



REQUEST FOR PROPOSAL

PROFESSIONAL RISK MANAGEMENT SERVICES
RFP# 26-003

PROPOSAL PACKAGE

THE HOUSING AUTHORITY OF GLOUCESTER COUNTY
100 POP MOYLAN BLVD.
DEPTFORD, NJ 08096
(856) 845-4959

SUBMISSION DEADLINE: JULY 8, 2026 @ 11:00 AM EDT

PUBLIC NOTICE

REQUEST FOR PROPOSAL RFP 26-003

PROFESSIONAL RISK MANAGEMENT SERVICES

Notice is hereby given that the Housing Authority of Gloucester County (HAGC) is soliciting electronic proposals from qualified vendors for Professional Risk Management Services at HAGC owned and managed properties located in Gloucester County, New Jersey. The request for proposal documentation is available via the Housing Agency Marketplace at https://ha.internationaleprocurement.com/requests.html?company_id=11213. HAGC shall only receive proposals electronically via Housing Agency Marketplace until **July 8, 2026 at 11:00 am EDT** in response to this Request for Proposal 26-003 (RFP).

Proposals shall be submitted in the manner specified herein and as required by the RFP specifications via Housing Agency Marketplace. Vendors must register as a vendor with Housing Agency Marketplace to submit an electronic proposal. To register as a vendor on Housing Agency Marketplace, please visit the following link: <https://www.hagc.org/Purchasing/tabid/5386/Default.aspx>

HAGC reserves the right to reject all proposals received by reason of this RFP. Vendors whose proposals are not selected will be notified electronically in writing. HAGC is soliciting proposals through a fair and open process in accordance with *N.J.S.A. 40A:11-1 et seq.* and federal procurement laws. HAGC reserves the right to waive informalities in proposals.

Proposals shall comply with all applicable federal, state, and local statutes, rules, and regulations. The selected vendor shall comply with P.L. 1975 c.127, *N.J.S.A. 52:32-44*, *N.J.S.A. 10:5-31 et seq.*, *N.J.A.C. 17:27 et seq.*, and applicable federal law.

Questions concerning this RFP shall only be accepted through Housing Agency Marketplace. HAGC shall answer all questions by issuing an addendum to the RFP through Housing Agency Marketplace. It is the obligation of the vendor to determine if any addenda were issued by HAGC. Failure to acknowledge receipt of addenda shall result in a proposal being rejected. Please note that any attempts to deliver a proposal other than electronically via Housing Agency Marketplace shall be rejected.

HAGC is a fair housing provider. HAGC does not make any preference, limitation or discrimination because of race, color, religion, sex, handicap, familial status, or national origin. HAGC is an equal opportunity employer and complies with all federal and state laws, regulations, and executive orders regarding employment.

BY THE ORDER OF THE BOARD OF COMMISSIONERS OF THE
HOUSING AUTHORITY OF GLOUCESTER COUNTY

JOHN GIOVANNITTI, VICE CHAIRMAN
KIMBERLY GOBER, EXECUTIVE DIRECTOR

HOUSING AUTHORITY OF GLOUCESTER COUNTY

REQUEST FOR PROPOSALS #26-003

PROFESSIONAL RISK MANAGEMENT SERVICES

TABLE OF CONTENTS

Section	Description
A	General Information
1	Name of Organization and Address
2	Telephone
3	Contact Person
4	Services Requested
5	Term of Contract
6	Method of Payment
B	Purpose
1	Discrepancies, Errors and Omissions
2	Addendum and Supplement to RFP
3	Questions
4	Competition Intended
5	Background Information
C	Contract Provisions
1	Contract Term
2	Insurance
3	Scope of Services
D	Qualifications
E	Proposal Format / Requirements
1	Preparation and Submission of Proposals
2	Miscellaneous Proposal Requirements
F	Evaluation of Proposals
1	Evaluation Factors
2	Evaluation Process
G	Attachments



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

A. GENERAL INFORMATION

1. NAME OF ORGANIZATION AND ADDRESS:

Housing Authority of Gloucester County
100 Pop Moylan Blvd.
Deptford, New Jersey 08096

2. TELEPHONE:

856-845-4959 X 222
slittle@gloucestercountyhousingnj.gov

3. CONTACT PERSON:

Sherry Little
Purchasing Agent

4. SERVICES REQUESTED:

The Housing Authority of Gloucester County (HAGC) is requesting proposals from qualified individuals/firms to provide Professional Risk Management Services. This procurement is conducted in accordance with applicable federal, state, and local laws, including HUD procurement requirements and the New Jersey Local Public Contracts Law. All services must comply with federal, state and local laws. Proposals must conform to the specifications outlined below. This request is subject to satisfactory terms and availability of funding. One or more individuals/firms may be selected to provide services.

5. TERM OF CONTRACT:

The term of the contract shall begin 08/01/2026 and shall terminate 07/31/2027 or upon completion of all work required by this RFP.

6. METHOD OF PAYMENT:

Payment made subsequent to the detailed listing of invoices/vouchers for payment on the bill list of HAGC, itemized by project, with certification that the billing is for work completed, as specified, and delivered to HAGC and as may otherwise be convenient to HAGC. Payment vouchers must be received no later than Tuesday of the week before the Board of Commissioners meeting in order to be listed for payment.



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

B. PURPOSE

The HAGC hereby solicits, by virtue of this Request for Proposal (RFP), a proposal by you or your firm to provide Professional Risk Management Services to HAGC as described in this RFP, and its affiliated instrumentalities. The successful proposer shall be hereinafter referred to as "Consultant." HAGC administers Public Housing and Housing Choice Voucher programs, said programs being insured through the New Jersey Public Housing Authority Joint Insurance Fund ("NJPHA JIF"), of which HAGC is a member. HAGC also owns and/or manages multifamily housing, such housing being insured through Gallagher. HAGC intends to award a contract for a period of one (1) year, with optional renewals as permitted by law and approved by the Board of Commissioners. All services must be performed in strict compliance with:

- HUD regulations and procurement standards;
- NJPHA JIF bylaws and requirements;
- Applicable New Jersey statutes and regulations; and
- All applicable federal, state, and local laws.

1. DISCREPANCIES, ERRORS AND OMISSIONS:

Any discrepancies, errors, or ambiguities in this RFP or addenda (if any) should be reported in writing to HAGC. Should it be found necessary, written addenda shall be incorporated into this RFP and shall become part of the contract documents. HAGC shall not be responsible for any oral instructions, clarifications, or other communications.

2. ADDENDUM AND SUPPLEMENT TO RFP:

If it becomes necessary to revise any part of this RFP, or if additional information is necessary to enable an exact interpretation of the provisions of this RFP, revisions shall be provided by addenda via Housing Agency Marketplace to all individuals and firms who receive or request this RFP.

All proposals must include an Acknowledgement of Receipt of Addenda, if issued.

3. QUESTIONS:

Proposers are expected to examine this RFP in its entirety and observe all its requirements. All questions concerning the intent or meaning of this RFP shall be submitted via the Housing Agency Marketplace no later than **June 24, 2026 at 2:00pm**. HAGC shall not respond to any questions received after the aforementioned deadline. All responses and clarifications considered necessary by HAGC in response to such questions will be issued by addenda via the Housing Agency Marketplace no later than **June 30, 2026**. In the event that any addenda are issued, proposers must acknowledge receipt of all such



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

addenda. Failure to acknowledge such receipt using the Acknowledgement of Addenda Sheet listed on the Proposal Forms Checklist, enclosed herewith, shall result in the mandatory rejection of the proposal.

4. COMPETITION INTENDED:

It is HAGC's intent that this RFP permit competition. It shall be the proposer's responsibility to advise HAGC if any language, requirements, etc., or any combinations thereof, inadvertently restricts or limits the requirements stated in this RFP to a single source. Such notification shall be submitted in writing and must be received by HAGC not later than ten (10) days prior to the Proposal Due Date. A review of such notifications shall be made.

5. BACKGROUND INFORMATION:

a. GOVERNING BODY:

HAGC's governing body is comprised of up to seven (7) commissioners. The Gloucester County Board of Commissioners appoints five (5) commissioners for five (5) year terms, and the Director of the Gloucester County Board of Commissioners appoints one commissioner, also for a five (5) year term. The Commissioner of the New Jersey Department of Community Affairs appoints one commissioner for a term of five (5) years.

b. ORGANIZATION:

HAGC was organized as a Public Housing Authority under the supervision of the U.S. Department of Housing and Urban Development (HUD) in 1972. HAGC activities include the ownership and/or management or oversight management of the following subsidized housing programs:

c. PROGRAMS:

(1) S8 Housing Choice Voucher (HCV) Program. The Section 8 Housing Choice Voucher Program provides housing assistance payments to participating owners/landlords on behalf of eligible tenants. Assistance for this Program is provided by HUD to HAGC. The HCV Program also includes Tenant-Based Rental Assistance, Project-Based Vouchers and Moderate Rehabilitation Vouchers.

