THE TOWN OF GUTTENBERG ("TOWN") REQUESTS FOR QUALIFICATIONS FROM FIRMS/INDIVIDUALS INTERESTED IN PROVIDING AUTO AND TRUCK TOWING SERVICES FOR THE PERIOD JANUARY 1, 2027 THROUGH DECEMBER 31, 2027

Introduction

Pursuant to the Fair and Open Process described under N.J.S.A. 19:44A-1, et seq., the Town seeks Request for Qualifications ("RFQ") from firms/individuals that wish to provide Auto and Truck Towing Services for a contract period beginning on January 1, 2027 and ending on December 31, 2027.

All necessary documents can be downloaded from the official Guttenberg website, www.guttenbergnj.org. Copies of this standardized submission requirements and selection criteria are also on file and available from the Office of the Town Clerk.

All candidates are required to comply with N.J.S.A. 10:5-31 et seq and N.J.A.C. 17:27 et seq. as amended. (Affirmative Action). Each candidate shall submit proof of business registration with the New Jersey Division of Taxation (P.L. 2004, C.57) prior to the award of contract but preferably with their proposal. Candidate should provide completed Official Tower's Application, form provided.

Auto and Truck Towing Services

SCOPE OF SERVICES

1.General: It is the intent of these specifications to describe and govern the towing and impounding of vehicles upon the direction of the Police Department of the Town of Guttenberg and pursuant to the laws of New Jersey.

2. Service: Services provided shall conform to the following specifications for the period set forth herein:

a. The servicing garage will make available for service at least two wreckers and such other equipment as may be necessary for safe and efficient provision of mechanical, wrecking and towing services in the Town.
b. Wreckers shall be maintained in good condition and be available twenty-four (24) hours a day, seven (7) days a week.
    i. The servicing garage shall make available wreckers capable of towing large tractor/trailers and buses, passenger cars and light trucks as per classification below.
c. Garage shall make available ample storage space in which to hold disabled vehicles of absent drivers or owners until such time as said vehicles are claimed or are disposed of in accordance with law. The garage shall be sufficient in size to accommodate Guttenberg Police tows.
d. Storage area. The towing service shall provide plans showing sufficient area, controlled by the towing service, for the storage of abandoned vehicles towed at the request of the Town.

e. Garage employees who drive vehicles must have a driver's license with no restrictions or conditional endorsement, except condition requiring glasses.
f. Services, equipment and personnel shall be subject to the inspection and approval of the Town of Guttenberg.

3. Response Time Requirement: The servicing garage shall respond and have its equipment on the scene within fifteen (15) minutes from the time of notification of the dispatcher.

4. Responsibility For Garage Personnel and Equipment: Garage agrees that all personnel and equipment used under this service shall remain under the responsibility of the Garage, under its direct supervision, management and control, and that in no event shall such property or employees, or any of them, be represented considered as belonging to or employed by the Town. Garage agrees and fully understands that it is operating these specifications as an independent contractor, and in no way or sense as an agent or employee of the Town of Guttenberg.

5. Maximum Repair Charges:
   a. Charges to the owner of vehicles for parts furnished by the Garage to vehicles removed from the Town in connection with repairs shall not be in excess of rates established by law.
   b. Duplicate charges shall not be made for vehicles serviced at the scene of breakdown and then towed to the Garage. No additional charge shall be made for backward towing for preparing the vehicle for tow. No charge shall be made for towing to the Garage, or travel by the wrecker to reach the point of breakdown.
   c. When it is determined, in the opinion of the Town, that a charge in excess of these rates has been made, the Garage, upon demand by the Town of Guttenberg shall make immediate reimbursement to the patron.

6. Emergency Conditions: During adverse weather or heavy traffic conditions, the Garage agrees to give priority to calls by the Town over all other calls which it may receive. Whenever a Traffic Emergency, because of traffic congestion or weather condition, shall be declared by the Town, the Garage agrees to make equipment and manpower available for service as needed.

