

TOWNSHIP OF HILLSIDE REQUEST FOR PROPOSALS FOR TREE INVENTORY CONSULTANT

Return Date & Time:

July 24, 2025 10:00 AM

Return To:

Rayna E. Harris, Township Clerk Township of Hillside 1409 Liberty Ave., Hillside, NJ 07205

REQUEST FOR PROPOSAL FOR THE POSITION OF TREE INVENTORY CONSULTANT FOR THE TOWNSHIP OF HILLSIDE

The Township of Hillside (hereinafter "the Township") is soliciting proposals for the Tree Inventory Consultant (hereinafter "Consultant") to provide professional services to the Township in the form of a public tree inventory. The Mayor and Council of the Township will select an individual or firm as the Consultant for the provision of these services based upon a fair and open process, pursuant to N.J.S.A. 19-44A-20.4 et. seq. and in accordance with the Resolution previously adopted by the Township to secure such services through a fair and open process. In order to have a proposal considered by the Township, an interested party must provide evidence that he/she satisfies the minimum requirements as set forth in this document.

SECTION I. APPOINTMENT OF TREE INVENTORY CONSULTANT

The Township is seeking proposals from individuals and firms interested in providing a public tree inventory. The inventory will be performed by a consultant gathering data on each street tree, including location, species, size and condition. The consultant will meet the necessary qualifications as listed below. This project has been funded in part from the New Jersey Forestry Service Urban and Community Stewardship Township Grant Program. The data will be used to prioritize tree management activities throughout the Hillside.

The Consultant shall be appointed by the Township perform a complete, public tree inventory of approximately all trees and planting sites within the public right-of-way (ROW), and other public properties designated by the Township. The Consultant should be a NJ Approved Forester, a NJ Licensed Tree Expert, a Society of American Foresters Certified Forester, and International Society of Arboriculture Certified Arborist or other professional who abides by the current forestry best management practices and arboricultural industry standards.

One consulting firm must perform all tasks required for the inventory projects; no sub- contracted consulting firms shall be permitted.

- 1. The inventory must locate, identify, and assess each tree/planting site and provide maintenance and planting data in an electronic format.
- 2. The inventory must be performed using GPS equipment or other GIScompatible data collection hardware.
- 3. All tree inventory data shall be available in Microsoft Excel, Access and ESRI shapefile formats, and the i-Tree program. All geospatial data shall be delivered in an ESRI-compatible Shapefile or file geodatabase in the New Jersey State Plane Coordinate System. The software platform utilized needs to contain the fields listed in the scope of work under #4 below.
- 4. The contractor shall provide a full metadata reference for all delivered data. All accompanying metadata shall be compiled to the current standard endorsed by the Federal Geographic Data Committee (FGDC).
- 5. Provide computer and/or web-based tree inventory software for 2 years.
- 6. Train certain Township employees on the tree inventory software for the purpose of conducting and maintaining the inventory, which may include the creation of a work plan.
- 7. Include a final tally of each tree species and its overall percentage that it makes up within the urban forest canopy cover with all species adding up to a final tally of 100%. Include age and size.
- 8. Work with the Shade Tree Commission/DPW/Hillside Green Team to prepare a PowerPoint presentation for use by the Shade Tree Commission/DPW/Hillside Green Team to explain the project and its results to the governing body and public educational purposes.
- 9. The Tree Inventory Consultant shall maintain all papers, documents, memorandum reports, and other materials relating to the administration of this division. Upon termination of his services, the Consultant shall surrender to the Township all such property.

One Consultant or firm shall be appointed by the Mayor and Council to serve as the official to perform Consultant services for the Township as described in Section II of this document.

The Mayor and Council may select, at its sole discretion, individuals or firms for this position, so long as those individuals or firms meet or exceed the minimum requirements set forth in Section III hereof. Once an appointment is made, no substitution of personnel may be made without the express written consent of the Mayor and Council, which consent may be withheld in their sole discretion

SECTION II. SCOPE OF TREE INVENTORY WORK

The Consultant shall inventory various trees located on the public rights-of-way and other public properties as designated by the Township. At a minimum, the information collected for each tree shall include:

1. Location - Identify the location of each tree. All street tree locations should be organized by sequential tree site number and road name, block side, area and GPS coordinates. An X and Y location will be generated for each site.