(2) Public Housing (PH) Program. The PH Program consists of rental units constructed or purchased and operated by HAGC and includes Carino Park Apartments, a 100-unit mid-rise building for the Elderly (age 62 and older) or Near-Elderly Disabled (age 50 or older and disabled), Deptford Park Apartments, a 100-unit mid-rise building for the Elderly or Near-Elderly Disabled, and sixty-two (62) Scattered Site single-family homes. The purpose of the PH Program is to provide housing to



HOUSING AUTHORITY OF GLOUCESTER COUNTY REQUEST FOR PROPOSALS #26-003 PROFESSIONAL RISK MANAGEMENT SERVICES

eligible low-income families and the elderly. HUD provides assistance to HAGC in the form of operating subsidies and the Capital Fund Program for capital improvements.

- (3) Congregate Housing Services Program. HAGC operates a Congregate Housing Services Program in its Senior Buildings providing affordable meals, housekeeping, laundry, and personal services on a Formula Driven Fee Schedule.
- (4) Other Programs. HAGC also administers the following Programs: Resident Opportunities and Self-Sufficiency (ROSS) Program; Family Self-Sufficiency (FSS) Program; and HOME Investment Partnerships (HOME) Program; and other programs to supplement existing HAGC Programs in a similar but much smaller scope.

d. INSTRUMENTALITIES:

HAGC is affiliated with several entities as instrumentalities which current federal regulations may require be reported in the financial statements included with the Single Audit Report. Two of the instrumentalities have separately audited financial statements.

- (1) Seniors Housing Development Corporation of Gloucester County (SHDC): a 501(c)(3) corporation that owns the land upon which Colonial Park Apartments was constructed. Colonial Park is a 200-unit mid-rise building for the elderly constructed and subsidized through HUD's Section 8 New Construction Program. The building is financed with tax-exempt bonds.
- (2) Colonial Park LP (CPLP): a Limited Partnership formed by SHDC for the purpose of renovation and modernization of Colonial Park Apartments and is the owner of Colonial Park Apartments.
- (3) eMurphyg Inc.: the General Partner of CPLP. SHDC formed eMurphyg Inc. for the purpose of obtaining tax credit financing for the renovation and modernization of Colonial Park Apartments.
- (4) Gloucester County Housing Development Corporation (GCHDC): a 501(c)(3) that issued tax exempt bonds to finance a 150-unit complex that was rehabilitated through HUD's Section 8 Substantial Rehabilitation Program. This complex is privately owned. GCHDC sponsored and developed Nancy J. Elkins Seniors Housing (NESH), an 80-unit mid-rise building for the elderly completed in 1997. NESH was financed through the New Jersey Housing and Mortgage Finance Agency using tax credits, tax exempt bonds and other sources. GCHDC also owns and developed the Residence at South College Drive (RSCD), a 24-unit mid-rise building for residents with special needs completed in 2025. RSCD was financed through grant funding from the New Jersey Department of Community Affairs



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

(National Housing Trust Fund), Gloucester County and other sources.

- (5) Pop Moylan Urban Redevelopment Company, LLC: a Limited Liability Company formed by GCHDC for the purpose of constructing NESH and is the owner of NESH.
- (6) PMURC, Inc.: the Managing Member of Pop Moylan Urban Redevelopment Company, LLC. PMURC, Inc. was formed by GCHDC for the purpose of obtaining tax credit financing for the construction of NESH.
- (7) Affordable Housing Alternatives of Gloucester County, Inc. (AHA): a 501(c)(3) corporation that performed pre-development activities for a subsidized 75-unit development for the elderly in West Deptford. The project is owned by a faith-based organization, Shepherd's Farm at West Deptford, Inc., and is managed by HAGC.

e. MANAGEMENT ACTIVITIES:

HAGC is the managing agent for the Housing Authority of the Borough of Glassboro (GHA).



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

C. CONTRACT PROVISIONS

1. CONTRACT TERM:

The term of the contract shall begin 08/01/2026 and shall terminate 07/31/2027 or upon completion of all work required by this RFP.

2. INSURANCE:

Consultant shall provide and maintain the following minimum limits of insurance coverage during the contract term:

- a. **ADDITIONAL INSURED REQUIREMENT:** HAGC shall be named as additional insured on all policies required hereunder, except for Workers Compensation and Employers Liability.
- b. **WORKERS COMPENSATION:** statutory limits.
- c. **EMPLOYERS LAIBILITY:** \$500,000 policy limit.
- d. **PROFESSIONAL LIABILITY:** \$1,000,000 errors and omissions per occurrence.

3. SCOPE OF SERVICES:

The successful proposer shall provide comprehensive professional risk management services to HAGC, including but not limited to:

a. **INSURANCE AND RISK MANAGEMENT ADVISORY SERVICES**

- Assist HAGC in identifying insurance liability exposures and recommend methods to reduce, assume, or transfer risk.
- Assist HAGC with the selection and understanding of insurance coverages available through the NJPHA JIF and Gallagher.
- Review any additional insurance coverages not offered by the NJPHA JIF or Gallagher and, when authorized by HAGC, assist in procuring such coverage.
- Assist with preparation and submission of applications, statements of values, property schedules, and related documents required by the NJPHA JIF, Gallagher or other insurance carriers.
- Conduct periodic reviews of HAGC's insurance program and recommend modifications as appropriate.

b. **PROPERTY AND COVERAGE REVIEW**

- Complete physical inspections of all HAGC owned and managed properties.



HOUSING AUTHORITY OF GLOUCESTER COUNTY

REQUEST FOR PROPOSALS #26-003

PROFESSIONAL RISK MANAGEMENT SERVICES

- Review replacement cost valuations and update values as necessary.
- Review Certificates of Insurance submitted by contractors, vendors, consultants, and professionals.
- Assist HAGC in reviewing insurance requirements in contracts and agreements.

c. CLAIMS MANAGEMENT AND LOSS CONTROL

- Analyze and monitor claims activity.
- Assist in the handling of claims and incident reports.
- Coordinate with claims administrators, adjusters, attorneys, and carriers regarding open claims.
- Assist HAGC in achieving loss control objectives and implementing safety initiatives.
- Review loss reports and recommend corrective measures.

d. SAFETY AND TRAINING SERVICES

- Attend safety committee meetings as requested by HAGC.
- Coordinate and communicate available training opportunities through the MEL Safety Institute and NJPHA JIF.
- Assist HAGC staff in maintaining compliance with safety training requirements.
- Provide ongoing guidance on workplace safety and risk management best practices.

e. BROKER COORDINATION

- Attend a majority of NJPHA JIF/Gallagher meetings and related training sessions as directed.
- Serve as liaison between HAGC and NJPHA JIF/Gallagher.
- Be proficient in the Origami Database System and MEL Safety Institute Learning Management System (LMS).
- Perform all risk management-related services required by NJPHA JIF/Gallagher.

f. GENERAL CONSULTING SERVICES

- Be available on an as-needed basis to attend meetings and provide consultation.
- Provide advice regarding insurance, claims, safety, and risk management matters.
- Work collaboratively with the Executive Director, Board of Commissioners, legal counsel, auditor, supervisors, staff, and claims personnel.
- Perform additional related services as reasonably requested by HAGC.



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

D. QUALIFICATIONS

HAGC shall appoint an Insurance Producer as a Risk Management Consultant who shall not be a Fund Commissioner or employed by or under contract to the Fund as an administrator or a servicing organization. To be considered for award, proposers must meet the following minimum qualifications:

- Be authorized to conduct business in the State of New Jersey.
- Possess a valid New Jersey Insurance Producer License in Property and Casualty lines.
- Have a minimum of five (5) years of experience working with a Joint Insurance Fund (JIF).
- Demonstrate substantial experience providing risk management services to public housing authorities and/or public entities in New Jersey.
- Demonstrate familiarity with NJPHA JIF operations, policies, bylaws, and procedures.
- Maintain professional liability/errors and omissions insurance.
- Not be suspended, debarred, or otherwise excluded from participation in federal or state programs.

Professional designations related to Property and Casualty insurance and risk management, including MEL Accredited Risk Management Consultant designation, are preferred. Failure to meet any qualification requirements may result in disqualification.



