HAGC FINANCE DEPARTMENT
PROPOSAL/BID COVER SHEET
Form PO 501
(rev. November 2015)

COLONIAL PARK, LP

INVITATION For B I D (IFB)

Direct Questions concerning this RFP/IFB to:

PERSON/TITLE: Paul Letizia AHO Director
PHONE/FAX: 856-845-4959 ext 607
E-MAIL ADRESS: 0

RFP/IFB NUMBER: 17-021

DESCRIPTION OF GOODS AND SERVICES

ELEVATOR MAINTENANCE - COLONIAL PARK

CONTRACT TERM	BEGINNING	ENDING
2 Years	10/1/2017	9/30/2019

The Authority reserves the right to reject any and all offers and to waive non-material deficiencies.

GENERAL PROPOSAL/BID REQUIREMENTS

1) **SUBMISSION DEADLINE:** (no later than this date & time)

DATE: August 9, 2017 **TIME:** 2:00PM

NOTE: TIME IS OF THE ESSENCE. LATE OFFERS WILL BE REJECTED.

2) **Mailing Address**
Attention: Kimberly Gober, Executive Director
c/o: Housing Authority of Gloucester County
100 Pop Moylan Boulevard, Deptford, NJ 08096
*The Bid Opening shall be held at the same location.

3) The Proposal/Bid must conform to specifications as outlined in the **RFP/IFB**
4) Bids ONLY must be enclosed in a sealed envelope addressed to the above.
5) ALL Respondents must indicate the **RFP/IFB NO.** on the outside envelope.
6) Proposals/Bids must include all price information, typed or written in **ink**.
7) Proposal/Bid prices must remain valid and firm for **60** days after bid deadline.
8) The Respondent must sign the Proposal/Bid in **ink** and all corrrections or alterations in units or prices must be initialed by the respondent in **ink**.
9) If Proposal/Bid Amount exceeds the State Bid Threshold of: **$ 17,500.00** Then the following items, a. and b., will apply if indicated here: **N/A**
   a. A **Bid Guaranty/Bond** will be required at **10%** of Bid, but not to exceed **$20,000** (max), presented in a **Certified Check** or executed **Bid Bond**. If a Construction Contract exceeds $100,000, then **5%** is required. And,
   b. A **Consent of Surety** is required equal to **100%** of the contract price.
10) Regarding Only -- **Invitation for Bids: N/A**
   a. A **Performance & Payment Bond** totalling **100%** of the **Bid** is required at the awarding from all contractors & subcontractors collectively.
   b. A **Maintenance Bond** is required prior to final payment (**Construction Only**).
11) An **Affirmative Action Cert. & Project Workforce Report** (form-AA201) may be required at contract awarding & during term of contract.

12.) **REQUIRED FORMS & CERTIFICATES**
Failure to properly execute & sign the following documents may result in the rejection of the proposal or bid.

↓ [PLEASE INITIAL TO ACKNOWLEDGE COMPLIANCE]

a. _____ **IRS Form W-9**
b. _____ **Owner Disclosure Statement**
c. _____ **"Debarment" Certification**
d. _____ **Certificate for Contracts, etc.**
e. _____ **Non-Collusion Affidavit**
f. _____ **Affirmative Action Statement & Affidavit**
g. _____ **Drug-Free Workplace Affidavit**
h. _____ **Non-Default Affidavit**
i. _____ **NJ Business Registration Cert.-Contractor**
j. _____ **Certificate(s) of Liability Insurance**
k. _____ **Certificate(s) of Workers Comp Insurance**
l. _____ **Iranian Certification**
m. _____ **Terms and Conditions**
n. _____
o. _____
p. _____
q. _____
r. _____
s. _____
t. _____
u. _____
v. _____

Required DOCs must also be filed by authorized subcontractors.

PROPOSAL/BID - TO BE COMPLETED BY RESPONDENT

PLEASE TYPE OR PRINT IN INK.

13) Firm Name and Address	14) Federal Taxpayer ID Number
	15) Telephone Number
16) E-Mail Address, if any	17) Fax Number

PROPOSAL/BID

18a.) Proposal/Bid Amount In Words (BASE BID) Please Type or Print Legibly _____ Dollars

18b.) Proposal/Bid Amount in Numbers (BASE BID) U.S. Currency Format Please Type or Print Legibly $ _____

19) Date Price Guarantee Expires _____

18c.) Alternates	ALTERNATE 1 -- if applicable	ALTERNATE 2 -- if applicable	ALTERNATE 3 -- if applicable	ALTERNATE 4 -- if applicable
	N/A	N/A	N/A	N/A

NOTE: DETAILED PRICING SHOULD BE REPORTED ON THE PROPOSAL/BID DETAIL SHEET

Signature of the Respondent attests that the Respondent has read, understands and agrees to all terms, conditions, and specifications set forth in this Request For Proposal/Invitation For Bid, including all addenda.

20) **ORIGINAL Signature of Respondent**	21) Print/Type Name and Title
	22) Date

SUBMIT ON ORIGINAL FORM

Form PO 501a	COLONIAL PARK, LP PROPOSAL/BID DETAIL SHEET	RFP/BID 17-021

DESCRIPTION	ELEVATOR MAINTENANCE - COLONIAL PARK

PROPOSER/ BIDDER NAME:

PROPOSED/BID PRICING:

	Informational Details	Hourly Rate	
A.	Hourly rate for call back as per Section 2.014B		
	After Hours Rate(s)	$	
	Holiday rate	$	
	Other (specify)	$	
		Mark up	
B	Material will be charged at cost		
	AND ____% mark up	____%	
	Please enter your bid amount on the front cover sheet		
	under 18a and 18b. Sign and date both pages.		

I have read, understand and agree to all terms, conditions, and specifications set forth in this Request For Proposal / Invitation for Bid, including all addenda.

SUBMITTED BY: _____ DATE: _____

PRINT NAME & TITLE: _____

HAGG FINANCE DEPARTMENT

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COLONIAL PARK, LP

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k. _____ **Certificate(s) of Workers Comp Insurance**
l. _____ **Iranian Certification**
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Required DOCs must also be filed by authorized subcontractors.

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PROPOSAL/BID

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Dollars

18b.) Proposal/Bid Amount in Numbers (BASE BID) U.S. Currency Format	Please Type or Print Legibly	19) Date Price Guarantee Expires
	$	

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	N/A	N/A	N/A	N/A

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DESCRIPTION	ELEVATOR MAINTENANCE - COLONIAL PARK

PROPOSER/ BIDDER NAME:

PROPOSED/BID PRICING:

	Informational Details	Hourly Rate	
A.	Hourly rate for call back as per Section 2.014B		
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		Mark up	
B	Material will be charged at cost		
	AND ____% mark up	____%	
	Please enter your bid amount on the front cover sheet		
	under 18a and 18b. Sign and date both pages.		

I have read, understand and agree to all terms, conditions, and specifications set forth in this Request For Proposal / Invitation for Bid, including all addenda.