7. Insurance: The Garage shall furnish to the Town within ten (10) days following the execution of these, certificates of insurance or policies showing that it has obtained the following:

   a. Workmen's Compensation Insurance on its employees.
   b. Liability insurance coverage extending both to bodily injury and property damage covering the Town of Guttenberg and property damage current the Town of Guttenberg and the persons and/or entity, rendering services under this agreement for any and all acts or occurrences resulting from providing such services by any person and/or entity. Such policy shall carry provision that thirty (30) days notice of change or cancellation must be given to the Town by the insurance company. The liability insurance limits for bodily injury be at least in the amount of $1,000,000.00 per person, $1,000,000.00 per occurrence. The property damage limits of liability shall be at least $1,000,000.00 per accident and the deductible shall not excess $2,500.00 and be specifically endorsed by collision coverage for all vehicles. All insurance required hereinabove shall remain in full force and effect for the period the services are contracted.

8. Other Requirements: The Town shall in no way be liable to the Garage for any services whatsoever which may be rendered to the vehicles.

9. Vehicle Classification: For purposes of determining maximum charges to the owner of vehicles for mechanical, wrecking and towing services provided in the Town, vehicles shall be classified as per Chapter 3 Article 11 entitled "Towing and Storage of Motor Vehicles." the Revised General Ordinances of the Town of Guttenberg. No charges in excess of those provided in the Revised Ordinances of the Town of Guttenberg Chapter 3 Article 11 entitled "Towing and Storage of Motor Vehicles." as may be amended from time to time, will be charged.

All proposals shall adhere to applicable requirements set forth in the Revised Ordinances of the Town of Guttenberg, including but not limited to, Chapter 3 Article 11 entitled "Towing and Storage of Motor Vehicles. The Town reserves the right to amend such Ordinances at anytime.

Professional Information and Qualifications

Each interested individual/firm shall also submit the following information:

1. Name of individual/firm:
   Address of principal place of business and all partners or firm's offices and corresponding telephone and fax numbers. Please note specifically which partners will be assigned to work with the Town.

2. Prior auto and truck towing services.
   Experience related to providing auto and truck towing services to public entities;

3. Examples of your record of success with these public entities;

4. The firm's ability to provide the services in a timely fashion (including staffing, familiarity and location of key staffing);

5. Cost details (including listing of all charges that may be charged to owners of vehicles and motorcycles towed);

6. Business Registration Certificate (prior to contract award but preferably with the proposal);

7. Statement of corporate ownership (c.52:25-24.2)(form provided);

8. Letter of Qualification (form provided);

9. Letter of Intent (form provided);

10. Non-Collusion Affidavit (form provided);

11. Americans with Disabilities Act form (form provided);

12. Non-Collusion Affidavit (form provided);

13. Americans with Disabilities Act form (form provided);

14. Affirmative Action Compliance Notice (form provided);

15. Minority/Woman Business Enterprise form (form provided);

16. Disclosure of Investment Activities in Iran form (form provided); and

17. Official Tower's Application (form provided);

18. Any other information which the interested firm deems relevant.

Selection Criteria

The Town reserves the right to award a contract or contracts to the vendor(s) as determined to be in the best interests of the Town based upon the selection criteria.

The selection criteria used in awarding a contract or agreement for professional services as described herein shall include:

1. Qualifications of the individuals who will perform the tasks and the amounts of their respective participation;

2. Ability to perform the task in a timely fashion, including staffing and familiarity with the subject matter; and

3. Ability to be available with the appropriate personnel at all times necessary to accomplish the representation;
4. The cost and expense that will be necessary to familiarize the attorney with the legal issues arising in the prosecution of municipal offenses; and

5. Cost competitiveness in light of all of the above factors.

6. Experience and references;

7. Other factors, if demonstrated to be in the best interest of the Town.

Submission Requirements

RFQ must be delivered no later than Wednesday, October 14, 2026 at 10:00 am to:

Dr. Cosmo A. Cirillo, Town Clerk
Office of the Town Clerk
Guttenberg Town Hall
6808 Park Avenue
Guttenberg, New Jersey 07093

Please submit one (1) original and one copies of the RFP.
Use white 8 $^{1}/_{2}$" x 11" paper.

APPENDIX A
LETTER OF QUALIFICATION
(To be Typed on Respondent's Letterhead.
NO MODIFICATIONS MAY BE MADE TO THIS LETTER)

Dr. Cosmo A. Cirillo, Town Clerk
Office of the Town Clerk
Guttenberg Town Hall
6808 Park Ave.
Guttenberg, NJ 07093

Dear Dr. Cirillo:

The undersigned have reviewed our Qualification Statement-Proposal submitted in response to the Request for Qualifications ("RFQ") issued by the Town of Guttenberg ("Town"), dated *(Insert Date)* in connection with the Town's need for Services – Auto and Truck Towing.