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

E. PROPOSAL FORMAT / REQUIREMENTS

1. PREPARATION AND SUBMISSION OF PROPOSALS:

- a. All proposals shall be signed by the individual or authorized principles of the firm.
- b. It is the obligation of the prospective proposer receiving an RFP package to access Housing Agency Marketplace prior to the Proposal Due Date to determine if any addenda were issued by HAGC. All proposals must include an Acknowledgement of Receipt of Addenda, if issued.
- c. Proposals are to be submitted via Housing Agency Marketplace. Proposers must register as a vendor with Housing Agency Marketplace to submit an electronic proposal. HAGC shall receive proposals no later than **11:00 A.M., July 8, 2026**. (“Proposal Due Date”). Requests for extensions of time shall not be granted. Unsolicited amendments shall not be considered.
- d. Cover Letter: A cover letter signed by an authorized representative of the firm.
- e. Executive Summary: A brief summary describing the respondent’s qualifications, services offered, understanding of HAGC’s needs, and why the proposer is best qualified.
- f. Company Profile and Experience: Provide the history and background of the firm, organizational structure, description of relevant experience, list of public housing authority, non-profit and public entity clients, experience with NJPHA JIF and public entity insurance, and resumes/qualifications of key personnel.
- g. Scope of Services Narrative: Provide a detailed description of how the proposer will perform the requested services.
- h. References: Provide at least five (5) references from public housing authorities, non-profit and/or governmental entity risk management clients.
- i. Compensation Proposal: Specify the proposer’s compensation structure, including: percentage fee of the annual NJPHA JIF assessment, any brokerage commissions for out-of-fund policies, and any additional fees or costs.
- j. All responses, inquiries, or other correspondence relating to or in reference to this RFP, and all other reports, charts, displays, schedules, exhibits, and other documentation, submitted by the proposer, shall become the property of HAGC when received.
- k. Only information which is received in response to this RFP shall be evaluated. Reference to information previously submitted shall not be considered.



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

- l. Failure to follow the instructions in this RFP may be cause for rejection of the subject proposal.
- m. All proposals submitted shall be valid for a minimum period of sixty (60) calendar days following the Proposal Due Date.
- n. Submitted proposals may be withdrawn through Housing Agency Marketplace prior to the Proposal Due Date.
- o. Negligence on the part of the proposer in preparing the proposal confers no right of withdrawal after the Proposal Due Date.

2. MISCELLANEOUS PROPOSAL REQUIREMENTS:

- a. HAGC shall not be responsible for any expenses incurred by any firm in preparing and submitting a proposal. All proposals shall provide a straightforward, concise delineation of the firm's capabilities to satisfy the requirements of this RFP. Emphasis should be on completeness and clarity of content.
- b. The proposal submitted by the successful firm and this RFP shall become part of any contract awarded as a result of this RFP. The successful firm shall execute said contract with HAGC.
- c. HAGC reserves the right to reject any and all proposals received in response to this RFP. Firms whose proposals are not accepted shall be notified via Housing Agency Marketplace.



**HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES**

F. EVALUATION OF PROPOSALS

HAGC shall determine the most qualified proposer(s) based on the following evaluation factors and process. HAGC may contract with more than one firm.

1. EVALUATION FACTORS:

The Evaluation Committee shall utilize the following Evaluation Factors and related point system (100 total points) for the purpose of ranking all proposals.

Evaluation Criteria	Maximum Points
Breadth of experience providing Risk Management Services to public housing authorities, non-profit and governmental agencies	35
References from public housing, non-profit and governmental client agencies	20
Qualifications of key personnel	15
Capability to provide requested services	15
Responsiveness and quality of proposal	5
Compensation proposal	10
TOTAL MAXIMUM POINTS	100

2. EVALUATION PROCESS:

- a. At its option, the Evaluation Committee may request oral presentations or discussions with any or all proposers for the purpose of clarification of any part of the proposal. However, proposers are cautioned that this provision is not mandatory; therefore, all proposals should be complete and concise and reflect the most favorable terms from the proposer.
- b. The Evaluation Committee shall rank order all submitted proposals using the Evaluation Factors and related point system described above. At its option, the Evaluation Committee may interview one or more proposers depending on whether such proposers are considered, according to the rank order, to have a reasonable chance of being awarded the contract. The interviews would serve to clarify each interviewee’s proposal and could lead to a refinement of the ranking by the Evaluation Committee.
- c. At its option, the Evaluation Committee may seek supplemental submissions from one or more interviewees, termed a Best and Final Offer (“BAFO”). The BAFO would serve to further clarify each BAFO invitee's proposal and could lead to a refinement of the invitee’s ranking by the Evaluation Committee.



HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES

- d. The award of the contract to one proposer does not mean that the other proposals lacked merit, but that the proposal resulting in a contract was deemed to be in the best interest of HAGC.
- e. The Evaluation Committee shall make a recommendation to HAGC's Board of Commissioners for the Executive Director to enter into a contract with the selected firm.
- f. HAGC reserves the right to reject all proposals.



**HOUSING AUTHORITY OF GLOUCESTER COUNTY
REQUEST FOR PROPOSALS #26-003
PROFESSIONAL RISK MANAGEMENT SERVICES**

G. ATTACHMENTS

In addition to the proposal, proposers shall include all required information and completed forms listed on the RFP Forms Checklist.



HOUSING AUTHORITY OF GLOUCESTER COUNTY

REQUEST FOR PROPOSALS

RFP # 26-003

PROFESSIONAL RISK MANAGEMENT SERVICES

SUBMISSION DEADLINE: **WEDNESDAY, JULY 8, 2026 @ 11:00 AM EDT**

RETURN PROPOSALS TO:

The Housing Authority of Gloucester County
100 Pop Moylan Boulevard
Deptford, New Jersey 08096

NAME OF PROPOSER: _____

COMPANY NAME: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____





HOUSING AUTHORITY OF GLOUCESTER COUNTY

RFP# 26-003

PROPOSAL FORMS CHECKLIST

Instructions: Please initial in each blank to ensure compliance and sign at the bottom.

HAGC Forms:

- a) _____ Cover Sheet
- b) _____ Proposal Forms Checklist
- c) _____ General Terms & Conditions

State Forms:

- e) _____ Owner Disclosure Statement
- f) _____ Mandatory Equal Opportunity
- g) _____ Affirmative Action Statement & Affidavit
- h) _____ Certificate for Contracts, etc.
- i) _____ Iranian Certification
- j) _____ Acknowledgement of Addenda Sheet
- k) _____ Certification of Prohibited Acts in Russia or Belarus
- l) _____ Non-Default Affidavit
- m) _____ Non- Collusion Affidavit

Federal Forms:

- n) _____ IRS Form W-9
- o) _____ Disclosure of Lobbying Activities Certification and Form
- p) _____ Drug-Free Workplace Affidavit
- q) _____ Americans With Disabilities Act of 1990—Read Only
- r) _____ HUD-5369-B Instruction to Offerors
- s) _____ HUD-5369-C Certifications and Representations of Offerors
- t) _____ HUD 50071 Certification of Payments

Vendor Documents:

- u) _____ Professional License (if applicable)
- v) _____ NJ Business Registration Certificate
- w) _____ Certificate(s) of Professional & General Liability Insurance
- x) _____ Certificate(s) of Workers' Compensation Insurance

X

Signature of Proposer

Print Name/ Title

Date





HOUSING AUTHORITY OF GLOUCESTER COUNTY

GENERAL TERMS AND CONDITIONS

A. ORGANIZATION:

The Contractor shall be organized under the laws of the State of New Jersey or licensed to do business in the State of New Jersey. HAGC may request a copy of documents evidencing such organization or license prior to the execution of the Contract.

B. TERMINATION FOR CONVENIENCE:

HAGC may terminate the Contract for convenience by giving the Contractor at least thirty (30) calendar days' advance written notice. Upon such termination, Contractor shall be paid for all goods provided or services rendered under the Contract through the date of termination.

C. CHANGES:

1. No changes, additions, deletions, or modifications shall be made to the Contract without the prior written approval of HAGC. All such changes, additions, deletions, or modifications shall be authorized by a written change order signed by HAGC. The cost or credit to HAGC for a change order shall be determined by mutual agreement of the parties before performing the change involved.
2. Any changes in the contracted scope of services shall not invalidate the Contract, nor shall it release the Contractor from any guaranty given by the Contractor pursuant to the Contract or release the Contractor from any other obligations of the Contract. All such work shall be performed in accordance with the Contract for an amount agreed to by HAGC and the Contractor.