SUBMITTED BY: _____ DATE: _____

PRINT NAME & TITLE: _____

COLONIAL PARK LIMITED PARTNERSHIP
100 POP MOYLAN BOULEVARD
DEPTFORD, NEW JERSEY 08096
(856) 845-4959

SPECIFICATIONS AND BID FORMS

FOR

ELEVATOR MAINTENANCE

FOR

COLONIAL PARK APARTMENTS

RFP# 17-021

FOR A TWO (2) YEAR PERIOD
OCTOBER 2017 THROUGH SEPTEMBER 2019

BID DUE: WEDNESDAY, AUGUST 9, 2017 – 2:00 P.M PREVAILING TIME

RETURN BIDS TO:

Colonial Park Limited Partnership
100 Pop Moylan Boulevard
Deptford, New Jersey 08096

BIDDER NAME: _____

ADDRESS: _____

_____

PHONE: _____

COLONIAL PARK LIMITED PARTNERSHIP
100 POP MOYLAN BOULEVARD
DEPTFORD, NEW JERSEY 08096
(856) 845-4959

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DISCOUSURE OF INVESTMENT ACTIVITIES IN IRAN

COLONIAL PARK LIMITED PARTNERSHIP
100 POP MOYLAN BOULEVARD
DEPTFORD, NEW JERSEY 08096
(856) 845-4959

INVITATION FOR BID

COLONIAL PARK LIMITED PARTNERSHIP, NEW JERSEY will receive sealed bids for ELEVATOR MAINTENANCE SERVICES at the offices of Colonial Park Limited Partnership, 100 Pop Moylan Boulevard, Deptford, New Jersey 08096, 2:00 pm EST on August 9, 2017 at which time and place, all bids will be publicly opened and read aloud. Bids should be submitted in sealed envelopes, addressed to Colonial Park Limited Partnership and clearly marked on the outside with the project name. The scope of work involves: ELEVATOR MAINTENANCE SERVICES as listed below.

Copies of the documents may be obtained by contacting Paul Letizia, AHO Director at 100 Pop Moylan Boulevard, Deptford, New Jersey 08096, 856-845-4959 ext. 607, Monday through Friday between 9:00 a.m. and 3:00 p.m.

All questions must be submitted to CPLP in writing via fax transmittal (856) 848-1672 OR US Mail to the attention of Paul Letizia, AHO Director. Deadline for all questions relating to this project is 11:00 a.m. EST on July 31, 2017.

One (1) copy of the bid documents are to be submitted.

The contractor must insure that employees and applicants for employment are not discriminated against because of their race, color, creed or national origin. CPLP reserves the right to reject any and all bids or waive any informalities in bidding. No bid shall be withdrawn for a period of sixty (60) days subsequent to opening bids, without the consent of t CPLP. This bid has been prepared in accordance with a Fair and Open Process as set forth in N.J.S.A.19:44A-20.4 et seq.

CPLP strongly encourages potential bidders to visit the site prior to submitting any bid. Appointments can be made by calling Paul Letizia, AHO Director at 856-845-4959 Ext. 607.

CPLP is seeking bids for Elevator Maintenance Services for Authority properties for the period October 1, 2017 through September 30, 2019. The contract for Elevator Maintenance Services will be for two (2) year's with the option CPLP to extend the contract with the proposer for two additional one (1) year terms (NJSA 40A:11-15).

Services to be performed are outlined here:

General Services

1.01 This specification establishes the minimum requirements for a full maintenance program which shall be contracted by the CPLP with an approved bidder.

1.02 Contractor Competence and Qualifications: The Contractor shall be competent and experienced in the field of elevator service with a minimum of five (5) years prior experience on comparable or more complex elevator equipment and currently have service contracts on similar equipment. The Contractor must have a local elevator service office and demonstrate the ability to answer a service call within one (1) hour from receiving a call.

1.03 The Contractor shall include the following data in the bid document:

A. A statement that the firm is regularly engaged in the business of installing, and/or servicing elevators of the type and character of equipment covered by this specification.

B. A completed description and locations of the firm's nearest service and warehouse facilities available for furnishing maintenance on the elevators covered by this specification and including the following items:

1. A list, including names of personnel directly employed by the bidder, whose responsibility is performing maintenance, giving the length of time each has been employed by the bidder and the amount of experience each has had in maintaining elevators of the same type and manufacture as covered by this specification.

2. An outline of service and warehousing facilities, showing a complete list of parts, equal to or better than original manufacturer's spare parts, on hand and of the same type and specifications as used on the elevators covered in this specification. Contractor agrees to allow the inspection of these facilities by Owner.

3. A description of any other factors concerning the bidder's maintenance program, personnel and service facilities that will substantiate his ability to properly maintain the elevators in a safe, dependable manner.

4. A list of technical information and engineering data in order to prove the technical capability to perform maintenance specified.

1.04 Work Hours: All work shall be performed during regular working hours of regular working days unless otherwise specified. Contractor shall be available on a twenty-four (24) hour basis. The Contractor shall maintain a continuous telephone service where he\she can be reached twenty-four hours each day, seven days each week, Sundays and Holidays included. Regular business hours shall be Monday-Friday 8:00 AM – 5:00 PM.

1.05 Response time: During normal business hours service shall be rendered within (2) two hours of the request for service being made.

1.05.1 Failure to Respond within required response time: If the contractor fails to respond within the required two (2) hour response time and the contractor is on site after regular working hours, the contractor shall not charge the CPLP any additional fees. EXAMPLE: If the CPLP calls for service at 12:00 PM, and the contractor does not arrive on site until 4:00PM, the contractor must make repairs as needed, and if by making such repairs, is on site past 5:00PM the contractor shall not charge the CPLP any additional fees.

1.05.2 Emergency service: In response to all calls for emergency repair service, the contractor shall arrive within two (2) hours after receiving the call, 24 hours per day, seven days per week, including weekends and holidays. The CPLP will pay contractor LABOR ONLY based on labor rates entered on the unit pricing table.

1.05.3 Travel Time: Travel time is NOT an eligible expense; at no time will travel time be an allowed expense.

1.06 Inspection of Equipment and Conditions at Job Site: Prior to bidding, it shall be the responsibility of the bidder to visit the job site and inspect each elevator to establish to his\her satisfaction the condition of the elevator equipment to be maintained and any other conditions affecting the work to be performed. This equipment is offered in an "as is" condition. No claim shall be allowed for correction of deficiencies claimed to exist prior to award of contract.

1.07 Wiring Diagrams: Contractor shall provide to CPLP a set of reproducible wiring diagrams covering all changes, modifications, etc., which take place during the contract term. These diagrams are to be furnished to the Owner immediately following modifications.

1.08 Performance Conferences and Reports: At the end of each ninety (90) day period the Contractor shall meet with the CPLP's representative to review performance and schedule major repairs contemplated during the next ninety (90) day period. The Contractor shall submit written performance reports on forms provided by the CPLP at the end of each six (6) month period.

1.09 Checking In And Out: The Contractor's personnel shall check in with the CPLP representative prior to commencing work and check out after completing the work. This requirement applies to regular maintenance, repair and callbacks. At time of check-in, CPLP representative shall provide Contractor's personnel with a list of any reported problems requiring the Contractor's attention.

1.10 Billing Procedure: A monthly billing shall be rendered by Contractor for regular monthly maintenance service along with payment voucher and any CPLP approved extra work broken down by building name and elevator number along with purchase order number

where applicable. Invoices shall include ITEM CODES listed on bid form. Lump sum billings shall not be allowed. Billing shall also include the RFP #: 17-021.

1.11 Tracking Sheets: A time sheet or ticket shall be submitted to the Owner for approval within twenty four (24) hours of servicing or repairing an elevator unit. The time sheet or ticket shall include the date the work was performed, a description of the work performed and the elevator number the work was performed on along with the building name. In addition to these time sheets, the contractor shall keep on site for each elevator the following records: A) A log demonstrating that the contractor has tested the Fireman's Recall; B) A call log indicating the reason for the call and the steps taken to correct the problem. Any log that is deemed illegible will not be paid until a legible copy has been submitted, please print clearly and thoroughly describe the nature of work performed.

1.12 Subcontracting: Unless prior written permission is given by the CPLP, all work performed by the Contractor shall be performed by the Contractor only and shall not be sub-contracted to another firm. The Agency reserves the right to not grant such approval.

