N.J.S.A. 4:19-15.16 et seq.

B. Animal control officer services must be performed by a certified animal control officer or his or her animal control agent for five (5) days a week, 8:00 a.m. to 4:00 p.m., as well as Saturdays, Sundays, holidays and nights as necessary for emergencies. Emergency services are defined as the care of injured animals, trapped animals, sick animals, animals whose lives are endangered or animals that are providing a danger to humans. The services shall also include the transportation, and control of animals as needed. Crocodiles, alligators, whales, porpoises, feral cat colonies and dead deer are specifically excluded from this agreement. The vendor shall be responsible for providing his/her own transportation and for animals that are taken to a shelter or for veterinarian services. The vendor shall bring the animals to a shelter, designated by the City, for animals as needed. Vendor shall bring animals for emergency veterinary services, to a veterinarian designated by the City, as needed. Vendor or his/her agent shall tour the streets of City to issue summonses to owners when possible, for licensed and unlicensed dogs and cats running at large. When called upon by the City, vendor shall impound or attempt to impound any stray dog or cat. Adoption services for these animals shall be provided or the animal shall be humanely disposed of in accordance with New Jersey law. Vendor shall be responsible for bringing the animals to the designated animal shelter, for rabies quarantine and compliance with those procedures. Any services provided by the animal control officer or his/her agents to private owners shall not be paid for by the City but shall be subject to an agreement between those parties.

C. Provide the City with animal control officer services when a potentially dangerous dog is identified in accordance with N.J.S.A. 4:19-20 *et. seq.*

D. The vendor shall provide an animal shelter facility in full compliance with t h e laws governing animal shelter facilities in the State of New Jersey (N.J.A.C. 8:23A), including any regulations promulgated by the New Jersey Department of Health. Said animal shelter shall be designed to confine, receive, house and/or distribute animals seized within the City's jurisdiction or other location with reasonable distance to the City, and pursuant to all applicable laws. **Two (2) consecutive annual shelter inspection reports must be submitted with this proposal.**

E. Vendors are encouraged to bid providing their own animal shelter for this service. However, Veterinarian facilities shall not be utilized as a source of sheltering animals.

F. Vendors who are selected will ensure that they are in full compliance with laws governing animal shelter facilities in the State of New Jersey, including any regulations promulgated by the New Jersey Department of Health. The shelter shall be designed to confine, receive, house and/or distribute animals seized within the City's jurisdiction or reasonable distance to the City, and pursuant to all

applicable laws (N.J.A.C. 8:23A-1 *et. seq.*).

G. The vendor and facility shall be available and open a minimum of four (4) hours per day, Monday through Friday, and a minimum of five (5) hours per day on Saturday, during normal business hours, during which times the animals may be reclaimed by the owners. The vendor shall establish written charges that may be incurred for claiming and/or quarantining animals. The **vendor shall provide a copy of those charges to the City prior to contract award**. The owner shall be responsible for said charges, including applicable New Jersey Sales Tax, when reclaiming their animals. Hours shall be conspicuously posted at the facility and available to City residents on an answering machine, answering service or website after-hours.

H. The vendor shall provide to the City a telephone number by which residents may contact the vendor when necessary, during normal business hours and with a means to leave a message or obtain information after hours such as on an answering machine, answering service or website.

I. The vendor shall additionally provide the City with a cellular telephone number, which will not be released to the public, by which the vendor may be reached either by City personnel, City Police, Humane Police and/or by authorized personnel.

J. The vendor shall provide humane treatment to all animals in conformity with the rules and regulations established by the New Jersey Department of Health. Shelter shall hold all the City's stray animals for at least seven (7) days from the date that the Animal Control Officer or other designated representative delivers such animal to the shelter or for at least such other time as may be required by law. Unclaimed stray animals shall be held for adoption only if the vendor determines that the animal is healthy and adoptable.

K. The shelter shall hold all animals, whether stray or owned, delivered by the municipal Animal Control Officer and identified as "bite cases" for at least ten (10) days from the date on which the bite occurred, for any period specified by the New Jersey Department of Health or for at least such other time as otherwise required by law. The vendor will be compensated by the owner of said animal.

L. The vendor shall immediately notify all owners of animals wearing a license or identification tag or that have license or locator micro-chips implanted and shall only allow reclamation of dogs by their owners when a current license is displayed.

M. The vendor shall, upon presentation of proper identification, accept any animal from a City resident. When such animals are certified as being owned, the shelter shall require, in writing, authorization for disposal of the animal from the person turning the animal in. A surrender fee may be charged. If the animal is certified as a stray or lost animal, shelter personnel shall enter it into the records in the same way as animals received from City personnel and will submit a

complete record of such animals to the City.

N. The vendor shall provide twenty-four (24) hour, seven day per week service, for injured animals in an emergency situation and/or to quarantine animals that have bitten and/or caused injuries to persons within the City. Should an owner request the right to quarantine their own animal, they shall have the right unless a court order prevails and/or if the Animal Control Officer/ Humane Police Officer deem the situation unsafe. All quarantined animals shall be retained for the mandatory ten (10) day holding period.

P. The shelter shall arrange for a veterinary care by a veterinarian to any injured/sick animal sufficient to stabilize said animal's condition and to alleviate pain and suffering and to prevent the spread of disease. The vendor shall submit all veterinary fees to the owner, if known.

Q. The vendor shall maintain a file of all veterinary bills related to the service of animals in Bayonne and shall provide, upon request from the City of Bayonne, copies of same within 30 days of said request.

R. The shelter shall have a veterinarian monitor the veterinary care and all other aspects of shelter operation affecting the health of the animal population of the shelter.

S. If an animal is suspected of having a disease which may pose a risk to the animal population of the shelter or humans said animal may be refused.

T. If an animal dies in route to the shelter, the Animal Control Officer shall place the animal in a body bag and complete the stray animal form. The shelter shall hold the body for at least 10 days unless otherwise provided by law or where the individual responsible for the animal is notified and wishes to identify or repossess said animal.

U. The shelter shall be available during regular business hours for animals to be lawfully claimed by their rightful owners. Said hours shall be posted conspicuously at the facility and listed on its answering machine message/website for afterhours contact.

V. The shelter shall provide twenty-four (24) hour, seven day per week access to the animal control officer to deliver stray animals and to the impoundment area for drop off.

W. The shelter shall be available for inspection by municipal representatives during regular business hours and shall make all records, required by law to be maintained. The shelter shall make all records accessible upon demand as well.

X. The vendor shall complete and maintain all required records and documentation

and shall make them available for inspection by authorized City personnel.

Y. The vendor shall confine or euthanize any stray animals exhibiting characteristics of rabies and when directed by the appropriate authorities shall behead the animal and prepare it for testing of the disease.

Z. The vendor shall designate a contact person who shall handle all inquiries and concerns from the City.

AA. The vendor shall complete and submit an annual Shelter/Pound Survey relative to the Animal Population Control Program established pursuant to P.L. 1983, c 172. A copy of the survey shall be submitted to the City Clerk.

AA. The vendor may charge the owner bringing in their own animals and shall not charge the City.

BB. Owners of animals running at large without the proper inoculations shall be wholly responsible for any diseases contracted before, during or after impoundment.

CC. The shelter shall identify its annual cost for providing said service to the City and shall outline ALL fee schedules, emergency call out rate, etc. with this proposal.

DD. The shelter shall provide a monthly activity report to the City with their monthly invoice which lists the date and times of service, source of animal, breed of animal and unique identifying features of the case to be able to link said animal and case to the Animal Control Officer's report.

EE. Shelter shall identify any additional service that they are capable of and willing to provide to the City, including but not limited to spay/neuter clinics, resident/owner education, printed and electronic resources, adoption services, etc.

INSURANCE

The successful candidate shall be required to comply with the following insurance requirements:

a. The vendor shall be required to carry full insurance including comprehensive general liability; workman's compensation insurance; which shall cover all operations of the vendor, its employees, agents and servants hereunder, and; motor vehicle and equipment used by the vendor in connection with the vendor's operations under the Contract; vendor shall provide professional liability (errors& omissions) insurance for claims arising from any negligent performance of vendors' services pursuant to the agreement in the amount of $1,000,000 per claim. Said insurance, by endorsement, shall fully protect the City from liability.

b. Certificates naming the City as an additional named insured, and evidencing

such insurance coverage, shall be filed with the City Clerk prior to the commencement of operations hereunder by the vendor.

The following Certificates of Insurance must be furnished:

I. Worker's Compensation;
Part Two – Statutory

II. Comprehensive General Liability:
A. Minimum limits: $1,000,000.00;
Combined Single Limit Coverage to include: Premise / Operations; Independent Contractors;
Product / Completed Operations;
Contractual; Personal Injury;
Broad Form Property Damage;
City as additional insured.

B. Comprehensive General Liability must be maintained for at least one year after completion of the contract and its acceptance by the City.

III. Professional Liability Insurance (Errors & Omissions)
A. Contractor shall provide professional liability (errors& omissions) insurance for claims arising from any negligent performance of contractors' services pursuant to the agreement in the amount of $1,000,000 per claim.

The certificate of insurance shall designate the City as an additional insured and shall contain a thirty (30) day notice of cancellation whereby the City Clerk will be provided with a written notification of cancellation. Said insurance must be paid for a minimum of six (6) months into the contract period at the time of the contract.

It is understood and agreed that the vendor is an independent contractor and not an employee of the City.

The vendor agrees to indemnify and hold harmless the City, the Board of Commissioners of the City, and all of its officers, agents and employees of and from any and all liability for damages for injury to person and property, including death and against and from all suits and actions and all costs, damages and change of whatsoever kind of nature, including attorneys' fees to which the City maybe put for or on account of any injury or alleged injury to person, including death, or property, resulting from the performance of the vendor's operations under this Contract, or by or in consequence of any neglect or omission on the part of the vendor in the performance of operations under the Contract, whether such operations, or in the absence thereof, be by the vendor or anyone directly or indirectly employed by the vendor.

The vendor shall hold the City harmless for damages to the vendor's equipment utilized during the term of this Contract.

Programs of self-insurance are not acceptable.

PAYMENT

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

PROFESSIONAL INFORMATION AND QUALIFICATIONS

Copies of this standardized submission requirements and selection criteria are on file and available from the Office of the City Clerk. Each interested candidate shall submit the following information:

1. Current license issued by the State of New Jersey to be an animal control officer;

2. Current license issued by the State of New Jersey to operate an animal shelter;

3. Name of firm, business organization, shareholders and directors with more than a ten percent interest in the organization;

4. Address of principal place of business and all other offices and corresponding telephone and fax numbers for all individuals assigned to perform the services;

5. Description of owner's education, experience, qualifications, number of years with the firm and a description of their experience with projects similar to those described above;

6. Experience related to providing animal control officer services and animal shelter services for municipalities;

7. At least four (4) references, three (3) of which must have knowledge of your service to public entities;

8. The organization's ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff);

9. Cost details, including rates and fees, broken down into specific services to be provided, a flat fee or fee schedule, the names of each of the individuals who will perform the services and the time estimates for each individual, all expenses, and where appropriate, total cost of "not to exceed" amount;

10. Any other information which the interested organization deems relevant;

11. Business Registration Certificate (preferably with the proposal but prior to award of contract);

12. Statement of corporate ownership (c.52:25-24.2)(form provided);

13. Letter of Qualification (form provided);

14. Letter of Intent (form provided);

15. Non-Collusion Affidavit (form provided);

16. Americans with Disabilities Act form (form provided);

17. Affirmative Action Compliance Notice (form provided);

18. Minority/Woman Business Enterprise form (form provided);

19. Disclosure of Investment Activities in Iran form (form provided); and

20. Criminal background check for all persons who will be assigned to provide services under this contract shall be provided to the City after the contract is awarded and the contract is contingent upon receipt by the City of satisfactory background checks; and

21. State whether your company/firm is presently involved in a lawsuit and whether it has been sued in the last five (5) years. If so, provide a description of each matter.

