

WILLINGBORO TOWNSHIP

RFP # 1-2026R

**REQUEST FOR QUALIFICATIONS FOR
ALTERNATE PUBLIC DEFENDER SERVICES FOR THE 2026 CONTRACT YEAR**

SUBMISSION DEADLINE

(OPENING DATE: Tuesday February 11, 2026, at (10:00) A.M)

ADDRESS ALL PROPOSALS TO:

Office of the Municipal Clerk
1 Rev. Dr. Martin Luther King Jr. Drive
Willingboro, NJ 08046

Attn:

Municipal Clerk

PUBLIC NOTICE OF FAIR AND OPEN PROCUREMENT PROCESS
RFP # 1-2026R
REQUEST FOR QUALIFICATIONS FOR
ALTERNATE PUBLIC DEFENDER SERVICES FOR THE 2026 CONTRACT YEAR

In accordance with New Jersey Local Public Contracts Law and N.J.S.A. 19:44A-20.4 et. seq., the Township of Willingboro (“Township”), County of Burlington, a municipal corporation of the State of New Jersey, is soliciting professional services proposals through a fair and open process. The Township will require the following services for the upcoming calendar year beginning March 1, 2026, and ending December 31, 2026:

1.) Alternate Public Defender

Copies of the Qualification/Criteria documents may be obtained by any prospective proposer on the internet at <https://www.willingboronj.gov/departments/township-clerk/rfp-rfq-bids> on and after (Advertisement Date: January 20, 2026). For all professionals; One original, one copy, one electronic copy (USB Drive) of your sealed responses to this request for proposals must be submitted to the Willingboro Township, Office of the Municipal Clerk, 1 Rev. Dr. Martin Luther King Jr. Drive, Willingboro, New Jersey 08046 by no later than 10:00 AM local prevailing time on (Opening Date: February 11, 2026), at which time and place responses are scheduled to be opened by the QPA or his designee. Each sealed envelope containing a proposal shall be plainly marked on the outside to clearly show the specific service for which an individual or firm is submitting a proposal. The proposals will be evaluated by the Willingboro Township Administration and contracts awarded based on the individual or firm experience and reputation in the field (a copy of the resume of each individual performing the work is to be included); (2) knowledge of Willingboro Township and subject matters to be addressed under the contract; (3) availability to accommodate any required meetings; (4) compensation proposal; (5) at least 2 references with address and phone number; (6) a certification that no immediate relatives of any principal of the firm are employed by, or serve as elected officials of the Willingboro Township; (7) an explanation as to when each individual performing work received his or her license to practice in this State; (8) a copy of the firm’s Certificate of Liability Insurance; (9) a copy of the firm’s Business Registration Certificate, and (10) Submission of the information requested in the RFP. All contracts pursuant to the fair and open process will be awarded by resolution and require a majority vote of the Township Council at a public meeting. In addition to full compliance with N.J.S.A. 19:44A-20.4 et. seq. (“Pay to Play”), individuals or firms awarded contracts under these procedures will be required to comply with N.J.S.A. 10:5-31 and N.J.A.C. 17:27-4 (Affirmative Action and Equal Employment Opportunity), 42 U.S.C. Section 12101 et. seq. (Americans with Disabilities Act of 1990), N.J.S.A. 52:25-24.2 (Disclosure of Ownership) and N.J.S.A. 52:32-44 (Business Registration). Any questions regarding this notice should be directed to Willingboro Township, Office of the Municipal Clerk, 1 Rev. Dr. Martin Luther King Jr. Dr., Willingboro, New Jersey 08046, (609) 877-2200.

The Township of Willingboro solicits statements of qualifications of applicants for appointments to the following professional positions. Responses should address the general criteria and mandatory minimum criteria for the position sought. Unless otherwise required by law, all responses will be treated as confidential and reviewed only by the Township Council. Responses must be received in the Office of the Township Clerk, Willingboro Township Municipal Complex, One Rev. Dr. Martin Luther King, Jr. Drive, Willingboro, NJ 08046, no later than 10:00 A.M. on (RFP Opening Wednesday, February 11, 2026). All responses shall be opened and announced publicly by the Municipal Clerk immediately thereafter. The governing body will review responses, and all appointments will be made at a public meeting. Unless otherwise noted, appointments shall be effective during the period of March 1, 2026, through December 31, 2026 following the approval of the governing body.

GENERAL PROPOSAL REQUIREMENTS

The request for qualifications is to be formatted as follows to assure consistency:

- Section A. Understanding of the Scope of Services to be provided for the Township Section B. Qualifications & Experience
- Section C. Resume & Qualifications of Key Personnel Section D. Client Reference List
- Section E. Conflict of Interest(s): This section should disclose any potential conflicts of interest that the firm may have in performing these services for the Township.
- Section F. Miscellaneous/Other information (This section is for any further pertinent data and information not included elsewhere in the RFQ and found necessary by the proposer).

I. PLEASE PROVIDE AN ORIGINAL HARDCOPY, ONE DIGITAL (USB), AND ONE HARDCOPY (1) MARKED “COPY” FOR THE FOLLOWING PROFESSIONAL SERVICES.

