

NOTE: The (Brick Township Board of Education) will consider proposals only from firms or organizations or individuals that have demonstrated the capability and willingness to provide high quality services in the manner described in this Request for Proposals.

REQUEST FOR PROPOSALS
FOR THE PROVISION OF
APPLIED BEHAVIORAL ANALYSIS SUPERVISOR SERVICES
For
BRICK TOWNSHIP BOARD OF EDUCATION

ISSUE DATE: April 27, 2011

DUE DATE: May 18, 2011

Issued by:

**James W. Edwards, Jr. CPA, Business Administrator/Board Secretary
Brick Township Public Schools**

GLOSSARY

The following definitions shall apply to and are used in this Request for Proposals:

"Board" - refers to the (Brick Township Board of Education).

"Proposal Statement" - refers to the complete responses to this RFP submitted by the Respondents.

"Proposed Respondent" - refers to those Respondents who (in the sole judgment of the Board) have satisfied the proposal criteria set forth in this RFP.

"RFP" - refers to this Request for Proposals, including any amendments thereof or supplements thereto.

"Respondent" or "Respondents" - refers to the interested firm(s) or individuals that submit a Proposal Statement.

SECTION 1

INTRODUCTION AND GENERAL INFORMATION

1.1 Introduction and Purpose

The Board is soliciting Proposal Statements from interested persons and/or firms for the provision of consulting services, as more particularly described herein. Through a Request for Proposal process described herein, persons and/or firms interested in assisting the Board with the provision of such services must prepare and submit a Proposal Statement in accordance with the procedure and schedule in this RFP. The Board will review Proposal Statements only from those firms or individuals that submit a Proposal Statement which includes all the information required to be included as described herein (in the sole judgment of the Board).

The Board intends to accept proposals from person(s) and/or firm(s) that:

- (a) Possess the professional, financial and administrative capabilities to provide the proposed services, and
- (b) Will agree to work under the compensation terms and conditions determined by the Board of Education to provide the greatest benefit to the students and/or employees of the Brick Township Board of Education.

1.2 Procurement Process and Schedule

The selection of Proposed Respondents is subject to the "New Jersey Local Unit Pay-to-Play" Law, N.J.S.A. 19:44A-20.4 et seq. The Board has structured a procurement process that seeks to obtain the desired results described above, while establishing a competitive process to assure that each person and/or firm is provided an equal opportunity to submit a Proposal Statement in response to the request and will be evaluated in accordance with the criteria set forth in this RFP.

Proposal Statements will be reviewed and evaluated by the Board and its legal advisors. The Proposal Statements will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial areas described in this RFP. Based upon the totality of the information contained in the Proposal Statement, including information about the reputation and experience of each Respondent, the Board will (in its sole judgment) determine which Respondents are qualified (from professional, administrative and financial standpoints). Each Respondent that meets the requirements of the RFP (in the sole

judgment of the Board) will be designated as a Proposed Respondent and will be given the opportunity to participate in the selection process determined by the Board.

The RFP process commences with the issuance of this RFP. The steps involved in the process are found on the Procurement Schedule. The Board reserves the right to, among other things, amend, modify or alter the Procurement Schedule upon notice to all potential Respondents.

All communications concerning this RFP or the RFP process shall be directed to the designated contact person, in writing.

Designated Contact Person:

James W. Edwards, Jr., CPA
Business Administrator/Board Secretary
Brick Township Public Schools
101 Hendrickson Avenue
Brick, NJ 08724

Proposal Statements must be submitted to, and be received by, the Board, via mail or hand delivery, by (11:00 AM) Prevailing Time on (May 18, 2011).

TABLE 1

ANTICIPATED PROCUREMENT SCHEDULE

1. Issuance of Request for Proposals
2. Receipt of Proposal Statements
3. Opening of Proposals
4. Analysis of Proposals
5. Board Review
6. Designation of Proposed Respondents deemed necessary or appropriate by the Board.