- 2. **Species** Trees are identified by genus and species using both botanical and common names and by cultivars where appropriate.
- 3. **Trunk Diameter** Diameter is measured to the nearest inch in one-inch increments at 4-1/2 feet above the ground, or diameter-breast-height (DBH). Record as a single value, ranges will not be accepted.
- 4. **Functional** and **Structural Condition** The general condition of each tree is rated according to the following categories adapted from the International Society of Arboriculture's rating system:
 - Good
 - Fair
 - Poor
 - Dead
 - Not Applicable
 - RATE BASE, STEM AND CANOPY
- 5. **Primary Maintenance Need** The following primary maintenance needs will be determined based on ANSI A300 standard specifications:
 - Train A pruning recommendation to improve structure, health, and vigor of a young tree. This will correct structural flaws and make tree more aesthetically pleasing.
 - Thin A selective removal of live branches to evenly distribute crown weight and to reduce density. The intention of this pruning is to reduce wind resistance, reduce snow and ice loads, and to increase light penetration.
 - Raise The removal of lower branches from the crown to eliminate obstructions or clearance issues. The majority of these cuts will be made at the tree trunk.
 - Clean A crown cleaning to remove dead, diseased, damaged, poorly attached, or crossing branches to increase longevity and reduce failures.
 - Remove The complete removal of a dead or dying tree that has no potential of improving with maintenance.
 - Stump Removal This category indicates a stump that should be removed. Any stump in the public right-of-way or park over 2 inches from ground level to be specified for removal.
 - Plant A site well suited for a new tree planting and the recommended species size at maturity
- 6. **Maintenance Priority.** All of the primary maintenance needs will be prioritized as to the severity of the recommendation. The following descriptions will be used.
 - Young This describes a young or newly planted tree that will probably not need immediate attention to increase longevity.
 - Routine This maintenance recommendation should be part of a cyclical pruning program.

- Immediate Recommended maintenance should be conducted as soon as possible to ensure the health of this tree and to reduce risk.
- Critical Maintenance needs to be conducted without delay. This tree is a concern to public safety.
- 7. **Wires**. The presence of high voltage overhead utilities and any utility conflicts will be noted.
- 8. **Risk Assessment**. A qualitative risk assessment will be performed and used to prioritize maintenance needs within the inventoried tree population. The specified time period for the risk assessment is one year.
- 9. **Observations** General observations warranting recognition include, but are not limited to, the following:
 - Grate/Deer Guard
 - *Remove Hardware*
 - Poor Location
 - Mulched Improperly
 - Planted Improperly
 - Trimmed Improperly
 - Pest Problem
 - Mechanical Damage
 - Cavity/Decay
 - Poor Roots
- 10. Additional Notes Additional information of possible importance is noted here; visible at ground level utility equipment, hardscape materials and others as the Township directs.
- 11. Date of survey and name of inspector.

SECTION III. MINIMUM QUALIFICATIONS

In order for an individual or firm to be considered by the Township, interested parties submitting proposals in response to this solicitation must meet the following minimum qualifications:

- 1. The provider must have completed a minimum of FOUR (4) tree inventory projects similar in scope in the last six (6) years. The firm will provide current references for the four (4) inventory projects listed.
- 2. Each person employed to collect tree data shall have the necessary qualifications for completing tree inventory data collection. These qualifications include, but are not limited to, International Society of Arboriculture (ISA) arborist certification and/or NJ Licensed Tree Expert.
- 3. Preference will be given to consulting firms with staff having a four (4) year degree in

urban forestry or a related field of study.

4. The provider must be able to perform the inventory services without delay from other projects and commitments and be able to complete the tree inventory scope of work based on the timeline outlined and agreed upon in the contract.

SECTION IV. MINIMUM REQUIREMENTS FOR VENDOR RESPONSES:

