

WASHINGTON TOWNSHIP VENDOR MANUAL



April 13, 2022

WASHINGTON TOWNSHIP VENDOR MANUAL

I. POLICY AND PROCESS

A. General

It is the objective of Washington Township to provide purchasing procedures, which will ensure effective control over the encumbrance and expenditure of public funds pursuant to state law and the regulations set forth by the Division of Local Government Services. At the same time, this will allow efficient purchasing operations. To this end, the methods of purchasing in this manual will be employed.

The Township will comply with the New Jersey State purchasing laws and all applicable federal laws. These laws include, but are not limited to the following:

- Local Publics Contracts Law – (N.J.S.A. 40A:11-1 et seq.) This outlines the general purchasing procedures sets bid limits and quote limits. It also identifies the areas of procurement (i.e. professional services, commodities, etc.)
- Pay To Play Law – (N.J.S.A. 19:44A-20.4 et seq.) Requires disclosure from all vendors doing business with the Township in excess of \$17,500 annually. The disclosure shows that no “partner” in the business has made donations to the campaigns or political parties of local governing body members, as well as their county and state counterparts.
- Business Registration Certification (BRC) – (PL 2004 ch 57) Required by the State of New Jersey, Department of Treasury for any vendor doing business with the Township. A BRC is required, or IRS non-profit letter, for any vendor to do work in aggregate which exceeds the quote threshold.
- Equal Employment Opportunity – (N.J.S.A. 10:5-31 et seq. & N.J.A.C. 17:27 et seq.)

Bids for goods, professional service & general service contracts:

1. Letter of Federal Approval OR
2. Certificate of Employee Information Report

Construction contractors:

1. Form AA-201 upon notification of award
2. Form AA-202 monthly for duration of contract

Public Works Contracts (N.J.S.A. 34:11-56.25 et seq.):

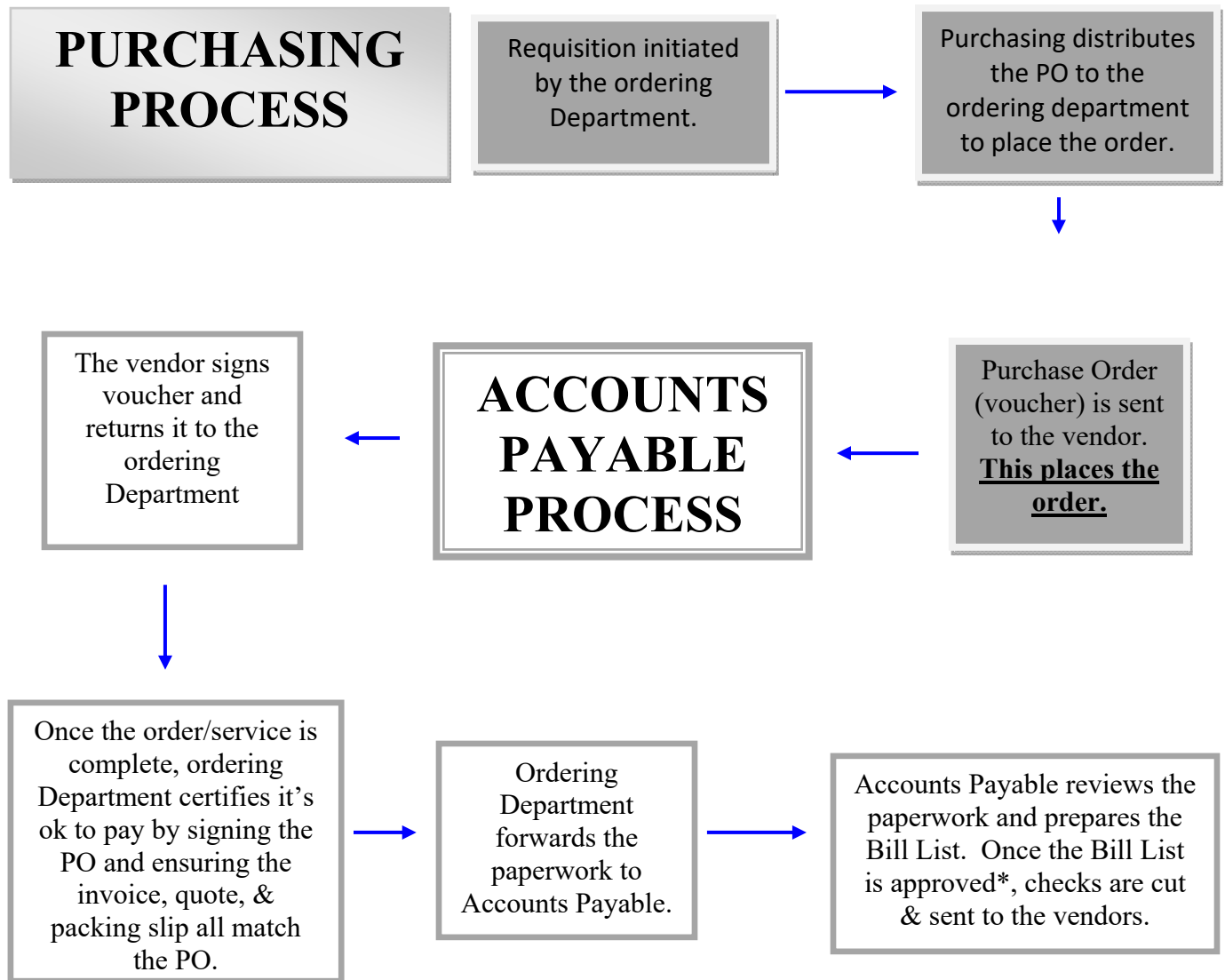
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1. Requires prevailing wage for contracts over \$16,263
2. Public Works Contractor Registration (N.J.S.A. 34:11-56.48 et seq.)