We affirm that the contents of our Qualification Statement-Proposal (which Qualification Statement-Proposal is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement-Proposal is submitted in good faith upon express understanding that any false statement may result in the disqualification of *(Insert Name of Respondent).*

_____ _____
Chief Executive Officer Chief Financial Officer

Dated: _____ Dated:_____

Respondent shall sign and complete the spaces as provided above. If a joint venture, partnership or other formal organization is submitting a Qualification Statement-Proposal, each participant must execute this Letter of Qualification

APPENDIX B
LETTER OF INTENT

STATE OF NEW JERSEY
TOWN OF _____ ss:

I _____certify that I am the _____ of the firm of _____ , the Respondent submitting Proposals in response to a Request for same from the Town in regards to Services – Auto and Truck Towing. I further certify that:

1. I executed said Proposal with full authority so to do;

2. All statements contained in the Submission and in this affidavit are accurate, factual and complete, and made with full knowledge that the Town of Guttenberg is relying upon the truth of the statements contained in the Submission and the statements contained in this affidavit in evaluating Respondent's Qualifications;

3 Respondent 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 through participation with any other person, firm or party;

4. Respondent agrees to participate in good faith in the procurement process as described in the RFP and to adhere to the Town's procurement schedule;

5. Respondent acknowledges that all costs incurred by it in connection with the preparation and submission of the Qualification Statement-Proposal and any proposal prepared and submitted in response to the RFQ, or any negotiation which results therefrom, shall be borne exclusively by the Respondent. In no event shall the Town have any liability to Respondent for any costs incurred by the Respondent for the Qualification Statement-Proposal.

6. Respondent acknowledges and agrees that the Town may modify, amend, suspend and/or terminate the procurement process in its sole judgment.

7. Respondent is aware that any contract executed with respect to the services referred to in the RFQ must comply with the applicable affirmative action and similar laws, and agrees to take such actions as may be required to comply with such applicable laws in the event that a contract is formed.

(Signature of Respondent) _____
SUBSCRIBED AND SWORN TO
BEFORE ME THIS _____DAY OF 20_____

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

COLLUSION AFFIDAVIT

STATE OF NEW JERSEY
TOWN OF _____ ss:

I certify that I am_____ of the firm of_____ the Respondent submitting the Qualification Statement in response to the within Request for Qualifications, and that I executed said Qualification Statement with full authority so to do; that said Respondent has not, directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competition in connection with the within Request for Proposals; and that all statements contained in the Respondent's Qualification Statement and in this affidavit are true and correct, and made with full knowledge that the Town of Guttenberg will rely/relies upon the truth of the statements contained in said Qualification Statement and in the statements contained in this affidavit in awarding the contract(s) for the services sought in the within Request for Proposals.

I further warrant that no person or selling agency has been employed to solicit or secure a contract for the services sought in the within Request for Proposals upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of the Respondent or as may be permitted by law.

(Signature of respondent) SUBSCRIBED AND SWORN TO

BEFORE ME THIS DAY_____ OF 20

(TYPE OR PRINT NAME OF AFFIANT UNDER SIGNATURE)

NOTARY PUBLIC OF

MY COMMISSION EXPIRES: 20

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

B. STATEMENT OF OWNERSHIP DISCLOSURE

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

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

Name of Organization:_____

Organization Address:_____

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

☐ Sole Proprietorship (skip Parts II and III, execute certification in Part IV)

☐ Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)

☐ For-Profit Corporation (any type) ☐ Limited Liability Company (LLC)

☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP)

☐ Other (be specific): _____

Part II

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

OR

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

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

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

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

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

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

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

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

Part IV Certification

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

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

NOTE: THIS FORM MUST BE COMPLETED, NOTARIZED AND RETURNED WITH THIS PROPOSAL

C. 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.

EXHIBIT A *(Cont)*

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; or

Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: http:// 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.

Acknowledged by Vendor

By:_____

Print name and title

_____

Signature

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

The contractor and the Town, (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. 5121 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, 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.

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

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.

Representative's Name/Title
(Print):_____

Representative's
Signature:_____

Name of
Company:_____

Tel. No.:_____

Date:_____.

