COUNTY OF MONMOUTH
STATE OF NEW JERSEY
NOTICE OF REQUEST FOR PROPOSALS

COMMUNITY-BASED SERVICE COORDINATION AND RESOURCE NAVIGATION FOR MONMOUTH ACTS RESOURCECONNECT FOR THE PERIOD OF JANUARY 1, 2027 THROUGH DECEMBER 31, 2027 WITH FOUR (4) ONE-YEAR RENEWAL OPTIONS

RFP #CC-11-2027

The County of Monmouth invites the submission of written proposals to provide Community-Based Service Coordination and Resource Navigation for Monmouth ACTS ResourceConnect for the period of January 1, 2027 through December 31, 2027, with four (4) one-year renewal options.

Proposals must be delivered to the Monmouth County Division of Purchasing, Hall of Records, 3rd Floor, 1 East Main St., Freehold, New Jersey 07728, **by 10:30 a.m., on Tuesday, October 6, 2026**, at which time the proposals will be opened and read in public, in the Commissioners Meeting Room, 2nd Floor, Hall of Records. Late proposals will not be accepted.

The Division of Purchasing will post any addenda to the RFP on this website. The Division of Purchasing will also endeavor to notify registered prospective Contractors of any such posting, but it will remain their responsibility to monitor the website for any addenda and to acknowledge receipt of the addenda in their proposals.

Proposals must be in a sealed envelope, labeled with the project name, project number and the name and address of the Contractor.

A highly suggested virtual Technical Assistance conference will be held on Friday, September 18, 2026, at 10:30 a.m.

It is strongly suggested that all potential proposers attend.

The Conference is expected to begin promptly at 10:30 a.m. Please RSVP by email to Dorothy.Conover@co.monmouth.nj.us

Although this conference is not mandatory, it is highly recommended that a representative from every agency who potentially plans to respond to this RFP be in attendance at this conference. This meeting is intended to offer technical assistance to prospective Contractors regarding the proposal and its submission.

Proposal packets are available by downloading the specifications at www.visitmonmouth.com/purchasing under "Upcoming Competitive Contracts". Potential Contractors must download the Request for Proposals. Questions concerning the Request for Proposals should be directed to Purchasing at ProposalQuestions@co.monmouth.nj.us **by noon on Tuesday, September 22, 2026.**

Proposals will be evaluated and a contract will be let under the competitive contracting provisions of the Local Public Contracts Law and related regulations.

The Contractor will be required to comply with the current requirements of *N.J.S.A.* 10:2-1 (Anti-Discrimination in Employment), *N.J.S.A.* 10:5-31 *et seq*. and *N.J.A.C.* 17:27 *et seq*. (Equal Employment Opportunity), 42 U.S.C. § 12101 *et seq*. (Americans with Disabilities Act), *N.J.S.A.* 52:32-44 *et seq*. (New Jersey Business Registration) and *N.J.S.A.* 52:15C-14(d) (*N.J.A.*C. 17:44-2.2) (Records Retention).

The County reserves the right to reject any and all proposals, as allowed by law.

By Order of the Monmouth County Board of County Commissioners.

THOMAS A. ARNONE, Director
TAMARA BROWN, Clerk of the Board
HELEN P. FIORE, Director of Purchasing

(Revised 4/2022)

REQUEST FOR PROPOSALS

COMMUNITY-BASED SERVICE COORDINATION AND RESOURCE NAVIGATION FOR MONMOUTH ACTS RESOURCECONNECT

CC-11-2027

MONMOUTH COUNTY BOARD OF COUNTY COMMISSIONERS
Monmouth County Department of Health & Human Services
3000 Kozloski Road
Freehold, New Jersey 07728
732-308-3770
E-mail: mcdhs@co.monmouth.nj.us

The Monmouth County Board of County Commissioners, through its Department of Health & Human Services announces the anticipated availability of various funds to contract for Community-Based Service Coordination and Resource Navigation for Monmouth ACTS ResourceConnect. Through the award of these funds and other programs and projects, the Monmouth County Board of County Commissioners hopes to provide County residents with the support they need to access, use, and benefit from social services available in Monmouth County communities.

The time frame for the available funds is a one-year period: January 1, 2027 through December 31, 2027, with four (4) one-year renewal options. All contracts will be subject to the availability funds.

The Department of Health & Human Services is seeking proposals from community-based agencies to provide for the following:

Community-based service coordination and resource navigation as part of Monmouth ACTS ResourceConnect. Service coordinators are responsible for connecting residents to resources and providing regular follow-up to ensure continued and appropriate access to services and supports.

Key Agency Requirements & Deliverables
The selected provider will be responsible for executing the following operational and client-facing activities:

- **Integrated Referral Intake**: Accept and manage digital referrals for high-need individuals and families transferred from ResourceConnect social work staff via a shared software system.

- **Comprehensive Needs Assessment of Client**: Evaluate the complex needs of each referred resident to recommend new services or better align existing care pathways.
- **Collaborative Care Planning**: Work directly with residents to explain their options, co-develop an actionable goal plan, and maintain accurate referral records.
- **Active Barrier Resolution**: Identify personal or systemic obstacles preventing service access and implement strategies to overcome them.
- **High-Frequency Engagement**: Maintain consistent, high-touch contact by communicating with assigned clients at least weekly.
- **Empowerment & Coaching**: Coach residents on how to navigate the social services system independently to achieve their self-established goals.
- **Monitored Case Closure**: Track progress continuously and transition clients out of the program once mutually established goals are achieved or support is no longer required.

Sealed applications shall be accepted for the purpose of awarding one (1) agreement in the total amount of $300,000 to a public or private non-profit agency that will provide Community Based Service Coordination and Service Navigation. The exact unit prices stated in the application for these funds will be used to execute any recommended approved agreements from January 1, 2027 through December 31, 2027.

State/County Uniform Requirements

Potential Contractors are hereby advised that all requirements imposed upon the County of Monmouth by the New Jersey Department of Health & Human Services or other funding sources will be incorporated into sub agreements to be developed by Monmouth County. Further, all County of Monmouth requirements shall similarly apply. Monmouth County agreements awarded through these funds must be approved by the Monmouth County Board of County Commissioners.

Process

Sealed proposals should be delivered no later than 10:30 am, Tuesday, October 6, 2026, to the Monmouth County Division of Purchasing, Hall of Records, 3rd Floor, 1 East Main Street, Freehold, New Jersey, 07728 according to the following schedule. The Contractor must submit one (1) original unbound and one (1) copy of the proposal package.

1. A highly suggested virtual Technical Assistance conference will be held on Friday, September 18, 2026, at 10:30 a.m. This meeting is intended to offer technical assistance to prospective Contractors regarding the proposal and its submission. Questions from the Technical Assistance conference will be answered and posted on the Monmouth County website www.visitmonmouth.com/purchasing as a clarification and/or addendum. Technical Assistance regarding the submission of the RFP will not be available at any other time after the conference.

2. All additional written questions and requests for clarifications shall be submitted no later than noon on Tuesday, September 22, 2026 to ProposalQuestions@co.monmouth.nj.us. Correspondence received prior to such date will be considered. The County of Monmouth may, but shall not be obligated to, respond to such questions. Any responses to questions may be issued in the form of a clarification and/or addendum to this RFP.

3. **Sealed** proposals will be opened, and the contents publicly announced in the Monmouth County Commissioner Meeting room, Hall of Records, 2nd Floor, 1 East Main Street, Freehold, New Jersey, 07728 on **Tuesday, October 6, 2026 at 10:30 a.m**. Monmouth County reserves the right to reject any and all proposals that are not in compliance with the specifications of this RFP and/or are incomplete and/or are not submitted by the deadline.