D. INSURANCE:

Contractor shall procure and require its agents, contractors, and subcontractors to procure and maintain, at their own cost and expense, during the entire period of performance/guarantee (including the maintenance/guarantee period or other applicable warranty period) the types of insurance specified below. All insurance shall be procured from reputable insurers authorized to do business in the State of New Jersey. In no event shall work be performed until the required evidence of insurance has been furnished. The insurance shall provide for at least thirty (30) days prior written notice to be given to HAGC in the event coverage is materially changed, canceled, or not renewed. Prior to the inception of work, the Contractor shall provide to HAGC a Certificate of Insurance evidencing the following coverages:

1. Additional Insured Requirement

HAGC shall be named as additional insured on all policies required hereunder, except for Workers Compensation and Employers Liability.



HOUSING AUTHORITY OF GLOUCESTER COUNTY

2. Workers Compensation and Employers Liability
 - a. Workers Compensation – Statutory Limits
 - b. Employers Liability
 - (1) Bodily Injury by Accident – \$100,000 each accident
 - (2) Bodily Injury by Disease – \$500,000 policy limit
 - (3) Bodily Injury by Disease – \$100,000 each employee
3. Professional Liability – \$1,000,000 Errors and Omissions per occurrence

E. EQUAL OPPORTUNITY:

1. The Contractor shall send to each labor union or representative of workers with which Contractor has a collective bargaining agreement or other Contract or understanding, a notice advising the labor union or workers' representative of the Contractor's commitments under this Equal Opportunity clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment.
2. In the event of the Contractor's non-compliance with this Section or any of the Equal Opportunity clauses of the Contract, the Contract may be canceled, terminated, or suspended in whole or in part; and the Contractor may be declared ineligible for further HAGC contracts.

F. SUBSTITUTION OF PERSONNEL:

The Contractor shall not replace key personnel assigned to the Contract and listed in the bid/proposal submitted by the Contractor without the prior advance written approval of HAGC.

G. RECORDS:

The Contractor shall keep adequate records of direct labor costs and other costs of performance of the Contract and shall maintain such records for three (3) years after HAGC makes final payment and all other pending matters are closed.

H. AUDIT:

1. Records of the Contractor shall be subject to audit by a Certified Public Accounting (CPA) firm designated by HAGC in the event of termination for convenience or if any payment is based on time or cost of materials.
2. Because funds for the Contract are provided by the federal government, the Contractor agrees to allow the federal agency, which provided funds, the Comptroller General of the United States, HAGC, or any of their duly authorized representatives, to have access to any books,



HOUSING AUTHORITY OF GLOUCESTER COUNTY

documents, papers, and records of the Contractor, which are directly pertinent to the Contract for the purpose of making audit, examination, excerpts, and transcriptions.

I. BANKRUPTCY:

1. HAGC may terminate the Contract by written notice to the Contractor:

- a. If the Contractor shall become insolvent or make a general assignment for the benefit of creditors; or
- b. If a petition under any bankruptcy act or similar statute is filed by or against the Contractor and is not vacated within ten (10) days after it is filed.

2. Termination under this Section shall be effective upon the date of the written termination notice.

J. CALENDAR DATES:

Time shall be measured in calendar days.

K. SECTION HEADINGS:

The headings contained herein and in the Contract are for ease of reference and shall not limit the scope or intent of the Section.

L. HOLD HARMLESS:

1. The Contractor shall be considered an independent contractor in respect to the work to be performed under the Contract and shall assume all risk and responsibility for casualties of every description in connection with the work, which can be attributed either directly or indirectly to the Contractor. The Contractor, for itself, its successors, assigns, heirs, executors and administrators, agrees to indemnify, defend and save harmless HAGC, all its commissioners, officers, employees and agents from all suits and actions of every nature brought against HAGC or any of them for or on account of any damage or loss sustained by HAGC related to the performance of the work and does agree to pay any and all such damages including costs of litigation and counsel fees whether defended by HAGC or the Contractor.
2. If the Contractor is required to enter premises owned, leased, or occupied by or under the control of HAGC during the performance of the Contract, the Contractor shall indemnify and hold harmless HAGC its commissioners, officers, employees and agents from any loss, cost, damage, expense, or liability by reason of property damage, or personal injury, including death, of whatsoever nature or kind arising out of or as a result of such performance, whether arising out of actions of the Contractor or any of its employees, subcontractors, and lower-tier subcontractors. It is not the intention of the Contract to confer third-party beneficiary right or action upon any person whatsoever and nothing herein set forth, or in the Contract, shall be



HOUSING AUTHORITY OF GLOUCESTER COUNTY

construed so as to confer upon any person other than HAGC a right of action either under the Contract or in any manner whatsoever.

M. TAXES, INDUSTRIAL LAWS, AND BENEFITS:

The Contractor shall be acting as an independent contractor. Neither the Contractor nor any of the persons furnishing materials or performing work or services, which are required by the Contract, are employees of HAGC within meaning of or the application of any federal or state unemployment insurance law, or other social security, or any workmen's compensation, industrial accident law, or other industrial or labor laws. At its own expense, the Contractor shall comply with such laws and assume all obligations imposed by any one or more of such laws with respect to the Contract. The Contractor shall be liable for all federal, state, and local taxes or special assessments.

N. NO WAIVER:

Failure of HAGC to insist on strict performance shall not constitute a waiver of any of the provisions of the Contract or waiver of any default of the Contractor.

O. ASSIGNMENT:

The Contractor shall not assign, transfer, convey, sublet, or otherwise dispose of the Contract, or the Contractor's rights, title, or interest in any part thereof. The Contractor shall perform within its own organization and with the assistance of employees under the Contractor's immediate superintendence all work under the Contract.

If the Contractor assigns, transfers, conveys, sublets, or otherwise disposes of the Contract in whole or in part, or of the Contractor's right, title, or interest therein, or any of the monies to become due under the Contract to any person, firm or corporation, the Contract may, at the sole option of HAGC, be terminated and HAGC shall thereupon be relieved and discharged from any and all liability and obligations growing out of the same to the Contractor and to the Contractor's assignee or transferee. However, nothing herein contained shall be construed to hinder, prevent, or affect any assignment by the Contractor for the benefit of the Contractor's creditors made pursuant to the statutes of the State of New Jersey. No right under the Contract or to any money to become due thereunder, shall be asserted against HAGC in law or in equity by reason of any so-called assignment of the Contract, or any part thereof, or any monies to become due thereunder.

P. SEVERABILITY:

If any provision of the Contract or any application thereof to any person or circumstance is held invalid, such invalidity shall not affect other provisions or applications of the Contract, which can be given effect without the invalid provision or application and to this and the provisions of this Contract are severable.



HOUSING AUTHORITY OF GLOUCESTER COUNTY

Q. ROYALTIES AND PATENTS:

The Contractor shall pay all royalties and license fees. The Contractor shall defend all suits or claims for infringement of any patent, trademark, or copyright, and shall save and hold harmless HAGC from loss on account thereof.

R. PERMITS AND LICENSES:

If any permits, licenses, or other approvals are necessary for the performance of the Contract, then the Contractor shall obtain all such permits, licenses, or approvals at no extra charge to HAGC.

S. AFFIRMATIVE ACTION:

The Contract is subject to compliance with HUD Minority and Women's Business Enterprise Opportunity goals. A minimum goal of 20% of the total dollar amount of all prime contracts, and/or materials and supplies purchased, should be awarded to minority business concerns. A minimum goal of 10% of the total dollar amount should be awarded to Women's Business concerns. These goals are not mandatory set-asides.

T. WORK PRODUCT:

All files, work product, finished and unfinished documents, data, studies, and reports prepared by the Contractor under the Contract shall become the property of HAGC when created and shall be given to HAGC prior to completion or termination of the Contract or when requested by HAGC.

GENERAL TERMS AND CONDITIONS CERTIFICATION

The undersigned confirms that the Bidder/Proposer shall comply with HAGC's General Terms and Conditions as set forth above.

SIGNATURE

DATE

STATEMENT OF OWNERSHIP DISCLOSURE

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

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

Name of Organization: _____

Organization Address: _____

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

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type) Limited Liability Company (LLC)
- Partnership Limited Partnership Limited Liability Partnership (LLP)
- Other (be specific): _____

Part II

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

OR

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

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

Name of Individual or Business Entity	Address

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

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

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

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

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

Part IV Certification

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

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

HOUSING AUTHORITY OF GLOUCESTER COUNTY

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq., N.J.A.C.17:27

GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

- A. 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 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.
- B. 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.
- C. 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 worker's 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.
- D. 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.
- E. The Contractor or Subcontractor agrees to make good faith efforts to employee 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**.
- F. 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.
- G. The Contractor or Subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personal testing conforms to 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.
- H. 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.

