

*Third Party Provider for IDEA-funded
Services*

Request for Proposal (RFP)

Hoboken Public School District
May 04, 2020

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1. Summary

The Hoboken Board of Education (“HBOE,” “School District” or “District”) is accepting proposals for Third Party Providers to provide IDEA- funded services for non-public schools that serve eligible non-public HBOE children. IDEA-funds requires a participating local educational agency (“LEA”) to provide eligible students with disabilities attending non-public elementary and secondary schools with services based on an individual service plan (ISP). IDEA-funded services or benefits may be provided by an LEA or by a contractor who is independent of the non-public school and any religious organization. IDEA-funded services or benefits must be secular, neutral and non-ideological.

The purpose of this Request for Proposals (“RFP”) is to gather competitive proposals for the delivery of IDEA-funded services during the 2020-2021 school year.

2. Contact Information

Joyce A. Goode
School Business Administrator/Board Secretary
Hoboken Board of Education
524 Park Avenue
Hoboken, NJ 07030
joyce.goode@hoboken.k12.nj.us

3. Purpose

The School District is seeking to contract with one or more Third Party Provider(s) (also referred to as “Vendor(s)”) to provide IDEA-funded services to eligible HBOE children being served in nonpublic schools. The IDEA services that are to be provided are listed below:

- Intervention Specialists services in the content areas of Reading and/or Math intervention instruction to qualifying/eligible non-public HBOE children with a disability; based each student’s Individual Service Plan (ISP), to include ISP progress monitoring.
- Related Service providers in the areas of speech therapy, occupational therapy, and physical therapy to qualifying/eligible non-public HBOE children with a disability; based each student’s Individual Service Plan (ISP), to include ISP progress monitoring.

4. Proposal Guidelines and Requirements

This is an open and competitive process.

Proposals received after the deadline will not be considered and will be returned unopened.

The proposal must contain the signature of a duly authorized officer or agent of the company submitting the proposal.

The prices that are quoted should be inclusive of all costs and expenses for providing the services, including but not limited to, general and administrative, overhead and profit. If your price excludes certain fees or charges, provide a detailed list of excluded fees with a complete explanation of the nature of those fees.

If the execution of work to be performed requires hiring sub-contractors, clearly state this in the proposal. Sub-contractors must be identified and the work they will perform must be defined.

Provide the name, address, and Employee Identification Number (EIN) of the sub-contractor. The School District will not refuse a proposal based upon the use of sub-contractors; however, we retain the right to refuse the sub-contractors identified/selected by the Third Party Provider.

The RFP specification includes the following areas that require a response:

- Third Party Provider Information;
- Instructional Services Description;
- Hourly Pricing; and
- Provision of three (3) references.

This RFP does not guarantee that your services will be selected or purchased. Responsive proposals that the District deems to be most advantageous will be selected provided that the vendor scores the minimum required points as set forth herein under "RFP Evaluation Criteria", and the District, at its option, may select more than one approved Vendor to provide the services.

RFP: Third Party Provider Information

- A. General information regarding your business. Information must include the following:
 - 1. Type of Company (e.g., LLC, S Corp etc.)
 - 2. Total Number of Employees
 - 3. Years in Business
 - 4. Summary of Services
 - 5. **References - three (3) required**

- B. Evidence of sound financial background
 - 1. Indicate your earnings for the past two years and three quarters

Year	Total Earnings	Comments
FY – 2		
FY – 1		
Year to Date		

- 2. List your top 3 Customers by US \$ dollar volume or customer base.

Customer Name	Contact Name	Phone Number

● Instructional Services Description

Please provide the following information for the proposed Quote:

1. History of service delivery

- a. Describe your company’s history of providing like services to students, especially IDEA-served students, and working with LEAs.
- b. The location, availability and accessibility of properly licensed personnel to support the services, including demonstrated ability to provide substitute personnel to fill vacancies due to absence.

2. Employee monitoring

- a. Describe how your company monitors and evaluates employee performance.