All contracts for the provision or performance of goods or services shall be awarded for a period not to exceed 24 consecutive months, except that contracts for professional services pursuant to subparagraph (i) of paragraph (a) of subsection (1) of section 5 of P.L.1971, c.198 (C.40A:11-5) shall be awarded for a period not to exceed 12 consecutive months. Any contract for services other than professional services, the statutory length of which contract is for three years or less, may include provisions for no more than one two-year, or two one-year, extensions, subject to the following limitations: a. The contract shall be awarded by resolution of the governing body upon a finding by the governing body that the services are being performed in an effective and efficient manner; b. No such contract shall be extended so that it runs for more than a total of five consecutive years; c. Any price change included as part of an extension shall be based upon the price of the original contract as cumulatively adjusted pursuant to any previous adjustment or extension and shall not exceed the change in the index rate for the 12 months preceding the most recent quarterly calculation available at the time the contract is renewed; and d. The terms and conditions of the contract remain substantially the same.

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B. PURCHASE ORDER PROCESS



** Township Committee Meetings are on the 3rd Monday of each month. All fully signed POs are due the Tuesday prior to that meeting in order to be included in that month's bill list.*

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II. ADDITIONAL INFORMATION

A. Methods of Purchase

- Request for quotes are generally made to a group of selected providers with the purpose of comparing prices and other basic sales terms for purchases between \$6,600 and \$44,000. In some cases, another approved method (such as cooperative pricing) is used.
- Competitive bidding is a common procurement practice that involves inviting multiple vendors or service providers to submit offers for any particular material or service. It allows transparency, equality of opportunity and the ability to demonstrate that the outcomes represent the best value. Washington Township's bidding threshold is \$44,000, above which the town shall advertise for and receive sealed bids.
- Required documents (see Appendix for more info):
 - Required documents for all vendors:
 - W-9
 - Business Registration certificate
 - Purchases above \$17,500 also require Equal Employment Opportunity documentation from vendors.
 - Bids for goods, professional service & general service contracts:
 - Letter of Federal Approval OR
 - Certificate of Employee Information Report
 - Construction contractors:
 - Form AA-201 upon notification of award
 - Form AA-202 monthly for duration of contract
 - Public Works Contracts (N.J.S.A. 34:11-56.25 et seq.):
 - Requires prevailing wage for contracts over \$16,263
 - Public Works Contractor Registration (N.J.S.A. 34:11-56.48 et seq.)
 - Unless exempt under the Local Public Contracts Law or acquired through other permissible means such as cooperative purchasing, purchases over \$44,000 are bid. Bids include, but are not limited to, the following requirements:
 - Bid Guarantee – Third party assumes liability via bid bond, certified check, bank check, etc. for 10% amount of the bid, not to exceed \$20,000. Attorney approval advised.
 - Surety Certificate – Underwriting; ensures that the bidder will be able to obtain a performance bond if the contract is awarded.
 - Statement of Corporate Ownership/Stockholder Disclosure or Certification – Certificate the bidder supplies naming who owns/controls 10% or more of the company.
 - Listing of sub-contractors
 - Acknowledgement of Addenda

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- Prices and other specific information received from vendors will be considered confidential. During price solicitation, quotations received from one supplier shall not be divulged to another.

