

# JERSEY CITY HOUSING AUTHORITY (JCHA)

## REQUEST FOR PROPOSALS FOR PRE-EMPLOYMENT PHYSICAL EXAMINATIONS AND SPECIAL NEEDS TESTING FOR A PERIOD OF ONE (1) YEAR

The JCHA requires the services of a company to provide **Pre-Employment Physical Examinations and Special Needs Testing for a Period of One (1) Year**.

The JCHA intends to enter into an agreement to obtain this service (probably commencing July 2023).

Bids or RFP documents may be obtained from our website [www.jerseycityha.org](http://www.jerseycityha.org) by on clicking the **Doing Business With Us** tab, then scrolling down on page to access the **BID/RFP Package** to download. Any questions can be emailed to [purchasing@jcha.us](mailto:purchasing@jcha.us) or faxed to the Purchasing Department at 201-547-6648 between the hours of 8:30 A.M. and 4:30 P.M., Monday through Friday, (excluding holidays).

TDD # 201-706-4695, BETWEEN THURSDAY, MARCH 16, 2023 THROUGH TUESDAY, APRIL 18, 2023.

All firms must submit **1 original, 5 copies and a flash drive of the proposal** in a SEALED Envelope LABELED APPROPRIATELY (PROPOSAL TITLE AND RETURN ADDRESS) and received by the JCHA, c/o Kenneth Pinnock, Jr., Director of Procurement, Contracts & Risk Management, 400 U.S. Highway # 1, (Marion Gardens), Jersey City, New Jersey, 07306, by or before **Wednesday, April 19, 2023, at 11:00 A.M. EST**, using one of the following submission procedures:

### HAND-CARRIED/MAILED/OVERNIGHT/EXPRESS MAIL DELIVERY

All bidders must supply a copy of the organization's "Business Registration Certificate" issued by the Division of Revenue in order to be eligible for award consideration.

Proposals received after this date and time for any reason shall not be considered and will be returned to the sender.

**\*\*\*PLEASE ENSURE TO VISIT OUR WEBSITE SEVEN (7) DAYS PRIOR TO THE DUE DATE OF THE BIDS & RFPS THAT YOU WISH TO PARTICIPATE IN, FOR ANY NOTICE OF CHANGE/ADDENDA BEFORE SUBMITTING YOUR BID OR RFP PACKAGE\*\*\***

BY:

Kenneth Pinnock

Digitally signed by Kenneth Pinnock  
DN: cn=Kenneth Pinnock, o=JCHA, ou=Procurement  
and Contracts Administration, email=kpinnock@jcha.us,  
c=US  
Date: 2023.03.10 11:25:36 -0500

FOR

Kenneth Pinnock, Jr.  
Director of Procurement, Contracts & Risk Management

Stephen Cea  
Interim Executive Director

REF# RFP 2023 #9

PUBLICATION: Thursday & Friday, March 16<sup>th</sup> and 17<sup>th</sup>, 2023

**SECTION I: PROPOSAL INSTRUCTIONS****INTRODUCTION**

All responses for providing employee physicals under this RFP must include all of the elements described in this Section. It is recommended that firms read the entire RFP before proceeding to draft any of the required elements of the proposal to be submitted.

The firm should provide a one page letter of introduction briefly describing the firm and its work, especially as it relates to this prospective commission; (ensure that confirmation of the required minimum of five (5) years corporate experience is stated). The letter should specifically identify the members of the firm who would be assigned to provide requested employee physicals to the JCHA if the firm is awarded the contract.

The letter should include a statement that if the firm is selected by the JCHA, the firm will be ready to begin work on or about July 1, 2023 and continue for a term of one (1) year.

All proposals must then include the following elements:

**A. STATEMENT OF PROFESSIONAL EXPERIENCE AND QUALIFICATIONS**

State your firm's professional experience which offers evidence of qualifications to perform the requested physicals as described in Section II of this RFP, Scope of Services: General Description. The JCHA is most interested in the firm's **pre-employment medical physical contracts and experience to date**. Specific work and expertise with **large public sector or not-for-profit organizations** is of particular interest. We suggest inclusion of specific recent and current clients. (Note: The JCHA shall presume that the firm has no objection to the JCHA contacting listed clients to review the firm's work, cost control, ability to meet schedules, and client satisfaction.)