1.3 Conditions Applicable to RFP

Upon submission of a Proposed Statement in response to this RFP, the Respondent acknowledges and consents to the following conditions relative to the submission, review and consideration of its Proposed Statement:

- The Board reserves the right to reject for any reason any and all responses and components thereof, and to eliminate any and all Respondents responding to this RFP from further consideration for this procurement.
 - The Board reserves the right to reject any Respondent that submits incomplete responses to this RFP, or a proposal Statement that is not responsive to the requirements of this RFP.
 - The Board reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFP, or otherwise request additional information.
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- All Proposal Statements shall become the property of the Board and will not be returned.
 - All Proposal Statements will be made available to the public at the appropriate time, as determined by the Board (in the exercise of its sole discretion) in accordance with law.
 - The Board may request Respondents to send representatives to the Board for interviews.
 - All Proposal Statements must indicate RFP for Applied Behavioral Analysis Supervisor Services on outside envelope.
 - Any and all Proposal Statements not received by the Board by 11:00 AM Prevailing Time on **May 18, 2011** will be rejected.
 - Neither the Board, nor their respective staffs, consultants or advisors shall be liable for any claims or damages resulting from the solicitation or preparation of the Proposal Statement, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Proposal Statement or for participating in this procurement process.

1.4 Rights of Board

The Board reserves, holds and may exercise, at its sole discretion, the following rights and options with regard to this RFP and the procurement process in accordance with the provisions of applicable law:

- To determine that any Proposal Statement received complies or fails to comply with the terms of this RFP.
- To supplement, amend or otherwise modify the RFP through issuance of addenda to all prospective Respondents who have received a copy of this RFP.
- To waive any technical non-conformance with the terms of this RFP.
- To change or alter the schedule for any events called for in this RFP upon the issuance of notice to all prospective Respondents who have received a copy of this RFP.

- To conduct investigations of any or all of the Respondents, as the Board deems necessary or convenient, to clarify the information provided as part of the Proposal Statement and to request additional information to support the information included in any Proposal Statement.
- To suspend or terminate the procurement process described in this RFP at any time (in its sole discretion.) If terminated, the Board may determine to commence a new procurement process or exercise any other rights provided under applicable law without any obligation to the Respondents.

The Board shall be under no obligation to complete all or any portion of the procurement process described in this RFP.

1.5 Addenda or Amendments to RFP

During the period provided for the preparation of responses to the RFP, the Board may issue addenda, amendments or answers to written inquiries via the Board's web site. Those addenda will be noticed by the Board and will constitute a part of the RFP. All responses to the RFP shall be prepared with full consideration of the addenda issued prior to the proposal submission date.

1.6 Cost of Proposal Preparation.

Each proposal and all information required to be submitted pursuant to the RFP shall be prepared at the sole cost and expense of the respondent. There shall be no claims whatsoever against the Board, its staff or consultants for reimbursement for the payment of costs or expenses incurred in the preparation of the Proposal Statement or other information required by the RFP.

1.7 Proposal Format

Responses should cover all information requested in the Questions to be answered in this RFP.

Responses which in the judgment of the Board fail to meet the requirements of the RFP or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors may be rejected.

1.8 Term

The Applied Behavioral Analysis Supervisor Services RFP will cover the extended school year period. The Board reserves the right to exercise renewal thereafter.

The contract term for the Applied Behavioral Analysis Supervisor Services shall be for the period of July 1, 2011 to August 30, 2011.

1.9 Compliance

A proposal will not be a valid proposal and will not be read unless the following items are included in the proposal documents:

- 1.9.1 Statement of Ownership
- 1.9.2 Non-Collusion Affidavit
- 1.9.3 Affirmative Action Supplement
- 1.9.4 Political Contributions Disclosure Form
- 1.9.5 Request for Taxpayer Identification Number and Certification
- 1.9.6 Business Registration Certificate
- 1.9.7 Criminal History Review

SECTION 2

SCOPE OF SERVICES

It is the intent of the Board to solicit Proposal Statements from Respondents that have expertise in the provision of Applied Behavioral Analysis Supervisor Services. Firms and/or persons responding to this RFP shall be able to demonstrate that they will have the continuing capabilities to perform these services.

Required Services:

Board Certified Behavior Analyst and Passive Restraint Certified.

Supervision of staff and certified teachers and behavior therapists in Applied Behavioral Analysis classrooms.