B. Gifts and Gratuities

- Township employees and offices are expressly prohibited from soliciting or accepting any rebate, money or entertainment, gift or gratuity from any person, company, firm or corporation to which any purchase order or contract, is, or might be, awarded.
- The Township will not tolerate circumstances that produce, or reasonably appear to produce, conflicts between personal interests of an employee or volunteer and the interests of the Township. Accordingly, the Township will take appropriate action and may terminate, at no charge to the Township, any purchase order or contract if it is found that gifts or gratuities were offered to any employee.
- The Township may also take disciplinary action, including dismissal, against an employee who solicits or accepts gifts or gratuities.

C. Vendor Responsibilities

- Vendors are urged to read all detailed specifications and all bid documents, to comply with all instructions and required conditions. If a vendor does not fully understand a request, any inquiry must be directed in writing to the Purchasing Agent.
- Vendors shall quote firm contract prices only, F.O.B. Washington Township, location of the using agency, or as directed.
- Vendor shall submit quotes in writing on forms supplied by the Township for purchases estimated between \$17,500 and \$44,000, or as otherwise expressly authorized in writing.
- Vendor must assure that an original signature of an authorized representative of the firm is on any written proposal or bid.
- Vendors are expected to promptly and accurately provide the proper quality of goods or services at a reasonable and competitive price.
- Vendors are encouraged to provide information on new products, processes and materials along with demonstrations and samples when requested.
- Suggestions that will help reduce cost, promote efficiency or improve supplier services are welcome. Cost reduction ideas should reduce costs without a corresponding reduction in quality of goods and services.

D. Selection

- Vendors are to be selected on a competitive basis. Bids, quotations, and proposals will be solicited in accordance with the law and may be by newspaper advertising, direct mail request to prospective suppliers, in person, by telephone or on the Township website.
- Bid contracts will be awarded to the lowest responsive, responsible vendor.

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- Competitive contracts and RFP's will be reviewed by an evaluation team to determine if they satisfy the Proposal Requirements, determine if a proposal should be rejected and evaluate the proposals based upon the evaluation criteria. The highest-ranking respondent will then be recommended to the governing body for award of contract, based on price and other factors.
- All proposals or quotations may be rejected if in the Township's best interest to do so.

E. Payment

- Vendors may offer a cash discount if their invoices are paid promptly. To take advantage of this policy and to maintain good vendor relations, it is important that all certified POs/vouchers and invoices are submitted to the Ordering Department for certification in a timely fashion after provision of goods or services. Upon receipt of goods or services, using departments should be able to submit all invoices and POs/vouchers to Accounts Payable without delay.
- Non-construction invoices payment period is within 60 days of certification of provision of goods or services and submission of invoice.
- For construction contracts, in addition to ensuring the contractor has performed in accordance with the contract and that the work has been approved and certified by the owner or the owner's "authorized approving agent," the following provisions apply:
 - The deadline to approve and certify, or decide to withhold full or partial payment is **the public meeting following 20 calendar days of the billing date**, at which time the bill must be approved for payment or notice provided as to why the bill or any portion of it will not be approved.
 - If the billing is approved, the bill will be paid in the payment cycle following the meeting.
 - Prompt and timely notice will be provided to the contractor of any denial of payment, its deficiency, and what is required to resolve it.

F. Non-payment of Penalties and Interest on Overdue Bills

- State Law requires that public funds be used to pay only for goods delivered or services rendered.
- Washington Township will not pay penalties and/or interest on overdue bills where the delivery or completion of goods or services has not been completed, certification completed and invoice provided in accordance with state law and Township procedures.

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- No employee is authorized to sign a letter of credit or any other document that represents a legal commitment on the part of the Township to pay additional fees.