Scope of Maintenance

2.01 Scheduled Maintenance: All preventive maintenance performed by the Contractor shall be scheduled elevator by elevator and subject to final approval of the CPLP. The preventive maintenance schedule, as prepared by the contractor shall show building name, elevator number, examination frequency, examination hours and be keyed to a preventive maintenance schedule prepared for the specific equipment covered by this specification.

2.02 The contractor shall perform his/her work so that no elevator shall be out of service for more than three hours unless prior written authorization is issued by the CPLP.

2.03 Examine: The Contractor shall examine the equipment on a monthly interval. When, as a result of an examination, corrective action is found to be the responsibility of the Contractor; the Contractor shall proceed immediately to make (or cause to be made) replacements, repairs and corrections. When such work is determined not to be the Contractor's responsibility, a written report, signed by the Contractor, shall be delivered to the CPLP for future action.

2.04 The contractor shall provide a suitable inspection checklist/inspection report for each elevator. The inspection checklist/inspection report must be approved by the CPLP within 21 days of execution of this contract. The inspection checklist/inspection report must be in accordance with the manufacturers' preventive maintenance specifications and in accordance with the preventive maintenance specifications as outlined herein. This checklist/report must also include a written report detailing equipment, operation, and maintenance deficiencies (if any) and the contractors' recommendations to correct same.

The inspection checklist/inspection report shall certify that the preventive maintenance was performed. A legible copy of said checklist/report shall be given to the CPLP.

2.05 Responsibility of the Vendor - parts & labor (included in monthly maintenance fee):

- Control & Landing positioning systems
- Signal fixtures (Car & Hall) - Check buttons, check plate screws, check emergency alarms, check stop switch, check key switches.
- Entire Machine including but not limited to: drives, motors, governors, sheaves, and ropes
- Power units, pumps, valves, and jacks
- Car and hoist way door operating devices
- Door protection equipment
- Load weighers, car frames and platforms, counterweights
- Safety mechanisms
- Lubricate necessary equipment
- Machine; worm; gear; thrust bearing; drive sheave; drive sheave shaft bearings; brake pulley; brake coil; brake contact; linings; and component parts;
- Motor and motor generator; motor windings; rotating element; commutator; brushes; brush holders, and bearings;
- Any and all gaskets, piston seals, pumps, seals, valves, contact resistors, magnets, belts, garvac units, leveling devices, microprocessors, controllers, electric eyes, strainers, switches, etc.
- Clean brake cores and sleeves, and lubricate as recommended by manufacturer. Clean brake coils, check brake coil insulation.
- Controller; selector and dispatching equipment; all relays; solid state components; resistors; condensers; transformers; contacts; leads; dashpots; timing devices; computer devices; steel selector tape; electrical traveling cable; and mechanical and electrical driving equipment;
- Governor; governor sheave and shaft assembly; bearings; contacts; governor jaws; and governor wire rope;
- Deflector or secondary sheave; bearings; car and counterweight guide rails; top and bottom limit switches; governor tensions and sheave assembly; compensating sheave assembly; counterweight and counterweight guide shoes; including rollers or gibes, hoist cable and comp-cable;
- Hoist way door interlocks; hoist way door hangers; bottom door guides; and auxiliary door closing.
- Interlocks - Inspect all internal parts, check door interlock keepers.
- Lamps in signals
- Hatch Switches; Check rollers and arms, check for level stops, check stop switch (final). Check control switches and devices, check automatic slow-down devices and switches.

- Check resistance tubes, check transformers, check rectifiers, tighten all terminal lugs, check overloads.
- Clean top of Car, check light fixtures and bulbs.
- Sensor Edge
- Door track, door track maintenance, rollers, door locks, door release
- Tighten brace rods, nuts, bolts, and screws, car top, cross head, platform and steady plates,
  check panel reinforcement for proper stiffness, check mirror and alarm bells.
- Needed replacement parts for the items listed above. Only genuine OEM parts shall be used.

Items of an emergency nature shall be communicated to the CPLP immediately and followed up in written form. Examinations of the equipment shall follow the basic procedures recognized by the elevator service industry.

2.06 Lubricate: The Contractor shall lubricate all moving parts of the equipment. Lubricants shall be applied at intervals recommended by the equipment manufacturer or as dictated through use of the equipment. All lubricants shall be suitable for the purpose intended and shall meet or exceed the minimum requirements specified by the manufacture of the equipment to which the lubricant is applied.

2.07 Adjust: The Contractor shall adjust the equipment. Adjustments shall be made as necessary and when the operation of the equipment varies from its normal or originally designed performance standards, as a result of normal wear and use. Adjustments shall be made by qualified individuals properly equipped with tools and instruments, employed by the Contractor. Adjustments shall be made at regular intervals frequent enough to maintain the elevator in optimum operating condition.

2.08 Repairs: Repairs shall be made by the Contractor, when authorized by the CPLP, where such repairs are not included in the contract. The Contractor shall make (or cause to be made) all repairs made necessary for any reason during the term of the contract. Contractor shall supply all labor, materials, and supplies. On completion of all repair work, the Contractor shall submit to the Owner for payment an invoice detailing the nature of the work performed and related charges. Prior to any repairs being made by the Contractor, the Contractor shall submit a written proposal to the CPLP to obtain formal approval to proceed.

2.09 CPLP reserves the right to have contractor prepare, submit and file all applicable NJ UCC (New Jersey Uniform Construction Code) forms.

2.010 After tests have been performed, all safety devices shall be checked and adjusted as required to meet manufacturers' recommendations. Cars shall not be placed in service until all tests, checks and adjustments are complete and elevators are in proper working condition. The contractor shall not be held responsible for any damage to the building or

equipment caused by tests, unless such damage is a result of his/her negligence. Failure to follow correct procedures to prevent damage and failure to perform pre-test examinations shall be considered negligence by the contractor.

2.011 The contractor shall be on-site during any inspection required by any agency having jurisdiction and shall accompany the inspectors at all times during the inspections. There shall be no charge to the CPLP for these services. The contractor shall be responsible for the correction of any deficiencies identified by the inspector(s) within (30) thirty calendar days after the receipt of the notification of such deficiencies. Should the contractor fail to correct said deficiencies within the (30) thirty calendar day timeline, the CPLP reserves the right to call in another qualified vendor to correct the deficiencies and to charge the contractor one and one half (1-1/2) times the vendors fee and to deduct said charges from any monies owed to the contractor.

2.012 Perform Periodic Test: The Contractor shall perform periodic Safety Tests of the elevator components. The periodic tests shall be conducted at the frequency stated in the ANSI A17.1 code, and or Municipality having jurisdiction, and follow the procedures set forth in said code. Test results shall be recorded on forms supplied by or acceptable to the CPLP. Certified copies of the completed test forms shall submitted to the CPLP. The Contractor shall test Fireman's Service Phase I and II monthly, coordinated through the designated CPLP contact person. The Contractor shall submit to the designated CPLP contact person each month a written performance evaluation pertaining to each elevator. The following documents shall be furnished at the conclusion of said testing:

1.06.1 Type of test
1.06.2 Name and organization performing test
1.06.3 Address of facility being tested
1.06.4 Elevator identification number
1.06.5 Car capacity
1.06.6 Speed
1.06.7 Type of Elevator
1.06.8 Type of Machine
1.06.9 Manufacturer of Safety
1.06.10 Type of Safety
1.06.11 Indication that governor has been checked for proper tripping speed and that the overspeed switch is functional
1.06.12 Type, size and condition of governor rope before and after test
1.06.13 Load at which safety was tested
1.06.14 Speed at which governor tripped
1.06.15 Length of marks on each guide rail made by safety jaws
1.06.16 Number of turns remaining on drum
1.06.17 Did car or counterweight set level?
1.06.18 Did governor set satisfactory?
1.06.19 Was governor calibrated? At what speed?

