

OCEAN COUNTY BOARD OF HEALTH

REQUEST FOR

QUALIFICATIONS

FOR

48 Hour IDRC Program Services

RFQ # Q071819

**NOTICE OF SOLICITATION OF REQUEST FOR QUALIFICATIONS
48 HOUR IDRC PROGRAM SERVICES
RFQ# Q071819**

RFP DUE DATE: August 14, 2019

NOTICE IS HEREBY GIVEN that sealed Requests for Qualifications for **48 IDRC Program Services** will be received and opened by the OCEAN COUNTY BOARD OF HEALTH OF THE COUNTY OF OCEAN or its designee at the Ocean County Health Department Building, 175 Sunset Avenue, Toms River, New Jersey, 08754 on August 14, 2019 at 4:30 PM prevailing time.

Each Request for Qualification must be signed by the proposer and clearly marked in a sealed envelope. Submittals shall be mailed to the Ocean County Board of Health and must be received prior to the date and time listed above. Submittals which are hand delivered the day of the opening must be taken and presented to the Ocean County Board of Health by the time the Submittals are called for. The Ocean County Board of Health will not be responsible for late mail deliveries and no Submittals will be accepted if received after the time stipulated in this notice.

All qualification submittals are being solicited through a fair and open process in accordance with N.J.S.A. 19:44A-20.4 et. seq.

All Requests for Qualifications are required to comply with the requirements of N.J. S.A. 10:5-31 et seq. and N.J.A.C. 17:27 and N.J.S.A. 52:32-44. All proposers must be fully licensed to carry out the duties of their respective professions as required by State law.

The Ocean County Board of Health reserves the right to reject any or all proposals and waive any informality or technicality in any proposal as determined to be so in the best interest of the Ocean County Board of Health.

Oren Thomas
Purchasing Agent

**Ocean County Board of Health
Request for Qualifications
48 Hour IDRC Program Services
Responses Due: August 14, 2019**

INTRODUCTION

The Ocean County Board of Health requests qualifications from vendors capable of providing 48 Hour IDRC Program Services for a one year term. Beginning on November 9, 2019 and ending on November 8, 2020.

SCOPE OF WORK

To provide 48 hour IDRC Program Services for the residents of Ocean County who are required by law or court order to attend, in accordance with the State of New Jersey Regulations and Laws governing such services.

Education Classes, Assessment, Evaluation and Referral

The successful agency will be responsible for providing the Ocean County with the educational, assessment, evaluation and referral services for residents who are required by court or law to complete the 48-Hour IDRC. The successful applicant will supervise, schedule, and coordinate their professional licensed or certified counseling staff consistent with requirements and qualifications. The selection of the professional staff must have the final approval of the Ocean County Health Department. All sessions must meet the Division of Mental Health and Addiction Services (DMHAS) Intoxicated Driving Program requirements and curriculum. The successful applicant must function with at least one (1) on-site counselor being a Licensed Clinical Alcohol & Drug Counselor (LCADC). Additional counselors must, at a minimum, be prepared at the level of Certified Alcohol and Drug Counselor (CADC).

Housing and Maintenance

The successful agency will describe and document their ability to provide the consecutive 48-Hour program, including but not limited to, the housing and maintenance of clients for 48 consecutive hours. Nutritious meals must be provided, and facilities must meet all statutes and regulations of the State of New Jersey and of the local municipality/authority having jurisdiction (AHJ). Provisions must be included for the care and safety of all clients and compliance with laws and regulations regarding handicapped accessibility and compliance with laws and regulations against discrimination. Facilities must be available to the Provider for the duration of this contract.

ALL SUBMISSIONS MUST INCLUDE THE FOLLOWING MINIMUM INFORMATION:

1. Name of the individual(s) to be assigned to perform the tasks.
2. Experience of the individual(s) to be assigned including a listing of experience with providing the service, copies of current credentials, licensure, and resumes and including verification of being a trainer in the new IDRC curriculum
3. A statement concerning the ability of the vendor to perform tasks requested by the Ocean County Board of Health.
4. A description of the program support staff available to the individual(s) to be assigned.
5. Current Commercial and Professional Liability Insurance that include minimum coverage limits of \$3,000,000 for each occurrence and \$5,000,000 as the general aggregate. The Policies shall name the Ocean County Board of Health, the Ocean County Health Department, all Board members, officials, agents and employees as additional insured.
6. Program Description in compliance with N.J.A.C. Chapter 10:162, N.J.S.A. 45:2D-1 et seq., Division of Consumer Affairs and N.J.S.A 39:4-50 DUI Statute.
7. Statement of History Servicing 12 Hour IDRC clients, 48 Hour IDRC clients or similar clientele, knowledge of the Law, and experience providing services to governmental agencies.
8. A signed, completed copy of the enclosed RFQ Document Checklist and documents required therein.