State the principals of the firm who will be assigned to perform the JCHA work. Ensure that in the description of the firm's EXPERIENCE it is very clear to what extent the principals to be assigned to the JCHA work were involved in the referenced experience. (Note: For proposal evaluation purposes, the experience of the principal(s) to be assigned to the JCHA work will be given equal or greater weight than the experience of "the firm" as an entity.)

The JCHA is only interested in qualifications, experience, track records and technical competence which is **DIRECTLY RELATED** to the Scope of Services of this commission, (not the firm's entire corporate and client history.)

Please feel free to include any other information about the firm, which will assist the JCHA in assessing the extent to which the firm has the professional experience, track record and technical competence to successfully perform the JCHA commission.

**SECTION I: PROPOSAL INSTRUCTIONS (continued)**

**B. COST**

*Note: All quotes should be submitted on a copy of this form and included with your proposal*

State the cost to perform physical examinations and related testing for prospective and current JCHA employees as per the following:

- 1. Price per routine pre-employment physical and testing, as per the Scope of Services (Section II): \$ \_\_\_\_\_ X 30 = \$ \_\_\_\_\_
- 2. Price per physical examination confirming employee's incapacity to perform regular duties due to illness (Section II): \$ \_\_\_\_\_ X 20 = \$ \_\_\_\_\_
- 3. Price per physical examination authorizing an employee to return to active duty (Section II): \$ \_\_\_\_\_ X 20 = \$ \_\_\_\_\_
- Price per special needs testing, as per the Scope of Services (Section II):
  - 4. a. Blood Lead \$ \_\_\_\_\_ X 20 = \$ \_\_\_\_\_
  - b. Cholinesterase \$ \_\_\_\_\_ X 20 = \$ \_\_\_\_\_
  - c. Zinc Protoporphyrin \$ \_\_\_\_\_ X 20 = \$ \_\_\_\_\_
  - d. Pulmonary Function Test \$ \_\_\_\_\_ X 20 = \$ \_\_\_\_\_
  - e. Pesticide & Insecticide Testing \$ \_\_\_\_\_ X 20 = \$ \_\_\_\_\_
  - f. Emergency Drug/ Alcohol Screening & GCMS, as necessary \$ \_\_\_\_\_ X 15 = \$ \_\_\_\_\_

Total: \$ \_\_\_\_\_

5. The following will have no bearing on proposal ranking. Unit prices are requested for the preparation and presentation of three supervisory and staff training seminars on specific Job Safety and Health Protection topics. If the JCHA accepts your proposal, these may or may not be included in the contract for services at the JCHA's discretion.

- a. Cardio Pulmonary Resuscitation (CPR) \$ \_\_\_ \_
- b. Safety Lifting (Leaming to Lift Safely to Avoid Unnecessary Injury & Expense) \$ \_\_\_ \_
- c. Substance Abuse in the Workplace (Guidance for Supervisory Staff in Identifying Behavioral Signs of Drug or Alcohol Abuse) \$ \_\_\_ \_

**SECTION I: PROPOSAL INSTRUCTIONS**

**C. DOCUMENT REQUIREMENTS**

Provide all formal documents, certifications, etc., as specified in SECTION IV of this RFP.

**D. ADDITIONAL ELEMENTS**

It is the sole responsibility of the firm to provide all information requested and meet all requirements of this RFP. If any of the required information is not provided or requirements not met, the JCHA may, at its sole discretion, remove the proposal from any further consideration. All information must be clear, concise and complete.

All proposals must be submitted in SEALED envelopes and received by the JCHA, c/o Kenneth Pinnock, Director of Procurement, Contracts & Risk Management, 400 U.S. Hwy 1&9, (Marion Gardens), Jersey City, New Jersey, 07306, **by or before 11:00 AM EST, on Wednesday, April 19, 2023. Proposals received after this date and time for any reason shall not be considered and will be returned.**

If your firm has any questions about the general procurement process for this RFP, please direct them to [purchasing@jcha.us](mailto:purchasing@jcha.us) or Fax: 201-547-6648. If your company has any questions about the Scope of Services for this RFP, please direct them to Doreen Tucker, HR Director, (Tel. No.: 201-706-4684, Fax: 201-547-8977).