- 1. Interested parties wishing to provide a proposal in response to the Township of Hillside's solicitation shall provide the following minimum information in its proposal, which proposal must be submitted at the location and within the time constraint set forth on page 1 of this document; said proposal must contain fully executed originals and copies of all documents contained in this Request for Proposal;
- 2. Full name and business address of entity or person submitting the proposal and the name of the key contact person;
- 3. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each firm, its ownership and organizational structure;
- 4. The number of years your organization has been in business under the present name and the number of years the business organization has been under the current management;
- 5. List of all individuals who, if selected, will provide services to the Township of Hillside, along with a summary of the post-high school education and licenses held by each such person;
- 6. Number of years each individual has provided representation to municipal entities in the State of New Jersey;
- 7. A description of the services that will be provided to the Township of Hillside, in addition to those set forth in Section II above;
- 8. A copy or description of the professional liability insurance policy, \$1,000,000.00 or higher, maintained by the business organization for the proposed calendar year;
- 9. A statement and listing of professional service fees that the business organization can offer to the Township of Hillside;
- 10. A statement that the applicant complies with N.J.S.A 10:5-1, et. seq., (Law Against Discrimination) and P.L.1975, c. 127 (Affirmative Action Law of the State of New Jersey);
- 11. The name and addresses of at least three (3) references consisting of clients for which the applicant has provided services in the past five (5) years, which should include at least one (1) municipal entity client;
- 12. A list and description of all professional liability claims, if any, brought against the applicant during the past five (5) years; and
- 13. Confirmation of the appropriate federal and state licenses to perform activities;
- 14. The applicant shall provide the Township of Hillside with an original and two (2) copies of its proposal.

SECTION V. BASIS OF AWARD OF PROFESSIONAL SERVICES CONTRACT

The Township of Hillside shall award all professional service agreements based upon qualifications, merit, cost competitiveness, references, and experience with issues confronting the Township of Hillside. The final determination will be based upon the most advantageous price and other factors to the Township of Hillside. The specific basis of award will include:

A. Documented evidence that the Proposer fulfills all of the Minimum Qualifications as listed in Section III and all of the information required under Section IV. Affirmative Action Compliance and professional service fees are provided for review and consideration.

B. Technical Criteria:

- 1. Does the proposal demonstrate a clear understanding of the scope of work and related objectives?
- 2. Does the proposal document knowledge of the issues and operations of the Township of Hillside and how the proposed services will address these issues?
- 3. Is the proposal complete and responsive to the specific requirements?
- 4. Has successful past performance of the firm and its principals been documented?

C. Management Criteria:

- 1. How well does the proposed scheduling timelines meet the Township's needs?
- 2. Does the proposer document a record of the reliability of the timely delivery of deliverables?
- 3. Does the proposer document municipal/State experience?
- 4. Does the proposer document its availability to attend all scheduled/required public and special meetings?
- 5. To what extent does the proposer rely on in-house resources vs. contracted services?
- 6. Is there the availability of in-house and contract resources documented?
- 7. Documentation of experience in performing similar work by employees?
- 8. Does the proposer make use of business capabilities or initiatives that involve women, the disadvantaged, small and/or minority owned business establishments?
- 9. Does the proposer demonstrate cultural sensitivity in hiring and training staff?
- D. Cost Criteria:
- 1. Relative Cost How does the cost compare to other similarly scored proposals?
- 2. Is the price and its component charges, fees, etc., adequately explained and documented?
- 3. Does the proposal include quality control and assurance programs?
- 4. Does the proposer have the sufficient financial resources to meet its obligations?

All awards are and shall be subject to the availability of funds for the professional services in the Temporary and/or Final Budgets.

REOUEST FOR PROPOSAL CHECKLIST

THIS CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH YOUR PROPOSAL. PLEASE INTIAL BELOW, INDICATING THAT YOUR PROPOSAL INCLUDES THE ITEMIZED DOCUMENTS. A PROPOSAL SUBMITTED WITHOUT THE FOLLOWING DOCUMENTS MAY BE REJECTED.

ITEM	INITIALS
Executed Disclosure Statement (form provided)	
Executed Non-Collusion Affidavit (form provided)	
Executed Affirmative Action Compliance Notice (form provided)	
Executed Owner's Disclosure Statement (form provided)	
Executed Hold Harmless Agreement (form provided)	
Executed Americans with Disabilities Act of 1990 Language (form provided)	
Executed Vendor's Information (form provided)	
New Jersey Business Registration Certificate	
Responses to Section III Part B 1 through 15	
Original and two (2) copies of completed package	

THE UNDERSIGNED HEREBY ACCKNOWLEDGES THE ABOVE LISTED REQUIREMENTS.

Person, Firm or Corporation submitting Proposal:

Authorized Agent Name and Title:

Authorized Signature and Date:

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DISCLOSURE STATEMENT

The attention of prospective proposer is drawn the provisions of the Local Government Ethics Law (N.J.S.A. 40A:9-22-1, et seq.) which prohibits the Township of Hillside or an employee or member of his/her immediate family from having an interest in a business organization or engaging in any business transaction, or professional activity which is in substantial conflict with the proper discharge of his/her duties in the public interest.