Contractor Eligibility Requirements

1. Public or private non-profit agencies that have demonstrated experience working with individuals or families having complex, multiple needs may submit applications.
2. The Contractor must submit one (1) fully completed unbound typed original Proposal and one (1) copy by the required deadline in order to be considered for funds.
3. The Contractor must agree to provide services to any eligible Monmouth County resident regardless of that person's national origin, race, creed, sexual orientation, criminal background or physical disability.
4. These funds cannot be used to supplant or replace existing funds or resources from Federal, State or County government for services. Funds cannot be used for the purpose of capital construction or renovation.
5. Successful Contractors must be willing to adhere to all reporting requirements and all policies required by the Monmouth County Department of Health & Human Services and must comply with program monitoring and evaluation conducted by the Department.
6. Successful Contractors will be required to comply with the Equal Employment Opportunity requirements of *N.J.S.A*. 10:5-31, *et seq.* (*N.J.A.C* 17:27).
7. The following documents should be submitted with the application per application instructions: (1) 501c(3) I.R.S. letter (unless a public agency); (2) Contractor's most recent fiscal audit (3) Most recent IRS Form 990 EZ or letter of exemption; (4) Contractor's Table of Organization; (5) Contractor's conflict-of-interest policy; (6) Membership list of Contractor's Board of Directors (including identification of Officers and terms of Officers and Directors); (7) A completed and signed "Certificate of Non-Debarment."; (8) Proposal Checklist items.

Purpose and Eligible Services

Through the award of these funds and other programs and projects, the Monmouth County Board of County Commissioners hopes to provide community service coordination and navigation to residents of Monmouth County.

Criteria for Award

The methodology for awarding agreements shall be based on an evaluation and ranking of the applications which shall include:

- Consistency with RFP Guidelines
- Description of Services
- Program Management/Personnel Description
- Quality Assurance/Evaluation
- Outcome Goals

- Cultural Competency
- Project Overview/Service Profile
- Proposed Level of Service
- Data Collection
- Collaboration and Partnership
- Budget – cost effectiveness
- Budget Narrative – clarity and completeness

Technical Assistance Conference

A Virtual Technical Assistance conference for potential Contractors will be held on:

September 18, 2026, at **10:30 a.m.**
Via Zoom – Link to be provided upon RSVP

The Contractor's conference will provide a general overview of the Monmouth ACTS ResourceConnect system and Service Coordination activities and will serve as a forum for potential Contractors to ask questions**. Although this conference is not mandatory, it is highly recommended that a representative from every agency who potentially plans to respond to this RFP be in attendance at this conference**. Please RSVP to Dorothy.Conover@co.monmouth.nj.us

****Technical assistance regarding the submission of the RFP will not be available after this date.**

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES
INSTRUCTIONS FOR APPLICATIONS FOR FUNDS

I. General

The Monmouth ACTS Advisory Council (MAAC) serves in an advisory capacity to the Monmouth County Board of County Commissioners concerning the organization and delivery of human service needs in Monmouth County. The MAAC makes recommendations to the Commissioners as to the disbursement of funds for such services.

II. Submission

The completed sealed application that must consist of one (1) unbound original and one (1) copy, must be submitted to the **Monmouth County Division of Purchasing, Hall of Records, 3rd Floor, 1 East Main Street, Freehold, NJ 07728** no later than **10:30 a.m. on Tuesday, October 6, 2026**. Monmouth County reserves the right to reject any and all proposals that are not in compliance with the specifications of the Request for Proposal and/or are incomplete and/or are not submitted by the deadline.

III. Application Preparation Instructions

1. Contractor ***must*** use a font that is **no larger than #12, nor smaller than #11.**

2. Contractor must complete only the information that is requested.

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

COMMUNITY-BASED SERVICE COORDINATION AND RESOURCE NAVIGATION FOR MONMOUTH ACTS RESOURCECONNECT

SCOPE OF SERVICES

I. Background

Monmouth ACTS stands for Assisting Community Through Services. We are a public-private partnership designed to help residents learn about and connect with County and community human services to enhance quality of life. Benefits to residents include strengthened services, reduced service duplications, and less obstacles to accessing services. Our mission is to support individual and family success through all stages of life by supporting:

- Strong family relationships and community connection
- Personal safety, equal opportunity, and financial security
- Good health and well-being
- High-quality learning and education

Monmouth ACTS has consistently received feedback from communities and residents on the need for enhanced service navigation and as a result, Monmouth ACTS ResourceConnect was created.

Monmouth ACTS ResourceConnect

Monmouth ACTS ResourceConnect is a human service resource navigation system. It offers residents a comprehensive and accessible way to connect with various supports and resources in the area. These may include food, housing related services, childcare, employment and training programs, and behavioral health services among others. ResourceConnect is one phone number that residents can call to speak to a trained social worker. Collaboratively, the social worker and resident will determine the most appropriate services and resources to best meet their unique needs. Referrals will be made through a closed loop electronic referral system. Participating Monmouth ACTS community agencies and non-profits receive the referral and reach out directly to the resident within two business days. ResourceConnect was created to help reduce information overload, improve access, follow-up and connections and offers a systemic way to track outcomes.

ResourceConnect Intake & Referral Pathways

The Monmouth ACTS ResourceConnect system categorizes incoming resident inquiries into three distinct pathways. The contracted agency must understand these entry points and align their staff workflows to accept referrals from each category accordingly:

- **Basic Referrals**: For residents presenting specific, straightforward needs, the system routes an electronic referral directly to the appropriate community partner or non-profit agency for resolution.
- **Crisis Situations**: For urgent matters requiring immediate intervention, staff execute a warm hand-off by utilizing a three-way phone connection to bridge the resident directly to the proper emergency or crisis agency.
- **Complex Needs**: For residents facing multi-layered, significant challenges requiring intensive, in-community assistance, the system triggers a direct referral to the contracted agency for long-term Service Coordination and Community Resource Navigation.

II. Service Expectations

This Request for Proposals seeks a qualified and experienced agency to provide in community service coordination and resource navigation for households with significant and/or complex needs as part of the Monmouth ACTS ResourceConnect system.

General Role of Service Coordinator:

Service Coordinators will receive referrals from the Monmouth ACTS ResourceConnect social worker team via a shared software system for individuals or families whose needs are so extensive or numerous that they would benefit from someone assisting them in planning for, accessing, and using services to meet their needs. The referral will contain detailed notes on primary and/or preliminary needs, any established services and connections as well as household composition, demographic and contact information.

The role of a Service Coordinator requires a combination of strong organizational and communication skills. They must be able to work effectively with a diverse group of residents and be able to advocate for their needs. They must also have a thorough understanding of community resources and be able to connect clients with appropriate services. A Service Coordinator acts as the central link between residents and necessary services. The Service Coordinator evaluates the needs of the household, makes recommendations for new services, and/or offers suggestions to improve or better coordinate existing services. The Service Coordinator explains available options, works with the household to develop a plan, identifies any barriers and addresses those barriers, and keeps a record of the resources the resident is referred to. They collaborate with community organizations to ensure resident's needs will be met. They will contact the residents at least weekly, and coach them in how to attain the goals that they have established for themselves. Progress will be monitored, and Coordinator support will end when the mutually established goals are achieved, and/or Coordinator support is no longer needed. There is an expectation that service coordinators will make reasonable accommodations to meet with residents in off hours. Residents should be serviced in the community at locations that work best for both parties including but not limited to: in home visits, community organizations, office space, etc.

Service Coordinator Job Duties:

- Conduct a comprehensive assessment of resident's needs and collaboratively develop a customized service plan with the resident to link them to the appropriate resources and providers.
- Assisting residents with completing applications or forms and scheduling appointments if necessary.
- Assist the resident in responding to any issues that arise during the delivery of services. Communicate directly with service organizations when necessary to facilitate communication and explore solutions with resident voice at the center.
- Maintain accurate and up-to-date client records and documentation
- Conduct follow-up visits and reassessments with the resident to ensure the services being provided meet their needs, addressing any challenges or service disruptions.
- Evaluate the effectiveness of service plans and adjust as needed
- Following up with residents regularly ensure their satisfaction. Report on any system challenges, gaps, or areas for improvement.

A Service Coordinator links the resident to the services and supports they need and assists in removing barriers to accessing these services. They may help a resident link to a variety of resources across the human services spectrum, but do not provide the service itself.