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**SECTION II: SCOPE OF SERVICES: GENERAL DESCRIPTION**

A. The Firm will provide routine Pre-Employment Medical Physical Examinations, conducted by a licensed M.D., to include the following:

1. Review of Medical History.
2. Height, Weight, Teeth, Hearing, Vision, Blood Pressure, Pulse, Heart, Lungs, Abdomen, Hernia, Upper/Lower Extremities and Spine.
3. Breath Alcohol Screening.
4. Complete Blood Count (CBC).
5. Routine Drug Screening to include testing for Amphetamines, Barbiturates, Benzodiazepines (Valium, Librium), Cocaine, Methadone, Opiates, Phencyclidine (PCP), Methaqualone, THC (Marijuana).

B. The Firm will provide Medical Physical Examinations conducted by a licensed M.D., to:

1. Assess employee's incapacity to perform regular duties due to illness, based upon the information provided.
2. Assess employee's capacity to return to active employment and perform regular duties subsequent to an excused absence, based upon the information provided.

C. The Firm will provide 'Special Needs' testing, when necessary, to include the following:

- I. **Lead Paint Abatement Program:** Blood Lead Test, Cholinesterase Blood Test, Zinc Protoporphyrin, Pulmonary Function Tests for Respirator Certification Medical Exams to include: FVC (forced vital capacity); FEY! (forced expiratory volume at one second); FEVI/FVC% (forced expiratory volume at one second to forced vital capacity ratio, expressed as a percentage); and FEF25-75% (mean forced expiratory flow during the middle half of the FVC).

*Note: The JCHA anticipates approximately 5 of each of the above referenced tests to be completed within the contract year.*

2. **Pesticide/Insecticide Testing:** Overexposure/Poisoning Profile in Plasma, RBC and Urine.

*Note: The JCHA anticipates approximately 5 (if the above referenced test to be completed within the contract year.*

3. **Emergency Drug and/or Breath Alcohol Screening:** Including GCMS, as necessary.

*Note: The JCHA anticipates approximately 10 emergency screenings per contract year.*

**SECTION II: SCOPE OF SERVICES: GENERAL DESCRIPTION (continued)**

D. The Firm will provide Professional Job Safety and Health Protection training, when necessary, to include the following:

1. Cardio Pulmonary Resuscitation (CPR)
2. Safety Lifting (Learning to Lift Safely to Avoid Unnecessary Injury & Expense)
3. Substance Abuse In The Workplace (Guidance for Supervisory Staff in Identifying Behavioral Signs of Drug or Alcohol Abuse)

*Note: The JCHA anticipates at least two sessions per topic during the calendar year for groups of approximately 30 employees and/or supervisors per session.*

E. Results of employer-initiated Emergency Drug and Alcohol Screening must be received by the JCHA within the following time period:

Verbal results - within 24 hours  
Written results - within 3 business days

Written results of all other examinations and tests must be forwarded to the JCHA's Department of Human Resources within five (5) working days.

**Please note: In providing results of pre-employment physicals to the JCHA, please DO NOT include any information regarding family-related genetic disorders.**

F. The JCHA will provide the firm with a signed authorization to conduct the pre-employment physical examination, including drug and alcohol screening.

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**SECTION III: PROPOSAL EVALUATION CRITERIA**

The JCHA will evaluate proposals received based upon two criteria with ranking points as follows: Professional Experience and Qualifications @ maximum of 30 points and Cost @ maximum of 10 points. Ranking scores will be given as follows:

**A. FOR "PROFESSIONAL EXPERIENCE AND QUALIFICATIONS"**

**MAXIMUM SCORE: 30 Points**

**Highest Ratings:** The professional experience described in the proposal is the same kind (or greater), in quality and scale, as is required to perform the Scope of Services described in this RFP. For example: Indicate the professional experience and technical competence of your firm and staff, and adequacy of facilities for this scope of services. Include qualifications, experience and abilities of your firm, its principals who, and facilities which, will be involved with this commission.

Experience ... should be given in order of: with the JCHA, with similar size or larger public agencies and then with smaller public agencies.

Be sure and give the specific experience, ... of the M.D.'s, support staff and facility availability to be DIRECTLY INVOLVED with performing the required physicals and testing outlined in the scope of services.

When listing non-JCHA public sector experience, be sure to indicate the size, average number of physicals/yr. and terms of contract(s) for the public agencies listed.