Train staff in Applied Behavioral Analysis/Verbal Behavior Picture Exchange Communication System.

Review student acquisition/maintenance notebooks and data collection systems.

Provide ongoing consultation including evaluation educational, analysis of problematic behaviors, augmentative communication, staff training to individual students, class rooms and programs utilizing Applied Behavior Analysis (ABA) with an emphasis on Skinner's Analysis of Verbal Behavior (VB).

Provide technical assistant on programming, policy and behavior support for students with disabilities and behavioral needs.

Ability to provide direct instruction to autistic student utilizing the principles of Applied Behavioral Analysis.

The location of services is all school buildings in the District.

SECTION 3

SUBMISSION REQUIREMENTS

3.1 General Requirements

The Proposal Statement submitted by the Respondent must meet or exceed the professional, administrative and financial requirements set forth in this Section and shall incorporate the information requested below.

In addition to the information required as described below, a Respondent may submit supplemental information that it feels may be useful in evaluating its Proposal Statement. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

3.2 Administrative Information Requirements

The Respondent shall, as part of its Proposal Statement, provide the following information:

1. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Proposal Statement.
2. An executed Letter of Proposal (See Appendix A).
3. Name, address and telephone number of the Respondent submitting the Proposal Statement pursuant to this RFP.
4. An executed Letter of Intent (See Appendix B).
5. Possession of all appropriate federal and state licenses to perform activities. (Provide Copies).
6. Past experience and familiarity with special education programs and procedures.
7. Any judgments, claims or suits pending or outstanding against respondent. If yes, please explain.

SECTION 3

SUBMISSION REQUIREMENTS (Continued)

8. List all immediate relatives of Principal(s) of Respondent who are Board employees or elected officials of the Board. For purposes of the above, "immediate relative" means a spouse, parent, stepparent, brother, sister, child, stepchild, direct-line aunt or uncle, grandparent, grandchild, and in-laws by reason of relation.
 9. Proof of professional liability insurance in an amount no less than \$1,000,000 and the ability to name the Brick Township Board of Education as additional insured.
 10. All documents required as per section 1.9 of this Request for Proposal.
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SECTION 4

INSTRUCTIONS TO RESPONDENTS

4.1 Submission of Proposal Statements.

Respondents must submit an original copy of their Proposal Statement to the Designated Contact Person:

**James W. Edwards, Jr., CPA
Business Administrator/Board Secretary
101 Hendrickson Avenue
Brick, NJ 08724**

NOTE: Indicate RFP for Applied Behavioral Analysis Supervisor Services on outside envelope.

Proposal Statements must be received by the Board no later than **11:00 AM** prevailing time, on **May 18, 2011**, and must be mailed or hand-delivered. Proposal Statements forwarded by facsimile or e-mail will not be accepted. Proposal statements received after this time will not be considered. The Board will not bear responsibility for delays in delivery for any reason.

To be responsive, Proposal Statements must provide all requested information, and must be in strict conformance with the instructions set forth herein. Proposal Statements and all related information must be bound, and signed and acknowledged by the Respondent.

SECTION 5

EVALUATION

The Board's objective in soliciting Proposal Statements is to enable it to select a firm, organization or individual that will provide high quality and cost effective services to the students and/or employees of Brick Township Schools. The Board will consider Proposal Statements only from firm organizations or individuals that, in the Board's judgment, have demonstrated the capability and willingness to provide high quality services to the students and/or employees of the Board in the manner described in this RFP.

Proposals will be evaluated by the Board on the basis of the most advantageous submission, all relevant factors considered. The evaluation will consider:

1. Experience and reputation in the field.
2. Knowledge of the Board and the subject matter addressed under the RFP.
3. The fees for the services.
4. Location (distance of primary office in relation to the Brick Township Board of Education).
5. Thoroughness and completeness of respondent's submittal.

APPENDIX A

LETTER OF PROPOSAL

(Note: To be typed on Respondent's Letterhead. No modifications may be made to this letter)

[insert date]

**Attn: (INSERT CONTACT NAME)
(INSERT ENTITY NAME)
(INSERT ADDRESS)**

Dear **(INSERT CONTACT NAME):**

The undersigned has/have reviewed my/our Proposal Statement submitted in response to the Request for Proposals (RFP) issued by the Brick Township Board of Education ("Board") dated **(INSERT DATE)**, in connection with the Board's need for a Provider of Applied Behavioral Analysis Supervisor Services.