SELECTION CRITERIA

The selection criteria used in awarding a contract or agreement for the services as described herein shall include:

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

2. Experience and references;

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

4. Cost competitiveness.

SUBMISSION REQUIREMENTS

RFPs must be delivered no later than **APRIL 5, 2021** at **10:00 a.m.** to:

John F. Coffey II
Law Director
Bayonne City Hall
630 Avenue C
Bayonne, New Jersey 07002

Please submit one (1) original and three (3) copies of the RFP.
Use white 8 ½" x 11" paper.

NOTE: Addenda to this RFP may be posted on the City's website https://www.Bayonnenj.org up to ten days prior to APRIL 5, 2021.

NOTICE POSTED: 03/04/2021
DUE DATE: 04/05/2021 @ 10:00 a.m. prevailing time
PUBLIC READING: All proposals/responses will be opened at the City Council Chambers on **04/05/2021 @ 1:00 p.m.**

OFFICIAL PROPOSAL SHEET

The Respondent agrees to provide Animal Control Officer and Animal Shelter Services for the City of Bayonne for the price submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Respondent's total, all inclusive, combined cost(s) to provide the services detailed and described herein shall be: $_____.

PROPOSAL SUBMITTED:

COMPANY:_____

ADDRESS:_____

_____
(Please Print or Type Name)

BY:_____

TITLE:_____DATE:_____

_____

TELEPHONE:_____ FAX:_____

TAXPAYER IDENTIFICATION NUMBER:

_____

Do you have any exceptions to the specifications? Yes No .

If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Proposal Document.

QUESTIONNAIRE

Please answer the following questions.

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

1._____

2._____

How many employees does your company presently employ? ___ _____

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

Has your company ever failed to complete any contract with regard to any of the services herein described?
Yes_____No_____. If yes, provide details here: (Attach sheets if necessary)

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

1) _____

2) _____

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

1) _____

2) _____

VENDOR INFORMATION SHEET

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

Name of Business: _____

Correspondence Address, including zip code:

_____

_____

Purchase Order Address, including zip code:

_____

_____

Payment Address, including zip code:

_____

_____

Telephone Number: _____

Facsimile Number: _____

Cellular Number: _____

APPENDIX A
LETTER OF QUALIFICATION
(To be Typed on Respondent's Letterhead. NO MODIFICATIONS MAY BE MADE TO THIS LETTER)

John F. Coffey II
Law Director
Bayonne City Hall
630 Avenue C
Bayonne, New Jersey 07002

Dear Mr. Coffey:

The undersigned have reviewed our Qualification Statement-Proposal submitted in response to the Request for Proposals (RFP) issued by the City of Bayonne ("City"), dated *(Insert Date)* in connection with the City's need for Services – Animal Control Officer and Animal Shelter Services.

We affirm that the contents of our Qualification Statement-Proposal (which Qualification Statement-Proposal is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement-Proposal is submitted in good faith upon express understanding that any false statement may result in the disqualification of *(Insert Name of Respondent)*

_____ _____
Chief Executive Officer Chief Financial Officer

Dated:_____ Dated:_____

Respondent shall sign and complete the spaces as provided above. If a joint venture, partnership or other formal organization is submitting a Qualification Statement-Proposal, each participant must execute this Letter of Qualification

APPENDIX B
LETTER OF INTENT

STATE OF NEW JERSEY

ss:

CITY OF BAYONNE

I_____certify that I am the_____of the firm of_____, the Respondent submitting Qualifications in response to a Request for same from the City in regards to Services – Animal Control Officer and Animal Shelter Services. I further certify that:

1. I executed said Proposal with full authority so to do;

2. All statements contained in the Submission and in this affidavit are accurate, factual and complete, and made with full knowledge that the City of Bayonne is relying upon the truth of the statements contained in the Submission and the statements contained in this affidavit in evaluating Respondent's Qualifications;

3 Respondent 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 through participation with any other person, firm or party;

4. Respondent agrees to participate in good faith in the procurement process as described in the RFP and to adhere to the City's procurement schedule;

5. Respondent acknowledges that all costs incurred by it in connection with the preparation and submission of the Qualification Statement-Proposal and any proposal prepared and submitted in response to the RFP, or any negotiation which results therefrom, shall be borne exclusively by the Respondent. In no event shall the City have any liability to Respondent for any costs incurred by the Respondent for the Qualification Statement-Proposal;

6. Respondent acknowledges and agrees that the City may modify, amend, suspend and/or terminate the procurement process in its sole judgment; and

7. Respondent is aware that any contract executed with respect to the services referred to in the RFP must comply with the applicable affirmative action and similar laws and agrees to take such actions as may be required to comply with such applicable laws in the event that a contract is formed.

SUBSCRIBED AND SWORN TO
BEFORE ME THIS_____DAY OF 2021

_____
(Signature of Respondent)

_____

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

A. NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

ss:

CITY OF BAYONNE

I certify that I am_____of the Firm of_____ the Respondent submitting the Qualification Statement in response to the within Request for Qualifications, and that I executed said Qualification Statement with full authority so to do; that said Respondent has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competition in connection with the within Request for Qualifications; and that all statements contained in the Respondent's Qualification Statement and in this affidavit are true and correct, and made with full knowledge that the City of Bayonne will rely/relies upon the truth of the statements contained in said Qualification Statement and in the statements contained in this affidavit in awarding the contract(s) for the services sought in the within Request for Qualifications.

I further warrant that no person or selling agency has been employed to solicit or secure a contract for the services sought in the within Request for Qualification upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of the Respondent or as may be permitted by law.

_____
(Signature of respondent)

SUBSCRIBED AND SWORN TO
BEFORE ME THIS DAY_____OF 2021

_____
(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF

MY COMMISSION EXPIRES: 20

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

B. PUBLIC DISCLOSURE INFORMATION

Chapter 33 of the Public Laws of 1977 provides that no corporation or partnership (general, Limited or joint venture) shall be awarded any State, City, Municipal or Schools District contracts 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 public disclosure information statement. The statement shall set forth the names and addresses of all stockholders in the corporation or partnership who own ten percent (10%) or more of its stock of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein.

STOCKHOLDERS:

Name	Address	% owned
1._____	_____	_____
2._____	_____	_____
3._____	_____	_____
4._____	_____	_____

SIGNATURE : _____

TITLE: _____

SUBSCRIBED AND SWORN TO
BEFORE ME THIS DAY_____OF 2021

_____
(**TYPE OR PRINT** NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF

MY COMMISSION EXPIRES: 20

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

C. MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27

If your firm is awarded a contract your company/firm will be required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27. The following language, subject to any amendments by law or regulation, will be incorporated into any contract issued for the services advertised:

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. 17:27-5.2, 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.**

D. AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The contractor and the City of Bayonne, (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 *U.S.C. 5121 01* 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 there unto, are made a part of this contract..

In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act.

In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act.

The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation.

The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner 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 owner 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 owner or any of its agents, servants, and employees, the owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

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

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders **must** review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's proposal non-responsive.** If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

PLEASE CHECK EITHER BOX:

☐ **I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's parents, subsidiaries, or affiliates is listed** on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to 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. **I will skip Part 2 and sign and complete the Certification**

OR

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

Part 2

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES

Name:_____ Relationship to Bidder/Vendor:_____

Description of Activities:

_____

_____

Duration of Engagement:_____Anticipated Cessation Date_____

Bidder/Vendor_____

Contact Name:_____Contact Phone Number:_____

[continued on next page]

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

Full Name (Print):_____ Signature:_____

Title:_____ Date: _____

Bidder/Vendor: _____

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability (continued)

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement.

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Representative's Name/Title (Print):_____

Representative's Signature:_____

Name of Company:_____

Tel. No.:_____

Date:_____

E. AFFIRMATIVE ACTION COMPLIANCE NOTICE

N.J.S.A. 10:5-31 and N.J.A.C. 17:27

GOODS AND SERVICES CONTRACTS

(INCLUDING PROFESSIONAL SERVICES)

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

The successful bidder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

☐.(a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);
☐.OR
☐.(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;
☐.OR
☐.(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours. The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

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

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

COMPANY:_____

SIGNATURE: _____ DATE:_____

PRINT NAME:_____ TITLE:_____.

Form AA302
Rev. 1/00

STATE OF NEW JERSEY

Division of Contract Compliance & Equal Employment Opportunity

EMPLOYEE INFORMATION REPORT

For instructions on completing the form, go to: https://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

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

4. COMPANY NAME

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

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

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

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ ______

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

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

Official Use Only	DATE RECEIVED	INAUG.DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

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

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

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

13. DATES OF PAYROLL PERIOD USED From: To:

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

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

SECTION C - SIGNATURE AND IDENTIFICATION

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

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

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT:

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE. **IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM. SEND COPY OF CURRENT CERTIFICATE TO THE PUBLIC AGENCY. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

ITEM 2 - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

ITEM 3 - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

ITEM 4 - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

ITEM 5 - Enter the physical location of the company. Include City, County, State and Zip Code.

ITEM 6 - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

ITEM 7 - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

ITEM 8 - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

ITEM 9 - Enter the total number of employees at the establishment being awarded the contract.

ITEM 10 - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code.

ITEM 11 - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. DO NOT attach an EEO-1 Report.

Racial/Ethnic Groups will be defined:
Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.
Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.
American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillippine Islands and Samoa.
Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

ITEM 12 - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

ITEM 13 - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

ITEM 14 - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

ITEM 15 - If the answer to Item 15 is "No", enter the date when the last Employee Information Report was submitted by this company.

ITEM 16 - Print or type the name of the person completing the form. Include the signature, title and date.

ITEM 17 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN COPY FOR THE VENDOR'S OWN FILES. THE VENDOR IS TO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDING THE CONTRACT AND FORWARD A COPY TO:

NJ Department of the Treasury
Division of Contract Compliance & Equal Employment Opportunity
P.O. Box 209
Trenton, New Jersey 08625-0209 **Telephone No. (609) 292-5475**

H. MANDATORY BUSINESS REGISTRATION LANGUAGE
Non Construction Contracts

All contractors and subcontractors must provide a Business Registration Certificate when seeking to do business with the State of New Jersey, and other public agencies in this state. Failure to submit proof of registration requires mandatory rejection of a bid as a non-waivable defect. Proof of registration must be received before the contract is issued for non-bid contracts: such as contracts exempt from public bidding that are over the bid threshold, professional services, and extraordinary unspecifiable services, and purchase orders that are under the bid threshold. For non-bid contracts only, if proof has been filed through a previous contract, the contracting agency may waive resubmission.

"New Jersey Business Registration Requirements"
N.J.S.A. 52:32-44(1)(b) No contract shall be entered into by any contracting agency unless the contractor provides a copy of its business registration in accordance with the following schedule:

(1) In response to a request for bids or a request for proposals, at the time a bid or proposal is submitted; or

(2) For all other transactions, before the issuance of a purchase order or other contracting document. In its sole discretion, the contracting unit may waive this requirement if a business registration has been previously provided to the contracting agency.

N.J.S.A. 52:32-44(1)(c) A subcontractor shall provide a copy of its business registration to any contractor who shall forward it to the contracting agency. No contract with a subcontractor shall be entered into by any contractor under any contract with a contracting agency unless the subcontractor first provides proof of valid business registration. The contracting agency shall file all business registrations received by the contracting agency with other procurement documents related to the contract.