II. MISCELLANEOUS REQUIREMENTS

- 1) The Township of Willingboro will not be responsible for any expenses incurred by any firm in preparing or submitting a proposal. All proposals shall provide a straightforward, concise delineation of the firm's capabilities to satisfy the requirements of this Request for Qualifications. Emphasis should be on completeness and clarity of content.
- 2) The contents of the proposal submitted by the successful firm(s) and this Request for Qualifications may become part of the contract for these services. The successful firms will be expected to execute said contract with the Township of Willingboro.
- 3) Proposals shall be signed in ink by the individual or authorized principal of the responding party. Proposals submitted shall be valid for a minimum of 90 days from the date of opening.
- 4) The Township of Willingboro reserves the right to reject any and all proposals received in response to this Request for Qualifications or to negotiate separately in any manner necessary to serve the best interests of the Township. Any selected firm is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of this Agreement or its rights, title, or interest therein or its power to execute such agreement to any other person, company, or corporation without the prior written consent of the Township.
- 5) The selected firm(s) shall be required to comply with the requirements of P.L. 1975, c.127 (see attached affirmative action language) and submit an employee information report or certificate of employee information report approval. This requirement will be addressed upon execution of the Agreement.
- 6) The selected firm(s) shall be required to provide a Business Registration Form(s).

- 7) The selected firm(s) may be required to provide Proof of Insurance.
- 8) All costs of responding to the RFQ, negotiating any contracts related thereto, and complying with any requirements of the RFQ, including political reporting requirements, shall be borne solely by the RFQ respondent.
- 9) Proposals will not be returned and shall become public records subject to the Open Public Records Act (N.J.S.A. 47:1A-1, et seq.).

EVALUATION OF PROPOSALS

The proposal will be independently evaluated based on the criteria listed below:

- (1) Individual or firm's experience and reputation in the field.
- (2) Knowledge of Willingboro Township and subject matter.
- (4) Compensation proposal.
- (5) References
- (6) No Conflicts of Interest with Willingboro Township elected officials.

SPECIFIC PROPOSAL REQUIREMENTS

ALTERNATE PUBLIC DEFENDER

GENERAL CRITERIA: The Township of Willingboro desires to appoint an attorney at law who will be the alternate public defender for those who qualify for public defender services in the Municipal Court of the Township of Willingboro. Applicant should demonstrate knowledge and experience in the defense of matters in the municipal courts of the State of New Jersey. Any experience or knowledge of matters that directly affect the Township of Willingboro or its municipal court should be addressed.

- **Please note:** Invoices and the Township's voucher for legal fees and costs will be submitted monthly to the Township Manager. Invoices and Township vouchers shall be submitted no later than the 15th day of the preceding month. The Township will pay bills upon the Township Manager's approval of the Attorney's invoice and corresponding voucher. All invoices/vouchers must have itemized details regarding the hours billed, the relative case/matter, and the associated costs. Alternatively, the Council would consider a retainer agreement wherein you agree to provide a certain level of legal services to the

Township at an agreed-upon contractual amount and be compensated for work outside of the scope of the agreement at the rates established.

MANDATORY MINIMUM REQUIREMENTS:

1. Must be licensed to practice law in the State of New Jersey and eligible to appear before all state and federal courts and administrative offices of the State of New Jersey for a period of not less than five (5) years preceding appointment.
2. Must have a minimum of five (5) years experience appearing in municipal and superior courts of the State of New Jersey.
3. Must maintain a bona fide principal office in the State of New Jersey.
4. Must provide a description of availability for municipal court sessions.
5. Must list other past or present municipal courts served as Public Defender or Prosecutor.

GENERAL PROPOSAL REQUIREMENTS

The request for qualifications is to be formatted as follows to assure consistency:

Section A. Understanding of the Scope of Services to be provided for the Township

Section B. Qualifications & Experience

Section C. Résumé & Qualifications of Key Personnel

Section D. Client Reference List

Section E. Conflict of Interest(s): This section should disclose any potential conflicts of interest that the firm may have in performing these services for the Township

Section F. Miscellaneous /Other information: This section is for any further pertinent data and information not included elsewhere in the RFQ and found necessary by the proposer.

MISCELLANEOUS REQUIREMENTS

1. The Township will not be responsible for any expenses incurred by any firm in preparing or submitting a proposal. All proposals shall provide a straightforward, concise delineation of the firm's capabilities to attest to the requirements of this Request for Qualifications. Emphasis should be on completeness and clarity of content.
2. The contents of the proposal submitted by the successful firm(s) and this Request for Qualifications may become part of the contract for these services. The successful firm(s) will be expected to execute said contract with the Township of Willingboro.
3. Proposals shall be signed in ink by the individual or authorized principal of the responding party. Proposals submitted shall be valid for a minimum of sixty (60) days from the date of opening.
4. The Township reserves the right to reject any and all proposals received by reason of this Request for Qualifications, or to negotiate separately in any manner necessary to serve the best interests of the Township. Firms whose proposals are not accepted will be notified in writing.
5. Any selected firm is prohibited from assigning, transferring, conveying, subletting or otherwise disposing of this Agreement of its rights, title, or interest therein or its power to execute such agreement to any other person, company or corporation without the prior written consent of the Township of Willingboro.
6. The selected firm(s) shall be required to comply with the requirements of P.L. 1975, c. 127 (see attached affirmative action language) and submit an employee information report or certificate of employee information report approval. This requirement will be addressed upon execution of the Agreement.
7. The selected firm(s) shall be required to provide a Business Registration Form(s).
8. The selected firm(s) may be required to provide Proof of Insurance.