1.06.20 Was safety test satisfactory?
1.06.21 At what speed and load were buffers tested?
1.06.22 Was oil level satisfactory after test?
1.06.23 Indicate plunger compression return time
1.06.24 Indicate date test was made
1.06.25 Signature of individual performing test
1.06.26 Any additional remarks/comments that are applicable

2.013 In the event an elevator fails the inspection or safety test, the contractor shall make re-inspections after corrections have been made at no added cost to the CPLP.

2.014 Callback Service: For the purpose of this specification, a "callback" is a request from the CPLP to the Contractor, requesting the Contractor to go to a specific elevator to correct any elevator problem and/or condition, which in the CPLP's opinion needs attention before the Contractor's next scheduled preventive maintenance visit.

A. Callback service during regular working hours: The Contractor shall, at no additional charge, provide callback service during the CPLP's regular working hours. The contractor shall respond to a callback within two (2) hours.

B. Callback service during after-hours & Holiday's: The Contractor shall, at the defined overtime rate, provide callback service during after-hours and State and Federal Holiday's. The contractor shall respond to a callback within one (2) hours. Travel time is NOT an eligible expense. (EL-OT-HRS, EL-HLDY-HRS)

2.012 Cleaning: The contractor shall keep the hoist way, pit, and machine room equipment in clean condition, painted and free of rust.

2.013 Mechanic: The mechanic responding to any callback or routine service shall be equipped with the tools needed to make repairs to elevator related equipment. Additionally the mechanic shall have the necessary tools to properly troubleshoot any problem that may exist with the equipment. Access to inventory should also be readily available to this mechanic.

2.014 Removal of Rubbish and used parts: The contractor shall remove from the property premises all rubbish generated in performing the work specified in this agreement. Furthermore, the contractor agrees to dispose of the aforementioned equipment and rubbish in accordance with any and all applicable Federal, City, State and Municipal environmental regulations. Contractor further accepts all liability that may result from disposing of said material(s) including any hazardous materials. Materials shall not be disposed of at the property premises.

CONTRACT EXCLUSIONS

3.01 The Contractor shall not be responsible for the following:

- For the main line power feeders and associated disconnect switches and breakers.
- Repairs due to negligence or misuse of the equipment by any person other than the Contractor or any other causes beyond the contractor's control, such as Acts of God; except ordinary wear.

PERFORMANCE STANDARDS

4.01 It is the intention of this specification that the elevator equipment be maintained so as to preserve the operating characteristics in line with the original design. Should the CPLP find through its own investigation or that of its representative that these standards are not being maintained, the Contractor will be given fourteen (14) days to restore the performance to the required level. Failure by the Contractor to restore the performance to the required level within the fourteen (14) day period shall constitute sufficient cause for termination of the contact by reason of default, at the option of the Owner.

4.02 Opening and closing times of all hoist way and car doors shall be maintained within limits of ANSI A17.1 Code, yet assuring minimum standing times at each floor.

4.03 Emergency fire service operation, telephone communications, emergency car light and alarm bell shall be periodically (minimum monthly) tested to be sure it is functioning properly as required by ANSI A17.1 Elevator Code.

PREVENTATIVE WORK SCHEDULE

5.01 The preventive maintenance services specified herein shall be considered the minimum services for all equipment listed herein. If specific equipment covered by this contract requires additional preventive maintenance for safe reliable operation, as specified by the manufacturer, the contractor shall perform the required additional preventive maintenance without added cost to the CPLP.

5.01.1 MONTHLY

5.01.1.1.1 Perform general inspection of machinery, sheaves, worms and gear motor, brake, and selector. Lubricate as required.

5.01.1.1.2 Brush or wipe motor windings, governor jaws, sheaves and coils. Wipe and dust off exposed surface of entire mechanism.

5.01.1.1.3 Empty drip pans, discard oil in an approved manner, check reservoir oil level.

5.01.1.1.4 Observe brake operation and adjust or repair if required.

5.01.1.1.5 Inspect and lubricate machinery, contacts, linkage and gearing.

5.01.1.1.6 Clean and inspect brushes and commutators, perform repairs as needed.

5.01.1.1.7 Ride car and observe operation of doors, leveling, reopening devices, pushbuttons, lights, etc.

5.01.1.1.8 Replace all burned out lamps in elevator car, machine room, pit, hall lanterns, etc.

5.01.1.1.9 Remove litter, dust, oil, etc from machine room equipment.

5.01.1.1.10 Sweep pits and remove all rubbish, trash, paper and other foreign matter. Check light fixture and switches, check pit stop switches.

5.01.1.1.11 Check governor and tape tension sheave lubrications.

5.01.1.1.12 Clean top of car, check light fixtures and bulbs.

5.01.1.1.13 In accordance with ANSI A17.1 (latest edition), test Fireman's return phase I and II.

5.01.2 SEMI MONTHLY

5.01.2.1.1 Observe operation of elevator throughout its full range and at all floors it serves to test controls, safety devices, leveling, re-leveling, and other devices.

5.01.2.1.2 Check door operation, clean, lubricate and adjust tracks, check linkages, gears, wiring motors, check keys, set screws, contacts chains, cams and door closer.

5.01.2.1.3 Inspect interior of cab. Test telephone system, normal and emergency lights, fan, emergency call system or alarm, car station. Check buttons, plate screws, alarms, stop switch and key switches.

5.01.2.1.4 Clean pit and empty drip pans.

5.01.2.1.5 Check car. Clean, adjust and lubricate car door and gear tracks, pivots, hangers, car sill, side and top exits.

5.01.2.1.6 Inspect controller, contacts and relays. Check adjustment and replace contacts as required.

5.01.2.1.7 Observe operation of signal and dispatching system. Inspect compensating hitches, buffers, rope clamps, slack cable switch, couplings, keyways and pulleys. Check load weighting device and dispatching time settings. Clean, adjust and lubricate as necessary.

5.01.2.1.8 Check oil level in car and counterweight oil buffers and add oil as required.

5.01.2.1.9 Safety switches: check all electrical and mechanical operations.

5.01.2.1.10 Check brushes and commutators. Inspect commutators for finish, grooving, eccentricity and mica level. If required, clean, turn or refinish commutator to provide proper communication. Inspect brush for tension seating and wear, or adjust as required.

5.01.2.1.11 Check and adjust: car ventilation system, car position indicators, director stations, hall and car call buttons.

5.01.2.1.12 Hatch switches: Check rollers and arms, check for level stops, check stop switch (final). Check control switches and devices, check automatic slow-down devices and switches.

5.01.2.1.13 Clean and examine governor rope, replacing if needed.

5.01.3 QUARTERLY

5.01.3.1.1 Check leveling operation. Clean and adjust leveling switches, hoistway vanes, magnets, selectors tapes and inductors. Repair and or adjust for proper leveling.

5.01.3.1.2 Check hoistway doors. Clean, lubricate and adjust tracks, hangers and up thrust eccentrics, linkage and gibs and interlocks.

5.01.3.1.3 Clean, adjust and lubricate car door or gate tracks, pivots and hangers.

5.01.3.1.4 Inspect all fastenings and ropes for wear and lubrication. Clean both governor and hoist ropes and lubricate hoist rope if needed. Inspect all ropes, hitches equalize rope tension.

5.01.3.1.5 Inspect hoist reduction gear brake and brake drum, drive sheave and motor, and any bearing wear.

5.01.3.1.6 In the car, test alarm bell system. Clean light fixtures. Inspect, clean and adjust retiring cam device, chains, dashpots, commutators, brushes, cam pivots and fastenings. Test emergency switch (ground case if necessary). Inspect safety parts pivots, set screws, switches, etc. Check adjustment of car and counterweight gibs, shoes or roller guides, lubricate and adjust as necessary.

5.01.3.1.7 In the pit, lubricate compensating sheave and inspect hitches. Inspect governor and tape tension sheave fastenings. Empty and clean oil drip pans.

