

**CITY OF GARFIELD**  
**REQUEST FOR PROPOSALS**  
**MUNICIPAL MEDICAL PHYSICIAN/MEDICAL PROVIDER**

Date Issued: November 10, 2025

Return Date & Time: December 9, 2025, 11:00AM

Return To: Municipal Clerk’s Office  
City of Garfield  
111 Outwater Lane  
Garfield, NJ 07026

**REQUEST FOR PROPOSAL FOR THE POSITION OF**  
**MUNICIPAL MEDICAL PHYSICIAN/MEDICAL PROVIDER**  
**FOR THE CITY OF GARFIELD**  
**FOR THE TIME PERIOD JANUARY 1, 2026 THROUGH DECEMBER 31, 2026**

**PURPOSE AND INTENT**

The City of Garfield City Manager/Mayor and Council in the capacity as the City of Garfield (hereinafter “Authority”) is soliciting proposals for the position of **Municipal Medical Physician/Medical Provider** (hereinafter “Medical Provider”) to provide professional services to the City on all Medical Matters and services related to the medical requirement. The City Manager/Mayor and Council of The City will select an individual or firm as the Medical Provider 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 City to secure such services through a fair and open process. In order to have a proposal considered by The Authority, an interested party must provide evidence that he/she satisfies the minimum requirements as set forth in this document and that he/she otherwise complies with the proposal requirements set forth in The City's REQUEST FOR QUALIFICATIONS AND PROPOSALS section of The City website.

**SECTION I                      Appointment Municipal Medical Physician/Medical Provider**

One Consultant or firm shall be appointed by the City Manager/Mayor and Council acting as the Authority to serve as the official **Municipal Medical Physician/Medical Provider**, for a term of one (1) year, to perform medical services and advise the Authority including but not limited to those services as described in Section II of this document.

The Authority 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 Authority, which consent may be withheld in their sole discretion.

## SECTION II

### Scope of Services

The functions enumerated are not meant to be limiting. It is expected the **Municipal Medical Physician/Medical Provider** will do those things and provide medical service and advice appropriate to assure a successful application of medical policies and services as the **Municipal Medical Physician/Medical Provider**.

1. Conducting preemployment or preservice medical examinations.
2. Conducting return from illness or injury examinations for any illness or injury lasting more than three days.
3. Providing a written report regarding the findings and status of the employee or volunteer examined regarding his/her fitness for duty.
4. Medical evaluation of injured member officers, municipal member employees and or suspects and detainees
5. On site emergency physician services for events and catastrophes.
6. Emergency medical planning for all hazards including CBRN
7. Medical liaison for State and Local DOH
8. Stand by and/or in person, medical coverage of township special events, ie, July 4<sup>th</sup>, local emergency, etc.
9. Being available on an on-call basis to schedule physical examinations at other times during the normal business week or arranging for such examination by another physician under his/her direction and control at no additional cost to the City of Garfield.
10. Providing an annual physical to member employees of the City and members of the fire and police force on a voluntary basis.
11. Medical directions were indicated for policies involving illness or injury
12. Medical review of use of force policies and procedures for potential injuries, when applicable for the police department.
13. Medical coverage and emergency care for training sessions, i.e., qualifications, UOF, etc.
14. Standing orders and 24/7 consultation for member employees and police, i.e., oxygen, Narcan, EpiPen, ACLS medications, vaccinations, etc.

### Response Content

Firms should address in their Responses the following:

1. Description of Firm - Provide a history and description of your firm.
2. Experience - Please briefly summarize your experience as financial advisor for entities in the State of New Jersey.
3. References - Provide three (3) references. Include the issuer name, contact person, his/her title and address and telephone number for whom you have provided similar services.
4. Investigations/Litigation - Provide details of any criminal or regulatory investigation or pertinent litigation pending against your firm or members of your firm.
5. Certificates Required - The respondent must submit the following certificates: (i) Affirmative Action Employee Information Report or Certificate of Employee Information Report; (ii) Proof of general liability insurance coverage and professional liability insurance coverage; and, (iii) Proof of NJ Business Registration.
6. Other Information - Please discuss any factors which you believe are relevant to the City's selection of your firm.
7. Compensation - Please attach your fee schedule for providing the Scope of Services requested in this Request for Qualifications. Include a description of any out-of-pocket expenses which might be included and of hourly rate charges which relate to this engagement.