In furtherance thereof, every proposer must disclose below, whether they are a Township of Hillside Officer or employee or whether an immediate family member is a Township of Hillside Officer or employee. If the proposer is a business organization, then disclosure shall be made with respect to anyone having an interest in the business and their immediate family members.

Please answer the following:

Is the proposer or a member of the proposer's immediate family, or anyone having an interest in the proposer's business organization including their immediate family members, an officer or employee of the Township of Hillside?

NO____YES_____

* President, Vice President or Signature of Authorized Representative

Print Name

Title

If yes, provide the name of the individual and identify the position held, below, and notify in writing, prior to the proposal opening date, to the Township Business Administrator, Township of Hillside, 1409 Liberty Ave., Hillside, New Jersey 07205. (Kindly attach a copy of the correspondence to this form).

NOTE: All terms used herein are to be construed in accordance with their meaning under the Local Government Ethics Law, cited above.

* F VAILURE TO SIGN THIS AFFIDAVIT BY A DULY AUTHORIZED COMPANY OFFICIAL WILL RESULT IN THE REJECTION OF THIS PROPOSAL.

NON-COLLUSION AFFIDAVIT

I,	, of the City of	, in the County of,	
and the State of say that:	, of full age, being	duly sworn according to law on my oath depose an	ıd
I am	, of the firm of	fthe	

(Company Name)

proposer making this Proposal for the above-named project, and that I executed the said Proposal with full authority to do so; that said proposer has not, directly or indirectly, entered into an agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive action in connection with the above-named project and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the State of New Jersey, County of Union, and the Township of Hillside relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I fully 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

(Company Name)

* President, Vice President or Signature of Authorized Representative

(Title)

Print Name

Title

* FAILURE TO SIGN THIS AFFIDAVIT BY A DULY AUTHORIZED COMPANY OFFICIAL WILL RESULT IN THE REJECTION OF THIS PROPOSAL.

AFFIRMATIVE ACTION REQUIREMENTS

BIDDERS ARE REQUIRED TO COMPLY WITH THE REQUIREMENTS OF N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27

REQUIRED AFFIRMATIVE ACTION EVIDENCE

PROCUREMENT & SERVICE CONTRACT (which are not subject to a Federally approved or sanctioned affirmative action program). All successful vendors must submit within <u>ten calendar (10) days</u> of the notice of intent to award (Memorandum of Agreement) or the signing of the contract, whichever is sooner, one of the following:

1. A PHOTO COPY OF THEIR <u>FEDERAL LETTER OF AFFIRMATIVE ACTION PLAN</u> <u>APPROVAL</u>.

OR

2. A PHOTO COPY OF THEIR <u>CERTIFICATE OF EMPLOYEE INFORMATION REPORT</u>.

OR

3. A COMPLETED <u>AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT (AA302).</u> <u>FORM IS INCLUDED IN THIS PACKAGE, LAST PAGE.</u>

THE AFFIRMATIVE ACTION AFFIDAVIT FOR VENDORS HAVING LESS THAN FIFTY (50) EMPLOYEES IS NO LONGER ACCEPTABLE.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27-1 et. seq. and agrees to furnish the required forms of evidence.

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

COMPANY NAME:

SIGNATURE: _____

PRINT NAME:

TITLE: _____

DATE:

EXHIBIT A

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

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the Proposer (herein after 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. 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 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 AA302 electronically provided by the Division and distributed to the public agency through the Division's website at <u>www.state.nj.us/treasury/contract_compliance</u>.

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to <u>Subchapter 10 of the Administrative Code at N.J.A.C. 17:27</u>.