Programmatic Expectations

The awarded agency will utilize a shared software system to manage all components of the Service Coordination program. Monmouth County will cover the costs associated with providing the necessary software licenses for the awarded agency. Ongoing software training will be provided throughout the duration of the contract period on an as needed basis.

The following programmatic and agency expectations must be met in the operationalization and ongoing oversight of the Service Coordination program:

1. Contact with Resident:
   A. Initial Contact: Service Coordinator will reach out to the resident within 2 business days of receiving the referral.
   B. Initial Meeting: Service Coordinator will make every effort to meet in person with the resident within 1 week of receiving the referral. This meeting will take place in the community at a location that works best for both parties. At this meeting, a Resident Service Plan (RSP) and Measurement of Family Need (MFN) assessment will be completed.
   C. Weekly Contact: Service Coordinator will contact the resident at least once per week to coach and assist with the goals that the resident has established for themselves.

D. Follow-Up: Service Coordinator will meet in person with the resident as often as needed to assist with completion of applications, forms, schedule appointments etc. if needed.

2. Case Recording:
   A. Case notes: Service Coordinator will enter case notes into Allco as soon as possible or within 1 day. All interactions with the residents, providers, family, etc. must be recorded.
   B. Referrals: Referrals made on behalf or along with the resident to community agencies and providers must be entered into Allco. (Referrals can continue to be made through calls to the provider/agency but must be entered into Allco as soon as possible).
3. Measurement Tools (attached to this RFP):
   A. Resident Service Plan (RSP): Service Coordinator will complete a Resident Service Plan form with the resident, in person. The RSP should be completed during the initial visit, every other month thereafter, and upon termination of services.
   B. Measurements of Family Need (MFN): Service Coordinator will complete the Measurements of Family Need form with the resident, in person. The MFN should be completed during the initial visit, every other month thereafter, and upon termination of services.
4. Closure of Cases:
   A. Closure Letter: Service Coordinator will provide the resident with a closure letter that includes contact information of the agencies that they were linked with.
   B. Resident Survey: Service Coordinator will provide the resident with a survey for them to complete upon termination of services.
5. Meetings:
   A. Leadership Meetings: Monmouth ACTS ResourceConnect leadership and Service Coordinator program leadership will meet monthly to ensure that benchmarks are being met and address any issues that might arise.
   B. Staff Meeting: County staff and the awarded agency staff will meet quarterly to address any issues that might arise.
   The contracted agency is expected to communicate any challenges as they arise to be solution-oriented
6. Reporting:
   A. Monthly reports: a monthly report to include various level of service measures, data from the above-mentioned measurement tools and a narrative on barriers, challenges, strengths and successes is to be submitted by the 5th of every month.

Trends in Demographics, Primary Areas of Need and Case Examples

Many referrals to the Service Coordination program involve some degree of behavioral health need. This may not be the initial or primary referral need, but often mental health is a component of the overall circumstances. For this reason Monmouth County has allocated $150,000 of Behavioral Health funding to this contract to ensure the unique needs of this population are met. $150,000 of the total awarded funds must be directly used toward Service Coordinators with demonstrated experience and expertise working with individuals with substance use and/or mental health challenges and other related activities. Service Coordinators should be familiar with

the Monmouth County system of behavioral health care and understand engagement techniques in working with this population.

Criminal history will not be an exclusionary factor for referral into the Service Coordination program. Applicants should demonstrate willingness and experience in working with individuals or households with criminal histories or those who are currently justice-impacted.

Many of the households or individuals referred into Service Coordination fall within the 65–75 and 75–84 age range and may be experiencing some degree of cognitive impairment.

In addition to behavioral health challenges, previous referral data highlights an urgent, high-volume demand for targeted interventions across three primary domains: housing security, healthcare navigation, and food security.

Housing Security

- Affordable Housing Placement: Assist residents in identifying, applying for, and securing affordable housing options.
- Aging in Place Services: Access and assist in applying for services like home health support, maintaining the home and assistive devices

Healthcare Navigation

- Benefits Enrollment: Provide end-to-end support for completing and submitting Medicaid applications.
- Specialized Care Directives: Connect residents directly to localized aging and disability resource networks.

Food Security

- Resource Matching: Link nutritionally vulnerable residents to local food pantries, home-delivered meals, and grocery programs.
- Subsidized Assistance Support: Manage and execute application assistance for food security programs like SNAP.

The following are two examples of households referred to Service Coordination:

Example 1:

The head of household is a 27-year-old mother of two children, ages 2 and 4. Her partner is 30 years old attending regular outpatient substance use treatment and is justice involved. Head of Household is employed full-time but has missed multiple days of work due to a lack of reliable childcare. Her partner is employed part-time while attending school part-time.

The family previously relied on her parents for childcare; however, they recently moved out of state, leaving them without reliable childcare or local support. As a result of her missed workdays,

her monthly income has decreased, causing the family to fall behind on rent and utility payments and placing them at risk of homelessness. In addition, her employer has notified her that continued absences could result in the loss of her job. If she loses her employment, the family will also lose their health insurance coverage.

The client reported feeling overwhelmed with increased feelings of anxiety and hopelessness. She stated that she has never been in a situation like this before and is unsure where to begin or which of the community resources she may qualify for. She expressed concern about her family's housing stability and her ability to maintain employment without access to reliable childcare.

Example 2:

The client is an 80-year-old individual who has been diagnosed with cancer but is not currently receiving treatment due to an inability to afford the required insurance co-payments.

The client's girlfriend contacted the agency on his behalf and reported that she is experiencing difficulty providing the level of care he requires. As his primary caregiver, she has reduced her work hours to meet his increasing care needs, resulting in a loss of household income.

The household is also experiencing a housing crisis. They have been asked to vacate their current residence by the end of the month and do not have alternative housing secured, placing them at imminent risk of homelessness.

The client receives a limited monthly income through Retirement, Survivors, and Disability Insurance (RSDI) benefits, a portion of which is used to pay his Medicare premium. Due to his fixed income, increased medical needs, and housing instability, the household is experiencing significant financial hardship and has limited resources to address their immediate needs.

Transition of Services and Operational Timeline

Applicants must clearly demonstrate the ability to be launched and operational by January 1, 2027. There is an expectation that the awarded agency will work collaboratively with the current service provider leading up to launch to ensure a smooth transition of approximately 30 active households in the program.

Budget

The total amount of funds awarded will not exceed $300,000. Please note that $150,000 of the total budget must be used to support Service Coordinators with demonstrated experience and expertise working with individuals with substance use and/or mental health challenges and other related activities. No more than 10% of the total budget may be used for general administrative costs.

III. Proposal Requirements

The Proposal will consist of 3 sections: 1) a narrative description of the agency and services to be provided; 2) a budget and budget narrative; and, 3) letters of support or recommendation.

APPLICATION FOR FUNDS

COMMUNITY BASED SERVICE COORDINATION AND NAVIGATION

1. Name of Contractor				
2. Street Address	City	County	State	Zip Code
3. Name and Title of Fiscal Contact			Telephone No.	
4. Name and Title of Director			Telephone No.	
5. Name and Title of Program Manager			Telephone No.	
6. Employer ID No.	NJ State License No., if Applicable		Accreditations, if Applicable	
7. Location of Proposed Project	City	County	State	Zip Code
8. Total Proposed Level of Service in 2023/2024		9. Unit of Service Cost in 2023/2024		

10. Type of Agency (check one)
☐ PRIVATE NON-PROFIT ☐ GOVERNMENT ☐ HOSPITAL ☐ Other (specify)

11. If political subdivision, covered by NJ Civil Service Merit System? ☐ YES ☐ NO ☐ N/A	12. Affirmative Action Plan ☐ YES ☐ NO	13. If grant is awarded, will funds be used to replace other funds which would be available in absence of award? ☐ YES ☐ NO

COST OF PROJECT

14. Total Funds Requested

Certification: The undersigned assures, declares, and certifies that to the best of his/her knowledge and belief, all information contained in this application and attachments are true and correct, the application has been duly authorized by the governing body of the Contractor and the services described herein will be provided to the extent agreed upon in the contract developed as a result of this application. The undersigned further understands and agrees that any grant received as a result of this application shall be subject to the conditions and other policies, regulations and rules issued by the County of Monmouth for the administration of grants which include provisions described in the grant application. In addition, the undersigned gives permission to the Department of Human Services to contact State, County and Federal agencies as well as charitable funding sources to discuss and share relevant financial, budget, programmatic and contract information. The undersigned also agrees to make available to the Division upon request, the organization's budget and fiscal audit.