For the term of the contract, the contractor and each of its affiliates and a subcontractor and each of its affiliates [N.J.S.A. 52:32-44(g)(3)] shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act on all sales of tangible personal property delivered into this State, regardless of whether the tangible personal property is intended for a contract with a contracting agency.

N.J.S.A. 54:49-4.1 A business organization that fails to provide a copy of a business registration as required pursuant to section of P.L.2001, c.134 (C.52:32-44 et al.) or subsection e. or f. of section 92 of P.L.1977, c.110 (C.5:12-92), or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of $25 for each day of violation, not to exceed $50,000 for each business registration copy not properly provided under a contract with a contracting agency."

PROFESSIONAL INFORMATION AND QUALIFICATIONS

1. Current license issued by the State of New Jersey to be an animal control officer; **see attached Certifications**

2. Current license issued by the State of New Jersey to operate an animal shelter; **see attached License**

3. Name of firm, business organization, shareholders, and directors with more than a ten

percent interest in the organization; **See attached corporation**

4. Address of principal place of business and all other offices and corresponding telephone and

fax numbers for all individuals assigned to perform the services.

NJ Humane Society LLC 6412 Dewey Avenue, West New York, NJ 07093

Animal Control: 201-822-7333 Fax: 201-624-7110 Shelter: 201-758-7788

5. Description of owner's education, experience, qualifications, number of years with the firm

and a description of their experience with projects like those described above.

There is over 50 years' experience between all the Animal Control Officers and staff. They have rescued 1000's of animas over the years domestic and wildlife. They are all familiar with domesticated and wildlife animals. All ACO's have worked multiple municipalities and County agencies. All the Aco's have worked for the public and are very caring towards each call whether a simple dog barking call or extreme emergency where the animal needs medical help.

6. Experience related to providing animal control officer services and animal shelter services

for municipalities; **The NJ Humane Society has over ten years' experience with providing Animal Control and sheltering services for multiple municipalities and County agencies.**

7. At least four (4) references, three (3) of which must have knowledge of your service to

public entities.

Township of West New York 201-295-5074

Township of North Bergen 201-392-2087

Township of Guttenberg 201-392-2087

Retired Chief Animal Control Investigator Michael Melchionne 609-713-3554

8. The organization's ability to provide the services in a timely fashion (including staffing,

familiarity and location of key staff); **Bayonne is in Hudson County. All our ACO's are familiar with Bayonne and the location of any local veterinarians in Bayonne. Response time will be provided after a call for animal control is taken and it will be immediately responded to.**

9. Cost details, including rates and fees, broken down into specific services to be provided, a flat fee or fee schedule, the names of each of the individuals who will perform the services and the time estimates for everyone, all expenses, and where appropriate, total cost of "not to exceed" amount; **The animal control and sheltering contract will be $48,358.33 for May 1,2021 thru December 31, 2021.**

10. Any other information which the interested organization deems relevant; **We are a no-kill animal shelter and a non-profit organization. We are dedicated with rescuing all animals. Our mission and work are a passion. The animal control officers are compassionate in their work and have been with the NJ Humane Society for over five years each. We have great volunteers who help domesticate the animals that are in the shelter waiting to be adopted.**

11. Business Registration Certificate (preferably with the proposal but prior to award of contract); **See attached**

12. Statement of corporate ownership (c.52:25-24.2)(form provided); **See attached**

13. Letter of Qualification (form provided); **See attached**

14. Letter of Intent (form provided); **See attached**

15. Non-Collusion Affidavit (form provided); **See attached**

16. Americans with Disabilities Act form (form provided**); See attached**

17. Affirmative Action Compliance Notice (form provided); **See attached**

18. Minority/Woman Business Enterprise form (form provided); **See attached**

19. Disclosure of Investment Activities in Iran form (form provided); **See attached**

20. Criminal background check for all persons who will be assigned to provide services under this contract shall be provided to the City after the contract is awarded and the contract is contingent upon receipt by the City of satisfactory background checks; and

21. State whether your company/firm is presently involved in a lawsuit and whether it has been sued in the last five (5) years. If so, provide a description of each matter**. Have never been involved in a lawsuit ever**

OFFICIAL PROPOSAL SHEET

The Respondent agrees to provide Animal Control Officer and Animal Shelter Services for the City of Bayonne for the price submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Respondent's total, all inclusive, combined cost(s) to provide the services detailed and described herein shall be: $ 48,358.33 for 7 months

PROPOSAL SUBMITTED:

COMPANY: NJ Humane Society LLC

ADDRESS: 6412 Dewey Avenue, West New York, NJ 07093

Michael Santini
(Please Print or Type Name)

BY: Michael Santini

TITLE: Member DATE: 4-4 2021

TELEPHONE: 201 822 7333 FAX: 201 624 7110

TAXPAYER IDENTIFICATION NUMBER: [redacted]

Do you have any exceptions to the specifications? Yes (No) .

If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Proposal Document.

QUESTIONNAIRE

Please answer the following questions.

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

1. Township of West New York

2. Township of North Bergen

How many employees does your company presently employ? 6

How many years has your company been providing this service? 10

Has your company ever failed to complete any contract with regard to any of the services herein described?
Yes_____No ✓. If yes, provide details here: (Attach sheets if necessary)

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

1) Jose Gomez 201 [redacted]
2) Fernando Rosario [redacted]

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

1) Jose Gomez 201 [redacted]
2) Fernando Rosario [redacted]

VENDOR INFORMATION SHEET

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

Name of Business: NJ Humane Society LLC

Correspondence Address, including zip code:

6412 Dewey Avenue
West New York, NJ 07093

Purchase Order Address, including zip code:

same as above

Payment Address, including zip code:

Same as above

Telephone Number: 201 822 7333

Facsimile Number: 201 624 7110

Cellular Number: 201 [redacted]

New Jersey Humane Society

animal control: 201.822.7333
animal shelter: 201.758.7788
fax: 201.624.7110
email: info@hsnj.org

6412 Dewey Avenue • West New York, NJ 07093

John F. Coffey II

Law Director

Bayonne City Hall

630 Avenue C

Bayonne, New Jersey 07002

Dear Mr. Coffey:

The undersigned have reviewed our Qualification Statement-Proposal submitted in response to the Request for Proposals (RFP) issued by the City of Bayonne ("City"), dated April 4, 2021 in connection with the City's need for Services – Animal Control Officer and Animal Shelter Services.

We affirm that the contents of our Qualification Statement-Proposal ANIMAL CONTROL OFFICER AND ANIMAL SHELTER SERVICES FOR THE PERIOD MAY 1, 2021 TO DECEMBER 31, 2021 are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement-Proposal is submitted in good faith upon express understanding that any false statement may result in the disqualification of the NJ Humane Society LLC.

Chief Executive Officer

Dated: April 4 2021

Chief Financial Officer

Dated: 4-4-21

APPENDIX B
LETTER OF INTENT

STATE OF NEW JERSEY

ss:

CITY OF BAYONNE

I Michael Santini certify that I am the member of the firm of NJ Humane Society, the Respondent submitting Qualifications in response to a Request for same from the City in regards to Services – Animal Control Officer and Animal Shelter Services. I further certify that:

1. I executed said Proposal with full authority so to do;

2. All statements contained in the Submission and in this affidavit are accurate, factual and complete, and made with full knowledge that the City of Bayonne is relying upon the truth of the statements contained in the Submission and the statements contained in this affidavit in evaluating Respondent's Qualifications;

3 Respondent 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 through participation with any other person, firm or party;

4. Respondent agrees to participate in good faith in the procurement process as described in the RFP and to adhere to the City's procurement schedule;

5. Respondent acknowledges that all costs incurred by it in connection with the preparation and submission of the Qualification Statement-Proposal and any proposal prepared and submitted in response to the RFP, or any negotiation which results therefrom, shall be borne exclusively by the Respondent. In no event shall the City have any liability to Respondent for any costs incurred by the Respondent for the Qualification Statement-Proposal;

6. Respondent acknowledges and agrees that the City may modify, amend, suspend and/or terminate the procurement process in its sole judgment; and

7. Respondent is aware that any contract executed with respect to the services referred to in the RFP must comply with the applicable affirmative action and similar laws and agrees to take such actions as may be required to comply with such applicable laws in the event that a contract is formed.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th DAY OF April 2021

Marilyn DePice

Mich Santini
(Signature of Respondent)

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

Marilyn A DePice
Notary Public
New Jersey
My Commission Expires 8-12-2023
No. 2376749

A. NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

ss:

CITY OF BAYONNE

I certify that I am Member of the Firm of NJ Human Society LLC the Respondent submitting the Qualification Statement in response to the within Request for Qualifications, and that I executed said Qualification Statement with full authority so to do; that said Respondent has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competition in connection with the within Request for Qualifications; and that all statements contained in the Respondent's Qualification Statement and in this affidavit are true and correct, and made with full knowledge that the City of Bayonne will rely/relies upon the truth of the statements contained in said Qualification Statement and in the statements contained in this affidavit in awarding the contract(s) for the services sought in the within Request for Qualifications.

I further warrant that no person or selling agency has been employed to solicit or secure a contract for the services sought in the within Request for Qualification upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of the Respondent or as may be permitted by law.

(Signature of respondent)

SUBSCRIBED AND SWORN TO
BEFORE ME THIS DAY April 4 OF 2021

Marilyn DePice
(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)
Marilyn DePice

NOTARY PUBLIC OF New Jersey

MY COMMISSION EXPIRES: 2023

Marilyn A DePice
Notary Public
New Jersey
My Commission Expires 8-12-2023
No. 2376749

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

B. PUBLIC DISCLOSURE INFORMATION

Chapter 33 of the Public Laws of 1977 provides that no corporation or partnership (general, Limited or joint venture) shall be awarded any State, City, Municipal or Schools District contracts 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 public disclosure information statement. The statement shall set forth the names and addresses of all stockholders in the corporation or partnership who own ten percent (10%) or more of its stock of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein.

STOCKHOLDERS:

Name	Address	% owned
1. Alex Saavedra	6412 Derry Avenue, WNY, NJ	
2. Lisa Menendez	6412 Derry Aven, WNY, NJ	
3. Michael Santini	6412 Derry Aven, WNY, NJ	
4. Richard Ross	6412 Derry Aven, WNY, NJ	

SIGNATURE: Michael Santo

TITLE: Member

SUBSCRIBED AND SWORN TO
BEFORE ME THIS DAY April 4 OF 2021

Marilyn DePice
(**TYPE OR PRINT** NAME OF AFFIANT UNDER SIGNATURE)
Marilyn DePice

NOTARY PUBLIC OF New Jersey

MY COMMISSION EXPIRES: 2023

Marilyn A DePice
Notary Public
New Jersey
My Commission Expires 8-12-2023
No. 2376749

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders **must** review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's proposal non-responsive**. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

PLEASE CHECK EITHER BOX:

☒ **I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's parents, subsidiaries, or affiliates is listed** on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to 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. **I will skip Part 2 and sign and complete the Certification**

OR

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

Part 2

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES

Name:_____ Relationship to Bidder/Vendor:_____

Description of Activities:

_____

_____

Duration of Engagement:_____Anticipated Cessation Date_____

Bidder/Vendor_____

Contact Name:_____Contact Phone Number:_____

[continued on next page]

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

Full Name (Print): Michael Santin Signature: Michael Santin

Title: Member Date: 4 4 21

Bidder/Vendor: Animal Control and Shelter Services

Sworn and Subscribed before me
this 4th day of April, 2021
Marilyn DePice

Marilyn A DePice
Notary Public
New Jersey
My Commission Expires 8-12-2023
No. 2376749

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability (continued)

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement.