### **SECTION III**

### **Minimum Requirements for Vendor Responses**

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

1. Interested parties wishing to provide a proposal in response to the City of Garfield'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 City of Garfield, 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 City of Garfield, 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 business organization for the proposed calendar year;
9. A statement and listing of professional service fees that the business organization can offer to the City of Garfield;
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. Number your responses using the sequential order listed in paragraphs A and B of Section III.
15. The applicant shall provide the City of Garfield with an original and one (1) copy of its proposal.

### **SECTION IV**

### **Basis of Award of Professional Services Contract**

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

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

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 City of Garfield, 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 City's needs?
2. Does the proposer document a record of reliability of 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.

## **SECTION V PROPOSAL SUBMISSION**

**One copy** of the Proposal unbound, original; must be submitted marked “Municipal Medical Provider” and addressed to:

Erin N. Delaney, City Manager/City Clerk  
City of Garfield  
111 Outwater Lane  
Garfield, NJ 07026

**Proposals must be received by December 9, 2025 at 11:00 A.M., EST. Proposals may be delivered via an overnight service (FedEx or UPS)**

**No faxed or email offers will be accepted. Offers received after the time and date listed above will not be accepted.**

The Authority will not be responsible for any expenses in the preparation of the Proposals and for the preparation of any information or material received in connection with this solicitation, whether by negligence or otherwise.

The Authority reserves the right to request additional information if necessary, or to request an interview with bidder(s), or to reject any and all proposals with or without cause, and, in its sole discretion, waive any irregularities or informalities, such as minor elements of non-compliance with regard to the requirements of this RFP, in the Proposals submitted. The Authority further reserves the right to make such investigations as it deems necessary as to the qualifications of any and all firms submitting proposals. In the event that all Proposals are rejected, the Authority reserves the right to re-solicit proposals.

The Authority, in its sole discretion, reserves the right to waive minor elements of non-compliance of any bidder's proposal with regard to the requirements of this RFP.

Responding bidders may withdraw their Proposals at any time prior to the final filing date and time, as indicated on the cover page to this RFP, by written notification signed by an authorized agent of the firm(s). Proposals may thereafter be resubmitted, but only up to the final filing date and time.

The responding bidder assumes sole responsibility for the complete effort required in this RFP. No special consideration shall be given after the Proposals are opened because of a bidder's failure to be knowledgeable about all requirements of this RFP. By submitting a Proposal in response to this RFP, the bidder represents that it has satisfied itself, from its own investigation, of all of the requirements of this RFP.

Documents and information submitted in response to this RFP shall become property of the Authority and generally shall be available to the general public as required by applicable law, including the New Jersey Open Public Meetings Act and the New Jersey Open Public Records Act, N.J.S.A. 47:1A-1 et seq.

Communications with representatives of the Authority by the bidder or the bidder's representatives concerning this RFP are **not** permitted during the term of the submission and evaluation process. Communications regarding this RFP in any manner will result in the immediate rejection of your firm's Proposal.

The successful bidder is prohibited from sub-contracting any part of the work covered by this RFP.

The successful bidder is prohibited from assigning, transferring, conveying, subletting, or otherwise disposing of its obligations under this engagement or its rights, title or interest therein to any other person, company, or corporation without the previous consent and approval in writing by the Authority.

If it becomes necessary for the **Municipal Medical Physician/Medical Provider** Firm to substitute any management, supervisory or key personnel, the Authority shall be notified, and the firm shall identify the substitute personnel and the work to be performed. The firm must provide detailed justification documenting the necessity for the substitution. The substitution must have qualifications and experience equal to or better than the individual originally proposed or currently assigned.