ALL Responses to the Request for Qualifications shall include:

1. Description of Firm - Provide a history and description of your firm.
2. Experience - Please briefly summarize your experience with municipal entities in the State of New Jersey. Also include, as a separate list, your experience as related to the Township or similar municipalities.
3. References - Provide three (3) references. Include the name of the issuer *for* whom you have provided similar services along with the contact person's name, title, address, telephone number, and email address.
4. Investigations/Litigation - Provide details of any criminal or regulatory investigation or pertinent litigation pending against your firm or members of your firm.
5. Certificates Required - The respondent must submit the following certificates:
(i) Affirmative Action Employee Information Report or Certificate of Employee Information Report; (ii) Proof of general liability insurance coverage and professional liability insurance coverage;(iii) Proof of NJ Business Registration.
(iv) Corporate Ownership Statement; (v) Ownership Statement; (vi) non-collusion affidavit; (vii) Mandatory Equal Opportunity Statement; Mandatory Disclosure of Investment Activities with Iran. Ownership and Pay-to-Play disclosures may be required prior to entering into an agreement/contract.
6. Other Information - Please discuss any factors that you believe are relevant to the Township's selection of your firm.
7. Compensation - Please attach your fee schedule for providing the Scope of Services requested in this Request for Qualifications. Include a description and estimate of any out-of-pocket expenses related to this engagement.
8. A statement demonstrating understanding of the proposed scope of work requested.

EVALUATION OF PROPOSALS

The proposal will be independently evaluation on the basis of the criteria listed below:

- Proven record of experience, including referrals, in providing the type of services detailed herein
- Ability to provide services in a timely manner.
- Personnel qualifications
- Understanding of the services requested, including completeness and clarity of submission and qualitative nature of the services proposed.

INSURANCE REQUIREMENTS (FOR ALL PROSPECTIVE RESPONDENTS)

Prior to commencing work under contract, the successful firm shall furnish the Township of Willingboro with a certificate of insurance as evidence that it has procured the insurance coverage required herein. A carrier approved by the Township of Willingboro must provide the coverage. Firms must give the Township of Willingboro a sixty (60) day notice of cancellation, non-renewal, or change in insurance coverage. The successful firm(s) shall provide and maintain the following minimum limits of insurance coverage during the period of performance required under the contract resulting from this Request for Qualifications:

PROFESSIONAL LIABILITY INSURANCE

Minimum of \$1,000,000.00 errors and omissions per occurrence to be amended based upon the specific work and values involved.

WORKERS COMPENSATION AND EMPLOYERS' LIABILITY INSURANCE

- Statutory coverage for New Jersey
- \$100,000.00 Employer's Liability

GENERAL LIABILITY INSURANCE

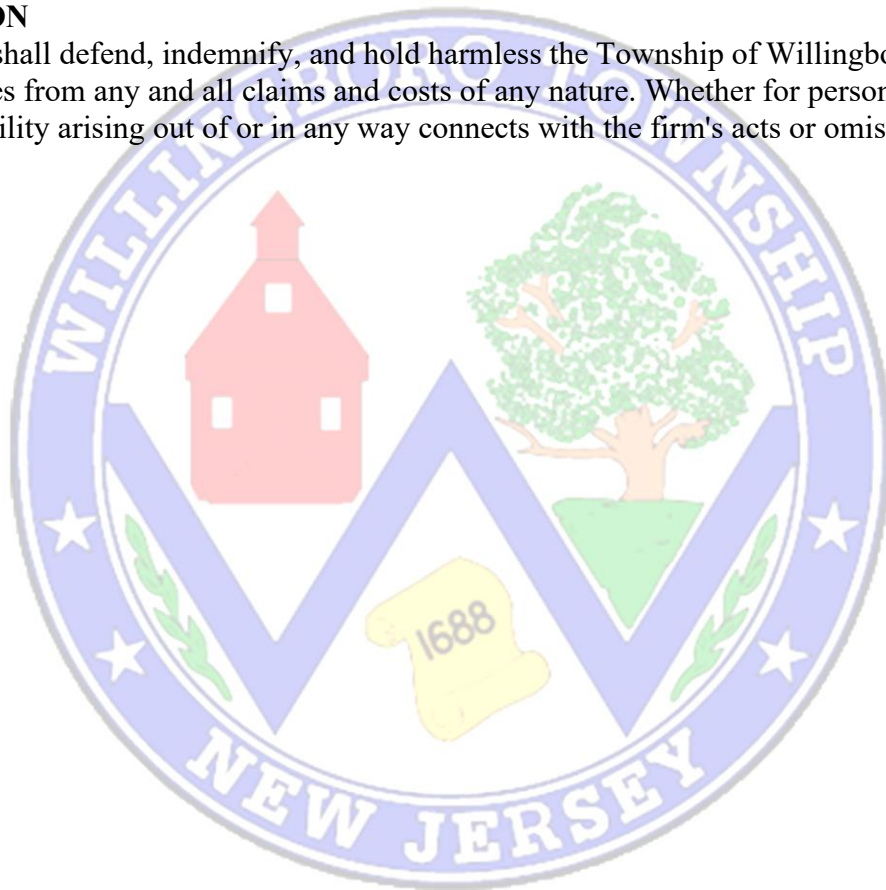
Minimum of \$1,000,000.00 per occurrence to be amended based upon the specific work and values involved. The Township of Willingboro shall be named as additional insured with respect to general liability.