E. AFFIRMATIVE ACTION COMPLIANCE NOTICE

N.J.S.A. 10:5-31 and N.J.A.C. 17:27
GOODS AND SERVICES CONTRACTS
(INCLUDING PROFESSIONAL SERVICES)

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

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

☐.(a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);
☐.OR
☐.(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;
☐.OR
☐.(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours. The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.

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

COMPANY:_____

SIGNATURE: _____ DATE:_____

PRINT NAME:_____ TITLE:_____.

F. MINORITY/WOMAN BUSINESS ENTERPRISE (MWBE)
Questionnaire for Bidders

The Town of Guttenberg, in accordance with the stated policy of non-discrimination and equal employment opportunity in the Municipal Code, recognizes a goal of awarding 20% of the dollar amount of total city procurement to minority and woman owned business enterprises. To assist us in monitoring our achievement of this goal, please indicate below whether your company is or is not a minority owned and/or woman owned business, and return this form with your bid proposal.

Business Name: _____

Address: _____

Telephone No.: _____

Contact Name: _____

Please check applicable category :

_____ Minority Owned ____ Minority & Woman Owned
_____ Woman Owned _____ Neither

Definition of Minority Business Enterprise
Minority Business Enterprise means a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by persons who are African American, Hispanic, Asian American, American Indian or Alaskan native, defined as follows:

African American: a person having origins in any of the black racial groups of Africa

Hispanic: a person of Mexican, Puerto Rican, Central or South American or other non-European Spanish culture or origin regardless of race.

Asian: a person having origins in any of the original peoples of the Far East, South East Asia, Indian subcontinent, Hawaii or the Pacific Islands.

American Indian or Alaskan Native: a person having origins in any of the original peoples of North America and who maintains cultural identification through tribal affiliation or community recognition.

Woman Business Enterprise: a business which is a sole proprietorship, partnership or corporation at least 51% of which is owned and controlled by a woman or women.

Form AA302
Rev. 1/00

STATE OF NEW JERSEY

Division of Contract Compliance & Equal Employment Opportunity

EMPLOYEE INFORMATION REPORT

For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY

2. TYPE OF BUSINESS
☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE
☐ 4. RETAIL ☐ 5. OTHER

3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY

4. COMPANY NAME

5. STREET CITY COUNTY STATE ZIP CODE

6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) CITY STATE ZIP CODE

7. CHECK ONE: IS THE COMPANY: ☐ SINGLE-ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT

10. PUBLIC AGENCY AWARDING CONTRACT CITY COUNTY STATE ZIP CODE

Official Use Only	DATE RECEIVED	NAUG.DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. *DO NOT SUBMIT* AN EEO-1 REPORT.

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
				********* MALE**********					**********FEMALE**********				
	COL. 1 TOTAL (Cols.2 &3)	COL. 2 MALE	COL. 3 FEMALE	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/ Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment From previous Report (If any)													
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED?
☐ 1. Visual Survey ☐ 2. Employment Record ☐ 3. Other (Specify)

13. DATES OF PAYROLL PERIOD USED
From: To:

14. IS THIS THE FIRST Employee Information Report Submitted?
1. YES ☐ 2. NO ☐

15. IF NO, DATE LAST REPORT SUBMITTED
MO. DAY YEAR

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type) SIGNATURE TITLE DATE MO DAY YEAR

17. ADDRESS NO. & STREET CITY COUNTY STATE ZIP CODE PHONE (AREA CODE, NO.,EXTENSION)
- -

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT:

READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM MAY DELAY ISSUANCE OF YOUR CERTIFICATE. **IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM. SEND COPY OF CURRENT CERTIFICATE TO THE PUBLIC AGENCY. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.**

ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

ITEM 2 - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

ITEM 3 - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

ITEM 4 - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

ITEM 5 - Enter the physical location of the company. Include City, County, State and Zip Code.

ITEM 6 - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

ITEM 7 - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

ITEM 8 - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

ITEM 9 - Enter the total number of employees at the establishment being awarded the contract.

ITEM 10 - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code.

ITEM 11 - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. DO NOT attach an EEO-1 Report.