OWNERS DISCLOSURE STATEMENT

In accordance with N.J.S.A. 52:25-24.2 et seq., no corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, Subchapter S corporation or sole proprietorship, shall be awarded a contract, unless prior to the receipt of the bid or accompanying the bid of the corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, Subchapter S corporation or sole proprietorship, there is submitted to the Township, a statement setting forth the names and addresses of all stockholders who own ten percent (10%) or more of the stock, of any class or all individual partners who own a ten percent (10%) or greater interest in the corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, Subchapter S corporation or sole proprietorship or sole proprietorship, limited partnership, limited partnership, limited partnership, limited partnership, limited partnership, limited partnership, setting forth the names and addresses of all stockholders who own ten percent (10%) or more of the stock, of any class or all individual partners who own a ten percent (10%) or greater interest in the corporation, partnership, limited partnership, limited liability corporation, limited liability partnership, Subchapter S corporation or sole proprietorship. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding ten percent (10%) or more of that corporation's stock, or the individual partners owning ten percent (10%) or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder and individual partner, exceeding the ten percent (10%) ownership criteria established in this act has been listed.

Legal Name of Bidder	1		_	Date
Street Address	//	City	State	Zip Code
// Telephone #	Fax #	/e-mail addi	ress	
CHECK TYPE OF BUSINES	S ENTITY:			
	Date	Where		
	Incorporated	Incorporated		
Corporation		1		Limited Partnership
Limited Liability Corporation			Lin	nited Liability Partnership
Subchapter S Corporation			-	Sole Proprietorship
1 1			_	Partnership

Listed below are the names and address of all stockholders or individuals who own ten (10) percent or more of its stock of any class (es), or who own ten (10) percent or greater interest therein.

Name Address
Name Address

Name Address

If more space is required, continue listing on a separate page and include with bid submittal.

If no stockholder or partner owns ten percent (10%) or more of the business submitting the bid, please sign and date this form. I certify that no stockholder or partner owns ten percent (10%) or more of the business submitting this bid:

President, Vice President or Signature of Authorized Representative

Date

FAILURE TO COMPLETE THIS FORM OR SIGN THE ABOVE STATEMENT BY A DULY AUTHORIZED COMPANY OFFICIAL WILL RESULT IN REJECTION OF THIS PROPOSAL.

HOLD HARMLESS AGREEMENT

BETWEEN: The Township of Hillside

1409 Liberty Ave., Hillside, New Jersey 07205

AND

Vendor's Name			
Address – not a post office	e box		
/		/	
Telephone Number	Fax Number	e-mail address	

It is understood and agreed the Contractor is:

- 1. An independent Contractor and not an employee of the Township of Hillside.
- 2. The Contractor agrees to indemnify and hold harmless the Township of Hillside, its elected officials, and all of its officers, agents and employees from any and all liability for damages for injury to person and property, including death, and against and from all suits and actions and all costs, damages and charges of whatsoever kind and nature, including attorneys' fees to which the Township of Hillside may be put for, or on account of, any injury or alleged injury to person, including death, or property, resulting from the performance of the Contractor's operations under this contract, or by or in consequence of any neglect or omission of the part of the Contractor in the performance of operations under this contract, whether such operations, or the absence thereof, be by the Contractor or anyone directly or indirectly employed by the Contractor.
- 3. The Contractor shall hold the Township of Hillside harmless for damages to the Contractor's equipment utilized during the term of this contract.

President, Vice President or Signature of Authorized Representative

Print Name

Title

Date

AMERICANS WITH DISABILITIES ACT

EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES

The vendor and the Township of Hillside (hereafter "Owner") do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S12.101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the Owner pursuant to this contact, the vendor agrees that the performance shall be in strict compliance with the Act, In the event the vendor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the vendor shall defend the Owner in any action or administrative proceeding commenced pursuant to this Act. The vendor 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 vendor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other 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. 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 vendor 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 vendor 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 vendor 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 vendor pursuant to this contract will not relieve the vendor 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 vendor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the vendor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the vendor's obligations assumed in this Agreement, nor shall they be construed to relieve the vendor from any liability, nor preclude the Owner from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

President, Vice President or Signature of Authorized Representative

Print Name

Title

Date

VENDOR INFORMATION

In order to assure that all future	correspondence is directed to the co	prrect address, assure proper ordering, expedite
future payments, and be in acco	rd with I.R.S. regulations, the follow	ving information must be provided with this bid.
	-	
Name of Business:		
	(Print)	
Name of Contact Person:		
	(Print)	
	()	

Correspondence Address (including zip code):

Purchase Order Address for signature (including zip code):

Payment Address (including zip code):

Telephone Number (including area code): _____

Fax Number (including area code):

E-Mail Address:

Employer I.D. # or S.S. #:

FAILURE TO PROVIDE ALL OF THE ABOVE INFORMATION MAY RESULT IN REJECTION OF THIS BID.