5.01.3.1.8 Clean all parts of safeties and lubricate moving parts to assure their proper operation. Check and adjust clearance between safety jaws and guide rails.

5.01.3.1.9 Visually inspect all safety parts.

5.01.4 SEMI-ANNUALLY

5.01.4.1.1 Check controller. Clean with blower, check alignment of switches, relays, timers, contacts, hinge pins, etc., adjust and lubricate. Check all resistance tubes and grids. Check oil in overload relays, settings and operation of overloads. Clean and inspect fuses and holders and controller connections.

5.01.4.1.2 In hoistways, examine guide rails, cams and fastenings. Inspect and test terminal switches. Check and adjust car shoes, gibs or roller guides. Adjust or replace as needed.

5.01.4.1.3 Clean all overhead sheaves, sills, bottom of platform, car tops, counterweights and hoistway walls.

5.01.4.1.4 Inspect sheaves to insure they are tight on shafts. Sound spokes and rim with hammer for cracks.

5.01.4.1.5 Examine all hoist ropes for wear, lubrication, length and tension. Replace, lubricate and adjust as required to meet code requirements.

5.01.4.1.6 On tape drives, check hitches and broken tape switch.

5.01.4.1.7 Check car stile channels for bends or cracks: Also car frame, cams, supports and car steadying plates.

5.01.4.1.8 Check fastenings and operation of door checks and interlocks, clean and lubricate pivot points as required.

5.01.4.1.9 Check governor and tape tension sheave fastenings.

5.01.5 ANNUALLY

5.01.5.1.1 Thoroughly clean car and counterweight guide rails to remove lint, dust, and excessive lubricant. Check bracket bolts, clean beams, check vanes and brackets.

5.01.5.1.2 Remove, clean and lubricate brake cores on brakes, clean linings, if necessary, and inspect for wear. Correct excess wear and adjust.

5.01.5.1.3 Inspect hoist motor armatures and rotor clearances.

5.01.5.1.4 Drain, flush, and refill oil reservoirs of each hoisting motor.

5.01.5.1.5 Check and reset, if necessary, all brushes for neutral settings, proper quartering and spacing on commutators.

5.01.5.1.6 Group supervisory system shall be checked out. The system's dispatching, scheduling and emergency service features shall be tested and adjusted in accordance with manufacturers' literature. Contractor shall prove to the satisfaction of the CPLP that the system functions properly. CPLP reserves the right to have work performed during other than normal working hours with no inconveniences to building occupants. A full report covering adjustments, time intervals, dispatch times on various programs, door standing time and opening and closing speeds shall be furnished to the CPLP.

5.02 INSPECTIONS OF WORK

5.02.1 The CPLP and/or CPLP's authorized representative reserves the right to make inspections and tests to ascertain that all specified requirements are being fulfilled. Upon request, all logs and trouble call history shall be provided for CPLP's review. Should it be found that the quality of work being performed is not satisfactory and/or the requirements of the specifications are not being met, the CPLP may 1) terminate the contract upon thirty (30)calendar days notice to the contractor and/or 2) call in another qualified vendor to restore the equipment to a satisfactory condition and charge the contractor one and one halftimes the vendors fee to do so and to deduct said charges from any monies owed to the contractor and/or 4) employ other legal remedies available to the CPLP.

5.02.2 All work completed is to be inspected and accepted by the CPLP upon completion. All work that is not completed to the satisfaction of the CPLP must be corrected within a timely manner at no additional charge to the CPLP.

COLONIAL PARK LIMITED PARTNERSHIP
100 POP MOYLAN BOULEVARD
DEPTFORD, NEW JERSEY 08096
(856) 845-4959

PARTS AND MATERIALS

6.01 The contractor may be asked to provide parts or materials not covered under the scope of this contract. The bidders shall indicate the percent (%) markup over their verifiable, actual cost for such parts or materials. Upon request from the CPLP, the contractor shall, within two (2) business days, produce an original invoice indicating actual vendor cost for any item in question so that the CPLP may determine that the percent (%) markup listed is being applied.

6.01.1 Example:

6.01.1.1 EXAMPLE: The CPLP estimated spending $4000.00 dollars on parts And materials during the term of this contract. A bidder indicating a markup of five percent (5%) shall multiply $4000.00 times their five percent (5%) markup to equal $200.00; the bidder shall then add the $200.00 dollar markup amount to the estimated $4000.00 part and materials to equal $4200.00; the bidder shall then enter that amount into the appropriate area on the unit pricing table. Bidders shall enter zero (0) if bidding a straight cost on parts and materials with no markup. If the bidder leaves the markup section of the unit pricing table blank, that will be taken to mean that the bidder is offering partsand materials at their actual cost (zero markup) to the CPLP.

6.01.1.2 CPLP reserves the right to supply any parts needed if it's in the best interest of CPLP to do so

All employees must wear appropriate safety devices when working on CPLP property, this includes but is not limited to: ANSI Safety Vests, Eye Protection, Gloves, Hearing Protection NOT OPTIONAL, SAFETY EQUIPMENT MUST BE USED.

Any damages caused by the Vendor will be the responsibility of the vendor to repair. Vendor must notify Paul Letizia at 856-845-4959 ext. 607 within 24 hours of any damage occurring.

Qualified, interested persons should submit bids clearly marked "Elevator Maintenance Services" to Colonial Park Limited Partnership, 100 Pop Moylan Boulevard, Deptford, New Jersey 08096 no later than 2:00P.M. Prevailing Time on Wednesday, August 9, 2017. Bids received after this date and time will not be considered.

Questions: All questions must be submitted via facsimile (856-848-1672) or US Mail Attention: Paul Letizia, AHO Director no later than 11:00 am EST on July 31, 2017.

COLONIAL PARK LIMITED PARTNERSHIP
100 POP MOYLAN BOULEVARD
DEPTFORD, NEW JERSEY 08096
(856) 845-4959

ELEVATOR MAINTENANCE AND REPAIRS
BID FORM

Colonial Park Limited Partnership
100 Pop Moylan Boulevard
Deptford, New Jersey 08096

Sir/Madame:

The undersigned declares that he is qualified to submit this bid, that he has carefully examined the Requirements, Conditions and Specifications and that he will furnish all necessary labor, equipment and materials for the Monthly Preventive Maintenance and Repair of the elevators located at 401 S. Evergreen Avenue, New Jersey 08096 known as Colonial Park Apartments at the annual contract price of _____/100 dollars ($_____.__), based upon the Requirements, Conditions and Specifications attached hereto. The contractor's hourly labor rate for call back service as per Section 2.014 B is _____/100 dollars ($_____.__). The contractor's markup percentage on parts and materials as per Section 6.01 is _____ % (_____%).

_____
Name of Firm

_____
Authorized Signature Title

_____
Print Name

_____
Address

_____
Date

_____
Federal ID Number

COLONIAL PARK LIMITED PARTNERSHIP
100 POP MOYLAN BOULEVARD
DEPTFORD, NEW JERSEY 08096
(856) 845-4959

7/90; Rev. 3/99

CONTRACT FOR SERVICES

GENERAL TERMS AND CONDITIONS

1. Termination of Contract for Cause. If, through any cause, the Contractor shall fail to fulfill in timely and proper manner his obligations under this Contract, or if the Contractor shall violate any of the covenants, agreement, or stipulations of this Contract, the Public Body shall thereupon have the right to terminate this Contract by giving written notice to the Contractor of such termination and specifying the effective date thereof, at least five days before the effective date of such termination. In such event, all finished or unfinished documents, data, studies, and reports prepared by the Contractor under this Contract, shall, at the option of the Public Body, become its property and the Contractor shall be entitled to receive just and equitable compensation for any satisfactory work completed on such documents.