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

(Respondent shall sign and complete the spaces provided below. If a joint venture, appropriate officers of each company shall sign.)

| | | |
|---|-----------|--|
| <u>(Signature of Chief Executive Officer)</u> | OR | _____ |
| <u>(Typed Name and Title)</u> | | <u>(Typed name and Title of Individuals)</u> |
| <u>(Type Name of Firm)*</u> | | <u>(Address) _____ *</u> |
| Dated: _____ | | Dated: _____ |

* If a joint venture, partnership or other formal organization is submitting a Proposal Statement, each participant shall execute this Letter of Proposal.

APPENDIX B

LETTER OF INTENT

(Note: To be typed on Respondent's Letterhead. No modifications may be made to this letter)

[insert date]

**Attn: (INSERT CONTACT NAME)
(INSERT ENTITY NAME)
(INSERT ADDRESS)**

Dear:

The undersigned, as Respondent, has (have) submitted the attached Proposal Statement in response to a Request for Proposals (RFP), issued by the Brick Township Board of Education ("Board"), dated (INSERT DATE), in connection with the Board's need for Applied Behavioral Analysis Supervisor Services.

(Name of Respondent) HEREBY STATES:

1. The Proposal Statement contains accurate, factual and complete information.

2. (Name of Respondent) agrees to participate in good faith in the procurement process as described in the RFP and to adhere to the Board's procurement schedule.

3. (Name of Respondent) acknowledges (acknowledge) that all costs incurred by it (them) in connection with the preparation and submission of the Proposal Statement and any proposal prepared and submitted in response to the RFP, or any negotiation which results there from shall be borne exclusively by the Respondent.

4. (Name of Respondent) hereby declares (declare) that the only persons participating in this Proposal Statement as Principals are named herein and that no person other than those herein mentioned has any participation in this Proposal Statement or in any contract to be entered into with respect thereto. Additional persons may subsequently be included as participating Principals, but only if acceptable to the Board. (Name of Respondent) declares that this Proposal Statement is made without connection with any other person, firm or parties who has submitted a

(Respondent shall sign and complete the space provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief Executive Officer or individual)

_____ (Typed Name and Title)

_____ (Type Name of Firm)*

Dated: _____

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- * If a joint venture, partnership or other formal organization is submitting a Proposal Statement, each participant shall execute this Letter of Intent.

Required Forms

1. **Statement of Ownership**
2. **Non-Collusion Affidavit**
3. **Affirmative Action Supplement**
4. **Notarized Political Contribution Disclosure Form (PCD)**
5. **W-9**
6. **Business Registration Certification**
7. **Criminal History Review**

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

BRICK TOWNSHIP SCHOOL DISTRICT

COUNTY OF OCEAN

I, _____ of the Municipality 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 bidder making the
proposal for the above named project and that I executed the said proposal with full authority
to do so; that said bidder has not, directly or indirectly, entered into any agreement,
participated in any collusion, or otherwise taken any action in restraint of free competitive
bidding in connection with the above named project; and that all statements contained in said
proposal and in this affidavit are true and correct and made with full knowledge that the state
of New Jersey and the owner relies upon the truth of the statements contained in this affidavit
in awarding the contract for the said project.

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

(Name of Contractor)

Subscribed and sworn to:

(Also, type or print name of affidavit under signature.)

before me on this _____ day of _____

Notary Public of _____

My commission expires _____, 20__.

**BRICK TOWNSHIP BOARD OF EDUCATION
AFFIRMATIVE ACTION SUPPLEMENT**

P.L. 1975, C. 127 (N.J.A.C. 17:27)

MANDATORY AFFIRMATIVE ACTION LANGUAGE

PROCUREMENT, PROFESSIONAL AND SERVICE CONTRACTS

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

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. The contractor will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. Such action 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, sex, affectional or sexual orientation.