APPENDIX A

Forms

- **Quote Solicitation Form Sample**
- **W-9**
- **Business Registration Certificate Sample**
- **Pay-to-Play Law Compliance:**
 - **Political Contribution Disclosure Form**
 - **Business Entity Disclosure Form**
- **Public Contract EEO Compliance Procedures**
- **EEO Documentation Samples:**
 - **Federal Letter of Approval**
 - **Certificate of Employee Information Report**
 - **Employee Information Report**
 - **Initial Project Workforce Report**
 - **Monthly Project Workforce Report**

Sample Quote Form

WASHINGTON TOWNSHIP QUOTE FORM

Section to be completed by Ordering Department

Department: _____

Requested by: _____

Email quote to:

Description:	
--------------	--

Section to be completed by Vendor

Quote: Check here if attached or complete below ☐

Item	Price	Quantity	Amount
TOTAL			

Deliver by date or NA	Check if warrentied and attach	
-----------------------	--------------------------------	--

Pickup by date or NA

Quote Provided by

Vendor Name:

Completed by:

Form W-9
(Rev. October 2018)
Department of the Treasury
Internal Revenue Service

**Request for Taxpayer
Identification Number and Certification**

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

Give Form to the
requestor. Do not
send to the IRS.

Print or type.
See Specific Instructions on page 1.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only **one** of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC

☐ Limited liability company. Enter the tax classification (C=Corporation, S=S corporation, P=Partnership) ► _____
Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.
☐ Other (see instructions) ► _____

☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

4 Exemptions (codes apply only to certain entities; not individuals; see instructions on page 2):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

6 City, state, and ZIP code

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

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

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

Social security number

--	--	--	--	--	--	--	--	--	--

or

Employer identification number

--	--	--	--	--	--	--	--	--	--

Part II Certification

Under penalties of perjury, I certify that:

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

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

Sign Here

Signature of U.S. person ► _____

Date ► _____

General Instructions

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

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

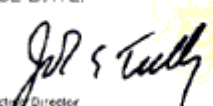
- Form 1099-INT (interest earned or paid)


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

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

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Fillable form and full instructions
are available online at irs.gov

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, N.J. 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAX REGISTRATION TEST ACCOUNT	CLIENT REGISTRATION	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
970-097-382/500	0107330	
ADDRESS:	ISSUANCE DATE:	
847 ROEBLING AVE TRENTON NJ 08611	07/14/04	
EFFECTIVE DATE:	 <small>Acting Director</small>	
01/01/01		
FORM-BRC(08-01)	This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.	

 STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004
For Office Use Only:	
20041014112823533	

Obtain business registration from the State of New Jersey at:
<https://www.state.nj.us/treasury/revenue/busregcert.shtml>

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a “fair and open” process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 (N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee*
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
 - of the public entity awarding the contract
 - of that county in which that public entity is located
 - of another public entity within that county
 - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an “interest” ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, “a contribution by that person’s spouse or child, residing therewith, shall be deemed to be a contribution by the business entity.” [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor’s responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor’s submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**

* N.J.S.A. 19:44A-3(s): “The term “legislative leadership committee” means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures.”

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

Part I – Vendor Information

Vendor Name:			
Address:			
City:		State:	Zip:

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

Signature

Printed Name

Title

Part II – Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

☐ Check here if disclosure is provided in electronic form.[illegible]☐ Check here if the information is continued on subsequent page(s)

Continuation Page

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

Page ____ of ____

Vendor Name:

[illegible]☐ Check here if the information is continued on subsequent page(s)

List of Agencies with Elected Officials Required for Political Contribution Disclosure

N.J.S.A. 19:44A-20.26

County Name: Morris County

State: Governor Phil Murphy, and Legislative Leadership Committees

Legislative District # 25

State Senator Anthony M. Bucco

General Assemblyman Brian Bergen

Assemblywomen Aura K. Dunn.

County:

County Clerk – Ann F. Grossi, Esq.

Sheriff – James M. Gannon

Freeholders

Commissioner Director Stephen H. Shaw

Commissioner Deputy Director Deborah Smith

Commissioner Douglas R. Cabana

Commissioner Kathryn A. DeFillippo

Commissioner John Krickus

Commissioner Thomas J. Mastrangelo

Commissioner Tayfun Selen

Surrogate – Heather J. Darling, Esq.