SUBMISSION REQUIREMENTS

All responses to the Request for Qualifications (“RFQ”):

1. Will be opened publicly at 175 Sunset Avenue, Toms River, NJ 08754 commencing at 4:30 PM prevailing time, on August 14, 2019.
2. Must be enclosed in a sealed envelope bearing the name and address of the submitter, the name of this RFQ and the RFQ date on the outside of the envelope.
3. Responses which are to be hand delivered the day of the opening must be taken and presented to the Ocean County Health Department Purchasing Agent at the time the responses to this RFQ are called for.
4. Responses to the RFQ which are to be mailed shall be mailed to:

Ocean County Health Department
Attn: Oren Thomas, Purchasing Agent
175 Sunset Ave
PO Box 2191
Toms River NJ 08754

and must be received prior to the above stated time. Late proposals will not be accepted. Facsimile or emailed proposals will not be accepted.

5. The Agency will not be responsible for late mail deliveries and no responses to this RFQ will be accepted if received after the time stipulated above.

6. An original and three copies of your response to this RFQ must be submitted for your response to be deemed complete.

SELECTION CRITERIA

A committee will review and rank all responses. The selection criteria to be used in awarding a contract for the services described herein shall include:

1. Qualifications of the individuals who will perform the tasks and the amounts of their respective participation;
2. Experience in providing the services requested by the Board and references related thereto;
3. Ability to perform the tasks in a timely fashion, including staffing and familiarity with the subject matter;
4. Recent, current and projected work load of the vendor;
5. Thoroughness and completeness of the applicant's submittal.

The Ocean County Board of Health shall recognize and name a vendor through formal Ocean County Board of Health resolution that best meets the needs and interests of Ocean County residents.

Starting in January 2007, all business entities are advised of their responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC) pursuant to N.J.S.A. 19:44A-20.27 if they receive contracts in excess of \$50,000 from public entities in a calendar year. Business entities are responsible for determining if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us.

Transitional Period (excluding Professional Contracts) – In the event services are terminated by contract expiration or by voluntary termination by either the Contractor or the Ocean County Board of Health, the Contractor shall continue all terms and conditions of said contract for a period not to exceed ninety (90) days at the Board's request.

NOTICE TO ALL CONTRACTORS

RE: AFFIRMATIVE ACTION REGULATIONS P.L. 1975 C. 127 (N.J.A.C. 17:27)

A. ACTIVITY OF YOUR COMPANY- Indicate below:

- Procurement and/or Service Company
 Professional Consultant
 Other _____

All Contractors, except Government Agencies, are required to comply with the above law.

B. TO ALL CONTRACTORS:

1. Within seven (7) days after receipt of the notification of intent to award the contract or receipt of the contract, whichever is sooner, a Contractor should present one of the following to the Ocean County Board of health:
 - (a) An existing federally approved or sanctioned affirmative action program.
 - (b) A New Jersey Certificate of Employee Information Report Approval.
 - (c) If the Contractor cannot present "a" or "b", the Contractor is required to submit a completed Employees Information Report (Form AA302). This form will be made available to the Contractor by the Ocean County Board of Health. **NOTE: NOT REQUIRED IF APPLYING AS AN INDIVIDUAL**

C. QUESTIONS BELOW MUST BE ANSWERED BY ALL CONTRACTORS:

1. Do you have a Federally approved or sanctioned Affirmative Action Program?
Yes _____ No _____
 - (a) If yes, please submit a photocopy of such approval.
2. Do you have a State of New Jersey "Certificate of Employee Information Report" approval?
Yes _____ No _____
 - (a) If yes, please submit a photocopy of such certificate.

The undersigned Contractor certifies that he is aware of the commitment to comply with the requirements of P.L. 1975, C. 127 and agrees to furnish the required documentation pursuant to the law.

