Bidders Name: _____

Address: _____

City and State: _____

Phone:_____

Fax: _____

E-Mail: _____

TOWNSHIP OF WOOLWICH

120 VILLAGE GREEN DRIVE

WOOLWICH TOWNSHIP, NJ 08085

SPECIFICATIONS AND RFP FORMS

FOR PROFESSIONAL SERVICES

CONTRACTS YEAR 2026

GENERAL INSTRUCTIONS

1. **Bidders Name and address together with Category and Due Date must appear on the outside of the envelope containing the RFP (only need one copy).**
2. **All forms must be signed and notarized.**
3. **Any questions pertaining to this RFP must be directed to the office of the Woolwich Township Clerk, Jessica Mignogna jmignogna@woolwichtwp.org 856-467-2666 x7101 or the Township Administrator, Jim Watson jwatson@woolwichtwp.org 856-367-2666 x7114.**

PUBLIC NOTICE TOWNSHIP OF WOOLWICH
NOTICE FOR SOLICITATION OF QUALIFICATIONS FOR PROFESSIONAL SERVICES UNDER A FAIR AND OPEN PROCESS

NOTICE IS HEREBY GIVEN that sealed qualifications for professional services for the year 2026 not subject to bidding pursuant to N.J.S.A. 40A:11-5, will be received by the Municipal Clerk of the Township of Woolwich. The sealed qualifications will be received and recorded at the Municipal Building, 120 Village Green Drive, Woolwich Township, NJ 08085 on Tuesday, June 23, 2026 at 10:00 a.m. by the Woolwich Township Municipal Clerk.

Qualifications for the following professional service will be accepted:

Expert in Structuring & Implementing Affordable Housing Projects

Each submission to be considered shall comport to the criteria set forth herein:

(1) Should the applicant be a professional acquiring licensure in the State of New Jersey; said applicant shall be licensed for a period not less than five (5) years.
(2) The applicant shall submit a "Certificate of Good Standing" or other similar document evidencing that the professional's license is not presently suspended or revoked.
(3) The applicant shall submit a copy of the applicant or applicant firm's proposed 2026 Billing Schedule
(4) The applicant shall submit a resume, which shall set forth information including, but not limited to the following (as applicable to a business entity or individual professional);
    (a) Full name and business address;
    (b) A listing of all post high school education of the applicant;
    (c) Dates of licensure in the State of New Jersey and any other state;
    (d) A listing of any professional affiliations or membership in any professional societies or organizations with an indication as to any offices held therein;
    (e) The number of licensed professionals employed by/affiliated with the business entity or the business entity which employs the applicant;
    (f) A listing of all special accreditations held by the individual licensed professional or business entity;
    (g) A listing of all previous public entities served by the business entity or licensed professional, indicating the dates of service and the position held.

Qualification Packets may be obtained on the Woolwich Township Website www.woolwichtwp.org under heading "Government" tab, under "Useful Links", "Bid & RFP's" or by contacting the Woolwich Township Clerk at 856-467-2666 x7101 or via e-mail to jmignogna@woolwichtwp.org.

Qualification packets shall be enclosed in an opaque sealed envelope bearing the name and

address of the responder and the words “Qualifications for Professional Services and the category of services” and clearly marked “Sealed Qualifications”, and addressed to the Township of Woolwich, 120 Village Green Drive, Woolwich Twp., NJ 08085, and may be received through the mail or hand delivered. Qualifications may be received before the hour and time given in this notice.

Responders are required to comply with the requirements of P.L. 1975 c. 127 (Affirmative Action) and
P.L. 2004, c.57 (Business Registration) and proof thereof is to be submitted with the RFP. Responders are also required to submit a statement of ownership with their qualifications as required by P.L. 1977 c.33 (Disclosure of Ownership).

The Township Committee of the Township of Woolwich reserves the right to reject any and all submission of qualifications and further reserves the right to waive minor irregularities and immaterial variances or formalities in the Qualifications received and to accept any Qualifications deemed most favorable by the Township of Woolwich, at the time and under the conditions stipulated.

The Township is not responsible for the loss or destruction of any qualification packages mailed or delivered to the Township Clerk prior to the time set for the receipt of same.