Municipalities

Mayor Matthew Murello

Vice Mayor Tyler Oborn

Committeeman Bill Roehrich

Committeeman Kenneth Short

Committeeman Gregg Forsbrey

STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business:

☐

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

☐

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

Check the box that represents the type of business organization:

☐

Partnership

☐

Corporation

☐

Sole Proprietorship

☐

Limited Partnership

☐

Limited Liability Corporation

☐

Limited Liability Partnership

☐

Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:

Subscribed and sworn before me this ____ day of _____, 2 ____.	_____ (Affiant)
(Notary Public)	_____ (Print name & title of affiant)
My Commission expires:	_____ (Corporate Seal)

BUSINESS ENTITY DISCLOSURE CERTIFICATION
FOR NON-FAIR AND OPEN CONTRACTS
Required Pursuant To N.J.S.A. 19:44A-20.8
WASHINGTON TOWNSHIP

Part I – Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that the _____ <name of business entity> has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one year period preceding January 1, 2022 to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the Township of Washington as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

Matthew T. Murello	Kenneth W. Roehrich
Kenneth W. Short	Tyler Oborn
Gregg Forsbrey	Committee to Elect Michael A. Marino

Part II – Ownership Disclosure Certification

☐ I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business entity:

☐ Partnership ☐ Corporation ☐ Sole Proprietorship ☐ Subchapter S Corporation
☐ Limited Partnership ☐ Limited Liability Corporation ☐ Limited Liability Partnership

Name of Stock or Shareholder	Home Address

Part 3 – Signature and Attestation:

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: _____

Signature of Affiant: _____ Title: _____

Printed Name of Affiant : _____ Date: _____

Subscribed and sworn before me this ____ day of _____, 2____.

My Commission expires:

(Witnessed or attested by)

(Seal)

BUSINESS ENTITY DISCLOSURE CERTIFICATION
FOR NON-FAIR AND OPEN CONTRACTS
Required Pursuant To N.J.S.A. 19:44A-20.8
WASHINGTON TOWNSHIP

The following is statutory text related to the terms and citations used in the Business Entity Disclosure Certification form.

“Local Unit Pay-To-Play Law” (P.L. 2004, c.19, as amended by P.L. 2005, c.51)

19:44A-20.6 Certain contributions deemed as contributions by business entity.

5. When a business entity is a natural person, a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity. When a business entity is other than a natural person, a contribution by any person or other business entity having an interest therein shall be deemed to be a contribution by the business entity.

19:44A-20.7 Definitions relative to certain campaign contributions.

6. As used in sections 2 through 12 of this act:

“business entity” means any natural or legal person, business corporation, professional services corporation, limited liability company, partnership, limited partnership, business trust, association or any other legal commercial entity organized under the laws of this State or of any other state or foreign jurisdiction;

“interest” means the ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit, as appropriate;

Temporary and Executing

12. Nothing contained in this act shall be construed as affecting the eligibility of any business entity to perform a public contract because that entity made a contribution to any committee during the one-year period immediately preceding the effective date of this act.

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**The New Jersey Campaign Contributions and Expenditures Reporting Act (N.J.S.A. 19:44A-1 et seq.)**

**19:44A-3 Definitions.** In pertinent part...

p. The term "political party committee" means the State committee of a political party, as organized pursuant to R.S.19:5-4, any county committee of a political party, as organized pursuant to R.S.19:5-3, or any municipal committee of a political party, as organized pursuant to R.S.19:5-2.

q. The term "candidate committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) for the purpose of receiving contributions and making expenditures.

r. the term "joint candidates committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) by at least two candidates for the same elective public offices in the same election in a legislative district, county, municipality or school district, but not more candidates than the total number of the same elective public offices to be filled in that election, for the purpose of receiving contributions and making expenditures. For the purpose of this subsection: ...; the offices of member of the board of chosen freeholders and county executive shall be deemed to be the same elective public offices in a county; and the offices of mayor and member of the municipal governing body shall be deemed to be the same elective public offices in a municipality.