   Notwithstanding the above, the Contractor shall not be relieved of liability to the Public Body for damage sustained by the Public Body by virtue of any breach of the Contract by the Contractor, and the Public Body may withhold any payments to the Contractor for the purpose of setoff until such time as the exact amount of damages due the Public Body from the Contractor is determined.

2. Termination for Convenience of Public Body. The Public Body may terminate this Contract any time by a notice in writing from the Public Body to the Contractor. If the Contract is terminated by the Public Body as provided herein, the Contractor will be paid an amount which bears the same ratio to the total compensation as the services actually performed bear to the total services of the Contractor covered by this Contract, less payments of compensation previously made. Provided, however, that if less than 60% of the services covered by this Contract have been performed upon the effective date of such termination, the Contractor shall be reimbursed (in addition to the above payment) for that portion of the actual out-of-pocket expenses (not otherwise reimbursed under this Contract) incurred by the Contractor during the Contract period which are directly attributable to the uncompleted portion of the services covered by this Contract. If this Contract is terminated due to the fault of the Contractor, Section 1 hereof relative to termination shall apply.

3. Changes. The Public Body may, from time to time, request changes in the scope of the services of the Contractor to be performed hereunder. Such changes, including any increase or decrease in the amount of the Contractor's compensation, which are mutually agreed upon by and between the Public Body and the Contractor, shall be incorporated in written amendments to this Contract.

4. Compliance with Local Laws. The Contractor shall comply with all applicable laws, ordinances, and codes of the State and local governments, and shall commit no trespass on any public or private property in performing any of the work embraced by this Contract.

5. Assignability. The Contractor shall not assign any interest in this Contract, and shall not transfer any interest in the same (whether by assignment or novation) without the prior written approval of the Public Body: Provided, however, that claims for money due or to become due the Contractor from the Public Body under this Contract may be assigned to a bank, Trust Company, or other financial institution, or to a Trustee in Bankruptcy, without such approval. Notice of any such assignment or transfer shall be furnished promptly to the Public Body.

6. Audits. The Public Body, the Department of Housing and Urban Development, the Comptroller General of the United States, or any of their duly authorized representatives shall have access to any books, documents, papers, and records of the Contractor which are directly pertinent to a specific grant program for the purpose of making audit, examination, excerpts, and transcriptions.

7. "Section 3" Compliance in the Provision of Training, Employment & Business Opportunities. This Agreement is subject to the requirements of Section 3 of the Housing and Urban Development Act of

1968 (12 U.S.C. 1701) as amended, the HUD regulations issued pursuant thereto at 24 CFR Part 135, and any applicable rules and orders of HUD issued there under prior to the execution of this Agreement. The Section 3 clause, set forth in 24CFR, 135.20(b) provides every applicant, recipient, contracting party, contractor and subcontractor shall incorporate, or cause to be incorporated, in all contracts for work in connection with a Section 3 covered project, the following clause (referred to as a Section 3 clause):

A. The work to be performed under this contract is on a project assisted under a program providing direct Federal financial assistance from the Department of Housing & Urban Development and is subject to the requirements of Section 3 of the Housing and Community Development Act of 1968, as amended, 12 U.S.C. 1701u. Section 3 requires that to the greatest extent feasible, opportunities for training and employment be given lower income residents of the project area and contracts for work in connection with the project be awarded to business concerns which are located in or owned in substantial part by, persons residing in the area of the project.

B. The parties to the contract will comply with the provisions of said Section 3 and the regulations issued pursuant thereto by the Secretary of Housing and Urban Development set forth in 24 CFR and all applicable rules and orders of the Department issued thereunder prior to the execution of this contract. The parties to this contract certify and agree that they are under no contractual or other disability, which would prevent them from complying with these requirements.

C. The Contractor will send to each labor organization or representative of workers, with which he has a collective bargaining agreement or other contract or understanding, if any, a notice advising the said labor organization or workers' representative of his commitments under this Section 3 clause and shall post copies of the notice in conspicuous places available to employees and applicants for employment or training.

D. The Contractor will include this Section 3 clause in every subcontract for work in connection with the project and will, at the direction of the applicant or recipient of Federal financial assistance, take appropriate action pursuant to the subcontract upon finding that the subcontractor is in violation of regulations issued by the Secretary of Housing and Urban Development, 24 CFR. The Consultant will not subcontract with any subcontractor where it has notice or knowledge that the latter has been found in violation of regulations under 24 CFR and will not let any subcontract unless the subcontractor has first provided it with a preliminary statement of ability to comply with the requirements of these regulations.

E. Compliance with the provisions of Section 3, the regulations set forth in 24 CFR, and all applicable rules and orders of the Department issued thereunder prior to the execution of the contract, shall be a condition of the Federal financial assistance provided to the project, binding upon the applicant or recipient for such assistance, its successors and assigns. Failure to fulfill these requirements shall subject the applicant or recipient, its contractors and subcontractors, its successors, and assigns to those sanctions specified by the grant or loan agreement or contract through which Federal assistance is provided, and to such sanctions as are specified by 24 CFR, 135."

F. The Contractor agrees to abide by the Section 3 clause set forth above and will also cause this Section 3 clause to be inserted in any subcontracts entered into with third parties for work covered by this agreement.

8. Equal Employment Opportunity for Activities and Contract not subject to Executive Order 11246, as amended. In carrying out the program, the Contractor shall not discriminate against any employee or applicant for employment because of race, color, religion, sex or national origin. The Contractor shall take affirmative action to insure that applicants for employment are employed, and that employees are treated during employment, without regard to their race, color, religion, sex or national origin. Such action shall include, but not be limited to: 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 shall post in conspicuous places, available to employees and applicants, employment notices to be provided by the Government setting forth the provisions of this non-discrimination clause. The Contractor shall state that all qualified applicants will receive consideration for employment without regard to race, color, religion, sex or national origin. The Contractor shall incorporate the foregoing requirements of this paragraph in all subcontracts for program work.

9. Compliance with Air and Water Acts. This Agreement is subject to the requirements of the Clean Air Act, amended, 42 U.S.C. 1857 et seq., the Federal Water Pollution Control Act, as amended, 33 U.S.C. 1251, et seq., and the regulations of the Environmental Protection Agency with respect thereto, at 40 CFR Part 15, as amended from time to time.

The contractor and any of its subcontractors for work funded under this Agreement in excess of $100,000 agree to the following requirements:

A. A stipulation by the contractor or subcontractors that any facility to be utilized in the performance of any nonexempt contract or subcontract is not listed on the List of Violating Facilities issued by the Environmental Protection Agency (EPA) pursuant to 40 CFR 15.20.

B. Agreement by the contractor to comply with all requirements of Section 114 of the Clean Air Act, as amended (42 U.S.C. 1857c-8) and Section 308 of the Federal Water Pollution Control Act, as amended, (33 U.S.C. 1318) relating to inspection, monitoring, entry, reports, and information, as well as all other requirements specified in said Section 114 and Section 308, and all regulations and guidelines thereunder.

C. A stipulation that as a condition for the award of the contract, prompt notice will be given of any notification received from the Director, Office of Federal Activities, EPA, indicating that a facility utilized or to be utilized for the contract is under consideration to be listed on the EPA List of Violating Facilities.

D. In no event shall any amount of the assistance provided under this Agreement be utilized with respect to a facility which has given rise to a conviction under Section 113 (c) (1) of the Clean Air Act of Section 309(c) of the Federal Water Pollution Control Act.

10. Interest of Certain Federal Officials. No member of or Delegate to the Congress of the United States, and no Resident Commissioner, shall be admitted to any share or part of this Agreement or to any benefit to arise from the same.