NAME AND TITLE OF CONTRACTOR (Print)	SIGNATURE OF CONTRACTOR	DATE OF APPLICATION

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

CONTRACTOR

MANAGEMENT (DESCRIPTION OF SERVICES)

Please describe your proposed services including a clear plan to become operational by January 1, 2027. This should include a timeline of activities leading up to program launch.
Complete this page and the next two (2) pages only.

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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MANAGEMENT (DESCRIPTION OF SERVICES)
(continued)

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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MANAGEMENT (DESCRIPTION OF SERVICES)
(continued)

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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MANAGEMENT (BRIEF PERSONNEL DESCRIPTIONS)

Please describe the staffing plan below including reporting structure, current or proposed staff, required experience, education and applicable licenses or certifications. Please describe methods of providing opportunities for continuing education as well as strategies and support to avoid staff burnout.

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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MANAGEMENT (QUALITY ASSURANCE)

Please describe your procedures for Quality Assurance

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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MANAGEMENT (EVALUATION)

Please describe your procedures for evaluating the effectiveness of your program and how the described required Service Coordination program tools will fit into this process.

Please specify the intended effect of the program.

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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MANAGEMENT (OUTCOME GOALS)

How do you propose to measure qualitative outcomes? What is your policy for follow up after discharge/discontinuation of services?

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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MANAGEMENT (CULTURAL COMPETENCE)

Please describe your efforts to promote equity through outreach, access & service delivery to residents of diverse ethnic/cultural/racial backgrounds.

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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TECHNICAL (SERVICE PROFILE)

1. Please provide a profile of individuals/households served by you in 2025/2026.

2. Describe methods and procedures used to engage, develop trust, and formulate resident-led goals.

3. Please describe your organization's experience working with the populations identified in the scope of service and your experience connecting residents with various supports and services.

TECHNICAL (SERVICE PROFILE)
(Continued)

4. How would your program respond to the following scenarios? Please provide details about engagement, assessment, prioritization, connections to services/resources, ongoing communication, and process of documentation.

Example 1:

The head of household is a 27-year-old mother of two children, ages 2 and 4. Her partner is 30 years old attending regular outpatient substance use treatment and is justice involved. Head of Household is employed full-time but has missed multiple days of work due to a lack of reliable childcare. Her partner is employed part-time while attending school part-time.

The family previously relied on her parents for childcare; however, they recently moved out of state, leaving them without reliable childcare or local support. As a result of her missed workdays, her monthly income has decreased, causing the family to fall behind on rent and utility payments and placing them at risk of homelessness. In addition, her employer has notified her that continued absences could result in the loss of her job. If she loses her employment, the family will also lose their health insurance coverage.

The client reported feeling overwhelmed with increased feelings of anxiety and hopelessness. She stated that she has never been in a situation like this before and is unsure where to begin or which of the community resources she may qualify for. She expressed concern about her family's housing stability and her ability to maintain employment without access to reliable childcare.

Example 2:

The client is an 80-year-old individual who has been diagnosed with cancer but is not currently receiving treatment due to an inability to afford the required insurance co-payments.

The client's girlfriend contacted the agency on his behalf and reported that she is experiencing difficulty providing the level of care he requires. As his primary caregiver, she has reduced her work hours to meet his increasing care needs, resulting in a loss of household income.

The household is also experiencing a housing crisis. They have been asked to vacate their current residence by the end of the month and do not have alternative housing secured, placing them at imminent risk of homelessness.

The client receives a limited monthly income through Retirement, Survivors, and Disability Insurance (RSDI) benefits, a portion of which is used to pay his Medicare premium. Due to his fixed income, increased medical needs, and housing instability, the household is experiencing significant financial hardship and has limited resources to address their immediate needs.

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

TECHNICAL (PROPOSED LEVEL OF SERVICE)

A. # Participants Accepted _____

B. # Participants per Case Load _____

1. # Service Hours: Face-to-face with individuals (in person) _____
2. # Services Hours: Telephone/Virtual support _____
3. # Other Hours: _____

   Please describe:_____

   _____

   _____

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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TECHNICAL (DATA COLLECTION)

Please describe your proposed efforts in collecting the necessary data for the proposed service as described in the reporting section of the Scope of Services.

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

Collaboration and Partnerships

1. Describe how your proposed service will work with other system partners as well as working with systems outside of the service(s) your agency provides (i.e. transportation, vocation, education, community groups)?

2. Describe existing partnerships that you currently have with other organizations.

3. If this proposed service is enhanced or strengthened by resources other than the requested grant funds, please describe in detail. Direct support to the proposed service will be given more consideration than “in kind” support.

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

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CONTRACTOR

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BUDGET & COST (EXPENSES)

_____
CONTRACTOR

Salaries and Wages of Project Staff

Position	% of Time	Annual Salary	REQUESTED FROM COUNTY	OTHER	TOTAL ANTICIPATED
Employee Fringe Benefits (_____%)					
Personnel Total					
Direct Resident Support					
Materials/Supplies					
Equipment					
Travel					
Other/Administrative Costs					
Total Expenses					

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

_____

CONTRACTOR

_____

BUDGET & COST (BUDGET JUSTIFICATION)

Please explain how each requested budget line item was determined; be specific as to exactly what the County of Monmouth is being requested to fund. (**Complete this page and up to one other page only**).

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

_____

CONTRACTOR

_____

BUDGET & COST (BUDGET JUSTIFICATION)

Budget Justification-- Continued (if needed)

Measurements of Family Need

Used to measure initial needs of children and families, and the progress towards meeting their needs.

Explore with the household needs in each of these areas, and mark those needed. Use prioritized items to develop the Resident Service Plan.

Potential Needs and Aspirations	**Not a need for me right now.** **(0)**	**Something I can manage on my own.** **(1)**	**Something I need help with.** **(2)**	**I am in crisis because of this need.** **(3)**
Family Relationships and Community Connections				
Knowledge of what social services and supports are available, and how to access them.				
Education / support to be a better parent				
Recreation / social programs				
Immigration assistance				
Legal assistance				
Transportation to school / work				
Increasing safety and addressing violence within my household, and in school/childcare and my community				
Safety and Financial Security				
Having an income that covers all my expenses.				
Entering / re-entering / advancing in the workforce.				
Having stable housing				

Rental / mortgage assistance				
Having enough food				
Utility assistance				
Assistance finding housing				
Necessities for babies				
VITA, EITC				
Health and Well Being				
Healthcare coverage				
Healthcare treatment availability				
Behavioral healthcare coverage				
Behavioral healthcare treatment availability				
Healthcare services and supports for a serious or chronic healthcare issue in my family				
Pre and post-natal coverage and support				
Services or supports for a member of my family with cognitive / neurological / intellectual or developmental disability				
Learning and Education				
Education / job training (youth and adults)				
Childcare				
Pre-K education				
Early Intervention				
Special education				
ESL for youth and adults				

Monmouth ACTS ResourceConnect Service Coordination

Resident Service Plan (RSP)

Referral Date:	RSP Date:
Resident Information	
Name:	Date of Birth:
Address:	Phone Number:
Email:	Primary Language:
Service Coordinator Information	
If you have any questions about your service linkages, contact your service coordinator.	
Name:	
Agency:	

Phone Number:
Email:

Household Information

Please list members of your household and indicate whether they are a dependent.

Name	Relationship	Age	Dependent (Y/N)

Resident Name:	DOB:

Concerns, Priorities, and Resources

Your concerns, priorities, and resources will be used as the basis for developing outcomes and identifying strategies and services to address your needs.