**19:44A-8 and 16 Contributions, expenditures, reports, requirements.**

*While the provisions of this section are too extensive to reprint here, the following is deemed to be the pertinent part affecting amounts of contributions:*

“The \$300 limit established in this subsection shall remain as stated in this subsection without further adjustment by the commission in the manner prescribed by section 22 of P.L.1993, c.65 (C.19:44A-7.2)

# PUBLIC CONTRACT EEO/AA COMPLIANCE PROCEDURES FLOW CHART

## EEO/AA Procedures In Awarding Public Contracts

| <i><b>Public Agency</b></i>                                                                                           | <i><b>Vendor</b></i>                                                                                | <i><b>Contractor</b></i>                                                                                                                                              |
|-----------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                       |                                                                                                     |                                                                                                                                                                       |
|                                                                                                                       | <u>Goods, Professional Services,<br/>and General Services Contracts</u>                             | <u>Construction Contracts</u>                                                                                                                                         |
| ❖ <i>Include Mandatory Language in advertisements for receipt of bids, solicitation and/or request for proposals.</i> |                                                                                                     |                                                                                                                                                                       |
|                                                                                                                       | Subject to Mandatory Language of Exhibit A                                                          | Subject to Mandatory Language of Exhibit B                                                                                                                            |
| ❖ <i>Include appropriate Mandatory Language in contracts and bid specifications.</i>                                  |                                                                                                     |                                                                                                                                                                       |
|                                                                                                                       | Selected vendors must submit one of the following forms of evidence:                                | Additional Mandatory Language<br>EO 151 and P.L.2009, c.335 (State Agencies, Independent Authorities, Colleges & Universities Only)                                   |
| ❖ <i>Obtain Required EEO/AA evidence from vendor or contractor.</i>                                                   |                                                                                                     |                                                                                                                                                                       |
|                                                                                                                       | 1. Copy of Letter of Federal Approval                                                               | Selected construction contractors must submit the following form of evidence:                                                                                         |
|                                                                                                                       | Or                                                                                                  | Complete Form AA-201 (Initial Project Workforce Report)                                                                                                               |
|                                                                                                                       | 2. Certificate of Employee Information Report                                                       |                                                                                                                                                                       |
|                                                                                                                       | Or                                                                                                  |                                                                                                                                                                       |
|                                                                                                                       | 3. Complete Form AA-302 (Employee Information Report)                                               | Submit Form AA-202 (Monthly Project Workforce Report) once a month for the duration of the contract to the Dept. of Labor and to the Public Agency Compliance Officer |
|                                                                                                                       |                                                                                                     |                                                                                                                                                                       |
|                                                                                                                       | EEO/AA Evidence must be submitted after notification of award, but prior to signing of the contract | EEO/AA Evidence must be submitted after notification of award, but prior to signing of a construction contract                                                        |

# Sample Federal Letter of Approval

**U.S. Department of Labor**

Employment Standards Administration  
Office of Federal Control Compliance Programs  
Newark Area Office  
124 Evergreen Place, Fourth Floor  
East Orange, NJ 07108



<Date>

Dear

Our recent compliance review of your establishment's equal employment opportunity policies and practices was completed on <date>.

We found no apparent deficiencies or violations of Executive Order 11266, as amended, Section 503 of the Rehabilitation Act of 1973 or 38 USC 2012 (the Vietnam Era Veterans Readjustment Assistance Act). Accordingly, your establishment is deemed to be in compliance with these laws based on the material reviewed.

The Office of Federal Contract Compliance Programs sincerely appreciates the cooperation and courtesies extended by you and your staff during the conduct of the compliance review.

Sincerely,

Area Office Director

# SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT

Certification 111XX

## CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-DEC-20XX to 15-DEC-20XX

SAMPLE COMPANY, INC.  
33 WEST STATE STREET  
TRENTON, NJ 08625

VOID



State Treasurer

# SAMPLE EMPLOYEE INFORMATION REPORT

Form AA302  
Rev. 11/11

**STATE OF NEW JERSEY**  
**Division of Purchase & Property**  
**Contract Compliance Audit Unit**  
**EEO Monitoring Program**

## EMPLOYEE INFORMATION REPORT

**IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: [http://www.state.nj.us/treasury/contract\\_compliance/pdf/aa302ins.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf)**