3. Service delivery for 2020-2021

- a. Description of services:

- i. Intervention Specialists (Content Areas)
- b. Minimum and maximum number of students your agency can serve
- c. Minimum and maximum number of students that will be placed in groups
- d. Proposed frequency of instruction for the individual student (e.g., 1 x per week, 2 x's per week)
- e. Time period of a unit of instruction (e.g., 50 minutes, 60 minutes)

● Pricing

Please provide the following information:

1. Hourly cost of services for the upcoming school year
2. Itemize any other costs not included in the hourly cost of services (e.g., provider fees, mileage, etc.)

6. Submission, Funding and Deliverables

● Timeline

- This RFP is dated May 4, 2020. Vendors may also request a copy to be sent via email by contacting Joyce A. Goode at joyce.goode@hoboken.k12.nj.us
- **Proposals are due no later than 12:00 pm/noon (Eastern) on May 26, 2020.** Proposals must be submitted by mail/delivery to Joyce A. Goode, Hoboken Board of Education, 524 Park Avenue, Hoboken, NJ 07030 and should be clearly marked as: "Proposal for IDEA Services".
- Proposals will be evaluated thereafter.
- Any questions pertaining to this RFP must be submitted to Joyce A. Goode at joyce.goode@hoboken.k12.nj.us. All questions must be submitted in email format (no phone calls will be permitted). Answers to any questions shall be in writing and shall be posted on the District's webpage at: http://www.hobokenschools.org/central_office/business_office/rfp_rfq_rfb. The District will endeavor to notify Vendors who are on record with the District as having received a copy of this RFP. It is therefore imperative that Vendors provide full and accurate contact information to the District, including e-mail addresses, and updates will be deemed to have been validly given if emailed or otherwise furnished to each firm's contact person of record. Notwithstanding the foregoing, all Vendors will be presumed to have actual knowledge of all information posted on the District's webpage relating to this RFP, and Vendors shall not avail themselves of incomplete knowledge and/or lack of familiarity of this RFP and any addenda thereto resulting from the Vendor's failure to register with and provide accurate contact information to the District and/or a firm's failure to check the District's webpage. Interpretations, corrections and changes of the RFP which are made in any manner other than a written addendum will not be binding.

- It is requested that Vendors submit questions regarding this RFP for clarification instead of the Vendor taking exception to any provisions of this RFP in the proposal.
- The list of Third Party Provider awardees for the upcoming school year will be announced on or before July 1, 2020.

● Agreement

- The Performance Period for the list of Third Party Providers identified through this RFP will be for one school year, starting upon selection of the vendor in the current year and ending June 30 of the following year.
- The agreement may be modified based on the ESEA reauthorization (ESSA) and/or for changes from the New Jersey Department of Education during the performance period of the agreement.
- Agreements will be subject to the applicable requirements of Appendix II of 2 C.F.R. Section 200.
- The Office of Student Protection Unit (OSP) requires criminal background checks of all applicants for positions within New Jersey's public schools, private schools for students with disabilities, charter schools, and nonpublic schools, as well as for authorized vendors. A selected Vendor shall perform or cause to be performed a New Jersey Criminal History Review Unit (CHRU) background check of the employees of the vendor or of any sub-contractors that will perform work or services. Prior to the performance of any services by such employees, the criminal background check shall be performed and completed at the Vendor's sole cost and expense.
- Vendors will be required to maintain the following insurance coverage by insurance companies authorized to do business in the state of New Jersey with an A.M. Best Rating of A or better. A Certificate of Insurance of Vendor's insurance coverage indicating these amounts and naming the District as an additional insured must be submitted at the time of the award.
 - i. Comprehensive General Liability – An each-occurrence limit of not less than \$2,000,000, a general-aggregate limit of not less than \$2,000,000, and a products and completed-operations aggregate limit of not less than \$2,000,000
 - ii. Automobile Liability: covering all owned, non-owned, and hired vehicles used in connection with the Work: Bodily injury (including death and emotional distress) and property damage with a combined single limit of \$1,000,000 each accident
 - iii. Workers' Compensation-Statutory
 - iv. Employer's Liability: one million dollars (\$1,000,000) each accident, one million dollars (\$1,000,000) each employee, and one million dollars (\$1,000,000) policy limit
 - v. Excess Umbrella Liability: \$5,000,000 Combined Single Unit