HOUSING AUTHORITY OF GLOUCESTER COUNTY

I. 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 Division of Contract Compliances & EEO as may be requested by the Division from time to time in order to carry out the purposes of these regulations, and Public Agencies shall furnish such information as may be requested by the Division of Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**

The parties to this contract do hereby agree that the provision of **N.J.S.A. 10:5-31 et seq.** dealing with discrimination in employment on Public Contracts, and the rules and regulations promulgated pursuant thereunto, are hereby made a part of this contract and are binding upon them.

Submitted by:

Broker Name: _____

By: _____

Title: _____

Date: _____

HOUSING AUTHORITY OF GLOUCESTER COUNTY

AFFIRMATIVE ACTION STATEMENT

The undersigned confirms that the Contractor agrees that in the hiring of any employees, laborers, workmen and mechanics for the performance of work under this bid that said contractor or any person on their behalf shall not by reason of age, gender, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation discriminate against any employee in hiring who is qualified and available to perform the work to which the employment relates.

The contractor shall comply with all statutes relating to the contract on behalf of the Housing Authority of Gloucester County.

TYPED OR PRINTED NAME & TITLE

SIGNATURE

SOCIAL SECURITY NUMBER

AFFIRMATIVE ACTION AFFIDAVIT

Pursuant to the regulations promulgated by the Affirmative Action Laws of the State of New Jersey in accordance with laws of Public Law 1975, Chapter 127 and all its latest amendments stated in the Circular of the Secretary of the Treasury of the State of New Jersey, as are included with these specifications, contractors furnishing goods or services to the Authority must agree, where applicable, to the following:

During the performance of this contract, the contractor agrees as follows:

- I. To comply with all regulations of Affirmative Action Laws of the State of New Jersey, Public Law 1975, Chapter 127.
2. To comply with all requirements stated in (N.J.A.C.17:27) a memorandum entitled "Affirmative Action Requirements for Public Agencies in the Awarding of Contracts".
3. To comply with all the requirements of the memorandum entitled "Mandatory Affirmative Action Language".

The undersigned hereby states, he/she has fully read and agrees to comply with the above, and is familiar with the regulations described therein and will furnish further information if requested by the Authority confirming the compliance with the above stated regulations. I am also aware that if the firm of _____ does not comply with Public Law 1975, Chapter 127 and the rules and regulations issued pursuant thereto, that no monies will be paid by the Authority and that the firm of _____ may be debarred from all public contracts for a period of up to five (5) years.

By: _____

(TYPED OR PRINTED NAME OF AFFIANT)

Subscribed and sworn to before me

This _____ day of _____, _____

HOUSING AUTHORITY OF GLOUCESTER COUNTY

CERTIFICATE FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

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

- (1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendments or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any other person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL "Disclosure Form to Report Lobbying", in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents for all sub- awards at all tiers (including subcontracts, sub-grants, and contract under grants, loans and cooperative agreements) and that all sub-recipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Executed this ____ day of _____, _____

Signature

Print Name / Title

HOUSING AUTHORITY OF GLOUCESTER COUNTY

Disclosure of Investment Activities in Iran

Person or Entity

Part 1: Certification

COMPLETE PART 1 BY CHECKING EITHER BOX.

Pursuant to Public Law 2012, c. 25, any person or entity that is a successful bidder or proposer, 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 parent entity, subsidiary, or affiliate is identified on the State Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The list is found on Treasury's website at www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

The Chapter 25 list must be reviewed prior to completing the below certification. If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may 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.



I certify, pursuant to Public Law 2012, c. 25, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate thereof 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 below.

OR



I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate thereof is listed on the N.J. Department of the Treasury's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below sign and complete the Certification below.

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN.

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

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.

I acknowledge that the Housing Authority of Gloucester County is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Housing Authority to notify the Housing Authority in writing of any changes to the answers of information contained herein.

I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Housing Authority of Gloucester County and that the Housing Authority at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print)		Title	
Signature		Date	

HOUSING AUTHORITY OF GLOUCESTER COUNTY

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

<u>Addendum Number</u>	<u>Dated</u>	<u>Acknowledge Receipt</u> (initial)
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

No addenda were received:

Acknowledged for: _____
(Name of Bidder)

By: _____
(Signature of Authorized Representative)

Name: _____
(Print or Type)

Title: _____

Date: _____

CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

Pursuant to N.J.S.A. 52:32-60.1, et seq. ([L. 2022, c. 3](#)) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any 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.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

(Check the Appropriate Box)

A. That the Vendor is not identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus](#).

OR

B. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus](#).

OR

C. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list](#). However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

(Attach Additional Sheets If Necessary.)

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

ⁱ Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

HOUSING AUTHORITY OF GLOUCESTER COUNTY

NON-DEFAULT CERTIFICATIONS

_____, the party submitting the attached bid, and principal in the firm of _____
_____, located at, _____, in the city of, _____
_____, in the state of, _____, hereafter called the Proposer,

Certifies as stated in the following two (2) affidavits:

NON-DEFAULT AFFIDAVIT

- A. All statements made by Proposer are true, complete, and correct to the best of its knowledge and belief.
- B. Proposer has never experienced defaults or non-compliance under any contract for the U.S. Department of Housing and Urban Development, hereafter referred to as HUD, nor any other Government Agency with which it has contacts.
- C. To the best of the Proposer's knowledge, there are no unresolved findings raised as a result of HUD audits, management reviews, or any other Governmental investigations concerning the Proposer or work under its contracts.
- D. There has not been a suspension or termination of payments under any HUD contract in which the Proposer has had a legal or beneficial interest attributable to its fault or negligence.
- E. The Proposer has not been convicted of a felony and is not presently, to its knowledge, the subject of a complaint or indictment charging a felony.
- F. The Proposer has not been suspended, debarred, or otherwise restricted by any Department or Agency of the Federal, State, or Municipal Government in New Jersey, nor a PHA in New Jersey, from doing business with such Department or Agency.
- G. Proposer has not defaulted on an obligation covered by a bond, nor has been the subject of a claim under a fidelity bond.
- H. All the names of the parties, known to the Proposer to be principals in this contract, in which it proposes to participate, are included on resumes submitted with this proposal.
- I. To the Proposer's knowledge, Proposer has not been found, to be in violation of any applicable Federal or State Civil Rights' Law.
- J. Proposer is not a member of Congress, or Resident Commissioner, nor otherwise prohibited or limited by law from contracting with the USA.
- K. Proposer is not an officer, employee, or Commissioner of any PHA who is prohibited or limited by from contracting with PHA's.
- L. Proposer has never been suspended, debarred, or otherwise disqualified by HUD or any other Governmental Agency with which it has contracted from doing business with any Governmental Agency.

PLEASE SIGN AND DATE

NAME: _____

TITLE: _____

DATE: _____

HOUSING AUTHORITY OF GLOUCESTER COUNTY

NON-COLLUSION AFFIDAVIT

State of New Jersey
County of _____

I, _____ residing in _____
name name of municipality
in the County of _____ and State of _____ of full age, being duly
sworn according to law on my oath depose and say that:

I am _____ of the firm of _____
title name of firm

_____ the bidder making this Proposal for the bid
entitled _____, and that I executed the said proposal with
title of bid

full authority to do so that said bidder has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Housing Authority of Gloucester County relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by _____ . (N.J.S.A. 52:34-15)

Subscribed and sworn to before me this day

Signature

(Type or print name of affiant under signature)

_____, 2 _____

Notary public of

My Commission expires _____

Request for Taxpayer Identification Number and Certification

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1	Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)		
	2	Business name/disregarded entity name, if different from above.		
	3a	Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) _____ Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____ <i>(Applies to accounts maintained outside the United States.)</i>	
	3b	If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions <input type="checkbox"/>		
	5	Address (number, street, and apt. or suite no.). See instructions.	Requester's name and address (optional)	
	6	City, state, and ZIP code		
	7	List account number(s) here (optional)		

Part I Taxpayer Identification Number (TIN)

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

Social security number									
				-					
or									
Employer identification number									

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

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here	Signature of U.S. person	Date
------------------	--------------------------	------

General Instructions

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

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

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

must obtain your correct taxpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

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

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

Caution: If you don't return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued);
2. Certify that you are not subject to backup withholding; or
3. Claim exemption from backup withholding if you are a U.S. exempt payee; and
4. Certify to your non-foreign status for purposes of withholding under chapter 3 or 4 of the Code (if applicable); and
5. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting is correct. See *What Is FATCA Reporting*, later, for further information.