AUTOMOBILE LIABILITY INSURANCE

Minimum of \$ 1,000,000.00 per occurrence / \$1,000,000.00 aggregate. This coverage is required if the operation of any vehicle is required in the performance of the services detailed herein (including but not limited to the use of a vehicle to make any on-site visits).

INDEMNIFICATION

The selected firm(s) shall defend, indemnify, and hold harmless the Township of Willingboro, its officers, agents, and employees from any and all claims and costs of any nature. Whether for personal injury, property damage, or other liability arising out of or in any way connects with the firm's acts or omissions under this agreement.



PROPOSAL CHECKLIST

THE PROPOSER WILL PROVIDE THE FOLLOWING CHECKLIST WHICH SHALL BE PROPERLY COMPLETED WITH THE PROPOSAL AND SUBMITTED TO THE TOWNSHIP AS PART OF THE PROPOSAL.

	Initials
REVIEWED ALL RFP DOCUMENTS, LAWS, REGULATIONS, AND POLICIES THAT COULD AFFECT COST, PROGRESS, AND/OR PERFORMANCE	
FULLY COMPLETED EACH PROPOSAL SECTION AND ADHERED TO THE PROPOSAL FORMAT PROVIDED WITHIN THIS RFP	
FULLY COMPLETED ALL "PROJECT QUALIFICATION CRITERIA" REQUIRED TO RESPOND TO THIS RFP (LISTED BELOW):	
• <i>Certificate of Insurance</i>	
• <i>State of New Jersey Business Registration Certificate and W9</i>	
• <i>State of New Jersey Department of Treasury Notice of Classifications (if required)</i>	
• <i>Mandatory Affirmative Action Language (State-issued certificate required as per instructions provided)</i>	
• <i>Americans with Disabilities Act of 1990 Language (Informational)</i>	
• <i>Non-Collusion Affidavit</i>	
• <i>Ownership Disclosure Certification *</i>	
• <i>Listing of Subcontractors (must write none if there are no subcontractors) *</i>	
• <i>Certificate of Equal Opportunity</i>	
• <i>Affirmative Action Questionnaire</i>	
• <i>Affidavit Regarding List of Debarred, Suspended, or Disqualified Contractors</i>	
• <i>Proposer Certification of Qualification and Credentials</i>	
• <i>Proposer Signature Form/Acknowledgement of Receipt of Changes (must be signed) *</i>	
• <i>Political Contribution Disclosure Form (if included in packet)</i>	
• <i>Disclosure of Investment Activities in Iran</i>	
• <i>References</i>	
• <i>Certification Prohibited Activities in Russia/Belarus</i>	
• <i>Proposal Form</i>	
• <i>Proposal Checklist (must be signed)</i>	

NOTE: FAILURE TO COMPLY WITH THE PRESCRIBED RFP PROCEDURES, INCLUDING COMPLETION AND SUBMITTAL OF ALL THE ABOVE DOCUMENTS IN THE FORM PROVIDED, WILL RESULT IN A REJECTION OF YOUR PROPOSAL.

[*] Failure to submit these documents at the time of the bid opening is a mandatory cause for the bid to be rejected. (N.J.S.A. 40A:11-23.2)

By placing my initials in the boxes provided above, I acknowledge that I have read, fully understood, and fulfilled all the requirements and obligations outlined in each of the referenced documents.

PROPOSER (SIGNATURE): _____

DATED: _____

PROPOSER (PRINT NAME): _____

EXHIBIT A

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

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

Goods, Professional Services, and General Service Contracts (Mandatory Affirmative Action Language)

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, or sex. Except concerning affectional or sexual orientation, 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 or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting for the provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation or sex.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer, advising the labor union or workers' representative of the contractor's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to employ minority and women workers consistent with the applicable county employment goals established in accordance with N.J.A.C. 17:27-5.2 or a binding determination of the applicable Township employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate based on age, creed, color, national origin, ancestry, marital

status, affectional or sexual orientation or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey, and as established by applicable Federal law and applicable Federal court decisions.

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

The contractor shall submit to the public agency, after notification of award but before 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 Compliance and 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.

Company _____

Name _____

Signature _____

Title _____

Date _____

EXHIBIT "B"

AMERICANS WITH DISABILITIES ACT OF 1990

Equal Opportunity for Individuals with Disability (42 U.S.C. § 12101 et seq.)

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "ACT") (42 U.S.C. §12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and

activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, 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 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 the OWNER incurs any expenses 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 proceedings 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.