- vi. Sexual Abuse and Molestation Insurance with limits of not less than one million dollars (\$1,000,000) per occurrence and one million dollars (\$1,000,000) in the aggregate
- The Vendor shall indemnify and hold harmless the Board, the District and its and their officers and employees from and against all claims and liabilities incurred in or arising out of the Vendor's performance of the contract.
- The Vendor will be required to pay all applicable payroll taxes and deductions required by local, state, and federal law, including both employer and employee contributions and surcharges to any applicable public retirement system, Social Security taxes, unemployment compensation, Medicare and other similar deductions.
- The District shall have the right to terminate the contract at any time in the event of (i) a material breach of the contract by the vendor that remains uncured for fourteen (14) days after notice of the breach is provided to the vendor by the District, or (ii) a determination by a court or administrative agency that any material provision of the contract is contrary to law or that any material provision of the contract may not lawfully be carried out.
- The Contract may also be terminated by District for its convenience and without cause upon thirty (30) days written notice to vendor.

● Funding

- The School District will inform the Third Party Provider of the amount of funds available for each school upon selection and consultation between the nonpublic representative and HBOE.
- The amount of funds available are not negotiable and may fluctuate based on School District, state and federal funding changes.

● Required Deliverables of Selected Vendor(s)

The Third Party Provider will provide the following by the agreed upon timeline:

- Licensure: Submit NJDOE properly licensed documentation for all personnel prior to the start of any equitable services.
- Reports: Submit student with a disability Individual Service Plan progress reports/evaluation upon agreed upon dates.
- Participation: Attendance at consultation and non-public meetings as requested.
- Comply with stated deadlines and HBOE requests.
- Comply with all applicable IDEA statutory and regulatory requirements.
- Comply with all applicable federal, state, and local health, safety, and civil rights laws.
- Ensure that the instruction provided is aligned with New Jersey's academic content standards and in the case of a student with disabilities, is consistent with the Individuals with Disabilities Education Improvement Act ("IDEIA").
- Name the HBOE City School District on the provider's liability insurance.

● Responsibilities of the Local Educational Agency

- Conduct consultation and planning meetings.
- Provide the Individual Service Plan (ISP).
- Monitor the Third Party Provider.
- Conduct unannounced visits.
- Provide clear procedures for submission of invoices, and request more documentation to support invoices, when needed.
- Communicate the amount of funds available and provide funding status reports as requested.
- Pay the Third Party Provider the amounts indicated per approved invoices upon delivery of service, documentation and completion of all requirements.

7. Format for Proposals

Please use the following as a guideline to format your proposal:

Length and Font Size:

Please use fonts no smaller than 12 point. Maximum proposal length including title page, cover letter, and proposal should not exceed 10 pages.

Title Page:

- Hoboken Public School District
- Third Party Provider for IDEA-funded Services
- Request for Proposal
- Company name
- Address
- Web site address
- Telephone number
- Fax number
- Email address
- Primary contact person
- Authorized signature

Proposal:

Containing all information required as described in Proposal Guidelines and Requirements section. The sections are to be clearly titled with the following headings:

- Third Party Provider information
- Instructional services description
- Pricing
- Transition plan describing how the Vendor will take charge of the services required to be performed
- Required Documents

● RFP Evaluation Criteria

The following criteria will form the basis upon which the School District will evaluate proposals. No proposal received after the deadline of 12:00 pm (Eastern) on May 26, 2020 will be considered. The mandatory criteria must be met in order to be considered for review and scoring:

1. Identify one individual for supervision of all personnel and functions for implementation of full scope of work
2. Address all of the requirements
3. Demonstrate evidence of no acts of recovery or unresolved audit finding for the Fiscal Agent

The District may conduct such additional subsequent interviews, discussions and due diligence with any of the responding Vendors as the District deems necessary. District reserves the right to reject all proposals and to cancel at any time for any reason this RFP. District shall have no liability to any Vendor arising out of such cancellation or rejection. District reserves the right to waive minor variations or irregularities in the selection process.