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Representative's Name/Title (Print): Michael Santini

Representative's Signature: Michael Santini

Name of Company: NJ Humane Society LLC

Tel. No.: 201 [redacted]

Date: 4/4/21.

E. AFFIRMATIVE ACTION COMPLIANCE NOTICE

N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS AND SERVICES CONTRACTS
(INCLUDING PROFESSIONAL SERVICES)

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

The successful bidder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

☐.(a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);
☐.OR
☐.(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;
☐.OR
☐.(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours. The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

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

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

COMPANY: NJ Humane Society LLC

SIGNATURE: Mark Santi DATE: 4-4-21

PRINT NAME: Michael Santin TITLE: Member

Form AA302
Rev. 11/11

STATE OF NEW JERSEY

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

EMPLOYEE INFORMATION REPORT

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

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY: [redacted]

2. TYPE OF BUSINESS: ☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE ☐ 4. RETAIL ☒ 5. OTHER

3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY: 8

4. COMPANY NAME: NJ Humane Society LLC

5. STREET	CITY	COUNTY	STATE	ZIP CODE
6412 Dewey Avenue	West New York	Hudson	NJ	07093

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

none

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

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT: 8

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

Official Use Only	DATE RECEIVED	INAUG.DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

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

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
				********** MALE **********					********** FEMALE **********					
	COL. 1 TOTAL (Cols.2 &3)	COL. 2 MALE	COL. 3 FEMALE	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/ Managers			1						1				
Professionals	5			1	2			2					
Technicians													
Sales Workers													
Office & Clerical			2							2			
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment From previous Report (if any)	5		3	1	2			2	1	2			
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.													

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

13. DATES OF PAYROLL PERIOD USED — From: 01/01/20 To: 12 31 20

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

15. IF NO, DATE LAST REPORT SUBMITTED — MO. 12 DAY 31 YEAR 20

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO	DAY	YEAR
Lisa Menendez		Memeber	4	4	21

17. ADDRESS NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	PHONE (AREA CODE, NO.,EXTENSION)
6412 Qewey Avenue	West New Yrok	Hudson	NJ	07093	201 - 758 - 7788

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	NJ HUMANE SOCIETY A NJ NONPROFIT CORPORATION
Trade Name:	
Address:	6412 DEWEY AVENUE WEST NEW YORK, NJ 07093
Certificate Number:	2230736
Effective Date:	May 01, 2018
Date of Issuance:	June 17, 2018

For Office Use Only:

20180617160946213

NEW JERSEY DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES

CERTIFICATE OF INC, (NON PROFIT)

NJ HUMANE SOCIETY A NJ NONPROFIT CORPORATION
0450265532

Signatures:

LISA MENENDEZ
INCORPORATOR

Certificate Number : 4053293734
Verify this certificate online at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal 30th day of April, 2018

Elizabeth Maher Muoio
State Treasurer

STATE OF NEW JERSEY

DEPARTMENT OF THE TREASURY

DIVISION OF REVENUE AND ENTERPRISE SERVICES

LONG FORM STANDING WITH OFFICERS AND DIRECTORS

NJ HUMANE SOCIETY A NJ NONPROFIT CORPORATION

0450265532

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on April 30, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RICHARD ROSS
6412 DEWEY AVENUE
WEST NEW YORK, NJ 07093

I further certify that as of the date of this certificate, the following were listed as officers/directors of this business.

OTHER	*ALEXANDER SAAVEDRA* *6412 DEWEY AVENUE* *WEST NEW YORK, NJ 07093*
OTHER	*LISA MENENDEZ* *6412 DEWEY AVENUE* *WEST NEW YORK, NJ 07093*
OTHER	*RICHARD ROSSS* *6412 DEWEY AVENUE* *WEST NEW YORK, NJ 07093*

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH CHARTER DOCUMENTS

NJ HUMANE SOCIETY A NJ NONPROFIT CORPORATION
0450265532

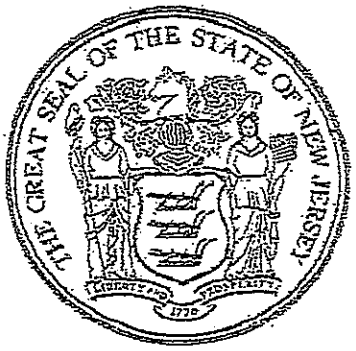
I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Non-Profit Corporation was registered by this office on April 30, 2018.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

RICHARD ROSS
6412 DEWEY AVENUE
WEST NEW YORK, NJ 07093

I further certify that as of the date of this certificate, no amendments have been filed.



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 7th day of September, 2018

Elizabeth Maher Muoio
State Treasurer

Certificate Number : 6091071516

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp

Certification 59272

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

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-JUN-2018 to 15-JUN-2025

NJ HUMANE SOCIETY, INC.
6412 DEWEY AVE.
WEST NEW YORK NJ 07093

ELIZABETH MAHER MUOIO
State Treasurer

Bureau of Fire Safety

INSPECTION CERTIFICATE

This certifies that the referenced property has been inspected pursuant to the Uniform Fire Safety Act and satisfies the minimum requirements of the New Jersey Uniform Fire Code.

This certificate is valid for one year unless inspections are required on a quarterly basis, or on a semi-annual basis in accordance with N . J . A . C . 5 : 70 – 2 . 3 .

This certificate must be posted in a conspicuous location in the above premises.

New Jersey Humane Society
Business Name or Proprietor

6410 Dewey Ave.
Location

03/12/2019
Date

Danessa Real, Fire Official

F2-0017
Registration Number

IRS DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
CINCINNATI OH 45999-0023

Date of this notice: 04-30-2018

Employer Identification Number:
[redacted]

Form: SS-4

Number of this notice: CP 575 A

NJ HUMANE SOCIETY
6412 DEWEY AVE
WEST NEW YORK, NJ 07093

For assistance you may call us at:
1-800-829-4933

IF YOU WRITE, ATTACH THE
STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN [redacted] This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

Based on the information received from you or your representative, you must file the following form(s) by the date(s) shown.

Form 940	01/31/2019
Form 944	01/31/2019
Form 1120	07/15/2019

If you have questions about the form(s) or the due date(s) shown, you can call us at the phone number or write to us at the address shown at the top of this notice. If you need help in determining your annual accounting period (tax year), see Publication 538, *Accounting Periods and Methods*.

We assigned you a tax classification based on information obtained from you or your representative. It is not a legal determination of your tax classification, and is not binding on the IRS. If you want a legal determination of your tax classification, you may request a private letter ruling from the IRS under the guidelines in Revenue Procedure 2004-1, 2004-1 I.R.B. 1 (or superseding Revenue Procedure for the year at issue). Note: Certain tax classification elections can be requested by filing Form 8832, *Entity Classification Election*. See Form 8832 and its instructions for additional information.

IMPORTANT INFORMATION FOR S CORPORATION ELECTION:

If you intend to elect to file your return as a small business corporation, an election to file a Form 1120-S must be made within certain timeframes and the corporation must meet certain tests. All of this information is included in the instructions for Form 2553, *Election by a Small Business Corporation*.

STATE OF NEW JERSEY

DIVISION OF TAXATION

SALES TAX COLLECTION SCHEDULE
RATE 6.625% EFFECTIVE JANUARY 1, 2018

Amount of Sale	Tax to be Collected	Amount of Sale	Tax to be Collected
$0.01 to $0.07	None	$5.82 to $5.96 ...	.39
0.08 to 0.22 ...	$0.01	5.97 to 6.11 ...	.40
0.23 to 0.37 ...	.02	6.12 to 6.26 ...	.41
0.38 to 0.52 ...	.03	6.27 to 6.41 ...	.42
0.53 to 0.67 ...	.04	6.42 to 6.56 ...	.43
0.68 to 0.83 ...	.05	6.57 to 6.71 ...	.44
0.84 to 0.98 ...	.06	6.72 to 6.86 ...	.45
0.99 to 1.13 ...	.07	6.87 to 7.01 ...	.46
1.14 to 1.28 ...	.08	7.02 to 7.16 ...	.47
1.29 to 1.43 ...	.09	7.17 to 7.32 ...	.48
1.44 to 1.58 ...	.10	7.33 to 7.47 ...	.49
1.59 to 1.73 ...	.11	7.48 to 7.62 ...	.50
1.74 to 1.88 ...	.12	7.63 to 7.77 ...	.51
1.89 to 2.03 ...	.13	7.78 to 7.92 ...	.52
2.04 to 2.18 ...	.14	7.93 to 8.07 ...	.53
2.19 to 2.33 ...	.15	8.08 to 8.22 ...	.54
2.34 to 2.49 ...	.16	8.23 to 8.37 ...	.55
2.50 to 2.64 ...	.17	8.38 to 8.52 ...	.56
2.65 to 2.79 ...	.18	8.53 to 8.67 ...	.57
2.80 to 2.94 ...	.19	8.68 to 8.83 ...	.58
2.95 to 3.09 ...	.20	8.84 to 8.98 ...	.59
3.10 to 3.24 ...	.21	8.99 to 9.13 ...	.60
3.25 to 3.39 ...	.22	9.14 to 9.28 ...	.61
3.40 to 3.54 ...	.23	9.29 to 9.43 ...	.62
3.55 to 3.69 ...	.24	9.44 to 9.58 ...	.63
3.70 to 3.84 ...	.25	9.59 to 9.73 ...	.64
3.85 to 3.99 ...	.26	9.74 to 9.88 ...	.65
4.00 to 4.16 ...	.27	9.89 to 10.00 ...	.66
4.16 to 4.30 ...	.28	Over $10	.66*
4.31 to 4.45 ...	.29	Over $20	1.33*
4.46 to 4.60 ...	.30	Over $30	1.99*
4.61 to 4.75 ...	.31	Over $40	2.65*
4.76 to 4.90 ...	.32	Over $50	3.31*
4.91 to 5.05 ...	.33	Over $60	3.98*
5.06 to 5.20 ...	.34	Over $70	4.64*
5.21 to 5.35 ...	.35	Over $80	5.30*
5.36 to 5.50 ...	.36	Over $90	5.96*
5.51 to 5.66 ...	.37	Over $100	6.63*
5.67 to 6.01 ...	.38	Over $200	13.25*

*On amounts above $10, the tax shall be $0.06625 on each full dollar of the amount of sale, plus the tax on each part of a dollar in excess of a full dollar in accordance with the above formula.

ST-75 (1-18)

NOTICE: The enclosed N.J. State Sales Tax Certificate of Authority (CA-1) is a permit to:

- Collect N.J. State Sales Tax
- Issue N.J. Resale Certificates (ST-3)
- Issue N.J. Exempt Use Certificates (ST-4)

The Resale and Exempt Use Certificates can be found at: http://www.nj.gov/treasury/taxation/prntsale.shtml
You must have a valid N.J. Sales Tax Certificate to collect Sales Tax or issue certificates.
If you are not subject to collect N.J. Sales Tax but need to issue Resale or Exempt Use Certificates, you can request to be placed on a "Non-reporting Basis." To be placed on a "Non-reporting Basis" you must complete Form ST-6205. This form can be obtained by downloading it at:
http://www.nj.gov/treasury/taxation/pdf/other_forms/sales/c6205st.pdf or by calling (609) 292-9292.

This Certificate of Authority (CA-1) must be displayed at your place of business.