EXHIBIT C

NON-COLLUSION AFFIDAVIT

TO: Township of Willingboro

DATE: _____

FROM: _____

TELEPHONE: _____ E-MAIL: _____ FACSIMILE: _____

In signing this proposal, we certify that we have not, either directly or indirectly, entered into any agreement or otherwise colluded in any manner with any other person, or otherwise taken any action that would restrain or impede open and free competition and competitive bidding for this Project; that no attempt has been made to induce any other person or Firm to submit, or not to submit, a proposal; that this proposal has been independently arrived at without Agreement or collusion with any other Proposer, competitor, potential competitor or another person; and that this proposal has not been knowingly disclosed before the opening of proposals to any other Proposer, competitor or person not affiliated with Proposer.

We further certify that no requirement or commitment, direct or indirect, was made to any person, or elected official and that no undisclosed benefit of any kind was promised to anyone connected with this Project.

We further certify that no person or selling agent has been employed or retained to solicit or secure the contract that is the subject of this RFP upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee.

We certify that the foregoing statements are true and accurate under penalty of perjury.

The undersigned, by submitting this proposal, hereby agrees with all the terms, conditions, and specifications required by the Township in this Request for Proposal and declares that the attached proposal and pricing conform therewith.

SIGNATURE: _____ DATE: _____

TYPE OR PRINT NAME: _____ TITLE: _____

FEIN or TAX ID NUMBER: _____

ADDENDA ACKNOWLEDGED: _____

DATE: _____



OWNERSHIP DISCLOSURE FORM

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND
PROPERTY 33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW
JERSEY 08625-0230

VENDOR NAME: _____

PURSUANT TO N.J.S.A. 52:25-24.2, ALL PARTIES ENTERING INTO A CONTRACT WITH THE STATE ARE REQUIRED TO PROVIDE A STATEMENT OF OWNERSHIP.

Please answer all questions and complete the information requested.

- | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | YES | NO |
| 1. The vendor is a Non-Profit Entity ; and therefore, no disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. The vendor is a Sole Proprietor ; and therefore, no other disclosure is necessary.
A Sole Proprietor is a person who owns an unincorporated business by himself or herself.
A limited liability company with a single member is not a Sole Proprietor. | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. The vendor is a corporation, partnership, or limited liability company with individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest; therefore, disclosure is necessary. | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to Question 3, you must disclose the information requested in the space below: *

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein.

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

- | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------|--------------------------|
| | YES | NO |
| 4. For each of the corporations, partnerships, or limited liability companies identified in response to Question #3 above, are there any individuals, partners, members, stockholders, corporations, partnerships, or limited liability companies owning a 10% or greater interest of those listed business entities? | <input type="checkbox"/> | <input type="checkbox"/> |

If you answered **YES** to Question 4, you must disclose the information requested in the space below: *

- (a) the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class;
- (b) all individual partners in the partnership who own a 10% or greater interest therein; or,
- (c) all members in the limited liability company who own a 10% or greater interest therein. The disclosure(s) shall be continued until the names and addresses of every non-corporate stockholder, individual partner, and/or member with a 10% or greater interest have been identified.

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

NAME _____
ADDRESS _____
ADDRESS _____
CITY _____ STATE _____ ZIP _____

5. As an alternative to completing this form, a Vendor with any direct or indirect parent entity which is publicly traded, may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10% or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10% or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10% or greater beneficial interest. *

* Attach additional sheets if necessary

EXHIBIT D:

CERTIFICATE OF EQUAL OPPORTUNITY

INSTRUCTIONS

This Certification is required pursuant to Executive Order 11246, Part II, 203(B), (30 CFR 12319-25). Each Proposer is required to state in its proposal whether it has participated in any previous contract or subcontract subject to the equal opportunity clause; and, if so, whether it has filed all compliance reports due under applicable filing requirements.

PROPOSER'S CERTIFICATE

Proposer's Name: _____

Address: _____

1. Proposer has participated in a previous contract or subcontract subject to the equal opportunity clause. Yes _____ No _____

2. Compliance reports were required to be filed in connection with such contract or subcontract. Yes _____ No _____

If yes, state what reports were filed and with what agency.

3. Proposer has filed all compliance reports due under applicable instructions.

Yes _____ No _____

3. If the answer to Item 3 is "No", please explain in detail on the reverse side of this certification.

Certification: The information above is true and complete to the best of my knowledge and belief. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment. (17 U.S. Code, Section 1001.)