Jessica Mignogna, Municipal Clerk

CONTRACT FORMS

INSURANCE
REQUIREMENTS

1. The Contractor(s) shall provide and pay for insurance coverage of such type and in such amounts as will completely protect the Contractor and the Township, its elected officials, officers, agents, servants, employees and assigns against any and all risks of loss (including costs of defense) or liability arising out of this Contract.
2. The insurance should be furnished by insurance companies with an "A-(Excellent) VI" or better rating as published in the most recent editions of Best Insurance Key Rating and shall be authorized to conduct business in the State of New Jersey.
3. It is recognized that in some instances that insurance may be acceptable which is underwritten by an insurance company that is not reported in the Best Guide, or the coverage is extended under a self insurance program. This insurance, or self insurance, must be in conformity with the rules and regulations of the Commissioner of Insurance of the State of New Jersey. Any Insurance or self insurance of this type is subject to the review and acceptance by the Townships Risk Manager or Legal Counsel. Furthermore, written proof of acceptability by the Office of the Commissioner of Insurance may be necessary.
4. The Contractor(s) shall furnish the Township with Certificate\s of Insurance. Policies for general Liability must be endorsed to include the Township of Woolwich as an "Additional Insured". The Certificate of Insurance shall set out the types of coverage, the limits of liability, describe the operation by reference to the contract and provide for thirty (3) days written notice to the Township of cancellation or non-renewal. All of the Contractors deductibles or retentions shall be the sole responsibility of the Contractor. Those in excess of $10,000 are to be disclosed and are subject to approval by the Township. If requested actual policy copies or incurred loss information may be required.
5. The policies and specified limits of coverage must be effective prior to the commencement of work and must remain in force until the end of the Contract
6. The Contractor(s) shall obtain and furnish the Township, certificates of insurance for any subcontractors showing policies in force with coverage and limits described under these insurance requirements.
7. The Certificate of Insurance are to be signed by a person authorized by the insuring company to bind coverage on its behalf. Neither approval by the Township nor failure to disapprove Certificates of Insurance furnished by the Contractor shall release the Contractor from full responsibility for all liability including costs of defense. Insurance is required as a measure of protection and the Contractor's liability is not limited thereby.
8. The Certificate of Insurance must be submitted to the Township and shall be subject to the approval of the Township Counsel or Risk Manager.
9. If at any time during the term of the Contract or any extension thereof, if any of the required policies of insurance should expire, change or be canceled, it will be the responsibility of the Contractor, prior to the expiration, change or cancellation, to furnish to the Township a Certificate of Insurance indicating renewal or a replacement of the policy so that there will

be no lapse in coverage. In the event of any interruption of any coverage for any reason, all payments and work under the contract shall cease and not be resumed until coverage has been restored and a current Certificate of Insurance received and approved.

10. Insurance maintained by the Township shall be considered as Excess over Contractors Insurance. Insurance maintained by the Township does not provide protection for contractor's liability.
11. Certificates of Insurance shall show the certificate Holder and Additional Insured as

Township of Woolwich
120 Village Green Drive
Woolwich Twp., NJ 08085

SPECIFIC COVERAGE REQUIREMENTS

The following are the minimum mandatory types of coverage to be carried under the preceding requirements:

General Liability in a comprehensive form, with minimum limits as follows:

Each Occurrence	$1,000,000
Damage to rented or leased property	$ 100,000
Medical Expense	$ 5,000
Personal and Adv. Injury	$1,000,000
General Aggregate	$2,000,000

SAMPLE CONTRACT

THIS AGREEMENT made this_____day of_____, 20_, between the Township of Woolwich, a governmental corporation of the State of New Jersey, hereinafter referred to as "TOWNSHIP" and having its principal offices at 120 Village Green Drive, Woolwich Township, New Jersey 08085

And:

Hereinafter referred to as "CONTRACTOR"

WITNESSETH:

That the CONTRACTOR for and in consideration of the payments made to it by the TOWNSHIP at the time and in the manner set forth hereinafter set forth does hereby and agree to provide and deliver the services of_____in strict accordance with requirements attached and set forth and in accordance with the proposal of the CONTRACTOR, a copy of which is attached hereto and made a part hereof and as submitted to the TOWNSHIP and awarded to the CONTRACTOR.

The Notice to Bidders, Specifications, Requirements, General Conditions, any Supplemental Conditions, if any, are all incorporated by reference and comprise the Contract Documents.

Signed Mandatory Equal Employment Opportunity Language, Certificate of Employee Information Report as required by NJSA 19:5-31 et seq. and Business Registration Certificate shall accompany the submittal and further attached to the Contract document when executed.

In consideration of the faithful performance on this contract, its covenants and agreements entered into and the acceptance thereof by the TOWNSHIP, The TOWNSHIP does hereby agree to pay to the Contractor in accordance with the payment schedule established in the RFP and upon presentation of a verified voucher.

IN WITNESS WHEREOF the parties have caused these presents to be signed by their duly authorized officers and sealed with their seals, the day and year first above written.