11. Interest of Members, Officers, or Employees of Public Body, Member of Local Government Body, or Other Public Officials. No member, officer, or employee of the Public Body, or its designees or agents, no member of the governing body of the locality in which the program is situated, and no other public official of such locality or localities who exercise any functions or responsibilities with respect to the program during his tenure or for one year thereafter, shall have any interest, direct or indirect, in any contract, subcontract, or the proceeds thereof, for work to be performed in connection with the program assisted under this Agreement.

12. Prohibition Against Payments of Bonus or Commission. The Assistance provided under this Agreement shall not be used in the payment of any bonus or commission for the purpose of obtaining HUD approval of the application for such assistance, or HUD approval of applications for additional assistance, or any other approval or concurrence of HUD required under this Agreement, Title I of the Housing and Community Development Act of 1974 or HUD regulations with respect thereto, provided, however, that reasonable fees or bona fide technical, consultant, managerial or other such services, other than actual solicitation, are not hereby prohibited if otherwise eligible as program costs.

13. Architectural Barriers Act of 1968. The contractor is hereby made aware that any building or facility (other than a privately owned residential structure) designed, constructed, or altered with funds made available under the Community Development Block Grant Program, shall comply with the requirements of the "American Standards Specifications for Making Buildings and Facilities Accessible to, and Usable by the Physically Handicapped", Number A-117.1-R. 1971, subject to the exceptions contained in 41 CFR Subpart 101-19.604 issued pursuant to the Architectural Barriers Act of 1968, 42 U.S.C. 4151.

14. National Flood Insurance Program. The contractor is hereby made aware that projects assisted through the Community Development Block Grant Program shall comply with the Federal Disaster Protection Act of 1973. Under the Act, no Federal Agency or Office shall approve any financial assistance for acquisition or construction purposes as defined under Section 3(a) of the said Act, on and after July 1, 1975, (or one year after a community has been formally notified of its identification

as a community contained in an area of special flood hazard, whichever is later) for use in any area that has been identified by the Secretary of Housing and Urban Development as an area having special flood hazards unless the community in which such an area is situated is then participating in the National Flood Insurance Program.

15. Retention of Records. Financial records, supporting documents, statistical records, the environmental review records required by 24 CFR 58.11 and all other records pertinent to the grant program shall be retained by the recipient for a period of three years from the date of the submission of the annual performance report.

16. Reasonable Compensation to Employees. No person employed by the Contractor for personal services under this contract shall receive more than a reasonable rate of compensation, which in any event on a daily basis shall not exceed the maximum daily rate of compensation for a GS-18 as established by federal law. If an audit or monitoring review indicates that the rates of compensation paid to any person working under this contract were not reasonable or exceeded the maximum daily rate for a GS-18, the Public Body shall be entitled to recapture the unreasonable portion of the daily rate or such amount which exceeds the GS-18 daily rate.

17. Property of the Housing Authority of Gloucester County. All materials developed, prepared, completed or acquired by the Contractor during the performance of the services specified by the Agreement, including all finished or unfinished documents, data studies, surveys, drawings, maps, models, photographs, and reports, shall become the property of the Housing Authority of Gloucester County, except as may be otherwise stipulated in a written statement by the Housing Authority of Gloucester County.

18. Compensation and Method of Payment. Cost to be incurred by the Contractor for the performance of services under this agreement shall be on a cost-reimbursable basis with a fixed fee. Payments shall be made by the Housing Authority of Gloucester County.

19. Interest of the Contractor. The Contractor covenants that it has presently no interest and shall not acquire any interest, direct or indirect, which would conflict in any manner or degree with the performance of services, required to be performed under this Agreement. The Contractor further covenants that in the performance of this Agreement no person having any such interest shall be employed.

20. Confidentiality. The Contractor agrees not to divulge or release during the Agreement period any information, reports, or recommendations developed or obtained in connection with performance of this Agreement, except to authorized Housing Authority of Gloucester County personnel or upon prior approval of the Housing Authority of Gloucester County. In the event that the Housing Authority of Gloucester County withholds approval for more than 60 days after a request has been made by the Contractor to publish information for scholarly purposes, the Contractor may proceed with such publication. No restrictions on publication for scholarly purposes shall apply after the expiration of the Agreement period.

These Terms and Conditions are hereby acknowledged and accepted.

by: _____ date: _____
CONTRACTOR SIGNATURE

COLONIAL PARK LIMITED PARTNERSHIP
100 POP MOYLAN BOULEVARD
DEPTFORD, NEW JERSEY 08096
(856) 845-4959

Form **W-9**
(Rev. December 2014)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

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

Print or type
See Specific Instructions on page 2.

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; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
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.)

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (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 Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
___ - ___ - ____

or

Employer identification number
__ - _____

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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 on page 3.

Sign Here Signature of U.S. person ▶ Date ▶

General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at *www.irs.gov/fw9*

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?* on page 2.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Cat. No. 10231X Form **W-9** (Rev. 12-2014)

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Note. If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

Nonresident alien who becomes a resident alien. Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester.
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details).
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of $50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a $500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note. ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line **1a.** This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your **1040/1040A/1040EZ** on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

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Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

Line 3

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

Limited Liability Company (LLC). If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)

2—The United States or any of its agencies or instrumentalities

3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

4—A foreign government or any of its political subdivisions, agencies, or instrumentalities

5—A corporation

6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession

7—A futures commission merchant registered with the Commodity Futures Trading Commission

8—A real estate investment trust

9—An entity registered at all times during the tax year under the Investment Company Act of 1940

10—A common trust fund operated by a bank under section 584(a)

11—A financial institution

12—A middleman known in the investment community as a nominee or custodian

13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over $600 required to be reported and direct sales over $5,000[1]	Generally, exempt payees 1 through 5[2]
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

[1] See Form 1099-MISC, Miscellaneous Income, and its instructions.

[2] However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note. You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at *www.ssa.gov*. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at *www.irs.gov/businesses* and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting IRS.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note. Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: *A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.*

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Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account[1]
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor[2]
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee[1]
b. So-called trust account that is not a legal or valid trust under state law	The actual owner[1]
5. Sole proprietorship or disregarded entity owned by an individual	The owner[3]
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor[3]
For this type of account:	**Give name and EIN of:**
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity[4]
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

[1] List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

[2] Circle the minor's name and furnish the minor's SSN.

[3] You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

[4] List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

*Note. Grantor also must provide a Form W-9 to trustee of trust.

Note. If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

Secure Your Tax Records from Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to *phishing@irs.gov*. You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: *spam@uce.gov* or contact them at *www.ftc.gov/idtheft* or 1-877-IDTHEFT (1-877-438-4338).

Visit IRS.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

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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

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

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

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

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

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

Part IV Certification

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

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

COLONIAL PARK LIMITED PARTNERSHIP
100 POP MOYLAN BOULEVARD
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(856) 845-4959

"DEBARMENT" CERTIFICATION
CERTIFICATION REGARDING THE DEBARMENT, SUSPENSION, INELIGIBILITY, AND VOLUNTARY EXCLUSION OF LOWER TIER COVERED TRANSACTIONS

I am_____of_____

I certify that [__] on behalf of_____, neither it nor its Principals are debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal Department or Agency.

[__] I am unable to certify to any statements set forth in this certification and I have attached an explanation to this form.

_____ _____ _____
TYPED OR PRINTED NAME OR TITLE SIGNATURE SOCIAL SECURITY NUMBER

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CERTIFICATE FOR CONTRACTS, GRANTS, LOANS AND COOPERATIVE AGREEMENTS

The undersigned certifies, to the best of his or her knowledge and belief that:

(1) No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal Grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.

(2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "**Disclosure Form to Report Lobbying**", in accordance with its instructions.

(3) The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than $10,000 and not more than $100,000 for each such failure.