MY CONCERNS	MY PRIORITIES	MY RESOURCES
Concerns I have about my life. Information, resources, or supports I need.	*My hopes and dreams for my life. The most important things for me right now.*	*Resources I have for support, including people, activities, programs, and/or organizations.*

Resident Name:	DOB:	

Outcomes

This outlines what we want to accomplish, and the specific steps required.

OUTCOME	STRATEGIES/ACTIVITIES	TARGET DATE	MEASUREABLE CRITERIA
What would you like to see happen?	*What steps need to be taken to accomplish the outcome?*	*When should this step be completed?*	*How will we know the outcome was achieved?*

Resident Name:		DOB:	

Service Needs		
Based on desired outcomes specified above, what types of services do I need?		
MY NEED	**TYPE OF SERVICE**	**MY CURRENT RESOURCES**
What are my specific needs?	*What type of service will meet this need? Do I have any barriers to accessing this type of service?*	*Am I already connected to a support, program, or organization that is trying to help meet this need?*

Resident Name:	DOB:

Service Linkages

Service linkages are community services and supports designed to meet my needs.

Service	Agency Referred	Agency Contact

MONMOUTH COUNTY DEPARTMENT OF HEALTH & HUMAN SERVICES

Certificate of Non-Debarment

This is to certify that to the best of my knowledge and belief, that as a Contractor, this agency/municipality has not been debarred from State or Federal Procurement and Non-Procurement Programs. I shall also obtain a certification from sub grantees (if applicable) stating that they have not been debarred from State or Federal Procurement and Non-Procurement Programs.

_____

NAME OF CONTRACTOR

_____

NAME OF CERTIFYING REPRESENTATIVE (Print)

_____

TITLE

_____

SIGNATURE **DATE OF EXECUTION**

DEPARTMENT OF HEALTH & HUMAN SERVICES
COMMUNITY-BASED SERVICE COORDINATION AND RESOURCE NAVIGATION FOR MONMOUTH ACTS RESOURCECONNECT

Proposal Evaluation Criteria Form

Evaluation Criteria	Maximum Score	Score	Comments
Management- XX Points			
• Consistent with RFP Guidelines	XX		
• Description of Services	XX		
• Program Management / Personnel Description	XX		
• Quality Assurance / Evaluation	XX		
• Outcome Goals	XX		
• Cultural Competence	XX		
Technical- XX Points			
• Project Overview / Service Profile	XX		
• Proposed Level of Service	XX		
• Data Collection	XX		
Collaboration & Partnership- XX Points			
• Collaboration & Partnership	XX		
Budget & Cost- XX Points			
• Budget - cost effectiveness	XX		
• Budget Narrative - clarity and completeness	XX		
TOTAL SCORE:			

GENERAL CONDITIONS

1. The attached RFP documents should be fully completed.

2. The award of contract shall be by resolution of the Monmouth County Board of County Commissioners within sixty (60) days after receipt of proposal, unless otherwise extended at the request of the County with the consent of the Contractor(s).

3. The Contractor should indicate any variance to the specifications, terms and/or conditions. If variances are not shown in the RFP, the proposal will be evaluated based on full compliance with the specifications.

4. The County reserves the right to waive any informalities in the proposals.

5. The County of Monmouth is exempt from most Federal, State and Municipal excise, sales and other taxes.

6. The Contractor shall bill the County by submitting detailed invoices and certified vouchers to the County's Using Department(s). The County will make payment of amounts justly due and owing to the Contractor within sixty (60) days thereafter, unless a sooner payment is required under the New Jersey Prompt Payment Law (*N.J.S.A.* 2A:30A-1*, et seq.*).

7. In case of default by the successful Contractor, the County of Monmouth may procure the articles or services from other sources and hold the successful Contractor responsible for any excess cost occasioned thereby in addition to any other damages to the County of Monmouth.

8. The contract will contain the following provisions:

   a. The Contractor will indemnify and hold the County harmless for and from any and all losses, costs, damages, claims, suits and/or liabilities arising from any and all State or Federal actions of whatever kind, including Section 1983 claims, including counsel fees and costs of suit (collectively the "losses'), to which the County may be put by reason of any claim for damages of any kind to persons, business entities, or property due, in whole or in part, to the negligence or intentional acts of the Contractor.

   b. The Contractor will also indemnify and hold the County harmless for and from any and all losses to which the County may be put by reason of the Contractor's failure to pay its workers, suppliers, or subcontractors for labor or materials provided to the County.

   c. The Contractor further agrees that the County reserves its right to monitor and actively participate in the defense of any and all claims against the County, at its own expense, if, in its sole discretion, it chooses to do so.

   d. For the purpose of subparagraphs a. through c. above, "County" shall include the County of Monmouth, its Board of County Commissioners, its Constitutional Officers (Sheriff, County Clerk, Prosecutor and Surrogate), and their respective employees, volunteers, and agents.

9. The Contractor shall maintain the following insurance coverage, and provide proof of same upon award of a contract, in a form and with a company satisfactory to the County:

   A. Worker's Compensation and Employer Liability

Covering all the Contractor's employees engaged in the performance of the contract and in accordance with the requirements of the laws of the State of New Jersey, including a voluntary compensation/all States endorsement.

B. Commercial General Liability

For bodily injury and property damage, including coverage for: premises/operations; products/completed operations; broad form property damage; and independent contractors. Limits of not less than $1,000,000.00 for both bodily injury and property damage are required. A combined single limit of $1,000,000.00 is acceptable. The County of Monmouth, its officers and employees shall be additional insureds. The Contractor shall maintain completed operations insurance for at least two years after final contract payment.

C. Business Automobile Liability

For bodily injury and property damage with limits for not less than $1,000,000.00 per person or occurrence. A combined single limit or $1,000,000.00 is acceptable. Coverage should include hired and non-owned vehicles.

D. Errors & Omissions Insurance

Coverage at limits of at least $1,000,000.00 each claim and $2,000,000.00 aggregate.

Note: The County reserves the right to waive or modify the above insurance requirements, if appropriate.

10. The documents required under heading A of the Proposal Checklist must be submitted with the proposal. The County shall set a deadline for the submission of any documents which are not submitted with the proposal and which are listed under the headings B and C on the Proposal Checklist. The County may in its discretion extend the deadline, upon request by the Contractor. If a document is not submitted by the deadline or the extended deadline, if any, the proposal may be rejected.

11. The Division of Purchasing will post any addenda to the RFP on this website. The Division of Purchasing will also endeavor to notify registered prospective Contractors of any such posting, but it will remain their responsibility to monitor the website for any addenda and to acknowledge receipt of the addenda in their proposals.

12. A properly completed Statement of Ownership must be provided with the proposal.

13. The Non-Collusion Affidavit must be completed and included with the proposal.

14. The County reserves the right to accept any one of equal or tie proposals in accordance with *N.J.S.A.* 40A:11-6.1(d).

15. This contract will be awarded through competitive contracting as opposed to bidding. Proposals will be considered according to the weighted criteria contained in the specifications.

16. The Contractor, by submitting a proposal, attests to the fact that neither the Contractor nor any of its Sub-Contractors are prohibited from receiving the award under N.J.S.A. 34:11-56.38 (regarding State of New Jersey list of debarred Contractors and Sub-Contractors).

17. Proposals may be hand delivered or mailed to the Monmouth County Division of Purchasing. The County assumes no responsibility for proposals received after the designated date and time and will return late proposals to the Contractor unopened.

18. Proposals must be enclosed in a sealed envelope bearing the name and address of the Contractor. **THE NUMBER AND NAME OF THE RFP MUST BE DESIGNATED ON THE OUTSIDE OF THE ENVELOPE.**

19. In order to comply with requirements of the Local Public Contracts Law, the County may cancel the contract whenever the dollar amount expended under the contract reaches or exceeds the initial total contract amount.

20. The County also retains the right to check the computation of all prices submitted in the RFP. If the total sum is incorrect as a result of the Contractor's faulty arithmetic calculations, the County will substitute the correct price and inform the Contractor of the change.