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

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

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

Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding. Payments made to foreign persons, including certain distributions, allocations of income, or transfers of sales proceeds, may be subject to withholding under chapter 3 or chapter 4 of the Code (sections 1441–1474). Under those rules, if a Form W-9 or other certification of non-foreign status has not been received, a withholding agent, transferee, or partnership (payor) generally applies presumption rules that may require the payor to withhold applicable tax from the recipient, owner, transferor, or partner (payee). See Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*.

The following persons must provide Form W-9 to the payor for purposes of establishing its non-foreign status.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the disregarded entity.
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the grantor trust.
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust and not the beneficiaries of the trust.

See Pub. 515 for more information on providing a Form W-9 or a certification of non-foreign status to avoid withholding.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person (under Regulations section 1.1441-1(b)(2)(iv) or other applicable section for chapter 3 or 4 purposes), do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515). If you are a qualified foreign pension fund under Regulations section 1.897(l)-1(d), or a partnership that is wholly owned by qualified foreign pension funds, that is treated as a non-foreign person for purposes of section 1445 withholding, do not use Form W-9. Instead, use Form W-8EXP (or other certification of non-foreign status).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a saving clause. Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if their stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first Protocol) and is relying on this exception to claim an exemption from tax on their scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include, but are not limited to, interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third-party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester;
2. You do not certify your TIN when required (see the instructions for Part II for details);
3. The IRS tells the requester that you furnished an incorrect TIN;
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only); or
5. You do not certify to the requester that you are not subject to backup withholding, as described in item 4 under "*By signing the filled-out form*" above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier.

What Is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all U.S. account holders that are specified U.S. persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you are no longer tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account, for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

- **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note for ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040 you filed with your application.

- **Sole proprietor.** Enter your individual name as shown on your Form 1040 on line 1. Enter your business, trade, or “doing business as” (DBA) name on line 2.

- **Partnership, C corporation, S corporation, or LLC, other than a disregarded entity.** Enter the entity’s name as shown on the entity’s tax return on line 1 and any business, trade, or DBA name on line 2.

- **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. Enter any business, trade, or DBA name on line 2.

- **Disregarded entity.** In general, a business entity that has a single owner, including an LLC, and is not a corporation, is disregarded as an entity separate from its owner (a disregarded entity). See Regulations section 301.7701-2(c)(2). A disregarded entity should check the appropriate box for the tax classification of its owner. Enter the owner’s name on line 1. The name of the owner entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For

example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner’s name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity’s name on line 2. If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, enter it on line 2.

Line 3a

Check the appropriate box on line 3a for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3a.

IF the entity/individual on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation.
• Individual or • Sole proprietorship	Individual/sole proprietor.
• LLC classified as a partnership for U.S. federal tax purposes or • LLC that has filed Form 8832 or 2553 electing to be taxed as a corporation	Limited liability company and enter the appropriate tax classification: P = Partnership, C = C corporation, or S = S corporation.
• Partnership	Partnership.
• Trust/estate	Trust/estate.

Line 3b

Check this box if you are a partnership (including an LLC classified as a partnership for U.S. federal tax purposes), trust, or estate that has any foreign partners, owners, or beneficiaries, and you are providing this form to a partnership, trust, or estate, in which you have an ownership interest. You must check the box on line 3b if you receive a Form W-8 (or documentary evidence) from any partner, owner, or beneficiary establishing foreign status or if you receive a Form W-9 from any partner, owner, or beneficiary that has checked the box on line 3b.

Note: A partnership that provides a Form W-9 and checks box 3b may be required to complete Schedules K-2 and K-3 (Form 1065). For more information, see the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

If you are required to complete line 3b but fail to do so, you may not receive the information necessary to file a correct information return with the IRS or furnish a correct payee statement to your partners or beneficiaries. See, for example, sections 6698, 6722, and 6724 for penalties that may apply.

Line 4 Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third-party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys’ fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space on line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2).

- 2—The United States or any of its agencies or instrumentalities.
- 3—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities.
- 5—A corporation.
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or territory.
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission.
- 8—A real estate investment trust.
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940.
- 10—A common trust fund operated by a bank under section 584(a).
- 11—A financial institution as defined under section 581.
- 12—A middleman known in the investment community as a nominee or custodian.
- 13—A trust exempt from tax under section 664 or described in section 4947.

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
• Interest and dividend payments	All exempt payees except for 7.
• Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
• Barter exchange transactions and patronage dividends	Exempt payees 1 through 4.
• Payments over \$600 required to be reported and direct sales over \$5,000 ¹	Generally, exempt payees 1 through 5. ²
• Payments made in settlement of payment card or third-party network transactions	Exempt payees 1 through 4.

¹ See Form 1099-MISC, Miscellaneous Information, and its instructions.

² However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) entered on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37).

B—The United States or any of its agencies or instrumentalities.

C—A state, the District of Columbia, a U.S. commonwealth or territory, or any of their political subdivisions or instrumentalities.

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i).

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i).

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state.

G—A real estate investment trust.

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940.

I—A common trust fund as defined in section 584(a).

J—A bank as defined in section 581.

K—A broker.

L—A trust exempt from tax under section 664 or described in section 4947(a)(1).

M—A tax-exempt trust under a section 403(b) plan or section 457(g) plan.

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, enter "NEW" at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have, and are not eligible to get, an SSN, your TIN is your IRS ITIN. Enter it in the entry space for the Social security number. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/EIN. Go to www.irs.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.irs.gov/OrderForms to place an order and have Form W-7 and/or Form SS-4 mailed to you within 15 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and enter "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, you will generally have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon. See also *Establishing U.S. status for purposes of chapter 3 and chapter 4 withholding*, earlier, for when you may instead be subject to withholding under chapter 3 or 4 of the Code.

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third-party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor ²
5. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
6. Sole proprietorship or disregarded entity owned by an individual	The owner ³
7. Grantor trust filing under Optional Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))**	The grantor*

For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity ⁴
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing Form 1041 or under the Optional Filing Method 2, requiring Form 1099 (see Regulations section 1.671-4(b)(2)(i)(B))**	The trust

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name on line 1, and enter your business or DBA name, if any, on line 2. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

* **Note:** The grantor must also provide a Form W-9 to the trustee of the trust.

** For more information on optional filing methods for grantor trusts, see the Instructions for Form 1041.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information, such as your name, SSN, or other identifying information, without your permission to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax return preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity, or a questionable credit report, contact the IRS Identity Theft Hotline at 800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 877-777-4778 or TTY/TDD 800-829-4059.

Protect yourself from suspicious emails or phishing schemes.

Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 800-366-4484. You can forward suspicious emails to the Federal Trade Commission at spam@uce.gov or report them at www.ftc.gov/complaint. You can contact the FTC at www.ftc.gov/idtheft or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see www.IdentityTheft.gov and Pub. 5027.

Go to www.irs.gov/IdentityTheft to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and territories for use in administering their laws. The information may also be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payors must generally withhold a percentage of taxable interest, dividends, and certain other payments to a payee who does not give a TIN to the payor. Certain penalties may also apply for providing false or fraudulent information.