If any part of this potential commission is to be sub-contracted to any other firm, person or facility, (e.g. an outside testing lab) be sure to state such and give the experience, of the sub-contractor.

Explain how the firm will provide the services in a timely fashion in terms of both physicals and testing. Be specific re: the average number of days' wait between a call from the JCHA requiring physicals and having the physical performed, and between the physical and testing and when the JCHA is notified of results. For example - "... the hospital will require five business days' notice... and results will be given five business days after the physical...". Or, if the hospital works on pre-set schedules, "... physicals are given on Thursdays and require only 24 hr. notice... and test results are ready on the following Wednesday...".

The proposal should also include general comments regarding responsiveness for "Special Needs" testing, e.g., if the JCHA called and needed a drug test done the day of the call.

If two or more firms meet this standard, the firm with the most relevant experience will receive the relatively higher score.

**SECTION III: PROPOSAL EVALUATION CRITERIA (continued)**

**Middle Ratings:** The professional experience described in the proposal is quite similar, clearly approximates, is closely related to and/or otherwise quite comparable, in quality and scale, as is required to perform the Scope of Services described in this RFP. For example: same as for "highest rating", but not including specific, "experience with JCHA proposals for appropriate, ...". If two or more firms meet this standard, the firm with professional experience, which is similar, will receive relatively higher scores.

**Lower Ratings:** The professional experience described in the proposal is somewhat similar, approximates, is somewhat related to and/or otherwise somewhat comparable, in quality and scale, as is required to perform the Scope of Services described in this RFP. For example: the firm has extensive HUD program experience, but not with the specified programs or areas of emphasis for this commission.

**B. FOR "COST"**

**MAXIMUM SCORE: 10 Points**

The Cost criteria will be scored in relative terms, i.e., lowest relative costs receiving the highest relative scores, with scoring differences proportional to cost differences.

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**SECTION IV: DOCUMENT REQUIREMENTS**

All proposals must include:

- A. Incorporation certification, including the names and addresses of corporate ownership.
- B. A copy of the firm's "Business Registration Certificate" issued by the Division of Revenue. Failure to submit proof of registration is considered a mandatory rejection of bids (non-waivable defect) N.J.S.A. 40A:1 1-23.2 Mandatory List of Documents.
- C. Professional licenses, including evidence of where the firm and principals are permitted to conduct physical examinations and drug/alcohol testing.
- D. If the firm intends to subcontract any portion of this commission, a statement regarding to whom, with attendant corporate identification and certifications. Subcontractors will be evaluated as part of the proposer's team, JCHA reserves the right to accept or reject subcontractors with no change to price.
- E. If not included in the PROFESSIONAL EXPERIENCE sections of the proposal, summary resumes of the firm's partners and principals to be assigned to prospective JCHA work.
- F. Certified statement that neither the firm nor members of the firm are debarred, suspended or otherwise prohibited from professional practice by any federal, State or local oversight, regulatory or law enforcement authority.
- G. Statement that the firm is financially sound and has financial resources sufficient to successfully execute this prospective JCHA agreement over a twelve-month period.
- H. Evidence of all appropriate and applicable insurance coverage carried by the firm, including policy coverage periods.
- I. Statement that the firm operates in full compliance with all applicable civil rights and non-discrimination statutes, executive orders, rules and regulations.

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**SECTION V: DRAFT AGREEMENT**

**INTRODUCTION**

The following is an outline of the approximate agreement that the JCHA intends to execute. The base document is the existing JCHA medical contract(s) as amended for purposes of the RFP. Please pay particular attention to the Scope of Services provisions; this is the reference point for your response to the RFP.

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**DRAFT AGREEMENT**

THIS AGREEMENT entered into as of the 1st day of **July, 2023**, for a period of three (3) year, by and between the Jersey City Housing Authority (hereinafter referred to as the JCHA) and \_\_\_\_\_ (hereinafter referred to as the Firm):

**I. Agreement of the Parties**

The JCHA agrees to engage \_\_\_\_\_ and \_\_\_\_\_ hereby agrees to perform the services hereinafter set forth.