Racial/Ethnic Groups will be defined:
Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.
Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.
American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.
Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillippine Islands and Samoa.
Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

ITEM 12 - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

ITEM 13 - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

ITEM 14 - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

ITEM 15 - If the answer to Item 15 is "No", enter the date when the last Employee Information Report was submitted by this company.

ITEM 16 - Print or type the name of the person completing the form. Include the signature, title and date.

ITEM 17 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN COPY FOR THE VENDOR'S OWN FILES. THE VENDOR IS TO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDING THE CONTRACT AND FORWARD A COPY TO:

NJ Department of the Treasury
Division of Contract Compliance & Equal Employment Opportunity
P.O. Box 209
Trenton, New Jersey 08625-0209 **Telephone No. (609) 292-5475**

H. MANDATORY BUSINESS REGISTRATION LANGUAGE
Non Construction Contracts

All contractors and subcontractors must provide a Business Registration Certificate when seeking to do business with the State of New Jersey, and other public agencies in this state. Failure to submit proof of registration requires mandatory rejection of a bid as a non-waivable defect. Proof of registration must be received before the contract is issued for non-bid contracts: such as contracts exempt from public bidding that are over the bid threshold, professional services, and extraordinary unspecifiable services, and purchase orders that are under the bid threshold. For non-bid contracts only, if proof has been filed through a previous contract, the contracting agency may waive resubmission.

"New Jersey Business Registration Requirements"
N.J.S.A. 52:32-44(1)(b) No contract shall be entered into by any contracting agency unless the contractor provides a copy of its business registration in accordance with the following schedule:

(1) In response to a request for bids or a request for proposals, at the time a bid or proposal is submitted; or

(2) For all other transactions, before the issuance of a purchase order or other contracting document. In its sole discretion, the contracting unit may waive this requirement if a business registration has been previously provided to the contracting agency.

N.J.S.A. 52:32-44(1)(c) A subcontractor shall provide a copy of its business registration to any contractor who shall forward it to the contracting agency. No contract with a subcontractor shall be entered into by any contractor under any contract with a contracting agency unless the subcontractor first provides proof of valid business registration. The contracting agency shall file all business registrations received by the contracting agency with other procurement documents related to the contract.

For the term of the contract, the contractor and each of its affiliates and a 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 on all sales of tangible personal property delivered into this State, regardless of whether the tangible personal property is intended for a contract with a contracting agency.

N.J.S.A. 54:49-4.1 A business organization that fails to provide a copy of a business registration as required pursuant to section of P.L.2001, c.134 (C.52:32-44 et al.) or subsection e. or f. of section 92 of P.L.1977, c.110 (C.5:12-92), or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of $25 for each day of violation, not to exceed $50,000 for each business registration copy not properly provided under a contract with a contracting agency."

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

PART 1: CERTIFICATION

BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.

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

PLEASE CHECK EITHER BOX:

☐ **I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's parents, subsidiaries, or affiliates is listed** on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. **I will skip Part 2 and sign and complete the Certification**

OR

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

Part 2

PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.
PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES

Name:_____ Relationship to Bidder/Vendor:_____

Description of Activities:

_____

_____

Duration of Engagement:_____Anticipated Cessation Date_____

Bidder/Vendor_____

Contact Name:_____Contact Phone Number:_____

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the below-referenced person or entity. I acknowledge that the Town 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 contracts with the Town to notify the Town 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 agreements(s) with the Town and that the Town at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): _____Signature:_____

Title: _____Date: _____

Bidder/Vendor: _____

6808 Park Avenue, Guttenberg, NJ 07093
P: 201-868-2315 Fax: 201-868-9332
www.guttenbergnj.org

OFFICIAL TOWER'S APPLICATION

Date:

To the Chief of Police Town of
Guttenberg
6808 Park Avenue
Guttenberg, New Jersey 07093

_____
Business Name

_____
Business Address

Hereby makes application for inclusion on the Official Towers list for the Town of

Guttenberg. The premises from which the Towing Services will respond is located at:

_____

_____

The premises are owned by:

_____

Additional storage space if required is located at:

_____

Attached a sketch of all property to be used for storage of vehicles. Sketch should show address and dimensions of the property.

If above premises and storage locations are not owned by applicant, the owner must give written, consent for use thereof by completing Section II of the, application, or the applicant must submit a copy of lease.