The Proposal to be submitted by the bidder consists of a Technical Proposal and a Cost Proposal. The original and copies of the Cost Proposal is to be submitted in a separate sealed envelope. Additionally, the requested supporting documents listed in Section 10.0 below must be included with the Technical Proposal.

The bidder shall describe its approach and plans for accomplishing the work outlined in the Scope of Services on a separate attachment hereto.

**REQUEST FOR PROPOSAL CHECKLIST**

**THIS CHECKLIST MUST BE COMPLETED AND SUBMITTED WITH YOUR PROPOSAL. PLEASE INITIAL 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: \_\_\_\_\_

**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 City of Garfield 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 City of Garfield Officer or employee or whether an immediate family member is a City of Garfield 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 City of Garfield?

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 City Administrator, City of Garfield, 111 Outwater Lane, Garfield, New Jersey 07026. (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.

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

**NON-COLLUSION AFFIDAVIT**

I, \_\_\_\_\_, of the City of \_\_\_\_\_, in the County of \_\_\_\_\_, and the State of \_\_\_\_\_, of full age, being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_, of the firm of \_\_\_\_\_ the  
(Title) (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 Bergen, and the City of Garfield 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

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

**\* FAILURE TO SIGN THIS AFFIDAVIT BY A DULY AUTHORIZED COMPANY OFFICIAL WILL RESULT IN 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 ten calendar (10) days 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 FEDERAL LETTER OF AFFIRMATIVE ACTION PLAN APPROVAL.**

OR

2. **A PHOTO COPY OF THEIR CERTIFICATE OF EMPLOYEE INFORMATION REPORT.**

OR

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

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: \_\_\_\_\_

(REVISED 4/10)

**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 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 [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance).**

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 **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

**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 City, 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. 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	Date
Street Address	City
Telephone #	Fax #
	e-mail address

**CHECK TYPE OF BUSINESS ENTITY:**

	Date	Where	
	Incorporated	Incorporated	
Corporation	_____	_____	Limited Partnership _____
Limited Liability Corporation	_____	_____	Limited Liability Partnership _____
Subchapter S Corporation	_____	_____	Sole Proprietorship _____
			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

*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
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**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 City of Garfield  
111 Outwater Lane  
Garfield, New Jersey 07026

AND

\_\_\_\_\_  
Vendor's Name

\_\_\_\_\_  
Address – not a post office 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 City of Garfield.
2. The Contractor agrees to indemnify and hold harmless the City of Garfield, 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 City of Garfield 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 City of Garfield 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 City of Garfield (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 therunto, 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 correct address, assure proper ordering, expedite future payments, and be in accord with I.R.S. regulations, the following 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 Name)

certify that I am the \_\_\_\_\_  
(Title)

of the business entity submitting this bid/proposal; that I have completed and signed all of the required documents; that I am duly authorized to sign the bid/proposal on behalf of the business entity; and that all of the declarations and statements contained in the bid/proposal document are true and accurate to the best of my knowledge and belief.

\_\_\_\_\_/\_\_\_\_\_  
(Signature of Bidder) (Date)

**NOTARY:**

Subscribed and sworn to before me at

\_\_\_\_\_  
(Address)

This \_\_\_\_\_ day of \_\_\_\_\_ 20 \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

Commission Expires: \_\_\_\_\_

## **DOCUMENT OWNERSHIP**

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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.

**STATE OF NEW JERSEY**  
**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: [http://www.state.nj.us/treasury/contract\\_compliance/pdf/aa302ins.pdf](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 <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 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: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> 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 AWARDDING CONTRACT		CITY COUNTY STATE ZIP CODE
<b>Official Use Only</b>	DATE RECEIVED	INAUG. 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										
	COL. 1 TOTAL (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE *****					***** 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? <input type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR
13. DATES OF PAYROLL PERIOD USED From: _____ To: _____		

**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)