STATE OF NEW JERSEY

Certificate of Authority

DIVISION OF TAXATION
TRENTON, NJ 08695

The person, partnership or corporation named below is hereby authorized to collect:

NEW JERSEY SALES AND USE TAX

pursuant to N.J.S.A. 54:32B-1 ET SEQ.

John J. Ficara
Acting Director, Division of Taxation

This authorization is good ONLY for the named person at the location specified herein.
This authorization is null and void if there is any change in ownership or address.

NJ HUMANE SOCIETY A NJ NONPROFIT CORPORA
6412 DEWEY AVENUE
WEST NEW YORK, NJ
07093

Tax Registration No: XXX-XXX-944/000
Tax Effective Date: 4/30/2018
Document Locator No: N0000190450
Date Issued: 4/30/2018

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

INTERNAL REVENUE SERVICE
P. O. BOX 2508
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date:
JUN 12 2020

NJ HUMANE SOCIETY AN NJ NONPROFIT CORPORATION
6412 DEWEY AVENUE
WEST NEW YORK, NJ 07093-0000

Employer Identification Number:
[redacted]
DLN:
26053560001270
Contact Person:
CUSTOMER SERVICE ID# 31954
Contact Telephone Number:
(877) 829-5500
Accounting Period Ending:
December 31
Public Charity Status:
170(b)(1)(A)(vi)
Form 990/990-EZ/990-N Required:
Yes
Effective Date of Exemption:
May 01, 2018
Contribution Deductibility:
Yes
Addendum Applies:
No

Dear Applicant:

We're pleased to tell you we determined you're exempt from federal income tax under Internal Revenue Code (IRC) Section 501(c)(3). Donors can deduct contributions they make to you under IRC Section 170. You're also qualified to receive tax deductible bequests, devises, transfers or gifts under Section 2055, 2106, or 2522. This letter could help resolve questions on your exempt status. Please keep it for your records.

Organizations exempt under IRC Section 501(c)(3) are further classified as either public charities or private foundations. We determined you're a public charity under the IRC Section listed at the top of this letter.

If we indicated at the top of this letter that you're required to file Form 990/990-EZ/990-N, our records show you're required to file an annual information return (Form 990 or Form 990-EZ) or electronic notice (Form 990-N, the e-Postcard). If you don't file a required return or notice for three consecutive years, your exempt status will be automatically revoked.

If we indicated at the top of this letter that an addendum applies, the enclosed addendum is an integral part of this letter.

For important information about your responsibilities as a tax-exempt organization, go to www.irs.gov/charities. Enter "4221-PC" in the search bar to view Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, which describes your recordkeeping, reporting, and disclosure requirements.

NJ HUMANE SOCIETY AN NJ NONPROFIT

Sincerely,

Stephen A. Martin

Director, Exempt Organizations
Rulings and Agreements

Letter 947

New Jersey Department of Health
Infectious and Zoonotic Diseases Program
P. O. Box 369
Trenton, NJ 08625-0369

CERTIFICATION OF VETERINARY SUPERVISION OF THE DISEASE CONTROL AND HEALTH CARE PROGRAM AT A LICENSED ANIMAL FACILITY

N.J.A.C. 8:23A-1.9(a) requires that this form be updated yearly and posted at the facility in an area clearly visible to the public.

LICENSED ANIMAL FACILITY INFORMATION	
Name of Licensed Animal Facility **NJ Humane Society LLC**	License Number **083**
Street Address **6412 Dewey Avenue**	
City, State, Zip Code **West New York, NJ 07093**	

CERTIFICATION BY SUPERVISING VETERINARIAN	
This is to certify that I have established and am maintaining a disease control and health care program at the above licensed animal facility, as specified in N.J.A.C. 8:23A-1.9(a).	
Name of Veterinarian *(Print)* **Dr. Carlos Triana**	License Number **V14945**
Street Address **3130 Summit Avenue**	
City, State, Zip Code **Union City , NJ 07087**	
Telephone Number *(During Business Hours)* **201-392-2000**	Telephone Number *(After-Hours Emergencies)*
Signature	Date **October 14, 2020**

- THIS FORM TO BE RETAINED AT FACILITY -

VPH-20
MAY 16

DEPARTMENT OF HEALTH

TOWN OF WEST NEW YORK
HUDSON COUNTY, NEW JERSEY
COSMO A. CIRILLO, COMMISSIONER

2021 License # **124** January 26, 2021

NEW JERSEY HUMANE SOCIETY LLC — Trade Name:
ALEX SAAVEDRA — Principal:
6412 DEWEY AVE — Property Address
WEST NEW YORK NJ 07093

Is hereby authorized to conduct a

FOLD **ANIMAL, SHELTER, KENNEL, BOARDING** FOLD

at the above address, subject to the rules and regulations of the Department of Health. This license is not transferable to any person or location other than oringally issued to, and must be kept posted at all times in a conspicuous place in the store.

Base Fee:	$0.00
Additional Units:	$0.00
Total Fee:	$0.00

This License Expires December 31, 2021 Unless Otherwise Revoked

Issued by .....

Vincent Rivelli, Health Officer

NICHOLAS J. SACCO
MAYOR
PUBLIC AFFAIRS

JANET CASTRO
HEALTH OFFICER

NORTH BERGEN DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT

New Jersey Humane Society — Name of Establishment

6412 Dewey Ave West New York 07093 — Address

SATISFACTORY

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST ON THESE PREMISES AND AT THE LOCAL DEPARTMENT OF HEALTH.

NEW JERSEY STATE DEPARTMENT OF HEALTH		NORTH BERGEN DEPARTMENT OF HEALTH	
CONSUMER HEALTH SERVICES P.O. BOX 1540 TRENTON, NEW JERSEY 08625		1116 - 43RD STREET, 2ND FLOOR NORTH BERGEN, NEW JERSEY 07047 WWW.NORTHBERGEN.ORG (201) 392-2084 • FAX: (201) 392-2153	
NAME OF INSPECTING OFFICIAL *(PRINT)*	DATE	NAME OF INSPECTING OFFICIAL *(PRINT)* Yojana Rubiano	DATE 2/11/21
SIGNATURE OF INSPECTING OFFICIAL	PERMANENT REG. NO.	SIGNATURE OF INSPECTING OFFICIAL	PERMANENT REG. NO. B158162

NOTE: In accordance with New Jersey State Sanitary Code (NJAC 8:24), this report shall be posted in a conspicuous place near the public entrance of the establishment. Specific references in the Detailed Data Sheets are to Chapter 24 of the State Sanitary Code.

F-33
Rev. 6/13

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Alex SAAvedra

NUMBER AND STREET: 6412 DEWEY Ave — COUNTY:

MUNICIPALITY: West New York — STATE: NJ

ZIP CODE: 07093 — COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: New Jersey Humane Society

NUMBER AND STREET: 6412 Dewey Ave — COUNTY:

MUNICIPALITY: West New York — ZIP CODE: 07093 — TELEPHONE NO.: (201) [redacted]

ESTABLISHMENT STATE LICENSE NO. (if appl.): — COMUN. CODE:

INSPECTION

TYPE OF ESTABLISHMENT

- [ ] 1 RETAIL
- [x] 2 OTHER (SPECIFY)
- [ ] 3
- [ ] 4

ESTABLISHMENT CODE

GOODS

- [ ] 1 DESTROYED
- [ ] 2 EMBARGOED

- [x] 1 INITIAL INSPECTION
- [ ] 2 REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)		
DATE	BEGIN	END
2/11/2021	/	/
	/	/

EVALUATION

- [x] *SATISFACTORY*
- [ ] *CONDITIONALLY SATISFACTORY*
- [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

TOWNSHIP OF NORTH BERGEN
Department of Health
1116 - 43rd Street, 2nd Floor
North Bergen, N.J. 07047
(201) 392-2084-85-86
(201) 392-2153 Fax
www.northbergen.org

DIRECTOR: **Janet Castro**

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Yojana Rubiano
REHS

INSPECTOR'S SIGNATURE:

INSPECTOR'S PERM. REG. NO.: 158462

P5740

New Jersey Department of Health

INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility: New Jersey Humane Society	License No.: 083	Date of Inspection: 2/11/2021
Address of Facility: 6412 Dewey Ave	Time Began: 3:00 pm	Time Completed: 6:00 pm
County/ Municipality: West New York - Hudson -	Inspecting Organization: North Bergen Health Dept.	
Name of Inspecting Official(s): Yojana Rubiano BIS8162		Telephone Number: (201) 392-2085

Type of Establishment: ☑ Kennel ☐ Pet Shop ☑ Pound ☑ Shelter

Type of Inspection: ☑ Initial ☐ Routine ☐ Complaint ☐ Reinspection

Result of Inspection: ☑ Satisfactory ☐ Conditional A ☐ Unsatisfactory ☐ Conditional B

This inspection is based on N.J.A.C. 8:23A-1 "Animal Facility Operation" promulgated under the authority of N.J.S.A. 4:19-15.14. ("X" indicates a violation)

N.J.A.C. 8:23A

1.2 - COMPLIANCE
- ☑ b. Certificate of local inspection
- ☑ d. Fire inspection
- ☐ c. Plan review, if applicable

1.3 - FACILITIES (GENERAL)
- ☑ a. General housing condition
- ☑ b. Electric power/water test
- ☑ c. Storage of food and/or bedding
- ☑ d. Disposal of waste and/or carcasses
- ☑ e. Facilities for caretaker's cleanliness
- ☑ f. Premises (buildings and grounds)

1.4 - FACILITIES (INDOOR)
- ☑ a. Indoor facilities/acclimation certificate not provided
- ☑ b. Heating
- ☑ c. Ventilation
- ☑ d&e. Lighting
- ☑ f. Interior surfaces not impervious to moisture
- ☑ g. Drainage

1.5 - FACILITIES (OUTDOOR)
- ☑ a,b,&c. Protection from weather elements
- ☑ d. Drainage
- ☑ e. Outdoor enclosure surfaces/disposal of run off

1.6 - PRIMARY ENCLOSURES
- ☑ a. Primary enclosure requirements
- ☑ b,g,&h. Enclosure size/litter receptacle/exercise
- ☑ c. Segregation of animals
- ☑ d. Disinfection between inhabitants
- ☑ e. Isolating contagious animals
- ☑ f. Flooring
- ☑ i. Suspect rabid animal caging
- ☑ j. Tethering in lieu of primary enclosures

1.7 - FEEDING AND WATERING
- ☑ a&c. Feeding frequency 3 times x day
- ☑ b. Food quality
- ☑ d. Location of food receptacles
- ☑ e,f,&g. Food receptacles
- ☑ h. Potable water/water receptacles

1.8 - SANITATION
- ☑ a. Removal of excreta/protection of animals during cleaning
- ☑ b. Frequency of cleaning 3 times x day
- ☑ c. Disinfection practices
- ☑ d. Condition of buildings/grounds
- ☑ e. Pest control

N.J.A.C. 8:23A SECTIONS (CONTINUED)

1.9 - DISEASE CONTROL
- ☑ a. Disease control and health care program established and maintained by a veterinarian: Dr. CARLOS TRIANA
- ☑ b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting
- ☑ d. Observation of animals/treatment of injury or illness/ stress remediation
- ☑ e,k,&l. Handling of rabies suspects
- ☑ f. Isolation of animals with communicable disease
- ☑ g,h,&i. Isolation rooms
- ☑ m&n. Fact sheets/noncompliance of ordered quarantine