ATTEST: TOWNSHIP OF WOOLWICH

_____ _____

WITNESS: CONTRACTOR

_____ _____

Name and Title

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

During the performance of this Contract, the Contractor agrees as follows:

The contractor r 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 ensure that equal employment opportunity is afforded to such applicants in recruitment and employment 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 equal employment opportunity 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 employee's 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 will send to each labor union with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter 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 meet targeted county employment goals established in accordance with 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 on the basis of age, race, 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 targeted employment goals, the contractor or subcontractor agrees to review to all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New jersey, and applicable federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award by 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 (electronically provided by the Division and distributed to the public agency through the Divisions website at www.state.nj.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

Name: _____

Signature: _____

Title: _____

Date: _____

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

Pursuant to N.J.S.A. 52:32-60.1, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor[i]") 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

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

NJ Rev. 1.22.2024

BID CHECK LIST

FAILURE TO SUBMIT ANY OF THESE ITEMS IS MANDATORY CAUSE FOR REJECTION OF RFP

1. Professional License (shall be licensed for a period of not less than five (5) years) ☐
2. Certificate of Good Standing ☐
3. Proposed 2026 Billing Schedule ☐
4. Resume including the following information ☐
   (a) Full name and business address;
   (b) A listing of all post high school education of the applicant;
   (c) Dates of licensure in the State of New Jersey and any other state;
   (d) A listing of any professional affiliations or membership in any professional societies or organizations with an indication as to any offices held therein;
   (e) The number of licensed professionals employed by/affiliated with the business entity or the business entity which employs the applicant;
   (f) A listing of all special accreditations held by the individual licensed professional or business entity;
   (g) A listing of all previous public entities served by the business entity or licensed professional, indicating the dates of service and the position held.
5. Copy of New Jersey Business Registration Certificate ☐
6. Signed Affirmative Action Statement ☐
7. Corporate Disclosure Statement Pursuant to N.J.S.A. 40A:11-16 ☐
8. Non-Collusion Affidavit ☐
9. Certification of Non-Involvement in Prohibited Activities in Russia or Belarus ☐

This Checklist must be signed and return with all items:

Print Name of Entity:_____ Date:

Print Name and Title: _____

Signature: _____

DISCLOSURE STATEMENT

Name of Business:

Principal Place of Business:

Partnership ☐

Corporation ☐

Sole Proprietorship ☐

☐ I certify that the list below contains the names and home addresses of all stock holders holding 10% or more of the issued and outstanding stock of the undersigned. If one or more of the below is itself a corporation or partnership, I have annexed the names and addresses of anyone owning a 10% or greater interest therein.

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Please check appropriate boxes above and sign below

Stockholder Name	Street Address	City and State

I further certify that no officer or employee of the Township of Woolwich has any interest, direct or indirect in this corporation or partnership or in this contract.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment. SWORN and SUBSCRIBED To

BEFORE ME THIS____ DAY
OF_____, 20__

_____
Signature of Notary Public:

Notary public of: _____

My Commission Expires: _____

_____
Signature:

_____
Print Name:

_____
Title of Person Signing

NON-COLLUSION AFFIDAVIT

(State of New Jersey)
County of _____

I,_____of_____in the County of_____and the State of_____,
Of full age, being duly sworn according to law on my oath, depose and say, that:

I am_____of the firm of_____, the contractor submitting the enclosed RFP, and that I executed said RFP with full with full authority to do so, that said bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project, and that all statements contained within and in this affidavit are true and correct, and made with full knowledge that the Township of Woolwich relies upon the truth of the statements contained I said proposal and in the statements contained in this affidavit in awarding the contract for said proposal.

I warrant that no requirement or commitment was made in reference to any political contribution to any party, person, or elected official and that no undisclosed benefits of any kind were promised to anyone connected with Township government or any political party in reference hereto.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by

_____
Name of Contractor

I further warrant and represent that I have never been convicted of or acknowledged nor admitted to any payment of kickbacks or unlawful gifts to any government official or employee for which conduct the Township of Woolwich deems me disqualified from doing business with Woolwich Township under such circumstances.

I also understand that the above disqualification does not apply to any vendor who cooperates with the prosecution and gives supporting testimony on behalf of the prosecution in the course of a judicial inquiry.

SWORN and SUBSCRIBED
To BEFORE ME THIS
DAY OF_____, 20__

_____
Signature of Notary Public:

Notary public of: _____

My Commission Expires: _____

_____
Signature of Affiant:

_____
Print Name:

_____
Title of Person Signing

AFFIRMATIVE ACTION
INFORMATION

Please complete the following:

Company Name_____

Our Company has an Affirmative Action Plan Approval:

YES ☐ No☐

a) If yes, submit a photographic copy of the approval

Our Company has a New Jersey Certificate of Employee Information Report:

YES☐ No ☐

a) If yes, submit a photographic copy of the Certificate

Our company has neither of the above, therefore send us Form AA-302 (Affirmative Action Employee Information Report)

Send AA- 302 _____

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

knowledge. Name: _____

Signature: _____

Title: _____

Date: _____