COMPANY: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

Note: A contract must be rejected as non-responsive if a contractor fails to comply with the requirements of P.L.1975, C. 127. (N.J.A.C. 17:27)

N.J.S.A. 10:5-31 and N.J.A.C. 17:27
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
Goods, Professional Services and General Service Contracts
(Mandatory Affirmative Action Language)

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

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

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

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

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

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

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

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

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

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

Letter of Federal Affirmative Action Plan Approval
Certificate of Employee Information Report
Employee Information Report Form AA302

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

AFFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27

GOODS AND SERVICES CONTRACTS
(INCLUDING PROFESSIONAL SERVICES)

NOTE: This form is not applicable for individuals. Your Signature is still required below:

This form is a summary of the successful responder's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27-1 et seq.

The successful responder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

- (a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

- (b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;

OR

- (c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours.

The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.1 et seq. and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her response shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27-1 et seq.

COMPANY: _____ SIGNATURE _____

PRINT NAME: _____ TITLE: _____

DATE: _____

NON-COLLUSION AFFIDAVIT

State of New Jersey
County of _____

ss:

I, _____ residing in _____
(name of affiant) (name of municipality)

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

I am _____ of the firm of _____
(Title or position) (name of firm)

_____ the bidder making this Proposal for the bid

entitled _____, and that I executed the said proposal with
(Title of bid proposal)

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

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

Subscribed and sworn to before me this day _____, 20____.

Signature

(Type or print name of affiant under signature)

Notary public of

My Commission expires _____

(Seal)

STATEMENT OF OWNERSHIP DISCLOSURE

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

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

Name of Organization: _____

Organization Address: _____

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

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

Part II

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

OR

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

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

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address

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

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

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

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

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

Part IV CERTIFICATION

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

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

AMERICANS WITH DISABILITIES ACT

Equal Opportunity for Individuals with Disabilities

The CONTRACTOR and the Ocean County Board of Health do hereby agree that the provisions of title II of the Americans with Disabilities Act of 1990 (the "Act") (42 U.S.C. 12101 et. seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Ocean County Board of Health pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the CONTRACTOR, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the Ocean County Board of Health in any action or administrative proceeding commenced pursuant to this Act. The CONTRACTOR shall indemnify, protect and save harmless the Ocean County Board of Health , its agents, servants and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind or nature arising out of or claimed to arise out of the alleged violation.

The CONTRACTOR shall, at its own expense, appear, defend and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the Ocean County Board of Health grievance procedure, the CONTRACTOR agrees to abide by any decision of the Ocean County Board of health which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Ocean County Board of Health or if the Ocean County Board of Health incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its own expense.

The Ocean County Board of Health shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the Ocean County Board of Health or any of its agents, servants and employees, the Ocean County Board of Health shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the or it Ocean County Board of Health s representatives.

It is expressly agreed and understood that any approval by the Ocean County Board of Health of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect and save harmless the Ocean County Board of Health pursuant to this paragraph. It is further agreed and understood that the Ocean County Board of Health assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provision of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the Ocean County Board of Health from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

The Ocean County Board of Health does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in its programs or activities. The Ocean County Board of Health shall allow access to any books, documents, papers and records of the contractor, which are directly pertinent to that specific contract.

Compliance is required with all applicable standards, orders, or requirements issued under 306 of the Clean Air Act, Section 508 of the Clean Water Act, Executive Order 11738 and Environmental Protection Agency Regulations (40 CRF, Part 15) which prohibits the use under non-exempt federal contracts, grants or loans of facilities included on the EPA list of violating facilities.

"The Ocean County Board of Health considers it to be a substantial conflict of interest for any company desiring to do business with the Ocean County Board of Health to be owned, operated or managed by any Ocean County Board of Health employee, nor shall any Ocean County Board of Health personnel be employed by the vendor in conjunction with any work to be performed for or on behalf of the Ocean County Board of Health".

I HEREBY CERTIFY COMPLIANCE WITH THE FOREGOING.

Partnership

The undersigned is a Corporation under the law of the State

Individual

of _____ having principal offices

at _____.