1.10 - HOLDING AND RECLAIMING ANIMALS
- ☐ a. ☑ 1. Seven day stray holding period; ☑ 1-4. Rabies holding period/rabies testing protocol; ☑ 5-6. Elective euthanasia
- ☐ b. Facility Sign
- ☐ b. ☑ 1-5. Public access; ☑ 6-7. Notification of unlicensed dog/impoundment

1.11 - EUTHANASIA
- ☑ a&b. Pre-euthanasia handling/sedation
- ☑ c&d. Method of euthanasia
- ☐ e. Persons administering euthanasia
- ☑ f. Euthanasia protocol
- ☑ g. Assessment of animals after euthanasia

1.12 - TRANSPORTATION
- ☑ a&b. Vehicle requirements
- ☑ c,e,&f. Primary enclosures
- ☑ d. Animal segregation
- ☑ g. Sanitation of enclosures
- ☑ h. Emergency veterinary care
- ☑ i. Temporary holding facilities

1.13 - RECORDS AND ADMINISTRATION
- ☑ a,c,&d. Record keeping
- ☐ b. Records not kept on premise
- ☐ e. Change in facility status

NJAC 8:23-1 THROUGH 3
- ☐ 1.1 Importation of dogs; certification requirements N/A
- ☑ 1.2 Reporting of known or suspect rabid animal
- ☑ 1.3 Transportation of confined animals
- ☑ 1.4 Quarantine, testing and transportation of pet birds
- ☐ 1.5 Records of pet birds N/A
- ☐ 2.1 Sale of turtle eggs/live turtles N/A
- ☑ 3.1 Transportation of animals by ACOs

NUMBER OF ANIMALS AT THE FACILITY *(List species and numbers)*

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	3						
Cats	3						

Signature of Owner, Operator or Representative

Signature of Inspecting Official(s)

VPH-1
JUL 12

Copies to: Local Health Department, NJDOH, Establishment and Inspecting Official

CONTINUATION SHEET

(For Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.): NJ Humane Society

Date: 2/11/2021

Municipality: North Bergen

Tel., Code or ID No.: 0155162

Item No.	Remarks
	New Jersey Humane Society LLC 2021 license #124, January 26, 2021. Establishment Authorized to conduct a animal shelter Kennel and boarding.
-	Hpc Pest control Services. Provided Extermination Report - feb - 9 - 2021 invoice provided
1.11	Euthanasia > Not done on premisses Any Animals sick or injured that need to be humanly euthanized is done at 3130 Summit Ave Under the supervising Veterinarian Dr Carlos Triana License #VI4945. Certification of veterinary supervision of the disease control and health care program provided on site. Expiration date: October, 14 2021
-	observed 3 dogs and 3 cats with proper identification / record of rabies vaccines were provided
-	NO sanitary violations observed during the inspection - Issuing a Satisfactory Placard!

Signature of Individual Completing Form

Signature of Owner of Facility, Establishment, etc., if required

NICHOLAS J. SACCO
MAYOR
PUBLIC AFFAIRS

JANET CASTRO
HEALTH OFFICER

NORTH BERGEN DEPARTMENT OF HEALTH

SANITARY INSPECTION REPORT

NJ Humane Society 6412 Dewey Ave West New York
Name of Establishment Address

SATISFACTORY

DETAILED SUPPORTING DATA SHEETS ARE AVAILABLE UPON REQUEST ON THESE PREMISES AND AT THE LOCAL DEPARTMENT OF HEALTH.

NEW JERSEY STATE DEPARTMENT OF HEALTH		NORTH BERGEN DEPARTMENT OF HEALTH	
CONSUMER HEALTH SERVICES P.O. BOX 1540 TRENTON, NEW JERSEY 08625		1116 - 43RD STREET, 2ND FLOOR NORTH BERGEN, NEW JERSEY 07047 WWW.NORTHBERGEN.ORG (201) 392-2084 • FAX: (201) 392-2153	
NAME OF INSPECTING OFFICIAL *(PRINT)*	DATE	NAME OF INSPECTING OFFICIAL *(PRINT)* Yolanda Rubiano	DATE 09/17/20
SIGNATURE OF INSPECTING OFFICIAL	PERMANENT REG. NO.	SIGNATURE OF INSPECTING OFFICIAL	PERMANENT REG. NO. B158162

NOTE: In accordance with New Jersey State Sanitary Code (NJAC 8:24), this report shall be posted in a conspicuous place near the public entrance of the establishment. Specific references in the Detailed Data Sheets are to Chapter 24 of the State Sanitary Code.

F-33
Rev. 6/13

SANITARY INSPECTION REPORT

IDENTIFICATION

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT: Alex Saavedra

NUMBER AND STREET: 6412 Dewey Ave

COUNTY:

MUNICIPALITY: West new York

STATE: NJ

ZIP CODE: 07093

COMUN. CODE:

ESTABLISHMENT INFORMATION

ESTABLISHMENT TRADING NAME: New jarey Human Society

NUMBER AND STREET: 6412 Dewey Ave

COUNTY:

MUNICIPALITY: West new York

ZIP CODE: 07093

TELEPHONE NO.: (201) [redacted]

ESTABLISHMENT STATE LICENSE NO. (if appl.):

COMUN. CODE:

INSPECTION

TYPE OF ESTABLISHMENT

- [1] RETAIL
- [2] OTHER (SPECIFY)
- [3] Shelter
- [4] Kennel Paind

ESTABLISHMENT CODE

GOODS

- [1] DESTROYED
- [2] EMBARGOED

- [1] INITIAL INSPECTION
- [2] REINSPECTION *(other than initial inspection)*

TIME - (2400 HOURS)

DATE	BEGIN	END
09/17/20	/	/
	/	/

EVALUATION

[X] *SATISFACTORY* [ ] *CONDITIONALLY SATISFACTORY* [ ] *UNSATISFACTORY*

OFFICIAL(S)

LOCAL BOARD OF HEALTH

NAME, ADDRESS AND TELEPHONE NUMBER (print)

TOWNSHIP OF NORTH BERGEN
Department of Health
1116 - 43rd Street, 2nd Floor
North Bergen, N.J. 07047
(201) 392-2084-85-86
(201) 392-2153 Fax
www.northbergen.org

DIRECTOR

Janet Castro

INSPECTING OFFICIAL

INSPECTOR'S NAME AND TITLE: Yojana Rubiano
R.E.H.S

INSPECTOR'S SIGNATURE

INSPECTOR'S PERM. REG. NO.: B158162

New Jersey Department of Health

INSPECTION REPORT OF KENNELS, PET SHOPS, SHELTERS AND POUNDS

Name of Facility: New Jersey Humane Society	License No.: 083	Date of Inspection: 9/17/2020
Address of Facility: 6412 Davey Ave	Time Began: 10:00 am	Time Completed: 12:00 pm
County/ Municipality: West New York	Inspecting Organization: North Bergen Health Dept	
Name of Inspecting Official(s): Yuiana Rubiano	Telephone Number:	

Type of Establishment: ☑ Kennel ☐ Pet Shop ☑ Pound ☑ Shelter

Type of Inspection: ☐ Initial ☑ Routine ☐ Complaint ☐ Reinspection

Result of Inspection: ☑ Satisfactory ☐ Conditional A ☐ Unsatisfactory ☐ Conditional B

This inspection is based on N.J.A.C. 8:23A-1 "Animal Facility Operation" promulgated under the authority of N.J.S.A. 4:19-15.14. ("X" indicates a violation)

N.J.A.C. 8:23A

1.2 - COMPLIANCE
- ☑ b. Certificate of local inspection
- ☑ d. Fire inspection
- ☐ c. Plan review, if applicable

1.3 - FACILITIES (GENERAL)
- ☑ a. General housing condition
- ☑ b. Electric power/water test
- ☑ c. Storage of food and/or bedding
- ☑ d. Disposal of waste and/or carcasses
- ☑ e. Facilities for caretaker's cleanliness
- ☑ f. Premises (buildings and grounds)

1.4 - FACILITIES (INDOOR)
- ☑ a. Indoor facilities/acclimation certificate not provided
- ☑ b. Heating
- ☑ c. Ventilation
- ☑ d&e. Lighting
- ☑ f. Interior surfaces not impervious to moisture
- ☑ g. Drainage

1.5 - FACILITIES (OUTDOOR)
- ☑ a,b,&c. Protection from weather elements
- ☑ d. Drainage
- ☑ e. Outdoor enclosure surfaces/disposal of run off

1.6 - PRIMARY ENCLOSURES
- ☑ a. Primary enclosure requirements
- ☑ b,g,&h. Enclosure size/litter receptacle/exercise
- ☑ c. Segregation of animals
- ☑ d. Disinfection between inhabitants
- ☑ e. Isolating contagious animals
- ☑ f. Flooring
- ☑ i. Suspect rabid animal caging
- ☐ j. Tethering in lieu of primary enclosures

1.7 - FEEDING AND WATERING
- ☑ a&c. Feeding frequency
- ☑ b. Food quality
- ☑ d. Location of food receptacles
- ☑ e,f,&g. Food receptacles
- ☑ h. Potable water/water receptacles

1.8 - SANITATION
- ☑ a. Removal of excreta/protection of animals during cleaning
- ☑ b. Frequency of cleaning
- ☑ c. Disinfection practices
- ☐ d. Condition of buildings/grounds
- ☐ e. Pest control

N.J.A.C. 8:23A SECTIONS (CONTINUED)

1.9 - DISEASE CONTROL
- ☑ a. Disease control and health care program established and maintained by a veterinarian: Dr. Carlos Triana
- ☑ b,c,&j. Certificate of veterinary supervision/notification of noncompliance/zoonotic disease reporting
- ☑ d. Observation of animals/treatment of injury or illness/ stress remediation
- ☑ e,k,&l. Handling of rabies suspects
- ☑ f. Isolation of animals with communicable disease
- ☑ g,h,&i. Isolation rooms
- ☐ m&n. Fact sheets/noncompliance of ordered quarantine

1.10 - HOLDING AND RECLAIMING ANIMALS
- ☐ a. ☑ 1. Seven day stray holding period
  - ☑ 1-4. Rabies holding period/rabies testing protocol
  - ☐ 5-6. Elective euthanasia
- ☐ b. Facility Sign
- ☐ b. ☑ 1-5. Public access
  - ☑ 6-7. Notification of unlicensed dog/impoundment

1.11 - EUTHANASIA
- ☑ a&b. Pre-euthanasia handling/sedation
- ☑ c&d. Method of euthanasia
- ☑ e. Persons administering euthanasia
- ☑ f. Euthanasia protocol
- ☑ g. Assessment of animals after euthanasia

1.12 - TRANSPORTATION
- ☑ a&b. Vehicle requirements
- ☑ c,e,&f. Primary enclosures
- ☑ d. Animal segregation
- ☑ g. Sanitation of enclosures
- ☑ h. Emergency veterinary care
- ☑ i. Temporary holding facilities

1.13 - RECORDS AND ADMINISTRATION
- ☑ a,c,&d. Record keeping
- ☐ b. Records not kept on premise
- ☐ e. Change in facility status

NJAC 8:23-1 THROUGH 3
- ☐ 1.1 Importation of dogs; certification requirements N/A
- ☑ 1.2 Reporting of known or suspect rabid animal
- ☑ 1.3 Transportation of confined animals
- ☑ 1.4 Quarantine, testing and transportation of pet birds
- ☐ 1.5 Records of pet birds N/A
- ☐ 2.1 Sale of turtle eggs/live turtles N/A
- ☑ 3.1 Transportation of animals by ACOs

NUMBER OF ANIMALS AT THE FACILITY *(List species and numbers)*

Species	No.	Other Species	No.	Other Species	No.	Other Species	No.
Dogs	5						
Cats	14						

Signature of Owner, Operator or Representative

Signature of Inspecting Official(s)

VPH-1
JUL 12

Copies to: Local Health Department, NJDOH, Establishment and Inspecting Official

CONTINUATION SHEET

(For Inspections, Surveys, Audits, etc.)