### SECTION A - COMPANY IDENTIFICATION

|                                                                                                                                            |                                                                                                                                                                                                          |                                              |
|--------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
| 1. FID. NO. OR SOCIAL SECURITY                                                                                                             | 2. TYPE OF BUSINESS<br><input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE<br><input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER | 3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY |
| 4. COMPANY NAME                                                                                                                            |                                                                                                                                                                                                          |                                              |
| 5. STREET                                                                                                                                  | CITY                                                                                                                                                                                                     | COUNTY STATE ZIP CODE                        |
| 6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)                                                                             |                                                                                                                                                                                                          | CITY STATE ZIP CODE                          |
| 7. CHECK ONE: IS THE COMPANY: <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 | NAUG. 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 |          |              |       |          |        |          |              |       |          |
|------------------------------------------------|-------------------------------------------------------------------------------------------|----------------|------------------|----------------------------------------------------|----------|--------------|-------|----------|--------|----------|--------------|-------|----------|
|                                                | COL. 1<br>TOTAL<br>(Cols. 2 & 3)                                                          | COL. 2<br>MALE | COL. 3<br>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?<br><input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify) | 14. IS THIS THE FIRST Employee Information Report Submitted?<br>1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/> | 15. IF NO, DATE LAST REPORT SUBMITTED<br>MO. DAY YEAR |
| 13. DATES OF PAYROLL PERIOD USED<br>From: To:                                                                                                                                                                    |                                                                                                                                |                                                       |

### SECTION C - SIGNATURE AND IDENTIFICATION

|                                                    |           |                       |                                   |
|----------------------------------------------------|-----------|-----------------------|-----------------------------------|
| 16. NAME OF PERSON COMPLETING FORM (Print or Type) | SIGNATURE | TITLE                 | DATE<br>MO DAY YEAR               |
| 17. ADDRESS NO. & STREET                           | CITY      | COUNTY STATE ZIP CODE | PHONE (AREA CODE, NO., EXTENSION) |



# SAMPLE INITIAL PROJECT WORKFORCE REPORT

FORM AA-201

Revised 11/11

## STATE OF NEW JERSEY

DEPARTMENT OF LABOR & WORKFORCE DEVELOPMENT  
CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM

### INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

Official Use Only

Assignment

Code

For instructions on completing the form, go to: [http://www.state.nj.us/treasury/contract\\_compliance/pdf/aa201ins.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/aa201ins.pdf)

|                                                                                                                |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
|----------------------------------------------------------------------------------------------------------------|---------------------------|-------------------------|--------|------------------------------------------------------------------------------|------------------------------|---------------------------------------------------------------------------------------------|--------|----|---------------------------|---------------------------|
| 1. FID NUMBER                                                                                                  |                           | 2. CONTRACTOR ID NUMBER |        | 5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDDING CONTRACT<br>Name:<br>Address: |                              |                                                                                             |        |    |                           |                           |
| 3. NAME AND ADDRESS OF PRIME CONTRACTOR<br><br>(Name)<br><br>(Street Address)<br><br>(City) (State) (Zip Code) |                           |                         |        | CONTRACT NUMBER DATE OF AWARD DOLLAR AMOUNT OF AWARD                         |                              | 7. PROJECT NUMBER                                                                           |        |    |                           |                           |
| 4. IS THIS COMPANY MINORITY OWNED [ ] OR WOMAN OWNED [ ]                                                       |                           |                         |        | 6. NAME AND ADDRESS OF PROJECT<br>Name:<br>Address:<br><br>COUNTY            |                              | 8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)? YES <input type="checkbox"/> |        |    |                           |                           |
| 9. TRADE OR CRAFT                                                                                              | PROJECTED TOTAL EMPLOYEES |                         |        |                                                                              | PROJECTED MINORITY EMPLOYEES |                                                                                             |        |    | PROJECTED PHASE - IN DATE | PROJECTED COMPLETION DATE |
|                                                                                                                | MALE                      |                         | FEMALE |                                                                              | MALE                         |                                                                                             | FEMALE |    |                           |                           |
|                                                                                                                | J                         | AP                      | J      | AP                                                                           | J                            | AP                                                                                          | J      | AP |                           |                           |
| 1. ASBESTOS WORKER                                                                                             |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 2. BRICKLAYER OR MASON                                                                                         |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 3. CARPENTER                                                                                                   |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 4. ELECTRICIAN                                                                                                 |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 5. GLAZIER                                                                                                     |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 6. HVAC MECHANIC                                                                                               |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 7. IRONWORKER                                                                                                  |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 8. OPERATING ENGINEER                                                                                          |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 9. PAINTER                                                                                                     |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 10. PLUMBER                                                                                                    |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 11. ROOFER                                                                                                     |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 12. SHEET METAL WORKER                                                                                         |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 13. SPRINKLER FITTER                                                                                           |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 14. STEAMFITTER                                                                                                |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 15. SURVEYOR                                                                                                   |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 16. TILER                                                                                                      |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 17. TRUCK DRIVER                                                                                               |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 18. LABORER                                                                                                    |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 19. OTHER                                                                                                      |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |
| 20. OTHER                                                                                                      |                           |                         |        |                                                                              |                              |                                                                                             |        |    |                           |                           |

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

(Signature)

10. (Please Print Your Name)

(Title)

(Area Code)

(Telephone Number)

(Ext.)