NAME OF COMPANY, CORPORATION OR INDIVIDUAL
- PLEASE PRINT -

SIGNED BY: _____

PRINT NAME AND OFFICIAL TITLE

ADDRESS: _____

INCLUDE ZIP CODE

TELEPHONE: _____

E-MAIL ADDRESS: _____

FEDERAL IDENTIFICATION NO. _____

DISCLOSURE OF CONTRIBUTIONS

Disclosure of Contributions to New Jersey Election Law Enforcement Commission (ELEC)

N.J.S.A. 19:44A-20.27 establishes a new disclosure requirement for business entities. It requires that, when a business entity has received in any calendar year \$50,000 or more in public contracts with public entities, it must file an annual report with the Election Law Enforcement Commission (ELEC). The report shall disclose any contribution of money or any other thing of value, including an in-kind contribution, or pledge to make a contribution of any kind:

- To a candidate for or the holder of any public office having ultimate responsibility for the awarding of public contracts, or,
- To a political party committee, legislative leadership committee, political committee or continuing political committee.

The report will include all reportable contributions made by the business entity during the 12 months prior to the reporting deadline. ELEC will be promulgating a form and procedures for filing commencing in January 2007. ELEC can also impose fines for failure to comply with this requirement.

While the local unit has no role in this process, it is recommended that all bid or proposal specifications and contracts should include language notifying business entities of their potential obligation under the law. Such language could read as follows:

Starting in January 2007, all business entities are advised of their responsibility to file an annual disclosure statement of political contributions with the New Jersey Election Law Enforcement Commission (ELEC) pursuant to N.J.S.A. 19:44A-20.27 if they receive contracts in excess of \$50,000 from public entities in a calendar year. Business entities are responsible for determining if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us.

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION
PROPOSERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX
FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

Pursuant to Public Law 2012, c. 25, any person or entity that submits a proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parts, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Proposers **must** review this list prior to completing the below certification. **Failure to complete the certification will render the proposal non-responsive.** If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the part in default and seeking debarment or suspension of the party.

PLEASE CHECK THE APPROPRIATE BOX:

- I certify, pursuant to Public Law 2012, c.25, that neither the proposer listed below or any of the proposer's parents, subsidiaries, or affiliates is listed** on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed below, or I am an officer or representative of the entity listed below and am authorized to make this certification on its behalf. **I will skip Part 2 and sign and complete the Certification below.**

OR

- I am unable to certify as above because the proposer and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the certification below. Failure to provide such will result in the proposal being rendered as non-responsive** and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, PLEASE ADD AN ADDITIONAL SHEET(S) OF PAPER

Name _____	Relationship to Proposer _____
Description of Activities _____ _____	
Duration of Engagement _____	Anticipated Cessation _____
Date _____	
Proposer Contact Name _____	Contact Phone _____
Number _____	

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the Ocean County Board of Health is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Board to notify the Board in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the County of Ocean Board of Health and that the Board at its option may declare any contract(s) resulting from this certification void and unenforceable.

Name of Proposer: _____

Full Name (Print): _____ Signature: _____

Title: _____ Date: _____

RFQ CHECKLIST

THIS FORM MUST BE COMPLETED AND SIGNED

PROPOSAL DOCUMENT CHECKLIST

Proposal Title: 48 HOUR IDRC PROGRAM SERVICES

**Items required
with bid**

Items submitted



**A. FAILURE TO SUBMIT ANY OF THESE DOCUMENTS
MAY BE CAUSE FOR REJECTION OF PROPOSAL**



 X Copy of Proposer's New Jersey Business Registration Certificate _____
 Copies of Required Insurance _____

**B. FAILURE TO SUBMIT ANY OF THESE DOCUMENTS
IS MANDATORY CAUSE FOR REJECTION OF PROPOSAL**

 X Affirmative Action questionnaire _____
 X Non-collusion affidavit _____
 X Americans with Disabilities Act _____
 X Fee Schedule and Signature Page (if applicable) _____
 X Stockholder Disclosure Statement (Chapter 33 of the Laws of 1977) _____
 X Iran Investment Disclosure Certification _____
 X Acknowledgment of receipt of addenda or revisions (if issued) _____

****The Ocean County Health Department reserves the right to choose whichever option best meets its needs.**

The undersigned hereby declare that he/she carefully examined the advertisements, specifications and conditions for the furnishing of **48 HOUR IDRC PROGRAM SERVICES** and if awarded the contract, will complete the said contract in all respects according to the specifications and conditions.

PROPOSER: _____

SIGNED BY: _____

DATE: _____