Name and Title of Signer - Please Print)

Date:

(Signature)

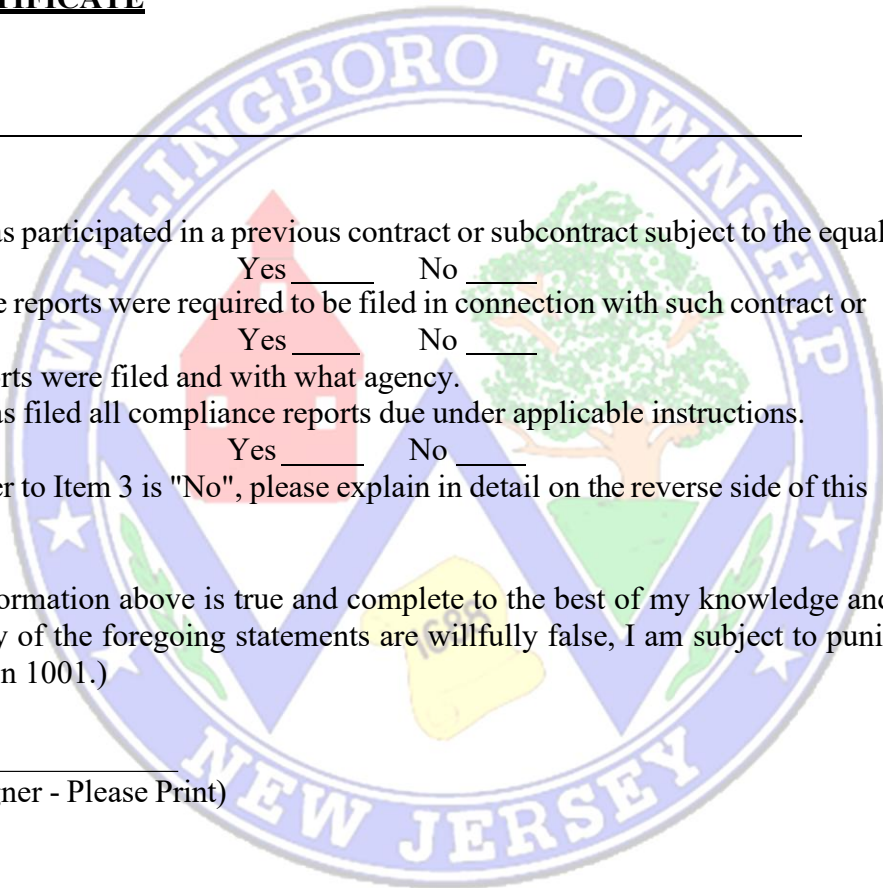


EXHIBIT E:

AFFIRMATIVE ACTION QUESTIONNAIRE

The following question shall be answered by all Proposers.

Do you have a Federal Letter of Affirmative Action Plan Approval from the US Department of Labor's Office of Federal Contract Compliance Programs (OFCCP)?

YES _____ NO _____

If yes, please submit a true and complete copy of such approval. This letter cannot be more than one year old from the date of issuance.

If no, the Proposer may still submit a Proposal for the Project if the question is answered.

PROPOSER (Signature)

PROPOSER (Print Name)

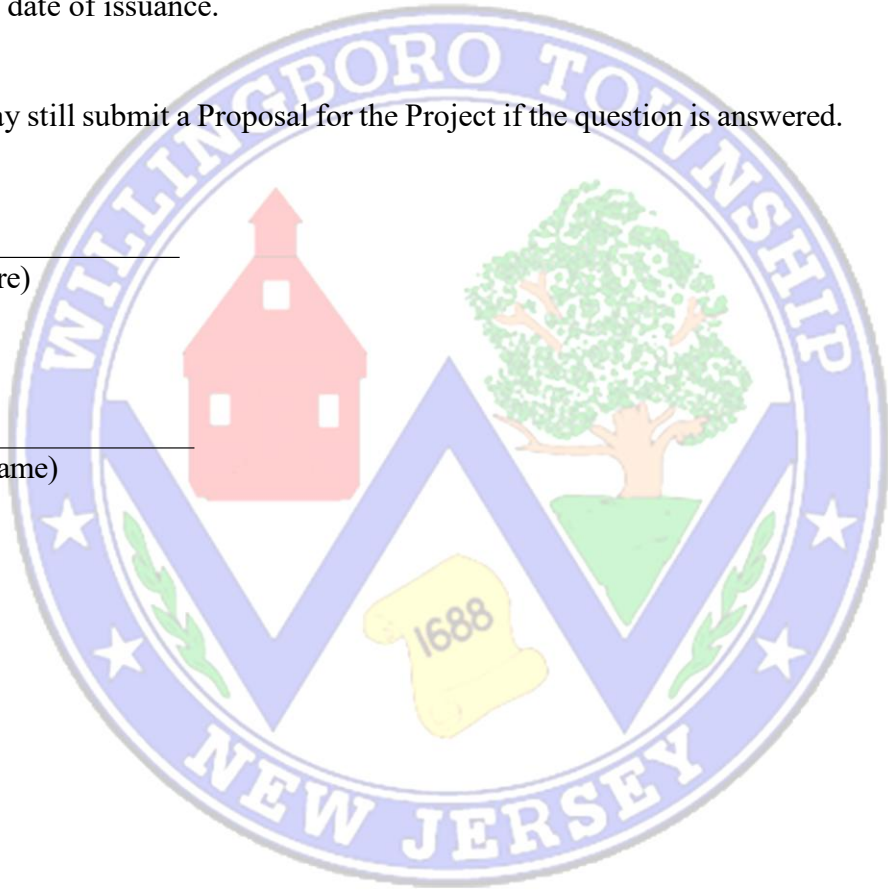


EXHIBIT F:

AFFIDAVIT REGARDING LIST OF DEBARRED, SUSPENDED OR DISQUALIFIED CONTRACTORS

STATE OF NEW JERSEY

COUNTY OF _____

_____, of full age, being duly sworn according to law, on my oath, deposes and says:

I am _____ of the Firm of, _____ the Proposer submitting the Proposal for this Project. I affirm that I executed the said proposal on behalf of the Proposer with full authority to do so; that the Proposer is not at the time of the making of this RFP included on any List of Debarred, Suspended, or Disqualified Contractors, as maintained by the Treasurer of the State of New Jersey, or any other State or the Federal Government.