The contractor or subcontractor, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or worker's representative of the contractor's commitments under this act 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 the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time or in accordance with a binding determination of the applicable county employment goals determined by the Affirmative Action Office pursuant to N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time. The contractor or subcontractor agrees to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, college, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, 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.

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, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable federal law and applicable federal court decisions.

The contractor and its subcontractors shall furnish such reports or other documents to the Affirmative Action Office 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 Affirmative Action Office for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (NJAC 17:27).

Name of Firm _____ Date _____

Signature _____ Title _____

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 (N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee*
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
 - of the public entity awarding the contract
 - of that county in which that public entity is located
 - of another public entity within that county
 - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law.

* N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."

STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business:

I certify that the list contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

I certify that no stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

- Partnership Corporation Sole Proprietorship
 Limited Partnership Limited Liability Corporation Limited Liability Partnership
 Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

| | |
|---------------|---------------|
| Name: | Name: |
| Home Address: | Home Address: |
| Name: | Name: |
| Home Address: | Home Address: |
| Name: | Name: |
| Home Address: | Home Address: |

Subscribed and sworn before me this _____ day of _____, 2011

_____ (Affiant)

(Notary Public)

_____ (Print name & title of affiant)

My Commission expires:

(Corporate Seal)

*****Important*****

***Must be Notarized with
Signature, Date and Notary Seal***

| | | | | |
|--|--|--|---|--|
| Form W-9 (Rev. October 2007) Department of the Treasury Internal Revenue Service | | Request for Taxpayer Identification Number and Certification | | Give form to the requester. Do not send to the IRS. |
| Print or type See specific instructions on page 2. | Name (as shown on your income tax return) | | | |
| | Business name, if different from above | | | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership ▶ _____) <input type="checkbox"/> Other (see instructions) | | | <input type="checkbox"/> Exempt Payee |
| | Address (number, street, and apt. or suite no.) | | Requester's name and address (optional) | |
| | City, state, and ZIP code | | | |
| | List account number(s) here (optional) | | | |
| Part I Taxpayer Identification Number (TIN) | | | | |

Enter your TIN in the appropriate box. The TIN provided must match the name given on Line 1 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on Page 3.
 Note: If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| |
|---|
| Social security number - - |
| or Employer identification number - |

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am writing for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified buy the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

Certification instructions: You must cross out item 2 above if you have been notified by the IRS that you are currently subject to back up withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage, interest paid, acquisition or abandonment or secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), And generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. See the instructions on page 4.

| | | |
|------------------|----------------------------|---------------|
| Sign Here | Signature of U.S. person ▶ | Date ▶ |
|------------------|----------------------------|---------------|

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partner's share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is Substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An Individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or Organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).
Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partner's share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

BUSINESS RREGISTRATION CERTIFICATE

Attach Business Registration Certificate

(If you do not have one – get one by applying online at New Jersey Business Registration.)

Re: Criminal History Review Requirements

The State of New Jersey, by law, requires that all Independent Consultants serving children in a public school provide evidence of a Criminal History Review. The Criminal History Review mandates a submission of fingerprints, and an "Application Authorization & Certification Form". In order to make an appointment, please call (877) 503-5981 or contact MorphoTrak online at www.bioapplicant.com/nj for an appointment.

Enclosed are the forms you will need to complete this process:

- MorphoTrak Form - take this form with you when being fingerprinted. MorphoTrak will return it and a receipt to you. You will need to make a copy of the form and receipt, and submit the copy.
 - Application Authorization & Certification – please follow Criminal History Record Check On-Line Payment Instructions.
-

Brick Township Public Schools
Attn: Rosemary Russo
101 Hendrickson Avenue, Brick, New Jersey 08724
(732) 785-3000 Ext. 1011

After review, the State of New Jersey will mail the fingerprint clearance letter directly to you. It is your responsibility to supply a copy.