21. The successful Contractor will not assign or subcontract the work specified and covered under the terms of the Agreement or any part thereof, without the consent of the County, except for any subcontractors named in the RFP.

22. If the contract period extends beyond the County's current budget year, the contract shall be subject to the availability and appropriation annually of sufficient funds in any subsequent year(s).

23. The Certification of Non-Involvement in Prohibited Activities in Russia or Belarus and the Disclosure of Investment Activities in Iran should be completed and submitted prior to contract award.

24. The successful Contractor must comply with the attached requirements:

    (a) Mandatory Anti-Discrimination in Employment – Exhibit A

    (b) Equal Employment Opportunity – Exhibit B

    (c) American with Disabilities Act – Exhibit C

    (d) Business Registration – Exhibit D

25. **ADVISORY TO ALL CONTRACTORS**

Notice of "Pay to Play" Disclosure Requirement

P.L. 2005, Chapter 271, Section 3 Reporting (N.J.S.A. 19:44A – 20.27)

Any business entity that has received $50,000 or more cumulatively in contracts from New Jersey governmental entities in a calendar year is required to file an annual disclosure report with ELEC. These reports are due by March 31 following the year being reported. At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at www.elec.state.nj.us.

If you have any questions please contact ELEC at 1-888-313-ELEC (toll free in NJ) or 1-609-292-8700.

26. Any reference in these General Conditions or in the forms or specifications attached to these General Conditions which refer to “bid”, “bidder” or “bidding” shall be deemed amended respectively to refer to “proposal”, “Contractor” and “competitive contracting”.

27. Persons who receive advertisements, bid/proposal documents, revisions or addenda to advertisements or bid/proposal documents from a secondary source, such as a bidding service, do so at their own risk as to the timeliness, completeness and accuracy of the information they receive. The County is not responsible for sending notices of revisions or addenda to advertisements or bid/proposal documents to anyone who receives the advertisements or bid/proposal documents from a secondary source and of whom the County is not aware.

28. If this is an on-call supply contract for a stated period of time or a service contract, whether or not for a stated period of time, **the County may cancel the contract or portions thereof, without cause, upon written notice to the Contractor.** If an on-call supply contract is cancelled or partially cancelled by the County under this provision, the Contractor shall be entitled to payment only for the goods called for by the County prior to the cancellation, at the contract rate(s), upon delivery of those goods to the County, but not for the overhead and profit associated goods not called for by the County. In the alternative, at its option, the County may also cancel any or all called for orders for goods, provided that the County will compensate the Contractor for the Contractor’s reasonable overhead and profit related to such orders, but not for the overhead and profit associated with any other goods not called for by the County. Likewise, a service Contractor shall be entitled to payment for services duly requested by the County and rendered by the Contractor prior to the cancellation, also at the contract rate(s), but not for the overhead and profit associated with services not performed. If a contract is partially cancelled, the remainder of the contract shall continue in effect, subject to the reasonable adjustment to cover the Contractor’s actual increased costs, if any, in supplying the remaining goods or services.

29. The Contractor shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request. (*N.J.A.C.* 17:44-2.2)

30. American goods and products to be used where possible 40A:11-18. Each local unit shall provide, in the specifications for all contracts for county or municipal work or for work for which it will pay any part of the cost, or work which by contract or ordinance it will ultimately own and maintain, that only manufactured and farm products of the United States, wherever available, be used in such work. L.1971,c.198,s.18,eff.July 1, 1971. Amended by L. 1982,c.107,s.1.

31. Americans with Disabilities Act of 1990, Equal Opportunity for Individuals with Disability. The contractor and the County of Monmouth, (hereafter “owner”) do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the “Act”) (*42 U.S.C. S121 01 et seq.*), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature

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

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

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, employees and subcontractors for any claim which may arise out of their performance of the Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

(Revised 1/2023)

PROPOSAL CHECKLIST

RFP NO.: CC-11-2027

Items required with proposal (Owner's checkmarks)		Items submitted with proposal (Contractor's **INITIALS**)
⇓	**A. FAILURE TO SUBMIT ANY OF THESE ITEMS WITH THE PROPOSAL IS MANDATORY CAUSE FOR REJECTION**	⇓
_X_	Proposal (**one (1) unbound original**) (one add'l copy requested)	_____
_X_	Acknowledgment of receipt of addenda or revisions (if any)	_____
_X_	Statement of Ownership (Filled out completely and broken down)	_____
_X_	Non-Collusion Affidavit (Filled out completely)	_____
____	Other:	_____
	B. ITEMS PREFERRED WITH THE PROPOSAL, BUT MANDATORY AT THE TIME INDICATED	
_X_	Copy of the N.J. Business Registration Certificate or other acceptable proof of N.J. Business Registration for Contractor– prior to award of contract	_____
_X_	Copy of the N.J. Business Registration Certificate or other acceptable proof of N.J. Business Registration for proposed subcontractor(s) – prior to commencement of work, if applicable	_____
_X_	References – deadline set by the County, on notice to the Contractor	_____
_X_	Resume(s) – deadline set by the County, on notice to the Contractor	_____
_X_	Disclosure of Investment Activities in Iran	_____
_X_	Certification of Non-Involvement in Prohibited Activities in Russia or Belarus	_____
___	Other: – deadline set by the County, on notice to the Contractor	_____
	C. OPTIONAL ITEM	
_X_	Equal Employment Opportunity Questionnaire	_____

PRINT NAME OF CONTRACTOR: _____

SIGNED BY: _____

PRINT NAME AND TITLE: _____

DATE: _____

COMPLETE & SUBMIT THIS CHECKLIST WITH THE PROPOSAL Rev. 1/2023

COUNTY OF MONMOUTH

ADDENDA ACKNOWLEDGMENT

PROJECT ENTITLED: _____

_____

Acknowledgment is hereby made of the receipt of the following addenda containing information for the above referenced project:

Addendum Number	**Dated**	**Initial to Acknowledge Receipt**
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

CONTRACTOR: _____

BY: _____

SIGNATURE: _____

TITLE: _____

DATE: _____

NOTE:

WHEN AN ADDENDUM IS ISSUED, THIS ACKNOWLEDGMENT MUST BE COMPLETED AND INCLUDED WITH THE PROPOSAL AT THE TIME OF RECEIPT. IF MORE THAN ONE ADDENDUM WAS ISSUED, EACH ADDENDUM MUST BE ACKNOWLEDGED AND REFLECTED ON THIS FORM.

(Revised 1/2018)

C A U T I O N

REGARDING STATEMENT OF OWNERSHIP

The enclosed Statement of Ownership form must be properly completed in accordance with the requirements of *N.J.S.A*. 52:25-24.2.

The disclosure of all beneficial owners who own ten (10) percent or more of any entity shall be provided in Part II and Part III of the following Statement of Ownership Form, and on additional sheets (if applicable), until all natural persons are identified, or it is otherwise disclosed that there is no further breakdown of beneficial owners greater than or equal to ten (10) percent.

For example, if your company "Company A" ("the VENDOR"), is entirely owned by "Company B", you must disclose the names and addresses of the owners of 10% or more of "Company B". Furthermore, if "Company C" owns 100% of "Company B", you must disclose the names and addresses of the owners of 10% or more of "Company C". You must continue this breakdown until ALL owners (i.e. natural persons) of 10% or more have been disclosed. Please refer to the Sample Scenarios page to better help you understand what is required for proper breakdown of ownership for Part II.

Please be advised that, for the purposes of completing this form, all "owners" shall be considered to be: individual persons, partnerships, limited partnerships, limited liability partnerships, limited liability companies, sub-chapter S-corporations, C-corporations, statutory trusts, business trusts or associations, real estate investment trusts, common-law trusts, national associations, or any other unincorporated business, whether organized under the laws of this State or under the laws of any other state or territory of the United States or the District of Columbia, the United States or any foreign country or other foreign jurisdiction pursuant to *N.J.S.A.* 52:25-24.2.