HOUSING AUTHORITY OF GLOUCESTER COUNTY

CERTIFICATION REGARDING LOBBYING

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

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

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization: _____

Street address: _____

City, State, Zip: _____

CERTIFIED BY: (type or print)

TITLE:

(signature)

(date)

Disclosure of Lobbying Activities

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
(See reverse for public burden disclosure)

<p>1. Type of Federal Action: a. contract _____ b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance</p>	<p>2. Status of Federal Action: a. bid/offer/application _____ b. initial award c. post-award</p>	<p>3. Report Type: a. initial filing _____ b. material change</p> <p>For material change only: Year _____ quarter _____ Date of last report _____</p>
<p>4. Name and Address of Reporting Entity: _____ Prime _____ Subawardee Tier _____, if Known:</p> <p>Congressional District, if known:</p>	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime:</p> <p>Congressional District, if known:</p>	
<p>6. Federal Department/Agency:</p>	<p>7. Federal Program Name/Description:</p> <p>CFDA Number, <i>if applicable</i>: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known:</p> <p>\$ _____</p>	
<p>10. a. Name and Address of Lobbying Registrant <i>(if individual, last name, first name, MI):</i></p>	<p>b. Individuals Performing Services <i>(including address if different from No. 10a)</i> <i>(last name, first name, MI):</i></p>	
<p>11. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No.: _____ Date: _____</p>	
<p>Federal Use Only</p>	<p>Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)</p>	

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

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitations for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Included prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, DC 20503

HOUSING AUTHORITY OF GLOUCESTER COUNTY

DRUG FREE WORKPLACE CERTIFICATION

_____, the party submitting the attached bid, and principal in the firm of _____
_____, located at, _____, in the city of, _____
_____, in the state of, _____, hereafter called the Proposer,

Certifies as stated in the following two (2) affidavits:

DRUG-FREE WORKPLACE AFFIDAVIT

- A. Proposer will publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Proposer's workplace and specifying the actions that will be taken against employees for violations of such prohibition.
- B. Proposer will establish a Drug-Free Awareness Program to inform employees about:
 - a. The dangers of drug abuse in the workplace.
 - b. The Proposer's policy of maintaining a drug-free workplace.
 - c. Any available counseling, rehabilitation and employee assistance programs.
 - d. The penalties that may be imposed upon employees for violations occurring in the workplace.
- C. Proposer will make it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required in Paragraph A.
- D. The Proposer will notify the employee in the statement required by Paragraph A. that as a condition of employment, the employee will:
 - a. Abide by the terms of the statement; and
 - b. Notify the Proposer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.
- E. **The Proposer will notify the Housing Authority within ten (10) days after receiving notice under Subparagraph D. b, from an employee or otherwise receiving actual notice of such conviction.**
- F, **The Proposer will one of the following actions, within thirty (30) days of receiving notice under Subparagraph D. b, with the respect to any employee who is convicted:**
 - a. Taking appropriate personnel action against such employee, up to and including termination; or
 - b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by a Federal, State, or a Local Health and/or Law Enforcement Agency, or other appropriate agency.
- G. The Proposer will make a good faith effort to maintain a Drug-Free workplace through implementation of the above paragraphs.
- H. The work-site regarding contracts between the Proposer and the Housing Authority of Gloucester County is at:
Bidder's Address.

PLEASE SIGN AND DATE

NAME: _____

TITLE: _____

DATE: _____

HOUSING AUTHORITY OF GLOUCESTER COUNTY

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

The contractor and the 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.

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.

Instructions to Offerors Non-Construction



1. Preparation of Offers

(a) Offerors are expected to examine the statement of work, the proposed contract terms and conditions, and all instructions. Failure to do so will be at the offeror's risk.

(b) Each offeror shall furnish the information required by the solicitation. The offeror shall sign the offer and print or type its name on the cover sheet and each continuation sheet on which it makes an entry. Erasures or other changes must be initialed by the person signing the offer. Offers signed by an agent shall be accompanied by evidence of that agent's authority, unless that evidence has been previously furnished to the HA.

(c) Offers for services other than those specified will not be considered.

2. Submission of Offers

(a) Offers and modifications thereof shall be submitted in sealed envelopes or packages (1) addressed to the office specified in the solicitation, and (2) showing the time specified for receipt, the solicitation number, and the name and address of the offeror.

(b) Telegraphic offers will not be considered unless authorized by the solicitation; however, offers may be modified by written or telegraphic notice.

(c) Facsimile offers, modifications or withdrawals will not be considered unless authorized by the solicitation.

3. Amendments to Solicitations

(a) If this solicitation is amended, then all terms and conditions which are not modified remain unchanged.

(b) Offerors shall acknowledge receipt of any amendments to this solicitation by

- (1) signing and returning the amendment;
- (2) identifying the amendment number and date in the space provided for this purpose on the form for submitting an offer,
- (3) letter or telegram, or
- (4) facsimile, if facsimile offers are authorized in the solicitation. The HA/HUD must receive the acknowledgment by the time specified for receipt of offers.

4. Explanation to Prospective Offerors

Any prospective offeror desiring an explanation or interpretation of the solicitation, statement of work, etc., must request it in writing soon enough to allow a reply to reach all prospective offerors before the submission of their offers. Oral explanations or instructions given before the award of the contract will not be binding. Any information given to a prospective offeror concerning a solicitation will be furnished promptly to all other prospective offerors as an amendment of the solicitation, if that information is necessary in submitting offers or if the lack of it would be prejudicial to any other prospective offerors.

5. Responsibility of Prospective Contractor

(a) The HA shall award a contract only to a responsible prospective contractor who is able to perform successfully under the terms and conditions of the proposed contract. To be determined responsible, a prospective contractor must -

- (1) Have adequate financial resources to perform the contract, or the ability to obtain them;

- (2) Have a satisfactory performance record;
- (3) Have a satisfactory record of integrity and business ethics;
- (4) Have a satisfactory record of compliance with public policy (e.g., Equal Employment Opportunity); and
- (5) Not have been suspended, debarred, or otherwise determined to be ineligible for award of contracts by the Department of Housing and Urban Development or any other agency of the U.S. Government. Current lists of ineligible contractors are available for inspection at the HA/HUD.

(b) Before an offer is considered for award, the offeror may be requested by the HA to submit a statement or other documentation regarding any of the foregoing requirements. Failure by the offeror to provide such additional information may render the offeror ineligible for award.

6. Late Submissions, Modifications, and Withdrawal of Offers

(a) Any offer received at the place designated in the solicitation after the exact time specified for receipt will not be considered unless it is received before award is made and it -

- (1) Was sent by registered or certified mail not later than the fifth calendar day before the date specified for receipt of offers (e.g., an offer submitted in response to a solicitation requiring receipt of offers by the 20th of the month must have been mailed by the 15th);
- (2) Was sent by mail, or if authorized by the solicitation, was sent by telegram or via facsimile, and it is determined by the HA/ HUD that the late receipt was due solely to mishandling by the HA/ HUD after receipt at the HA;
- (3) Was sent by U.S. Postal Service Express Mail Next Day Service - Post Office to Addressee, not later than 5:00 p.m. at the place of mailing two working days prior to the date specified for receipt of proposals. The term "working days" excludes weekends and U.S. Federal holidays; or
- (4) Is the only offer received.

(b) Any modification of an offer, except a modification resulting from the HA's request for "best and final" offer (if this solicitation is a request for proposals), is subject to the same conditions as in subparagraphs (a)(1), (2), and (3) of this provision.

(c) A modification resulting from the HA's request for "best and final" offer received after the time and date specified in the request will not be considered unless received before award and the late receipt is due solely to mishandling by the HA after receipt at the HA.

(d) The only acceptable evidence to establish the date of mailing of a late offer, modification, or withdrawal sent either by registered or certified mail is the U.S. or Canadian Postal Service postmark both on the envelope or wrapper and on the original receipt from the U.S. or Canadian Postal Service. Both postmarks must show a legible date or the offer, modification, or withdrawal shall be processed as if mailed late. "Postmark" means a printed, stamped, or otherwise placed impression (exclusive of a postage meter machine impression) that is readily identifiable without further action as having been supplied and affixed by employees of the U.S. or Canadian Postal Service on the date of mailing. Therefore, offerors should request the postal clerk to place a hand cancellation bull's-eye postmark on both the receipt and the envelope or wrapper.

(e) The only acceptable evidence to establish the time of receipt at the HA is the time/date stamp of HA on the offer wrapper or other documentary evidence of receipt maintained by the HA.

(f) The only acceptable evidence to establish the date of mailing of a late offer, modification, or withdrawal sent by Express Mail Next Day Service-Post Office to Addressee is the date entered by the post office receiving clerk on the "Express Mail Next Day Service-Post Office to Addressee" label and the postmark on both the envelope or wrapper and on the original receipt from the U.S. Postal Service. "Postmark" has the same meaning as defined in paragraph (c) of this provision, excluding postmarks of the Canadian Postal Service. Therefore, offerors should request the postal clerk to place a legible hand cancellation bull's eye postmark on both the receipt and the envelope or wrapper.

(g) Notwithstanding paragraph (a) of this provision, a late modification of an otherwise successful offer that makes its terms more favorable to the HA will be considered at any time it is received and may be accepted.

(h) If this solicitation is a request for proposals, proposals may be withdrawn by written notice, or if authorized by this solicitation, by telegram (including mailgram) or facsimile machine transmission received at any time before award. Proposals may be withdrawn in person by a offeror or its authorized representative if the identity of the person requesting withdrawal is established and the person signs a receipt for the offer before award. If this solicitation is an invitation for bids, bids may be withdrawn at any time prior to bid opening.