PROPOSER'S AFFIDAVIT THIS AFFIDAVIT IS PART OF THE PROPOSAL

State of	
County of	
I,	,
(Print Na	ame),
certify that I am the	
(Title)
documents; that I am duly authorized to sign the b	osal; that I have completed and signed all of the required bid/proposal on behalf of the business entity; and that all of the l/proposal document are true and accurate to the best of my
	/
(Signature of Bidder)	(Date)
NOTARY:	
Subscribed and sworn to before me at	
(Address)	
Thisday of20	
(Notary Public)	
Commission Expires:	

DOCUMENT OWNERSHIP

This document was prepared by the Township of Hillside (owner) and is provided on the Township website at <u>www.hillsidenj.us.</u> This document is not to be reproduced for distribution to other vendors regardless of whether the vendor intends to charge, or not to charge, for said copy. Copies of this document are made available from the owner and there is no other agent authorized to distribute same.

The owner shall retain all of its rights and interest in any and all documents and property both hard copy and digital furnished by the owner to the contractor for the purpose of assisting the contractor in the performance of this contract. All such items shall be returned immediately to the owner at the expiration or termination of the contract or completion of any related services, pursuant thereto, whichever comes first. None of the documents and/or property shall, without the written consent of the owner, be disclosed to others or used by the contractor or permitted by the contractor to be used by their parties at any time except in the performance of the resulting contract.

Ownership of all data, materials and documentation originated and prepared for the owner pursuant to this contract shall belong exclusively to the owner. All data, reports, computerized information, programs and materials related to this project shall be delivered to and become the property of the owner upon completion of the project. The contractor shall not have the right to use, sell, or disclose any part or total of the interim or final work products, or make available to third parties, without the prior written consent of the owner.

rom AA302 Rev. 02/22

SIAIE UF NEW JEKSET

Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM, FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150,00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE, DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to: https://www.nj.gov/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf

	SE	CTION A - COM	PANY IDENTIFIC	ATION							
l, FID. NO. OR SOCIAL SECURITY	NO. OR SOCIAL SECURITY 2. TYPE OF BUSINESS 1. MFG 2. SERVICE 3. WHOLESALE 3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY										
4, COMPANY NAME COMPANY E-MAIL											
5, STREET CITY COUNTY STATE ZIP CODE											
6. NAME OF PARENT OR AFFILIATE	ED COMPANY (IF NONE	E. SO INDICATE)	CITY	STAT	E	ZIP CODE					
7. CHECK ONE: IS THE COMPANY:	SINGLE-ESTAB	LISHMENT EMPL	OYER	MULTI-ESTABL	ISHMENT EN	IPLOYER					
8. IF MULTI-ESTABLISHMENT I 9. TOTAL NUMBER OF EMPLOYEES 10. PUBLIC AGENCY AWARDING CO	AT ESTABLISHMENT	WIIICH HAS BEEN	NAWARDED THE C	ONTRACT							
		CITY	COUNT	Y STAT	E	ZIP CODE					
Official Use Only DATE RECEIVED INAUG.DATE ASSIGNED CERTIFICATION NUMBER											
		SECTION B - EI	I MPLOYMENT DA	TA							

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 EMPLOY EES		PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN												
	COL. I	COL. 2	COL.3		**************************************							ALE*****	***		
	Total	Male	Female	(
	(Cols 2 &3)			BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES
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)															
			The	data belo	w shall NOT	be inclu	ded in the	e figure	es for the	appropr	iate catego	ories abc	ove.		
Temporary & Part- Time Employees															
12. HOW WAS			TO RACE oyment Re		NIC GROUP		N B OBTA	INED?	Empl	THIS THE loyee Infor ort Submitt	mation		EPORT SU	BMITTE	D
13. DATES OF From		L PERIOD	USED	To					1. YES	S 🗌 2,	NO				
				SE	CTION C - SI	GNATURE /	AND IDEN	IFICATI	ION						
16. NAME OF P	ERSON CO	OMPLETI	NG FORM	(Print or 7	урс)	SIGN	ATURE		TI	TLE		D	ATE MO DA	Y YEAI	2
17. ADDRESS	NO, & STI	REET	Cľ	٢Y	1	COUN	νTY	ST	ATE Z	IP CODE	PHONE (A	AREA CO	DE, NO.,E	XTENSIC	ON)

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