(Date)



# SAMPLE MONTHLY PROJECT WORKFORCE REPORT

FORM AA-202

REVISED 11/11

## State Of New Jersey

Department of Labor & Workforce Development  
Construction EEO Compliance Monitoring Program

### MONTHLY PROJECT WORKFORCE REPORT - CONSTRUCTION

|                                                                                                                                                                                                                   |  |                                    |  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------|--|
| <b>For instructions on completing the form, go to:</b><br><a href="http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf">http://www.state.nj.us/treasury/contract_compliance/pdf/aa202ins.pdf</a> |  | 3. FID or SS Number                |  |
| 1. Name and address of Prime Contractor                                                                                                                                                                           |  | 2. Contractor ID Number            |  |
| (NAME)                                                                                                                                                                                                            |  | 4. Reporting Period                |  |
| (ADDRESS)                                                                                                                                                                                                         |  | 5. Public Agency Awarding Contract |  |
| (CITY)                                                                                                                                                                                                            |  | Date of Award                      |  |
| (STATE)                                                                                                                                                                                                           |  | 6. Name and Location of Project    |  |
| (ZIP CODE)                                                                                                                                                                                                        |  | County                             |  |
|                                                                                                                                                                                                                   |  | 7. Project ID Number               |  |

| 8. CONTRACTOR NAME<br>(LIST PRIME CONTRACTOR<br>WITH SUBS FOLLOWING) | 9. PERCENT<br>OF WORK<br>COMPLETED | 10. TRADE<br>OR<br>CRAFT | CLASSI-<br>FICATION<br>(SEE<br>REVERSE) | 11. NUMBER OF EMPLOYEES |       |          |                    |       |         | 12. TOTAL<br>NO. OF<br>MIN.<br>EMP. | 13. WORK HOURS |            |              |                    | 14. % OF WORKERS  |               |               |                 | 15. CUM. WORK HRS |                 | 16. CUM. % OF WH |  |  |  |
|----------------------------------------------------------------------|------------------------------------|--------------------------|-----------------------------------------|-------------------------|-------|----------|--------------------|-------|---------|-------------------------------------|----------------|------------|--------------|--------------------|-------------------|---------------|---------------|-----------------|-------------------|-----------------|------------------|--|--|--|
|                                                                      |                                    |                          |                                         | A.                      | B.    | C.       | D.                 | E.    | F.      |                                     | TOTAL          | A.         | B.           | A.                 | B.                | TOTAL         | A.            | B.              | A.                | B.              |                  |  |  |  |
|                                                                      |                                    |                          |                                         | TOTAL                   | BLACK | HISPANIC | AMERICAN<br>INDIAN | ASIAN | FEMALES |                                     | WORK<br>HOURS  | MIN.<br>WH | FEMALE<br>WH | % OF<br>MIN.<br>WH | % OF FEMALE<br>WH | WORK<br>HOURS | MIN.<br>HOURS | FEMALE<br>HOURS | % OF MIN.<br>WH   | % OF FEM.<br>WH |                  |  |  |  |
|                                                                      |                                    |                          | J                                       |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | AP                                      |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | J                                       |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | AP                                      |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | J                                       |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | AP                                      |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | J                                       |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | AP                                      |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | J                                       |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | AP                                      |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | J                                       |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |
|                                                                      |                                    |                          | AP                                      |                         |       |          |                    |       |         |                                     |                |            |              |                    |                   |               |               |                 |                   |                 |                  |  |  |  |

17. COMPLETED BY (PRINT OR TYPE)

|             |  |                    |  |         |  |
|-------------|--|--------------------|--|---------|--|
| (NAME)      |  | (SIGNATURE)        |  | (TITLE) |  |
| (AREA CODE) |  | (TELEPHONE NUMBER) |  | (EXT.)  |  |
|             |  |                    |  | (DATE)  |  |

DEPT. OF LABOR & WORKFORCE DEVELOPMENT CONSTRUCTION EEO COMPLIANCE MONITORING PROGRAM