Any proposal that does not receive a minimum of 80 points overall will be deemed by the School District as not representing the minimum qualifications necessary to undertake the work outlined in the RFP and will not be considered for selection as a Third Party Provider.

SCORING RUBRIC**Rubric for Third Party Provider Information: 15 points**

General information about the Third Party Provider is complete per instructions	Third Party Provider information is incomplete	No general Third Party Provider information is included
5	3	0
All years of earnings requested are provided	Some of the years of earnings are requested	Earnings are not included
5	3	0
3 top customers are listed	Fewer than 3 customers are listed or Third Party Provider has not been established long enough to have 3 customers.	Top customers are not indicated
5	3	0
TOTAL possible: 15	9	0

_____ points

Rubric for Instructional Services Description: 85 points

Complete description of the Third Party Provider’s multi year history of providing like services to students with a disability having an individual service plan, and working with LEAs	Partial or incomplete description of the Third Party Provider’s of providing like services to students with a disability having an individual service plan, and working with LEAs	No description of the Third Party Provider’s of providing like services to students with a disability having an individual service plan, and working with LEAs
20	10	0
Complete description of the Third Party Provider’s process for monitoring and evaluating employee performance	Partial or incomplete description of the Third Party Provider’s process for monitoring and evaluating employee performance	No description of the Third Party Provider’s process for monitoring and evaluating employee performance
20	10	0
Complete description of how instruction will be provided by the Third Party Provider personnel including minimum and maximum numbers, proposed frequency, time period	Partial or incomplete description of how instruction will be provided by the Third Party Provider personnel, minimum and maximum numbers, proposed frequency, time period	No description of how instruction will be provided by Third Party Provider personnel
20	8	0
Complete description of hourly costs of service is included with any additional costs	Partial description or costs not provided on an hourly basis	No cost information provided
25	13	0
TOTAL possible: 85	41	0

_____ points

TOTAL for RFP _____ points out of possible 100 points



**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

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

BID SOLICITATION #: _____ **VENDOR/BIDDER:** _____

PART 1

CERTIFICATION

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the 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 <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a Vendor's/Bidder's proposal non-responsive. 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

- A.** I certify, pursuant to Public Law 2012, c. 25, that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). Disregard Part 2 and complete and sign the Certification below.
- OR**
- B.** 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 Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such information will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2

PLEASE PROVIDE ADDITIONAL INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

If you checked Box "B" above, provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, engaged in the investment activities in Iran by completing the boxes below.

ENTITY NAME: _____
RELATIONSHIP TO VENDOR/BIDDER: _____
DESCRIPTION OF ACTIVITIES: _____
DURATION OF ENGAGEMENT: _____
ANTICIPATED CESSATION DATE: _____
VENDOR/BIDDER CONTACT NAME: _____
VENDOR/BIDDER CONTACT PHONE No.: _____
Attach Additional Sheets If Necessary.

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, 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/Bidder 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 will be subject to criminal prosecution under the law, and it will constitute a material breach of my agreement(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 _____

PRESCRIBED FORM OF QUESTIONNAIRE
(To accompany bid)

SURETY BOND

- _____ CORPORATE – Consent of Surety Attached
- _____ PERSONAL – Consent of Surety Attached

FAMILIARITY WITH CONDITIONS OF CONTRACT

Have you read carefully the applicable New Jersey Statutes, regulations, procedures, the rules of the local board of education pertaining to student transportation, the specifications upon the basis of which the accompanying bid is submitted, and the contract which the successful bidder will be required to execute? Yes _____ No _____

EXPERIENCE OF BIDDER

1. Have you had previous experience in school or other bus transportation? ___Yes ___No
2. If yes, how many years experience? _____
3. Briefly state the nature of this experience. _____

Company Name _____
Address _____
Authorized Bidder's Name and Title _____
(Print or Type)
Authorized Signature _____

CONSENT OF SURETY – PERSONAL BONDS
(To accompany the bid – if applicable)

Issued to the _____ Board of Education
On behalf of _____, as contractor
Bid Date _____ Bid Number _____

We hereby agree to issue the required Personal Surety Bond for the transportation services to be provided by the award of a mutually agreed upon contract between the referenced Board of Education and Contractor.