If ownership is not properly disclosed, your bid **must be rejected**, as required by *N.J.S.A*. 40A:11-23.2. **Mistakes cannot be cured after bids are received.**

Original 10/2024

STATEMENT OF OWNERSHIP

(*N.J.S.A.* 52:25-24.2)

Part I – The VENDOR is (check one):

☐ Sole Proprietorship (skip Parts II and III, and execute certification in Part IV)	☐ Partnership
☐ For-Profit Corporation (any type)	☐ Limited Partnership
☐ Limited Liability Company (LLC)	☐ Limited Liability Partnership (LLP)
	☐ Other, Please List_____

Part II – The VENDOR certifies that (complete all that apply under OPTION 1 or OPTION 2)**:**

OPTION 1

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

OPTION 2

☐ The list below contains the names and addresses of all stockholders in the corporation who own 10% or more of its stock, of any class or of all individual partners in the partnership who own a 10% or greater interest therein, or of all members in the limited liability company who own 10% or greater interest therein.

PLEASE REVIEW THE CAUTION STATEMENT ON THE PRIOR PAGE BEFORE COMPLETING THIS PART – If VENDOR is owned (10% or more) by another business entity(ies), you must complete this breakdown of ownership for EACH business entity in VENDOR'S ownership structure until ALL owners (i.e. natural persons) of 10% or more have been disclosed. Attach additional sheets if necessary. If ownership is not properly disclosed, your bid must be rejected, as required by N.J.S.A. 40A:11-23.2. Mistakes cannot be cured after bids are received.

(COMPLETE THE LIST BELOW)

Name: _____ Address: _____

Name: _____ Address:_____

Name:_____ Address:_____

Name: _____ Address: _____

Name: _____ Address: _____

Name: _____ Address: _____

☐ Check here if additional sheets are attached. Refer to Sample Scenarios attachment.

STATEMENT OF OWNERSHIP (Continued)
(*N.J.S.A.* 52:25-24.2)

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

If VENDOR has a direct or indirect parent entity which is publicly traded, and any person that holds a 10% 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) and page numbers containing the last annual filing(s) with the federal SEC (or foreign equivalent) that clearly list such persons.

WEBSITE (URL) _____

Part IV: CERTIFICATION

*** FAILURE TO SIGN "PART IV: CERTIFICATION" IS MANDATORY CAUSE FOR REJECTION EVEN IF ALL OWNERSHIP HAS BEEN PROPERLY DISCLOSED. PLEASE BE SURE TO SIGN THIS SECTION.**

By signing below, VENDOR certifies that its ownership disclosure is complete as provided above and/or attached and no person or entity, **except for those (if any) already listed above or on any attached sheets,** owns a 10% or greater interest in the VENDOR or any listed entities.

VENDOR NAME: _____

SIGNATURE: _____

PRINT NAME & TITLE: _____

DATE: _____

Original 10/2024

STATEMENT OF OWNERSHIP

SAMPLE SCENARIOS

In an effort to help you understand how to properly complete the Statement of Ownership, please review the sample scenarios below. Be advised, your ownership structure may not be represented in the samples below and it is the sole responsibility of you, the VENDOR, to accurately disclose any and all ownership information required by N.J.S.A 52:25-24.2.

SAMPLE SCENARIO 1:

Your Company "Company A" is wholly owned by "Company B". "Company B" is wholly owned by "Company C". "Company C" is wholly owned by "Company D". "Company D" is a publicly traded company on the XYZ Stock Exchange. No individual person or company owns a 10% or greater interest in "Company D".

Provide the following information regarding ownership in Part II & III of the Statement of Ownership form:

Company B
123 Main St.
Anytown, NJ 01000
*Company B wholly owns Company A

Company C
456 Center St.
Anycity, NY 02000
*Company C wholly owns Company B

Company D
SE-12345
Europe 21
*Company D wholly owns Company C

Link to Company D Annual Filings (as required by Part III of the Statement of Ownership)

SAMPLE SCENARIO 2:

"Your Company Name A" is wholly owned by "Company B". "Company B" is wholly owned by "Company C". "Company C" is wholly owned by Jane Doe (60% ownership) and John Smith (40% ownership).

Provide the following information regarding ownership in Part II of the Statement of Ownership form:

Company B
123 Main St.
Anytown, NJ 01000
*Company B wholly owns Company A

Company C
456 Center St.
Anycity, NY 02000
*Company C wholly owns Company B

Jane Doe
456 Center St.
Anycity, NY 02000
*Ms. Doe owns in excess of 10% of Company C

John Smith
456 Center St.
Anycity, NY 02000
* Mr. Smith owns in excess of 10% of Company C

NON-COLLUSION AFFIDAVIT

(*N.J.S.A.* 52:34-15)

NON-COLLUSION AFFIDAVIT The Affidavit shall be properly executed and submitted with the proposal.

STATE OF _____)

ss:

COUNTY OF _____)

Re: Community-Based Service Coordination and Resource Navigation for Monmouth ACTS ResourceConnect for the period of January 1, 2027 through December 31, 2027, with four (4) one-year renewal options

I, _____ (name of signer) of full age, on my oath depose and say:

I am the _____ (title)

of _____ (name of Contractor), a prospective Contractor for the above named project, and that I executed the said proposal with full authority so to do; that the prospective Contractor has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in the proposal and in this affidavit are true and correct, and made with full knowledge that the County of Monmouth relies upon the truth of the statements contained in the proposal and in the statements contained in this affidavit in awarding a contract for the project.

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

Signed: X_____

(Revised 10/2024)

Disclosure of Investment Activities in Iran

Person or Entity	

Part 1: Certification

COMPLETE PART 1 BY CHECKING **EITHER BOX**.

Pursuant to Public Law 2012, c. 25, any person or entity that is a successful bidder or proposer, 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 parent entity, subsidiary, or affiliate is identified on the State Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The list is found on Treasury's website at www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

The Chapter 25 list must be reviewed prior to completing the below certification. If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may provided by law, rule or contract, including but not limited to imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

☐	*I certify, pursuant to Public Law 2012, c. 25, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate thereof 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 person or entity and/or a parent entity, subsidiary, or affiliate thereof is listed on the N.J. Department of the Treasury's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below sign and complete the Certification below.*

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN.

You must provide a detailed, accurate and precise description of the activities of the person or entity, or a parent entity, subsidiary, or affiliate thereof engaging in investment activates in Iran below and, if more space is needed, on additional sheets provided by you.

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.

I acknowledge that the County of Monmouth is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the County of Monmouth to notify the County of Monmouth in writing of any changes to the answers of information contained herein.

I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the County of Monmouth and that the County of Monmouth at its option may declare any contract(s) resulting from this certification void and unenforceable.

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

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

Pursuant to N.J.S.A. 52:32-60.1, et seq. and N.J.S.A.40A:11-2.2 (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a local contracting unit subject to the Local Public Contracts Law for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: https://sanctionssearch.ofac.treas.gov/. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify

(Check the Appropriate Box)

○ A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

○ B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

○ C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

_____

_____

_____

_____

_____

(Attach Additional Sheets If Necessary.)

Signature of Vendor's Authorized Representative	Date
Print Name and Title of Vendor's Authorized Representative	Vendor's FEIN
Vendor's Name	Vendor's Phone Number
Vendor's Address (Street Address)	Vendor's Fax Number
Vendor's Address (City/State/Zip Code)	Vendor's Email Address

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

EXHIBIT A

MANDATORY ANTI-DISCRIMINATION IN EMPLOYMENT LANGUAGE
N.J.S.A. 10:2-1

CONSTRUCTION, ALTERATION OR REPAIR OF ANY PUBLIC BUILDING OR PUBLIC WORK OR FOR THE ACQUISITION OF MATERIALS, EQUIPMENT, SUPPLIES OR SERVICES CONTRACTS

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

In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates.

No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex.

There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of $50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract.

This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L. 1985, c. 490 (C.18A:18A-51 et seq.).