7. Contract Award

(a) The HA will award a contract resulting from this solicitation to the responsible offeror whose offer conforming to the solicitation will be most advantageous to the HA, cost or price and other factors, specified elsewhere in this solicitation, considered.

(b) The HA may

- (1) reject any or all offers if such action is in the HA's interest,
- (2) accept other than the lowest offer,
- (3) waive informalities and minor irregularities in offers received, and (4) award more than one contract for all or part of the requirements stated.

(c) If this solicitation is a request for proposals, the HA may award a contract on the basis of initial offers received, without discussions. Therefore, each initial offer should contain the offeror's best terms from a cost or price and technical standpoint.

(d) A written award or acceptance of offer mailed or otherwise furnished to the successful offeror within the time for acceptance specified in the offer shall result in a binding contract without further action by either party. If this solicitation is a request for proposals, before the offer's specified expiration time, the HA may accept an offer, whether or not there are negotiations after its receipt, unless a written notice of withdrawal is received before award. Negotiations conducted after receipt of an offer do not constitute a rejection or counteroffer by the HA.

(e) Neither financial data submitted with an offer, nor representations concerning facilities or financing, will form a part of the resulting contract.

8. Service of Protest

Any protest against the award of a contract pursuant to this solicitation shall be served on the HA by obtaining written and dated acknowledgment of receipt from the HA at the address shown on the cover of this solicitation. The determination of the HA with regard to such protest or to proceed to award notwithstanding such protest shall be final unless appealed by the protestor.

9. Offer Submission

Offers shall be submitted as follows and shall be enclosed in a sealed envelope and addressed to the office specified in the solicitation. The proposal shall show **the hour and date specified in the solicitation for receipt, the solicitation number, and the name and address of the offeror, on the face of the envelope.**

It is very important that the offer be properly identified on the face of the envelope as set forth above in order to insure that the date and time of receipt is stamped on the face of the offer envelope. Receiving procedures are: date and time stamp those envelopes identified as proposals and deliver them immediately to the appropriate contracting official, and only date stamp those envelopes which do not contain identification of the contents and deliver them to the appropriate procuring activity only through the routine mail delivery procedure.

[Describe bid or proposal preparation instructions here:]

Certifications and Representations of Offerors

Non-Construction Contract

Public reporting burden for this collection of information is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information.

This form includes clauses required by OMB's common rule on bidding/offering procedures, implemented by HUD in 24 CFR 85.36, and those requirements set forth in Executive Order 11625 for small, minority, women-owned businesses, and certifications for independent price determination, and conflict of interest. The form is required for nonconstruction contracts awarded by Housing Agencies (HAs). The form is used by bidders/offers to certify to the HA's Contracting Officer for contract compliance. If the form were not used, HAs would be unable to enforce their contracts. Responses to the collection of information are required to obtain a benefit or to retain a benefit. The information requested does not lend itself to confidentiality.

1. Contingent Fee Representation and Agreement

(a) The bidder/offeror represents and certifies as part of its bid/offer that, except for full-time bona fide employees working solely for the bidder/offeror, the bidder/offeror:

- (1) has, has not employed or retained any person or company to solicit or obtain this contract; and
- (2) has, has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract.

(b) If the answer to either (a)(1) or (a) (2) above is affirmative, the bidder/offeror shall make an immediate and full written disclosure to the PHA Contracting Officer.

(c) Any misrepresentation by the bidder/offeror shall give the PHA the right to (1) terminate the resultant contract; (2) at its discretion, to deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

2. Small, Minority, Women-Owned Business Concern Representation

The bidder/offeror represents and certifies as part of its bid/offer that it:

- (a) is, is not a small business concern. "Small business concern," as used in this provision, means a concern, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.
- (b) is, is not a women-owned small business concern. "Women-owned," as used in this provision, means a small business that is at least 51 percent owned by a woman or women who are U.S. citizens and who also control and operate the business.
- (c) is, is not a minority enterprise which, pursuant to Executive Order 11625, is defined as a business which is at least 51 percent owned by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals.

For the purpose of this definition, minority group members are:

(Check the block applicable to you)

- | | |
|---|---|
| <input type="checkbox"/> Black Americans | <input type="checkbox"/> Asian Pacific Americans |
| <input type="checkbox"/> Hispanic Americans | <input type="checkbox"/> Asian Indian Americans |
| <input type="checkbox"/> Native Americans | <input type="checkbox"/> Hasidic Jewish Americans |

3. Certificate of Independent Price Determination

(a) The bidder/offeror certifies that—

- (1) The prices in this bid/offer have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder/offeror or competitor relating to (i) those prices, (ii) the intention to submit a bid/offer, or (iii) the methods or factors used to calculate the prices offered;
- (2) The prices in this bid/offer have not been and will not be knowingly disclosed by the bidder/offeror, directly or indirectly, to any other bidder/offeror or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a negotiated solicitation) unless otherwise required by law; and
- (3) No attempt has been made or will be made by the bidder/offeror to induce any other concern to submit or not to submit a bid/offer for the purpose of restricting competition.

(b) Each signature on the bid/offer is considered to be a certification by the signatory that the signatory:

- (1) Is the person in the bidder/offeror's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or
- (2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above (insert full name of person(s) in the bidder/offeror's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder/offeror's organization);
(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

- (c) If the bidder/offeror deletes or modifies subparagraph (a)2 above, the bidder/offeror must furnish with its bid/offer a signed statement setting forth in detail the circumstances of the disclosure.

4. Organizational Conflicts of Interest Certification

- (a) The Contractor warrants that to the best of its knowledge and belief and except as otherwise disclosed, it does not have any organizational conflict of interest which is defined as a situation in which the nature of work under a proposed contract and a prospective contractor's organizational, financial, contractual or other interest are such that:

(i) Award of the contract may result in an unfair competitive advantage;

(ii) The Contractor's objectivity in performing the contract work may be impaired; or

(iii) That the Contractor has disclosed all relevant information and requested the HA to make a determination with respect to this Contract.

- (b) The Contractor agrees that if after award he or she discovers an organizational conflict of interest with respect to this contract, he or she shall make an immediate and full disclosure in writing to the HA which shall include a description of the action which the Contractor has taken or intends to eliminate or neutralize the conflict. The HA may, however, terminate the Contract for the convenience of HA if it would be in the best interest of HA.

- (c) In the event the Contractor was aware of an organizational conflict of interest before the award of this Contract and intentionally did not disclose the conflict to the HA, the HA may terminate the Contract for default.

- (d) The Contractor shall require a disclosure or representation from subcontractors and consultants who may be in a position to influence the advice or assistance rendered to the HA and shall include any necessary provisions to eliminate or neutralize conflicts of interest in consultant agreements or subcontracts involving performance or work under this Contract.

5. Authorized Negotiators (RFPs only)

The offeror represents that the following persons are authorized to negotiate on its behalf with the PHA in connection with this request for proposals: (list names, titles, and telephone numbers of the authorized negotiators):

6. Conflict of Interest

In the absence of any actual or apparent conflict, the offeror, by submission of a proposal, hereby warrants that to the best of its knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement, as described in the clause in this solicitation titled "Organizational Conflict of Interest."

7. Offeror's Signature

The offeror hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Signature & Date:

Typed or Printed Name:

Title:

Certification of Payments to Influence Federal Transactions

U.S. Department of Housing and Urban Development
Office of Public and Indian Housing

Public reporting burden for this information collection is estimated to average 30 minutes, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. The information requested is required to obtain a benefit. This form is used to ensure federal funds are not used to influence members of Congress. There are no assurances of confidentiality. HUD may not conduct or sponsor, and an applicant is not required to respond to a collection of information unless it displays a currently valid OMB control number. Comments regarding the accuracy of this burden estimate and any suggestions for reducing this burden can be sent to the Reports Management Officer, Office of Policy Development and Research, REE, Department of Housing and Urban Development, 451 7th St SW, Room 4176, Washington, DC 20410-5000. When providing comments, please refer to OMB Approval No. 2577-0157.

Applicant Name

Program/Activity Receiving Federal Grant Funding

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

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

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, Disclosure Form to Report Lobbying, in accordance with its instructions.

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

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

I hereby certify that all the information stated herein, as well as any information provided in the accompaniment herewith, is true and accurate.

Warning: HUD will prosecute false claims and statements. Conviction may result in criminal and/or civil penalties. (18 U.S.C. 1001, 1010, 1012; 31 U.S.C. 3729, 3802)

Name of Authorized Official

Title

Signature

Date (mm/dd/yyyy)