Name (Individual, Facility, Establishment, etc.)	Date
New Jersey Humane Society	09/17/2020
Municipality	**Tel., Code or ID No.**
West new York	B158162

Item No.	Remarks
	New Jersey Humane Society is hereby Authorized to conduct a animal, shelter Kennel, Boarding. License # 140 Issue date : January 22, 2020
*	Evidence of Pest control Provided HCP Pest control services - Invoices provided
Note:	Observed 5 dogs and 14 cats all with Proper records / identification. Observed toys inside each cage.
-	Proper ventilation, Lighting provided feeding and watering frequency 3 times x day
Note:	Supervising Veterinarian: DR Carlos Triana License # VI4945 - Evidence of disease control and health care program provided on site.
-	NO Sanitary Violations observed during the inspection
-	Observed 3 Compartment sink in compliance with desinfectant solution for food receptacles Issuing a Satisfactory Placard

Signature of Individual Completing Form	Signature of Owner of Facility, Establishment, etc., if required
Yojana R.	

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
AND SENIOR SERVICES

This is to Certify that

ERIK MICHAEL SAAVEDRA

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

5/31/11
DATE

02401
NUMBER

Faye E. Sorhage

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

G0931

VPH-34
JUN 06

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
AND SENIOR SERVICES

This is to Certify that

ERIK MICHAEL SAAVEDRA

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

CERTIFIED ANIMAL CRUELTY INVESTIGATOR

5/31/11
DATE

415
NUMBER

Faye E. Sorhage

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

VPH-33
JUN 09

State of New Jersey
Department of Health and Senior Service

This is to certify that

Erik Michael Saavedra

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

5-31-11 — Date
02401 — Number
Faye E. Sorhage
Dr. Faye E. Sorhage
State Public Health Veterinarian

APC-10
JUN 02

State of New Jersey
Department of Health and Senior Service

This is to certify that

Erik Michael Saavedra

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

CERTIFIED ANIMAL CRUELTY INVESTIGATOR

5/31/11 — Date
415 — Number
Faye E. Sorhage
Dr. Faye E. Sorhage, V.M.D., M.P.H.
State Public Health Veterinarian

VPH-31
OCT 02

RARITAN VALLEY COMMUNITY COLLEGE

Certificate of Training

This is to certify that

Lisa Menendez

has successfully completed

Animal Control Officer Training

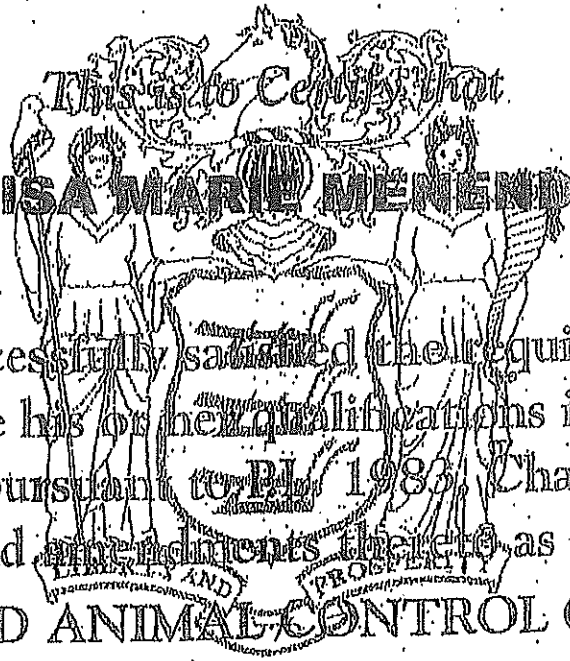
October 13-21, 2010

A. Peter De Marco, Jr.
Acting Prosecutor

Dr. Richard Celeste, Deputy Chief (ret.)
Academy Director

"A Matter of Pride"

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH
AND SENIOR SERVICES



This is to Certify That

LISA MARIE MENENDEZ

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

CERTIFIED ANIMAL CONTROL OFFICER

3/18/11
DATE

02368
NUMBER

Faye E. Sorhage

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

G0697

State of New Jersey
Department of Health and Senior Service

This is to certify that

Lisa Marie Menendez

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

CERTIFIED ANIMAL CONTROL OFFICER

3/18/11 — Date

02368 — Number

Faye E. Sorhage
Dr. Faye E. Sorhage
State Public Health Veterinarian

APC-10
JUN 02

BERGEN COMMUNITY COLLEGE

DIVISION OF CONTINUING EDUCATION

Presents

THIS CERTIFICATE IS AWARDED TO

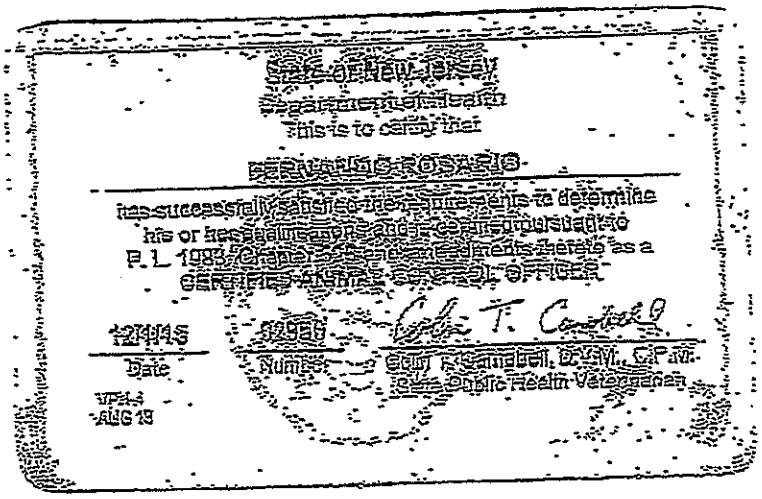
FERNANDO ROSARIO

ANIMAL CONTROL OFFICER

50
Hours

November 21, 2015
Date

Christine M. [illegible], Dean
Division of Continuing Education
Corporate and Public Sector Training



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

GERARDO ROSARIO

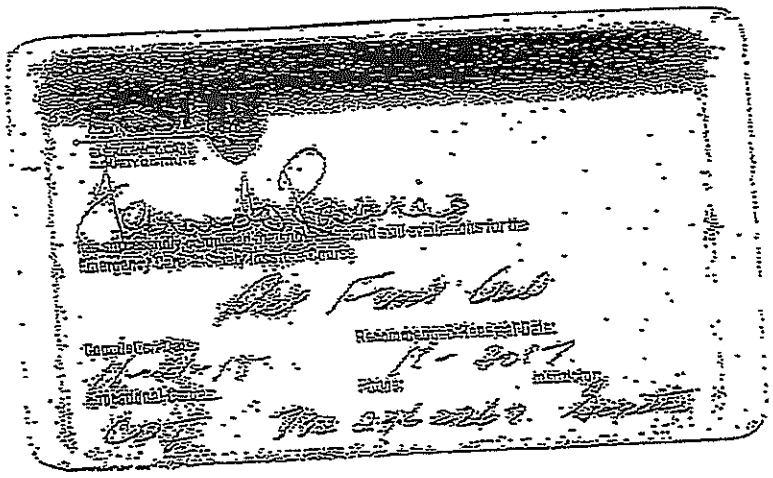
has successfully satisfied the requirements to determine
his or her qualification and is hereby granted
P.L. 1983, Chapter 315, as amended thereto as a
CERTIFIED ANIMAL CONTROL OFFICER

12/4/15
Date

Number

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

AUG 13



FERNANDO ROSARIO

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

12/1/15
Date

02950
Number

Colin T. Campbell

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

VPH-4
AUG 13

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

FERNANDO ROSARIO

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

CERTIFIED ANIMAL CONTROL OFFICER

12/1/15
DATE

02950
NUMBER

Colin T. Campbell

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

MPH-34

J07/01

BERGEN COMMUNITY COLLEGE

DIVISION OF CONTINUING EDUCATION
Paramus, NJ

THIS CERTIFICATE IS AWARDED TO

JOSE GOMEZ

FOR THE SATISFACTORY COMPLETION OF

ANIMAL CONTROL OFFICER

50
Hours

May 20, 2017
Date

Christine M. Gillespie, Dean
Division of Continuing Education
Corporate and Public Sector Training

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

Jose F. Gomez

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

5-26-17 — Date
6305 — Number
Colin T. Campbell

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

VPH-4
AUG 15

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

JOSE F. GOMEZ

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

5/26/17

DATE

03105

NUMBER

Colin T. Campbell

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

J0763

RCSJ ROWAN COLLEGE OF SOUTH JERSEY
WORKFORCE DEVELOPMENT · 1992 TANYARD ROAD · SEWELL, NEW JERSEY 08080 · 856-115-2216 · *RCSJ.edu/go/Workforce*

This is to certify that

Michael Santini

has successfully completed the

New Jersey Certified Animal Control Officer Course

and is hereby granted this certificate

On this 6th day of June, 2020

Instructor

Brigette Satchell
Special Assistant to the President

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

MICHAEL V SANTINI

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

10/6/20

DATE

03383

NUMBER

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

J1119

VPH-34

Department of Health

This is to certify that

Michael V. Santini

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

10-6-20 (Date) 0338 (Number)

Edward Lifshitz

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

J1117
VPH-4
DEC 19

BERGEN COMMUNITY COLLEGE

DIVISION OF CONTINUING EDUCATION

Paramus, NJ

THIS CERTIFICATE IS AWARDED TO

RICHARD J. ROSS

FOR THE SATISFACTORY COMPLETION OF CD-072-001

ANIMAL CONTROL OFFICER

50

Hours

10/28/17

Date

Christine M. Gillespie, Dean
Division of Continuing Education
Corporate and Public Sector Training

EMERGENCY CARE & SAFETY INSTITUTE

Certificate of Completion

The Education Center, below, verifies that

Richard Ross

has successfully completed the knowledge and skill evaluations for the Emergency Care & Safety Institute Course.

Pat First Aid & CPR	October 28, 2017	October 28, 2019	DG9C0JLT2CTS
Course Name	Course Completion Date	Recommended Renewal Date	Student Authorization Number
Career Development Institute	732-236-2267	Geoffrey R Goyette	Z4DICG50710A
Education Center	Education Center Phone Number	Instructor Name	Instructor ID Number
geoff@cditraining.org			
Education Center Email			

This certificate does not guarantee any future performance or suggest any form of licensure. Skills deteriorate rapidly when not used. Periodic retraining is strongly recommended.

✂ Cut along the dotted line at the bottom of the certificate and along the dotted lines around the course completion card. Fold the card in half.

EMERGENCY CARE & SAFETY INSTITUTE

Certificate of Completion

Name: Richard Ross

The Education Center verifies that the above has successfully completed the knowledge and skill evaluations for the Emergency Care & Safety Institute Course.