Two Bondspersons Required
(Please print or type.)

1. Name _____
Address _____

State location and value over all encumbrances thereon of real estate owned in the county of _____
Property Value \$ _____
Location _____

If you are providing a personal bond in any other school district, list all school districts in which you are bonding contracts and the amount of the contracts bonded.

Bondsperson Signature _____

2. Name _____
Address _____

State location and value over all encumbrances thereon of real estate owned in the county of _____
Property Value \$ _____
Location _____

If you are providing a personal bond in any other school district, list all school districts in which you are bonding contracts and the amount of the contracts bonded.

Bondsperson Signature _____

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	Home Address (for Individuals) or Business 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	Home Address (for Individuals) or Business Address

Part IV Certification

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the 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:	

AFFIRMATIVE ACTION
QUESTIONNAIRE
(To accompany bid)

COMPANY NAME _____

1. Our company has a federal Affirmative Action Plan approval.

____ YES ____ NO

A. If yes, a copy of said approval shall be submitted to the board of education within seven (7) working days of the notice of intent to award the contract or the signing of the contract.

2. Our company has a New Jersey State Certificate of Approval.

____ YES ____ NO

A. If yes, a copy of the New Jersey State Certificate shall be submitted to the board of education within seven (7) working days of the notice of intent to award the contract or the signing of the contract.

3. If you answered NO to both questions above, an Affirmative Action Employee Information Report (AA-302) is included on the following page. Complete the form and mail it, with payment, to the Affirmative Action Office, Department of Treasury, Division of Purchase & Property, Contract Compliance Audit Unit, EEO Monitoring Program
P.O. Box 206, Trenton, NJ 08625. A copy shall be submitted to the board of education within seven (7) days of the notice of the intent to award the contract or the signing of the contract.

A copy shall be submitted to the board of education within seven (7) days of the notice of the intent to award the contract or the signing of the contract.

I certify that the above information is correct to the best of my knowledge.

AUTHORIZED BIDDER _____
(Print or Type)

TITLE _____ DATE _____
(Print or Type)

SIGNATURE _____

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM **AND TO SUBMIT THE REQUIRED \$150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOU ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

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

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

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

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

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

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

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

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

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

ITEM 10 - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code. This is not applicable if you are renewing a current Certificate.

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

Racial/Ethnic Groups will be defined:

Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillipine Islands and Samoa.

Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

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

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

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

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

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

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

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY **WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY(FEE IS NON-REFUNDABLE)** TO:

**NJ Department of the Treasury
Division of Public Contracts
Equal Employment Opportunity Compliance
P.O. Box 206**

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

State of New Jersey

Division of Public Contracts Equal Employment Opportunity Compliance

EMPLOYEE INFORMATION REPORT

IMPORTANT- READ INSTRUCTIONS ON BACK OF FORM CAREFULLY BEFORE COMPLETING FORM. TYPE OR PRINT IN SHARP BALLPOINT PEN. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND **SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11.**

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. OF EMPLOYEES IN THE ENTIRE COMPANY.
4. COMPANY NAME		
5. STREET	CITY	COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED CONTRACT	CITY	COUNTY STATE ZIP CODE

Official Use Only	DATE RECEIVED	INAUG DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

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

JOB Categories	All Employees		PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN												
	Total (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE *****						***** FEMALE *****					
				Black	Hispanic	Amer. Indian	Asian	Non Min	Black	Hispanic	Amer. Indian	Asian	Non Min		
Officials/Managers															
Professionals															
Technicians															
Sales Workers															
Office & Clerical															
Craftworkers (Skilled)															
Operatives (Semi-Skilled)															
Laborers (Unskilled)															
Service Workers															
Total															
Total employment From previous Report (if any)															
Temporary & Part Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.														

