Ocean County Board of Health
Request for Proposals
Information Technology Systems Monitoring and Maintenance Service
RFP #P101820C

RFP Due Date: 4:30 pm on November 18, 2020

In accordance with N.J.S.A. 19:44A-20.4 et seq., the Ocean County Board of Health is requesting proposals (RFP) from agencies to provide Information Technology Systems Monitoring and Maintenance Services for the Ocean County Health Department for the calendar year 2021.

Scope of Work:

Vendor will be responsible for the following:

- 24/7 monitoring of all critical systems
- Routine patching of operating systems, Microsoft Office and other available applications with tested patches from vendors
- Server and health optimizations
- Anti-virus management and support, including verification of components up-to-date
- Anti-spam management and support
- Backup monitoring, management and support
- Internet connection monitoring, testing and support
- Helpdesk ticketing and support
- Email hosting and archiving
- Hardware and software inventory, allowing for financial reporting/planning and license compliance
- Vendor Management – Efficient communications with OCHD vendors
- Assistance with strategic IT decisions
- Budgetary planning, project management and short and long-range technology goal-setting

The following software will be provided by the vendor for the corresponding service:

1. Remote server monitoring, alerting, and patch management- **Labtech**
2. Helpdesk ticketing system available to both vendor and client- **ConnectWise**
3. Server and workstation file anti-virus protection- **ESET NOD32**
4. Exchange Server email anti-virus- **ESET Mail Security**
5. Email security- **Proofpoint Email Protection Suite**
6. Email archiving- **Proofpoint Email Protection Suite**

FEE SCHEDULE
PAGE 1 OF 1

- Monthly pricing on a per seat basis for items 1-6 above

Product/Service	**Monthly Per Seat Cost**
Remote server monitoring, alerting, and patch management- **Labtech**	
Helpdesk ticketing system available to both vendor and client- **ConnectWise**	
Server and workstation file anti-virus protection- **ESET NOD32**	
Exchange Server email anti-virus- **ESET Mail Security**	
Email security- **Proofpoint Email Protection Suite**	
Email archiving- **Proofpoint Email Protection Suite**	

- Hourly wages should additional work outside of the vendor responsibilities listed above be required will be indicated in the table below

Time	**Hourly Wage**
M-F 8:00AM-6:00PM	
M-F Outside of 8:00AM- 6:00PM	
Weekends	
Holidays	

VENDOR NAME: _____

PRINT NAME:_____

SIGNATURE: _____

TITLE: _____

DATE: _____

All applicants must meet the following minimum requirements:

- Minimum 15 years industry experience
- Minimum 10 years experience with government agencies similar to the Ocean County Health Department
- Minimum 10 years experience with Sonicwall firewall's
- Minimum 10 years experience with HP Servers and Switches
- Minimum 10 years experience with Windows Server Operating Systems
- Minimum 10 years experience with Microsoft Exchange
- Minimum 10 years experience with Windows Terminal Server
- Minimum 10 years experience with Microsoft SQL Server
- Minimum 5 years experience with Cisco Umbrella
- Minimum 10 years experience with Barracuda Backup products
- Experience with Microsoft Exchange 2010 DAG's
- Registered Microsoft Partner
- Adept in the install and configuration of Microsoft Server 2012
- Experience with Microsoft Hyper-V and Hyper-V replica in Microsoft Server 2012
- Experience with Synology NAS products
- Experience with using and supporting the Labtech, ConnectWise, ESET NOD32, and Proofpoint products listed above

Response times will be based on the following:

Severity level 1: All systems/network is down; all users or group of users cannot perform all job functions: Response within 30 minutes

Severity level 2: Individual application server is down; all users or group of users cannot access a particular system: Response within 1 hour

Severity level 3: Individual user is unable to perform all job functions: Response within 2 hours.

Severity level 4: Support issue with a particular component or software application, such as a printer problem, application question or help desk request: Response with 4 hours.

Severity level 5: "Project request" - any requests that are not time sensitive, such as setting up a new user, new printer, etc.: Response with 24 hours

Required Attachments

A. Stockholder Disclosure Certification
B. Non-collusion affidavit
C. Affirmative Action Compliance Notice
D. New Jersey Business Registration Certificate
E. Resumes of individuals performing tasks
F. Statement of ability to perform task
G. Cost of Service Proposal Form

H. Disclosure of Investment Activities In Iran

ALL SUBMISSIONS SHALL INCLUDE THE FOLLOWING MINIMUM INFORMATION:

1. Complete Company profile

2. Professional experience of proposer and all applicable staff.

3. A copy of the successful agency's professional liability insurance policy which is to be at a minimum level of $1,000,000.00 per claim and a $3,000,000.00 aggregate ceiling and, relationship with associates or counselors assigned under this contract.

4. Completed Fee Schedule

5. A copy of your New Jersey Certificate of Employee Information Report Approval pursuant to N.J.A.C. 17:21-1.1 et. Seq. or a completed form AA-302 Initial Employee Information Report.

6. List of Fees for service

7. A copy of your NJ Business Registration Certificate.

8. Non Collusion affidavit

9. Stockholder Disclosure Certification

10. American with Disabilities Act Certificate

11. Disclosure of Investment Activities in Iran Form

12. All documents as listed on the RFP Document Checklist

SUBMISSION REQUIREMENTS:

All responses to this Request for Proposals:

1. Will be opened publicly at the Ocean County Health Department, Board Room, 175 Sunset Avenue, Toms River, NJ, 08754 at the time and date listed above.

2. All submissions must be enclosed in a sealed envelope (enclosed) which bears the name and address of the submitter, the name and number of this RFP, and the RFP due 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 Corinne Cipully, Senior Account Clerk by the time the responses to this RFP are due.

4. Responses to the RFP which are to be mailed shall be mailed to:

Oren Thomas, Purchasing Agent
Ocean County Board of Health
175 Sunset Avenue,
P.O. Box 2191,
Toms River, NJ 08754-2191

5. The Ocean County Health Department will not be responsible for late mail deliveries and no responses to this RFP will be accepted by the Ocean County Health Department if received after the time stipulated above.

SELECTION CRITERIA:

The selection will be made by a committee who will score the submissions based on proposer's ability to perform task outlined in the Request for Proposal specifications.

The Ocean County Board of Health shall award a contract to the successful applicant that best meets the needs and interests of the Ocean County Health Department. The Ocean County Board of Health reserves the right to negotiate the terms and conditions of this contract with the successful applicant to obtain the most cost advantageous services for the Ocean County Health.

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 ADDITIONAL ROOM, ADD ADDITIONAL PAGES.

Name_____ Relationship to Bidder/Owner_____

Description of Activities_____

Duration of Engagement_____ Anticipated Cessation Date_____

Bidder/Offeror Contact Name_____

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: _____

THIS FORM MUST BE COMPLETED AND SIGNED

PROPOSAL DOCUMENT CHECKLIST

Proposal Title: Information Technology Systems Monitoring and Maintenance Services 2021

Items required ↓ Items submitted ↓

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

_____	Copy of Proposer's New Jersey Business Registration Certificate	_____
__X___	Stockholder Disclosure Certification	_____
__X___	Non-Collusion affidavit	_____
__X___	Affirmative Action Certificate or Letter of Approval	_____
__X___	Americans with Disabilities Act	_____
__X___	Disclosure of Investment Activities in Iran	_____
__X___	Fee Schedule	_____

PROPOSER: _____

SIGNED BY: _____

DATE: _____