**II. Scope of Services**

A. The Firm will provide routine Pre-Employment Medical Physicals, conducted by a licensed M.D., to include the following:

- I. Review of Medical History.
- 2. Height, Weight, Teeth, Hearing, Vision, Blood Pressure and Pulse, Heart, Lungs, Abdomen, Hernia, Upper/Lower Extremities and Spine.
- 3. Breath Alcohol Screening.
- 4. Complete Blood Count (CBC).
- 5. Routine Drug Screening to include testing for: Amphetamines, Barbiturates, Benzodiazepines (Valium, Librium), Cocaine, Methadone, Opiates, Phencyclidine (PCP), Methaqualone, THC (Marijuana).

B. The Firm will provide Medical Physical Examinations, conducted by a licensed M.D., to assess employees' incapacity to perform regular duties due to illness based upon the information provided.

C. The Firm will provide Medical Physical Examinations, conducted by a licensed M.D., to assess employees' capacity to return to active employment subsequent to an excused absence and based upon the information provided.

**SECTION V: DRAFT AGREEMENT (continued):**

D. The Firm will provide 'Special Needs' testing, when necessary, to include the following:

- I. **Lead Paint Abatement Program:** Blood Lead Test, Cholinesterase Blood Test, Zinc Protoporphyrin, Pulmonary Function Tests for Respirator Certification Medical Exams to include: PVC (forced vital capacity); FEV1 (forced expiratory volume at one second); FEV1/FVC% (forced expiratory volume at one second to forced vital capacity ratio, expressed as a percentage); and FEF25-75% (mean forced expiratory flow during the middle half of thePVC).

*Note: The JCHA anticipates approximately 5 of each of the above referenced tests to be completed within the contract year.*

2. **Pesticide/Insecticide Testing:** Overexposure/Poisoning Profile in Plasma, RBC and Urine.

*Note: The JCHA anticipates approximately 5 of the above referenced test to be completed within the contract year.*

3. **Emergency Drug and/or Breath Alcohol Screening:** Including GCMS, as necessary.

*Note: The JCHA anticipates approximately 10 emergency screenings per contract year.*

E. The Firm will provide Professional Job Safety and Health Protection training, when necessary, to include the following:

- I. Cardio Pulmonary Resuscitation (CPR)
2. Safety Lifting (Learning to Lift Safely to Avoid Unnecessary Injury & Expense)
3. Substance Abuse In The Workplace (Guidance for Supervisory Staff in Identifying Behavioral Signs of Drug or Alcohol Abuse)

*Note: The JCHA anticipates at least two sessions per topic during the calendar year for groups of approximately 30 employees and/or supervisors per session.*

F. Results of employer-initiated Emergency Drug/Alcohol Screening must be received by the JCHA within the following time period:

Verbal results - within 48 hours

Written results - within 5 business days

Written results of all other examinations and tests must be forwarded to the JCHA's Department of Human Resources within five (5) working days.

**Jersey City Housing Authority**

**Request for Proposals**

Please note: In providing results of pre-employment physicals to the JCHA, please **DO NOT** include any information regarding family-related genetic disorders.

**SECTION V: DRAFT AGREEMENT (continued):**

**II. Scope of Services (Continued):**

F. The JCHA will provide the firm with the following:

- I. Consent Form signed by the applicant authorizing the complete pre-employment physical examination (to include drug and alcohol screening).
- 2. JCHA authorization to conduct pre-employment physical examination, including drug and alcohol screening.

**III. Compensation**

A. The Firm shall submit monthly invoices on or before the 15th day of each month. The JCHA shall make payment on or about the 1st Friday of the month immediately following.

B. The Firm will be compensated for services completed as follows:

- I. Routine pre-employment physical examination and related testing \$ \_\_
- 2. Physical examination confirming incapacity to work \$ \_\_
- 3. Physical examination for authorization to return to work \$ \_\_
- 4. Blood Lead Test \$
- 5. Cholinesterase \$ \_\_
- 6. Zinc Protoporphyrin \$ \_\_
- 7. Pulmonary Function Test \$ \_\_
- 8. Pesticide & Insecticide Testing \$ \_\_
- 9. Emergency Drug /Alcohol Screening \$ \_\_
- 10. GCMS \$ \_\_

**IV. Complete Agreement**

This is the entire agreement between the parties pertaining to the matters set forth herein; all previous agreements (if applicable) between the parties for the stated Scope of Services are hereby rescinded and terminated.