Executed this _____ day of _____, _____ By: _____

_____
(TYPED OR PRINTED NAME)

_____
(TITLE, IF ANY)

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

COUNTY OF _____

I, _____ of the City/Town of _____

in the County of _____ and the State of _____

of full legal age, being duly sworn according to law on my oath depose and say that:

I am _____ (TITLE) of the firm of _____, the bidder making the Proposal for the above named project, and that I executed the said Proposal with full authority to do so; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action to restraint the 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 Housing Authority of Gloucester County 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 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 _____ (N.J.S.A. 52:34-15).

By: _____

_____
(TYPED OR PRINTED NAME OF AFFIANT)

Subscribed and sworn to before me

this _____ day of _____, _____.

_____

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AFFIRMATIVE ACTION STATEMENT

The undersigned confirms that the Contractor agrees that in the hiring of any employees, laborers, workmen and mechanics for the performance of work under this bid that said contractor or any person on their behalf shall not by reason of age, gender, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation discriminate against any employee in hiring who is qualified and available to perform the work to which the employment relates.

The contractor shall comply with all statutes relating to the contract on behalf of the Housing Authority of Gloucester County.

TYPED OR PRINTED NAME & TITLE _____ SIGNATURE _____ SOCIAL SECURITY NO. _____

AFFIRMATIVE ACTION AFFIDAVIT

Pursuant to the regulations promulgated by the Affirmative Action Laws of the State of New Jersey in accordance with laws of Public Law 1975, Chapter 127 and all its latest amendments stated in the Circulars of the Secretary of the Treasury of the State of New Jersey, as are included with these specifications, contractors furnishing goods or services to the Authority must agree, where applicable, to the following:

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

1. To comply with all the regulations of Affirmative Action Laws of the State of New Jersey, Public Law 1975, Chapter 127.
2. To comply with all requirements stated in (N.J.A.C.17:27) a memorandum entitled "Affirmative Action Requirements for Public Agencies in the Awarding of Contracts".
3. To comply with all the requirements of the memorandum entitled "Mandatory Affirmative Action Language".

The undersigned hereby states, he/she has fully read and agrees to comply with the above, and is familiar with the regulations described therein and will furnish further information if requested by the Authority confirming the compliance with the above stated regulations. I am also aware that if the firm of _____ does not comply with Public Law 1975, Chapter 127 and the rules and regulations issued pursuant thereto, that no monies will be paid by the Authority and that the firm of _____ may be debarred from all public contracts for a period of up to five (5) years.

By: _____

(TYPED OR PRINTED NAME OF AFFIANT)

Subscribed and sworn to before me

this _____ day of _____, _____.

_____

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INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.

2. Identify the status of the covered Federal action.

3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.

4. Enter the full name, address, city, State and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.

5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, State and zip code of the prime Federal recipient. Include Congressional District, if known.

6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.

7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.

8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Bid (IFB) number; grant announcement number; the contract, grant, or loan award number; the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."

9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.

10. (a) Enter the full name, address, city, State and zip code of the lobbying registrant under the Lobbying Disclosure Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.

    (b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).

11. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046). Washington, DC 20503.

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NON-DEFAULT AFFIDAVIT

A. All statements made by Proposer are true, complete, and correct to the best of its knowledge and belief.
B. Proposer has never experienced defaults or non-compliance under any contract for the U.S. Department of Housing and Urban Development, hereafter referred to as HUD, nor any other Government Agency with which it has contacts.
C. To the best of the Proposer's knowledge, there are no unresolved findings raised as a result of HUD audits, management reviews, or any other Governmental investigations concerning the Proposer or work under its contracts.
D. There has not been a suspension or termination of payments under any HUD contract in which the Proposer has had a legal or beneficial interest attributable to its fault or negligence.
E. The Proposer has not been convicted of a felony and is not presently, to its knowledge, the subject of a complaint or indictment charging a felony.
F. The Proposer has not been suspended, debarred, or otherwise restricted by any Department or Agency of the Federal, State, or Municipal Government in New Jersey, nor a PHA in New Jersey, from doing business with such Department or Agency.
G. Proposer has not defaulted on an obligation covered by a bond, nor has been the subject of a claim under a fidelity bond.
H. All the names of the parties, known to the Proposer to be principals in this contract, in which it proposes to participate, are included on resumes submitted with this proposal.
I. To the Proposer's knowledge, Proposer has not been found, to be in violation of any applicable Federal or State Civil Rights' Law.
J. Proposer is not a member of Congress, or Resident Commissioner, nor otherwise prohibited or limited by law from contracting with the USA.
K. Proposer is not an officer, employee, or Commissioner of any PHA who is prohibited or limited by from contracting with PHA's.
L. Proposer has never been suspended, debarred, or otherwise disqualified by HUD or any other Governmental Agency with which it has contracted from doing business with any Governmental Agency.

PLEASE SIGN AND DATE:

NAME: _____
TITLE: _____
DATE: _____

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MISCELLANEOUS CERTIFICATIONS

_____, the party submitting the attached bid, and principal in the firm of_____ _____, located at, _____, in the city of, _____ _____, in the state of, _____, hereafter called the Proposer, certifies as stated in the following two (2) affidavits:

DRUG-FREE WORKPLACE AFFIDAVIT

A. Proposer will publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the Proposer's workplace and specifying the actions that will be taken against employees for violations of such prohibition.

B. Proposer will establish a Drug-Free Awareness Program to inform employees about:
   a. The dangers of drug abuse in the workplace.
   b. The Proposer's policy of maintaining a drug-free workplace.
   c. Any available counseling, rehabilitation and employee assistance programs.
   d. The penalties that may be imposed upon employees for violations occurring in the workplace.

C. Proposer will make it a requirement that each employee to be engaged in the performance of the contract be given a copy of the statement required in Paragraph A.

D. The Proposer will notify the employee in the statement required by Paragraph A, that as a condition of employment, the employee will:
   a. Abide by the terms of the statement; and
   b. Notify the Proposer of any criminal drug statute conviction for a violation occurring in the workplace no later than five (5) days after such conviction.

E. The Proposer will notify the Housing Authority within ten (10) days after receiving notice under Subparagraph D. b, from an employee or otherwise receiving actual notice of such conviction.

F. The Proposer will one of the following actions, within thirty (30) days of receiving notice under Subparagraph D. b, with the respect to any employee who is convicted:
   a. Taking appropriate personnel action against such employee, up to and including termination; or
   b. Requiring such employee to participate satisfactorily in a drug abuse assistance or rehabilitation program approved for such purpose by a Federal, State, or a Local Health and/or Law Enforcement Agency, or other appropriate agency.

G. The Proposer will make a good faith effort to maintain a Drug-Free workplace through implementation of the above paragraphs.

H. The work-site regarding contracts between the Proposer and the Housing Authority of Gloucester County is at: **insert Architect's Address.**

PLEASE SIGN AND DATE:

NAME: _____
TITLE: _____
DATE: _____

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DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Quote Number: _____ **Bidder/Offeror:** _____

PART 1: CERTIFICATION
BIDDERS 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 bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, 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. Bidders **must** review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's 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 party 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 bidder listed above nor any of the bidder'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 above, or I am an officer or representative of the entity listed above 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 bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below**. Failure to provide such 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 bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON.

Name _____ Relationship to Bidder/Offeror _____

Description of Activities _____

_____

Duration of Engagement _____ Anticipated Cessation Date _____

Bidder/Offeror Contact Name _____ Contact Phone Number _____

ADD AN ADDITIONAL ACTIVITIES ENTRY

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; that the Housing Authority Gloucester County 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 the Housing Authority to notify the Housing Authority 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 Housing Authority, permitting the Housing Authority to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): _____ Signature: _____

Do Not Enter PIN as a Signature

Title: _____ Date: _____