October 28, 2017	October 28, 2019
Course Completion Date	Recommended Renewal Date

Student Authorization #: DG9C0JLT2CTS
Education Center: Career Development Institute
Education Center Email: geoff@cditraining.org
Education Center Phone #: 732-236-2267
Instructor Name: Geoffrey R Goyette
Instructor ID #: Z4DICG50710A

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

RICHARD J ROSS

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

6/8/18

DATE

03232

NUMBER

Colin T. Campbell

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

VPH-34

J0753

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

RICHARD J ROSS

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

6/8/18
Date

03232
Number

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

VPH-4
AUG 13

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

LORETTA ANN FAUSTINI

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

11/3/17
DATE

03146
NUMBER

Colin T. Campbell

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

BERGEN COMMUNITY COLLEGE

DIVISION OF CONTINUING EDUCATION

Paramus, NJ

THIS CERTIFICATE IS AWARDED TO

LORETTA FAUSTINI

FOR THE SATISFACTORY COMPLETION OF CD-072-001

ANIMAL CONTROL OFFICER

50

Hours

10/28/17

Date

Christine M. Gillespie, Dean
Division of Continuing Education
Corporate and Public Sector Training

This Certificate is Awarded to

LORETTA FAUSTINI

For the Successful Completion of

I-100 I-700 INCIDENT COMMAND

COURSE NUMBER - COURSE NAME

10/28/17

COURSE START and END DATES

MARK O'GRADY

Lead Instructor Name (printed)

MARK O'GRADY

Lead Instructor Signature

CDI

Host Unit

BERGEN CO. COL..

Location (City, State)

NFES 1272 PMS 921-1 (06/07)

EMERGENCY CARE & SAFETY INSTITUTE

Certificate of Completion

The Education Center, below, verifies that

Loretta Faustini

has successfully completed the knowledge and skill evaluations for the Emergency Care & Safety Institute Course.

Pet First Aid & CPR	October 28, 2017	October 28, 2019	X1SJ07W1T59A
Course Name	Course Completion Date	Recommended Renewal Date	Student Authorization Number
Career Development Institute	732-236-2267	Geoffrey R Goyette	Z4D1OG60710A
Education Center	Education Center Phone Number	Instructor Name	Instructor ID Number
geoff@edtraining.org			
Education Center Email			

This certificate does not guarantee any future performance or suggest any form of licensure. Skills deteriorate rapidly when not used. Periodic retraining is strongly recommended.

Cut along the dotted line at the bottom of the certificate and along the dotted lines around the course completion card. Fold the card in half.

Student Authorization #: X1SJ07W1T59A
Education Center: Career Development Institute
Education Center Email: geoff@edtraining.org
Education Center Phone #: 732-236-2267
Instructor Name: Geoffrey R Goyette
Instructor ID #: Z4D1OG60710A

The Education Center verifies that the above has successfully completed the knowledge and skill evaluations for the Emergency Care & Safety Institute Course.

October 28, 2017	October 28, 2019
Course Completion Date	Recommended Renewal Date

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

LORETTA ROU AUSTIN

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

1-3-17 03[illegible] Colin T. Campbell

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

VPH-4
AUG 13

STATE OF NEW JERSEY
DEPARTMENT OF HEALTH

This is to Certify that

DOUGLAS J DEPICE

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

10/6/20
Date

03384
Number

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

Department of Health

This is to certify that

Douglas J. DePiro

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

10-6-20 (Date) 0334 (Number)

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

jm17
VPH-4
DEE 19

VENDOR INFORMATION SHEET

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

Name of Business: NJ Humane Society ~~LLC~~ Corp (ms)

Correspondence Address, including zip code:
6412 Dewey Avenue
West New York, NJ 07093

Purchase Order Address, including zip code:
same as above

Payment Address, including zip code:
Same as above

Telephone Number: 201 822 7333

Facsimile Number: 201 624 7110

Cellular Number: [redacted]

New Jersey Humane Society

animal control: 201.822.7333
animal shelter: 201.758.7788
fax: 201.624.7110
email: info@hsnj.org

6412 Dewey Avenue • West New York, NJ 07093

John F. Coffey II

Law Director

Bayonne City Hall

630 Avenue C

Bayonne, New Jersey 07002

Dear Mr. Coffey:

The undersigned have reviewed our Qualification Statement-Proposal submitted in response to the Request for Proposals (RFP) issued by the City of Bayonne ("City"), dated April 4, 2021 in connection with the City's need for Services – Animal Control Officer and Animal Shelter Services.

We affirm that the contents of our Qualification Statement-Proposal ANIMAL CONTROL OFFICER AND ANIMAL SHELTER SERVICES FOR THE PERIOD MAY 1, 2021 TO DECEMBER 31, 2021 are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement-Proposal is submitted in good faith upon express understanding that any false statement may result in the disqualification of the NJ Humane Society D.C. Corp.(ms)

Chief Executive Officer

Dated: April 4 2021

Chief Financial Officer

Dated: 4-4-21

APPENDIX B
LETTER OF INTENT

STATE OF NEW JERSEY

ss:

CITY OF BAYONNE

I Michael Santini certify that I am the Member of the firm of NJ Humane Society Corp (ns) the Respondent submitting Qualifications in response to a Request for same from the City in regards to Services – Animal Control Officer and Animal Shelter Services. I further certify that:

1. I executed said Proposal with full authority so to do;

2. All statements contained in the Submission and in this affidavit are accurate, factual and complete, and made with full knowledge that the City of Bayonne is relying upon the truth of the statements contained in the Submission and the statements contained in this affidavit in evaluating Respondent's Qualifications;

3 Respondent 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 through participation with any other person, firm or party;

4. Respondent agrees to participate in good faith in the procurement process as described in the RFP and to adhere to the City's procurement schedule;

5. Respondent acknowledges that all costs incurred by it in connection with the preparation and submission of the Qualification Statement-Proposal and any proposal prepared and submitted in response to the RFP, or any negotiation which results therefrom, shall be borne exclusively by the Respondent. In no event shall the City have any liability to Respondent for any costs incurred by the Respondent for the Qualification Statement-Proposal;

6. Respondent acknowledges and agrees that the City may modify, amend, suspend and/or terminate the procurement process in its sole judgment; and

7. Respondent is aware that any contract executed with respect to the services referred to in the RFP must comply with the applicable affirmative action and similar laws and agrees to take such actions as may be required to comply with such applicable laws in the event that a contract is formed.

SUBSCRIBED AND SWORN TO BEFORE ME THIS 4th DAY OF April 2021

Marilyn DePice

Mark Santini
(Signature of Respondent)

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

Marilyn A DePice
Notary Public
New Jersey
My Commission Expires 8-12-2023
No. 2376749

A. NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

ss:

CITY OF BAYONNE

I certify that I am Member of the Firm of NJ Human Social Dev Corp (MS) the Respondent submitting the Qualification Statement in response to the within Request for Qualifications, and that I executed said Qualification Statement with full authority so to do; that said Respondent has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competition in connection with the within Request for Qualifications; and that all statements contained in the Respondent's Qualification Statement and in this affidavit are true and correct, and made with full knowledge that the City of Bayonne will rely/relies upon the truth of the statements contained in said Qualification Statement and in the statements contained in this affidavit in awarding the contract(s) for the services sought in the within Request for Qualifications.

I further warrant that no person or selling agency has been employed to solicit or secure a contract for the services sought in the within Request for Qualification upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of the Respondent or as may be permitted by law.

(Signature of respondent)

SUBSCRIBED AND SWORN TO
BEFORE ME THIS DAY April 4 OF 2021

Marilyn DePice
(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)
Marilyn DePice

NOTARY PUBLIC OF New Jersey

MY COMMISSION EXPIRES: 2023

Marilyn A DePice
Notary Public
New Jersey
My Commission Expires 8-12-2023
No. 2376749

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

B. PUBLIC DISCLOSURE INFORMATION

Chapter 33 of the Public Laws of 1977 provides that no corporation or partnership (general, Limited or joint venture) shall be awarded any State, City, Municipal or Schools District contracts 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 public disclosure information statement. The statement shall set forth the names and addresses of all stockholders in the corporation or partnership who own ten percent (10%) or more of its stock of any class, or of all individual partners in the partnership who own a ten percent (10%) or greater interest therein.

STOCKHOLDERS:

Name	Address	% owned
1. Alex Saavedra	6412 Derry Avenue, WMP, NJ	
2. Lisa Mercandante	6412 Derry Aven, WMP, NJ	
3. Michael Santini	6412 Derry Aven, WMP, NJ	
4. Richard Ress	6412 Derry Aven, WMP, NJ	

SIGNATURE: Michael Santo

TITLE: Member

SUBSCRIBED AND SWORN TO
BEFORE ME THIS DAY April 4 OF 2021

Marilyn DePice
(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)
Marilyn DePice

NOTARY PUBLIC OF New Jersey

MY COMMISSION EXPIRES: 2023

Marilyn A DePice
Notary Public
New Jersey
My Commission Expires 8-12-2023
No. 2376749

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders must review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's proposal non-responsive.** If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

PLEASE CHECK EITHER BOX:

☒ **I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's parents, subsidiaries, or affiliates is listed** on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to 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. **I will skip Part 2 and sign and complete the Certification**

OR

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

Part 2

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES

Name:_____ Relationship to Bidder/Vendor:_____

Description of Activities:

_____

_____

Duration of Engagement:_____ Anticipated Cessation Date_____

Bidder/Vendor_____

Contact Name:_____ Contact Phone Number:_____

[continued on next page]

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

Full Name (Print): Michael Santin Signature: Michael Santin

Title: Member Date: 4/4/21

Bidder/Vendor: Animal Control and Shelter Services

Sworn and Subscribed before me
this 4th day of April, 2021
Marilyn DePice

Marilyn A DePice
Notary Public
New Jersey
My Commission Expires 8-12-2023
No. 2376749

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability (continued)

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement.

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Representative's Name/Title (Print): Michael Santini

Representative's Signature: Michael Santini

Name of Company: NJ Humane Society ~~LLC~~ corp (ms)

Tel. No.: [redacted]

Date: 4/9/21

E. AFFIRMATIVE ACTION COMPLIANCE NOTICE

N.J.S.A. 10:5-31 and N.J.A.C. 17:27

GOODS AND SERVICES CONTRACTS

(INCLUDING PROFESSIONAL SERVICES)

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

The successful bidder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

☐.(a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);
☐.OR
☐.(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;
☐.OR
☐.(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours. The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

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

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

COMPANY: NJ Humane Society dba (MS)

SIGNATURE: Mark Santa DATE: 4-4-21

PRINT NAME: Michael Santin TITLE: Mgr

OFFICIAL PROPOSAL SHEET

The Respondent agrees to provide Animal Control Officer and Animal Shelter Services for the City of Bayonne for the price submitted below and in accordance with the "General and Technical Specifications" as detailed and described herein.

Respondent's total, all inclusive, combined cost(s) to provide the services detailed and described herein shall be: $ 48,358.33 for 7 months

PROPOSAL SUBMITTED:

COMPANY: NJ Humane Society ~~AC~~ Corp (ms)

ADDRESS: 6412 Dewey Avenue, West New York, NJ 07093

Michael Santini
(Please Print or Type Name)

BY: Michael Santini

TITLE: Member DATE: 4-4 2021

TELEPHONE: 201 822 7333 FAX: 201 624 7110

TAXPAYER IDENTIFICATION NUMBER: [redacted]

Do you have any exceptions to the specifications? Yes (No)

If yes, the respondent shall list all exceptions on a separate sheet and attach to the front of the Proposal Document.

QUESTIONNAIRE

Please answer the following questions.

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

1. Township of West New York

2. Township of North BergeN

How many employees does your company presently employ? 6

How many years has your company been providing this service? 10

Has your company ever failed to complete any contract with regard to any of the services herein described?
Yes_____No ✓. If yes, provide details here: (Attach sheets if necessary)

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

1) Jose Gomez [redacted]

2) Fernando Rosario [redacted]

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

1) Jose Gomez [redacted]

2) Fernando Rosario [redacted]