6808 Park Avenue, Guttenberg, NJ 07093
P: 201-868-2315 Fax: 201-868-9332
www.guttenbergnj.org

1. List the name (s), residence and business

Address and telephone number of the owner (s) of the Towing Company. If the owner is a corporation, list the name, residence, business address and telephone number of every stockbroker owning more than ten (10) percent of the issued stock.

Name:	Residence Address	Business	Phone	% Stock

Attach additional sheets if necessary.

2. List the names and addresses of two business references who have known you for at least two (2) years.

1 .

2 .

3. List the names, addresses and telephone numbers of all tow truck drivers.

NAME	ADDRESS	PHONE#	DRIVER LIC.

Attach copy of appropriate driver's license each driver listed:

4. Has the applicant or any driver been convicted of a criminal offense or have had their driver's license suspended or revoked within the past year?

Yes No

6808 Park Avenue, Guttenberg, NJ 07093
P: 201-868-2315 Fax: 201-868-9332
www.guttenbergnj.org

If yes, list the name below:

NAME: ADDRESS:

1 .

2 .

List all tow vehicles to be used:

YEAR MAKE: BODY TYPE: REGISTRATION:

1 .

2 .

3 .

4 .

5 .

Attach copies of registration for each vehicle and insurance identification cards.

Attach additional sheets if necessary.

5. Is every tow vehicle of flatbed vehicle equipped with the following?

A. The name of the tower displayed on the vehicle as required by N.J.S.A.39:4-46?

B. At least one (1) amber rotating beacon or strobe light?

C. One (1) snatch block per winch?

D. Safety tow lights or magnetic tow lights for towed vehicles at night?

E. Extra chains and cable for pulling or securing a towed vehicle?

F. At least one (1) heavy-duty broom, a shovel, a crowbar or prybar jumper cables, flashlight, one (1) two pound or large fire extinguisher of dry chemical type, one (1) dozen flares or similar warning devices for placement at the scene of an accident or behind disabled vehicle, ten (10) pounds of dry sand or a drying compound for gasoline and oil spilled onto the roadway, and sufficient quantity and types of tools to enable the tow vehicle operator to perform proper and adequate emergency repair services for the Town?

Yes No

G. Do all tow vehicles or flatbed vehicles comply with any and all state, federal and local laws, regulations and ordinances pertaining to safety, lighting and towing equipment requirement?

Yes No

6. Will you have a minimum of four (4) persons available at all times to provide the required towing services as required by Ordinance#17-13.

Yes No

7. Will you furnish the services as required by Ordinance#17-13 (copy attached)

Yes No

8. Will you provide the required Hold Harmless Agreement? And the required Certificates of Insurance as described in the Ordinance#17-13.

Yes No

9. Will you abide by the Towing and Storage Fee Schedule as set forth in Ordinance#17-13.

Yes No

10. Will you post a schedule of fees for the attached storage area clearly visible to all public?

Yes No

11. Do the storage facilities, an inside building or outside secured storage area meet all requirements as set forth in Ordinance#17-13.

Yes No

12. Will you maintain adequate and complete records showing all vehicles towed, stored and released, all services rendered and all fees charged and collected, and will those records be made available for inspection by the Town as set forth in Ordinance#17-13.

Yes No

I am attaching a non-refundable certified check in the amount of $100.00 to cover the administrative expenses incurred by the Town in processing the application to be on the Official Towers List.

I acknowledge that if approved, I will be responsible for a two-year tower's license fee of $2,000 before said license can be issued.

Very truly yours,

(Name of Business)

By:

(Authorized Agent, Printed)

_____

_____
(Authorized Agent, Signature)

_____
(Title)

(Business Address) _____

(Telephone Number) _____

Approved: _____ Date:
Chief of Police

6808 Park Avenue, Guttenberg, NJ 07093
P: 201-868-2315 Fax: 201-868-9332
www.guttenbergnj.org

Section II

If the applicant is not the record owner of the property from which the towing services will be conducted or the property on which the vehicles will be stored, the record owner shall complete the following:

(I) (We) as owner (s) of the property to be used to provide towing services and storage area for disable vehicles by: _____

(Names of Business)

Hereby consent to the use of our property for the purpose of providing towing services and/or storage as required by Ordinance No.17-13

1.	2.
Signature	Print Name
1.	2.
Signature	Print Name
1. _____	2. _____
Signature	Print Name
Address	Address