Name of Proposer: _____

By: _____

(Signature of Authorized Representative)

Subscribed and sworn to before me this ___ day of _____, 20__.

(Seal) Notary Public of New Jersey/ Specify Other State

My Commission Expires _____ 20__.

THIS FORM SHALL BE COMPLETED, SIGNED, AND NOTARIZED

EXHIBIT G:

PROPOSER CERTIFICATION OF QUALIFICATIONS AND CREDENTIALS

STATE OF NEW JERSEY

COUNTY OF _____

_____, of full age, being duly sworn according to law, on my oath, deposes and says:

I am _____ of the Firm of the Proposer submitting the proposal for this Project and have been duly authorized by Proposer to execute this Certification on Proposer's behalf. I hereby certify that the Proposer possesses the qualifications and credentials to fully and completely perform all proposed contractual obligations and commitments outlined in the Request for Proposal.

Name of Proposer

By: _____

(Signature of Authorized Representative)

Subscribed and sworn to before
me this ___ day of, 20.

(Seal) Notary Public of New
Jersey/ Specify Other State

My Commission Expires _____ 20__

THIS FORM SHALL BE COMPLETED, SIGNED, AND NOTARIZED

EXHIBIT H:

PROPOSER SIGNATURE FORM

The undersigned duly authorized representative of Proposer, having examined the documents that are a part of this Request for Proposal, and having full knowledge of the conditions in which the products and services described herein will be performed, hereby represents that Proposer will fulfill all obligations set forth herein in accordance with the stated terms, conditions, specifications, and proposal criteria and that Proposer will furnish all required products and services and payments in strict conformity with these documents for the stated process as payment in full.

ADDENDA FORM:

The undersigned hereby acknowledges receipt of the following applicable addenda:

1. LIST OF ADDENDA AND DATE WHEN RECEIVED BY PROPOSER
2. OTHER

SUBMITTING FIRM:

Company Name _____
Authorized Signature _____
Company _____
Address _____
Printed Name _____
Title _____
Telephone _____

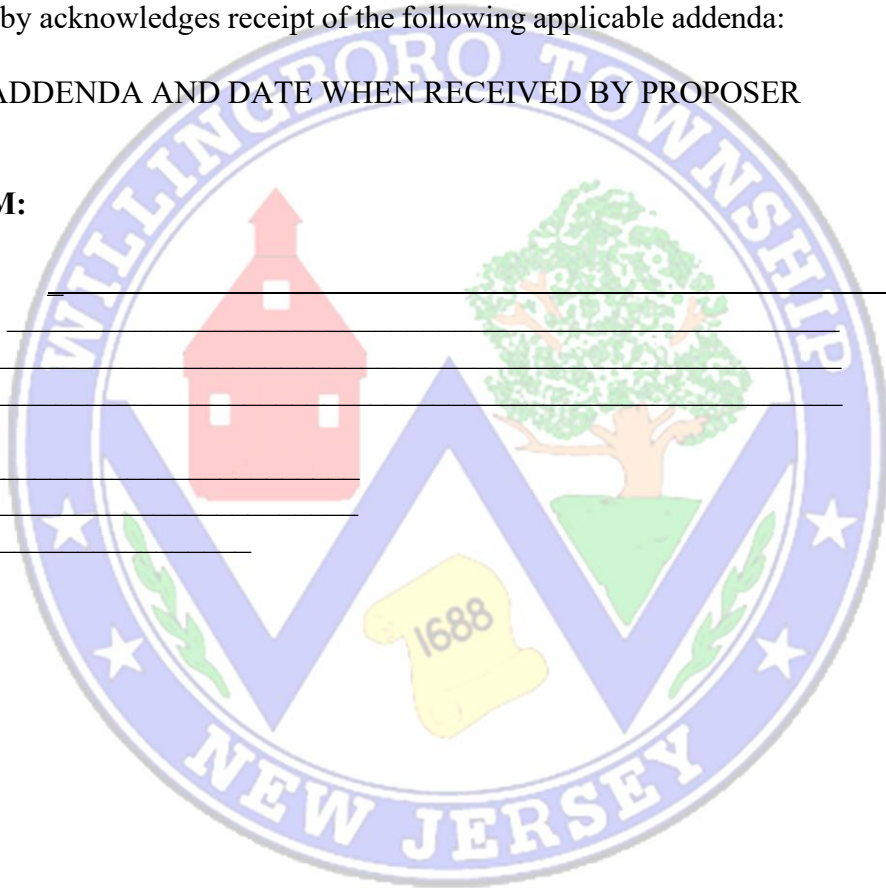


Exhibit I:



**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN
FORM**

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND
PROPERTY 33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW
JERSEY 08625-0230

RFP SOLICITATION # AND TITLE:

VENDOR NAME:

Pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must certify that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the New Jersey Department of the Treasury's Chapter

25 List as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at <https://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

CHECK THE APPROPRIATE BOX

I certify, pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4), that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran.