(Revised 2/2017)

EXHIBIT B

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 *et seq.* (*P.L.* 1975, *c.* 127)
N.J.A.C. 17:27 *et seq.*

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

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

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

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

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

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

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with *N.J.A.C.* 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age,

race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

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

- Letter of Federal Affirmative Action Plan Approval
- Certificate of Employee Information Report
- Employee Information Report Form AA-302 (electronically provided by the Division of Purchase & Property, CCAU, EEO Monitoring Program and distributed to the public agency through the Division of Purchase & Property, CCAU, EEO Monitoring Program's website at www.state.nj.us/treasury/contract_compliance/)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to *N.J.A.C.* 17:27-1.1 *et seq*.

(Revised 2/2017)

EQUAL EMPLOYMENT OPPORTUNITY

QUESTIONNAIRE ON

PROCUREMENT AND SERVICE CONTRACT

	YES OR NO
1. Our Company has a current federal affirmative action plan approval. If yes, please submit a copy of said approval.	_____
2. Our Company has a New Jersey State Certificate of Employee Information Report. If yes, please include copy.	_____
3. We do not have a current Federal Plan Approval or State Certificate. We will complete and file Form AA302 on line at www.state.nj.us/treasury/contract_compliance and provide a "filed" copy to the County.	_____

PLEASE NOTE:
ONE OF THE ABOVE MUST BE SUBMITTED IF YOU ARE THE SUCCESSFUL CONTRACTOR AND RECEIVE THE AWARD. THIS IS REGARDLESS OF THE NUMBER OF EMPLOYEES YOU HAVE.

NAME:_____

SIGNATURE: X_____

TITLE:_____

DATE:_____

THIS FORM SHOULD BE COMPLETED, SIGNED AND RETURNED WITH YOUR PROPOSAL.

(Revised 2/2017)

EXHIBIT C

AMERICANS WITH DISABILITIES ACT OF 1990
Equal Opportunity for Individuals with Disability

The contractor and the County of Monmouth, (hereafter “owner”) do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") *(42 U.S.C. §12101* et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner’s grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

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

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor’s obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

(Revised 2/2017)

EXHIBIT D

NEW JERSEY BUSINESS REGISTRATION REQUIREMENTS GOODS, SERVICES, AND CONSTRUCTION* CONTRACTS

Proof of valid business registration (a Business Registration Certificate) with the New Jersey Department of Treasury, Division of Revenue must be submitted to the contracting agency prior to the award of any contract, including purchase orders. No contract will be awarded without proof of such business registration. N.J.S.A. 52:32-44 imposes the following requirements on contractors and on all subcontractors that knowingly enter into a contract, or construct a construction project, with a contractor in the fulfillment of a contract with a contracting agency. *In the case of a construction contract, "subcontractor" shall mean only designated subcontractors who are required by N.J.S.A. 40A:11-16 to be named in the submission of a bid.

A subcontractor named in a bid or other proposal made by a contractor to a contracting agency shall provide a copy of its business registration to the contractor who shall provide it to the contracting agency. The contractor shall provide the contracting agency with the business registration of the contractor and that of any named subcontractors prior to the time a contract is awarded.

The contractor shall maintain and submit to the contracting agency a list of subcontractors and their addresses that may be updated from time to time during the course of the contract performance. Before final payment of the contract is made by the contracting agency, the contractor shall submit a complete and accurate list and proof of business registration of each subcontractor or supplier used in the fulfillment of the contract, or shall attest that no subcontractors were used.

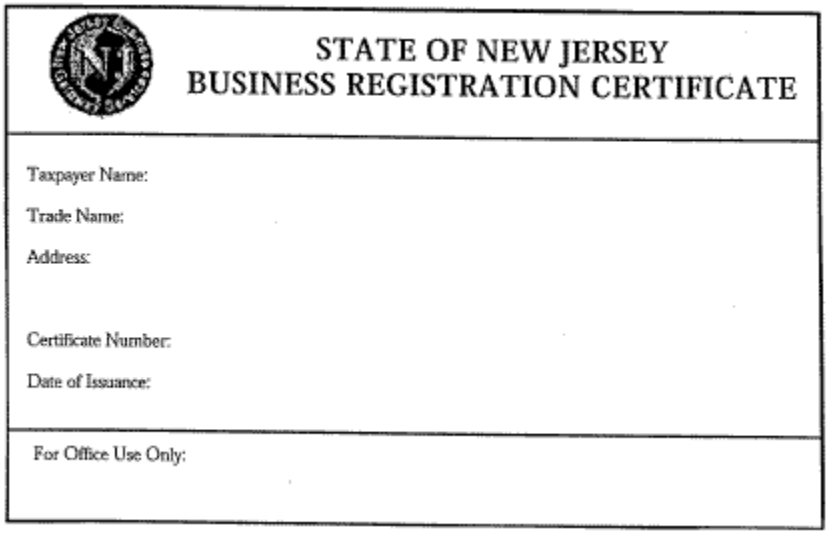
For the term of the contract, the contractor and each of its affiliates and each subcontractor and each of its affiliates (N.J.S.A. 52:32-44 (g) (3)) shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the "Sales and Use Tax Act" (N.J.S.A. 54:32 B-1, et seq.) on all taxable sales of tangible personal property delivered into this state.

A business organization that fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of $25 for each day of violation, not to exceed $50,000 for each business registration not properly provided or maintained under a contract with a contracting agency

Sample Business Registration Certificates are attached for convenience. Questions on obtaining a Business Registration Certificate or on the law and its requirements can be directed to the Division of Revenue at (609) 292-9292.

(Revised 5/2017)

THESE ARE SAMPLES OF BUSINESS REGISTRATION CERTIFICATES.



STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

Trade Name:

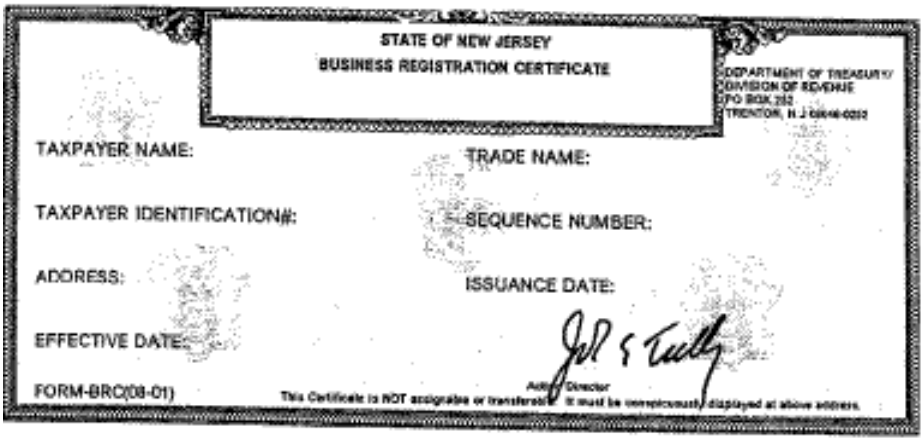
Address:

Certificate Number:

Date of Issuance:

For Office Use Only:

OR



STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, N.J. 08646-0252

TAXPAYER NAME:

TRADE NAME:

TAXPAYER IDENTIFICATION#:

SEQUENCE NUMBER:

ADDRESS:

ISSUANCE DATE:

EFFECTIVE DATE:

FORM-BRC(08-01)

Acting Director

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

(Revised 5/2017)

SIGNATURE PAGE

CC-11-2027

To the Monmouth County Board of County Commissioners:

THE UNDERSIGNED HEREBY DECLARES THAT
I (WE) HAVE CAREFULLY EXAMINED THE SPECIFICATIONS.
I (WE) HEREBY CERTIFY PRICES QUOTED ARE IN ACCORDANCE
WITH YOUR REQUIREMENTS.

Company Name: _____
(PRINT)

Preparer's Name: _____
(PRINT)

Signature: _____
(DATE)

Address: _____

_____

Telephone No.: _____

Fax No.: _____

E-Mail Address: _____
(This should be the email where Contracts would be sent)

Contact Person: _____

FEIN: _____
(Federal Employee ID)

BRC: _____
(Business Registration Certificate)

(Revised 2/2017)