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED?	14. IS THIS THE FIRST Employee Information Report Submitted? <input type="checkbox"/> YES <input type="checkbox"/> NO	15. IF NO, DATE LAST REPORT SUBMITTED
13. DATES OF PAYROLL PERIOD USED FROM: _____ TO: _____		

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE
17. ADDRESS NO. & STREET	CITY	COUNTY	STATE ZIP CODE PHONE, AREA CODE, NO.

I certify that the information on this form is true and correct.

EXHIBIT A

**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)
N.J.A.C. 17:27**

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such action shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

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

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

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

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

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

**HOBOKEN BOARD OF EDUCATION
REQUIRED VENDOR DOCUMENT (Exhibit A)**

VENDOR: _____ BID/RFQ/RFQ NAME: _____
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EXHIBIT A (Continued)

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Div. of Contract Compliance & EEO as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Div. of Contract Compliance & EEO for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

NO FIRM MAY BE ISSUED A PURCHASE ORDER OR CONTRACT WITH THE STATE UNLESS THEY COMPLY WITH THE AFFIRMATIVE ACTION REGULATIONS

ACKNOWLEDGEMENT OF RECEIPT

This page MUST be returned to the Hoboken Board of Education, Office of the Business Administrator and will be kept on file. Additionally, I will furnish one of the following documents to the Hoboken Board of Education with this receipt:

PLEASE CHECK APPROPRIATE BOX (Only One)

- I have a current New Jersey Affirmative Action Certificate (***Attached***)
- I have a valid Federal Affirmative Action Plan Approval Letter (***Attached***)
- I have completed the enclosed FORM AA302 (***Copy of Check/Money Order Attached***)

By signing below, I am acknowledging that I have received and read this exhibit and am/will remain in compliance with the statutes listed therein.

NAME (printed)

SIGNATURE

DATE

THE NUCLEAR-FREE HOBOKEN ORDINANCE

(1) FINDINGS: The People of the City of Hoboken hereby find that:

- (a) Nuclear weapons production, in the United States and in other countries, is draining the world's resources and presenting humanity with an ever-increasing threat of nuclear war.
- (b) Any participation in the nuclear war industry, locally, federally, or otherwise, directly condones the possible annihilation of our civilization. We see this as a crime against the sacredness of our humanity.
- (c) The emphatic expression of our community, along with communities throughout the world, can help initiate steps by the United States, the Soviet Union, and other nuclear weapons powers to end the arms race and the proliferation of all nuclear weapon systems.

(2) POLICY: Hoboken shall be established as a Nuclear Free Zone. A Nuclear Free Zone shall be defined by these requirements:

- (a) No nuclear weapons, delivery systems for such weapons, or components expressly intended to contribute to the operation, guidance or delivery of a nuclear weapon shall be produced or stored within the City of its' port.
- (b) No waste from the production of nuclear weapons, their components, or commercial nuclear power shall be stored within the City of its' port.
- (c) No research furthering nuclear weapons, their components, or commercial nuclear power shall be stored within the City of its' port.
- (d) The Mayor and Council of the City of Hoboken shall request the United States Department of Transportation and the New Jersey Department of Transportation to provide the City with advance notification of any radioactive waste shipment through the City limits. Upon such notification, the Mayor and Council shall act to prevent transportation of radioactive waste through the City by seeking an exemption for preemption by Department of Transportation regulations or using other legal means at their disposal.
- (e) The Mayor and Council of the City of Hoboken shall not do business or award any municipal contract to any person, firm, or organization engaged in the production of nuclear weapons or components.

(3) This ordinance expresses the policy of the City of Hoboken. It is not intended to make violations subject to forfeiture and nothing in this ordinance shall be construed to prohibit or regulate any activity not specifically described in Subsection (2).

(4) SEVERABILITY: If any portion of this Ordinance is hereafter declared invalid, all remaining portions shall remain in full force and effect, and to this extent, the provisions of this Ordinance are severable.

CERTIFICATION: I hereby certify that _____ does not engage in
(Name of Vendor)
the production of nuclear weapons or components.

Date

Signature