**V. Conflicts of Interest**

- A. No member, officer or employee of the JCHA during his/her tenure or for one year thereafter, shall have any interest, direct or indirect, in this contract or the proceeds thereof.
- B. No member of, or Delegate to the Congress of the United States of America, shall be admitted to any share or part of this Contract or to any benefits which may arise therefrom.

**SECTION V: DRAFT AGREEMENT (continued):**

**VI. Non-Employee Status**

Notwithstanding anything to the contrary herein, the parties specifically agree that this Agreement shall not be deemed to create the relationship of employer-employee between the JCHA and the firm, and no rights or privileges of an employee of the Authority shall inure to the Authority hereunder.

**VII. Changes**

Any and all changes, additions, deletions of services to this Agreement shall be mutually agreed to by the JCHA and the Firm.

**VIII. Termination of Agreement**

This Agreement may be terminated by either the Finn or the JCHA after giving thirty (30) days written notice and such notice shall state the reason(s) therein.

IN WITNESS WHEREOF, the JCHA and the Finn hereby execute this Agreement as of the date first written above.

Jersey City Housing Authority:

(Firm):

\_\_\_\_\_  
Stephen Cea  
Interim Executive  
Director

\_\_\_\_\_  
(Title) (Name of Authorized Signatory)

\_\_\_\_\_  
Kenneth Pinnock  
Director of Procurement,  
Contracts & Risk  
Management

\_\_\_\_\_  
(Name of Authorized Signatory)  
(Title)

Date: \_\_\_\_\_

Date: \_\_\_\_\_

# CURRENT AND PRIOR LIST OF CLIENTS FORM

PLEASE PRINT (LEGIBLY) OR TYPE

Name of Submitting Firm: \_\_\_\_\_

RFP for: \_\_\_\_\_

**1**

Firm / Agency Name:	Name	Title
Address		
Telephone No. (     )     (     )     (     )	Fax No. (     )     (     )	Email Address
<i>(Brief Description of the Type of Work / Services Provided)</i>		
Contract Value	Date Service(s) Provided	
\$	From	To:

**2**

Firm / Agency Name:	Name	Title
Address		
Telephone No. (     )     (     )     (     )	Fax No. (     )     (     )	Email Address
<i>(Brief Description of the Type of Work / Services Provided)</i>		
Contract Value	Date Service(s) Provided	
\$	From	To:

**3**

Firm / Agency Name:	Name	Title
Address		
Telephone No. (     )     (     )     (     )	Fax No. (     )     (     )	Email Address
<i>(Brief Description of the Type of Work / Services Provided)</i>		
Contract Value	Date Service(s) Provided	
\$	From	To:

**4**

Firm / Agency Name:	Name	Title
Address		
Telephone No. (     )     (     )     (     )	Fax No. (     )     (     )	Email Address
<i>(Brief Description of the Type of Work / Services Provided)</i>		
Contract Value	Date Service(s) Provided	
\$	From	To:

**5**

Firm / Agency Name:	Name	Title
Address		
Telephone No. (     )     (     )     (     )	Fax No. (     )     (     )	Email Address
<i>(Brief Description of the Type of Work / Services Provided)</i>		
Contract Value	Date Service(s) Provided	
\$	From	To:

**6**

Firm / Agency Name:	Name	Title
Address		
Telephone No. (     )     (     )     (     )	Fax No. (     )     (     )	Email Address
<i>(Brief Description of the Type of Work / Services Provided)</i>		
Contract Value	Date Service(s) Provided	
\$	From	To:



# DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY - DIVISION OF PURCHASE AND PROPERTY  
33 WEST STATE STREET, P.O. BOX 230 TRENTON, NEW JERSEY 08625-0230

BID SOLICITATION # AND TITLE: \_\_\_\_\_

VENDOR NAME: \_\_\_\_\_

Pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must certify that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the New Jersey Department of the Treasury's Chapter 25 List as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at <https://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the 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.

### CHECK THE APPROPRIATE BOX

I certify, pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4), that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran.

**OR**

I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, has engaged in regarding investment activities in Iran by completing the information requested below.

Entity Engaged in Investment Activities  
Relationship to Vendor/ Bidder  
Description of Activities

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Duration of Engagement  
Anticipated Cessation Date

*\*Attach Additional Sheets If Necessary.*

### CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State 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. If I do so, I may be subject to criminal prosecution under the law, and it will constitute a material breach of my contract(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name and Title