OR

I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, has engaged in regarding investment activities in Iran by completing the information requested below.

Entity Engaged in Investment
Activities
Relationship to Vendor/ Bidder
Description of Activities

Duration of Engagement
Anticipated Cessation Date

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State 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. If I do so, I may be subject to criminal prosecution under the law, and it will constitute a material breach of my contract(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Signature

Date

Print Name and Title

LISTING OF SUBCONTRACTORS

SUBCONTRACTOR: List Name, Address and Telephone Number (Must state “None” if there are no subcontractors.)

1. _____

2. _____

3. _____

4. _____

5. _____

6. _____

7. _____





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"¹) 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.)

Signature of Vendor's Authorized Representative

Date

Print Name and Title of Vendor's Authorized Representative

Vendor's FEIN

Vendor's Name

Vendor's Phone Number

Vendor's Address (Street Address)

Vendor's Fax Number

Vendor's Address (City/State/Zip Code)

Vendor's Email Address

¹ 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).

RFP PROPOSAL FORM

(Contract Title and RFP Number, if applicable)

(Description of goods/services being RFP)

The undersigned, being authorized, proposes to furnish, and deliver the above goods/services pursuant to the RFP specification and made a part hereof:

Amount in words

\$ _____

Amount in numbers

Company Name

Address

Signature of Authorized Agent Type or Print Name

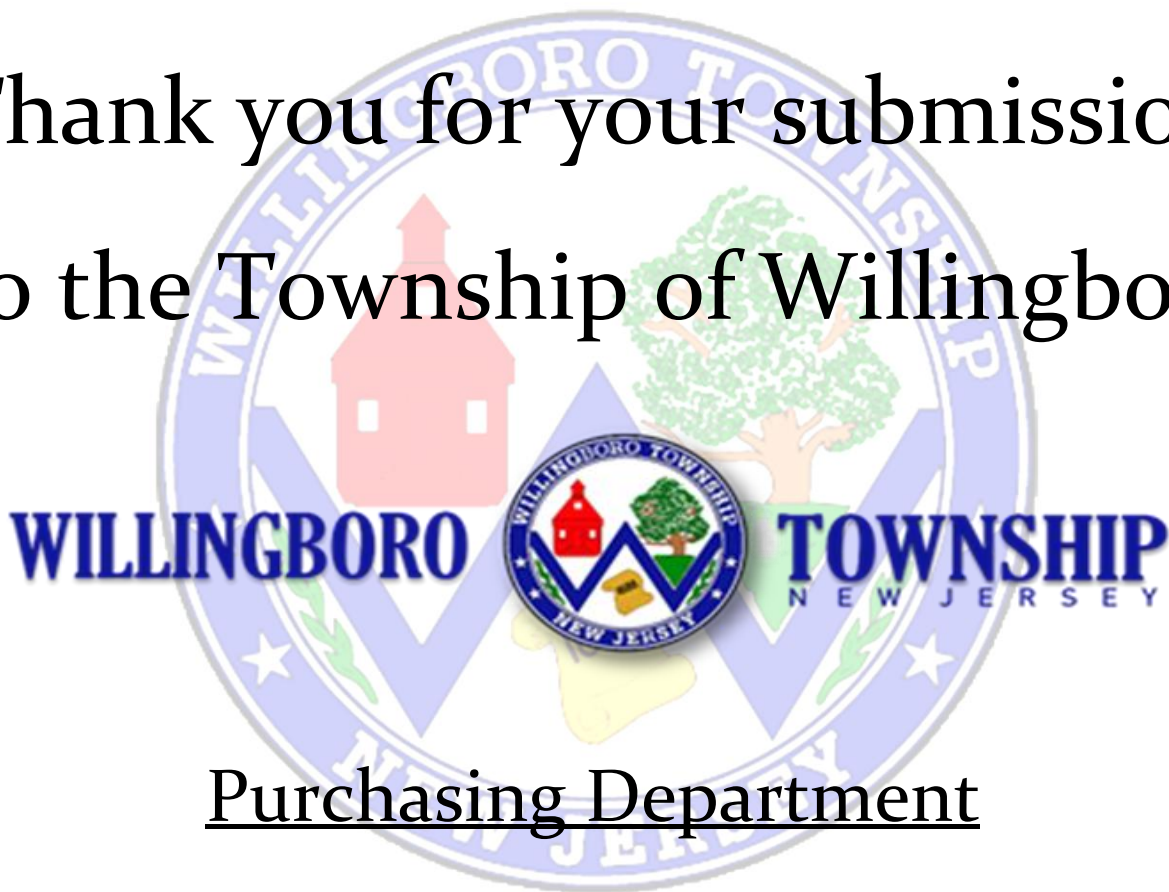
Title

Telephone Number Date

Fax Number Email address:



Thank you for your submission
To the Township of Willingboro



Purchasing Department