| | | | | | |
|--|---|--|---|-----------------------------|-------------------------|
| (1) Originating Agency Number (ORI #) | | (2) Category | | (3) Statute Number | |
| (4) Reason for Fingerprinting | | | (5) Document Type | | (6) Payment Information |
| (7) Contributor's Case # (Unique Identifier) | | | | (8) Miscellaneous | |
| (9) First Name | | (10) MI | (11) Last Name | | |
| (12) Daytime Phone Number () - | | (13) Social Security Number | (14) Date of Birth | (15) Height | (16) Weight |
| (17) Maiden Name (if married female) | | (18) Place of Birth (U.S. State -for US Citizen; Country for all others) | | (19) Country of Citizenship | |
| (20) Home Address | | | | | |
| Address | | City | | State | Zip |
| (21) Gender (Select one) Male () Female () Both () | (22) Hair Color (Indicate most predominant color, one only) | (23) Eye Color | (24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native | | |
| (25) Occupation | (26) Employer (Name) | | | | |
| | Employer Address | | | | |
| | City | | State | Zip | |

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for Identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You **MUST** retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

| | | | |
|-----------------------|----------------------------|-----------------------|-----|
| Applicant ID No. | Scheduled Site/ Date/ Time | PYMT Authorization | PCN |
| Agency Information #1 | | Agency Information #2 | |

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

CRIMINAL HISTORY RECORD CHECK ON-LINE PAYMENT INSTRUCTIONS

There is a \$1 Convenience Fee for processing your payment online.

- Go online to www.nj.gov/education/educators/crimhist (State of New Jersey Department of Education Criminal History Review website)
- **Select Criminal History Record Check On-Line Fee Payment**
- **For New Applicants:**

Select **New Administration Fee Payment Request** to complete the On-Line Applicant Authorization and Certification (AA&C) Form

For Applicants Eligible for Archival Process:

Select **Archive Application Request** to complete the On-Line Applicant Authorization and Certification (AA&C) Form

- **Select Item 1. All Job Positions, except School Bus Drivers and Bus Aides, for Public Schools, Private Schools for Children with Disabilities and Charter Schools**
- Complete the Application Authorization and Certification (AA&C) New Applicant Request Form, Step 1, and click "next" at bottom of page
- Complete Step 2 (Payment Information) and Step 3 (Submit) to receive your transaction number and ePayment confirmation number.

Please provide a copy of your On-Line Payment Confirmation

Substitute Position Transfer:

NEW JERSEY DEPARTMENT OF EDUCATION
CRIMINAL HISTORY REVIEW UNIT
APPLICANT AUTHORIZATION AND CERTIFICATION
(Type or print in ink)

PCN _____

(Previous County/District/School)

Form with fields: (1) Last Name, (2) First Name, (3) Middle Initial, (4) Social Security, (5) Date of Birth, (6) Sex (Male/Female), (7) Race (W/B/I/A/H), (8) Street Address, (9) City, (10) State, (11) Zip

(12) Job Category (Check One):

- 01 Administration/Supervisor, 02 Classroom Teacher, 03 Educational Support Services (Certificated), 04 Substitute Teacher, 05 Teacher Aid, 06 Custodial/Maintenance, 07, 08 Clerical/Secretarial, 09 Food Service, 10 Security, 11 Other (Specify below)

DISTRICT USE ONLY

Form with fields: (13) Name of County Location (OCEAN), (14) County Code (29), (15) Name of Employing District (BRICK TOWNSHIP BOARD OF EDUCATION), (16) District Code (0530)

PRIVATE HANDICAPPED/NONPUBLIC EDUCATION AGENCY USE ONLY

Form with fields: (17) Name of County Location, (18) County Code, (19) Name of Private School, (20) Agency Code, (21) School Code

I do hereby authorize the New Jersey State Department of Education, its agents and representatives, to submit fingerprint data pertaining to me to the Federal Bureau of Investigation and the New Jersey State Police Bureau of Identification for the purpose of obtaining criminal history record information as required by N.J.S.A. 18A:6-7.1 et seq. or N.J. S.A. 18A:6-4.13.

FORM "A" - (NEW EMPLOYEES OR EMPLOYEES WITH OVER 180 DAYS BREAK IN SERVICE)

I, _____ swear/affirm that I have not been convicted nor do I have any charges pending for the following crimes or offenses: any crime of the first or second degree; any crime bearing upon or involving sexual offense or child molestation; an offense involving the possession, manufacture, transportation, sale, distribution, habitual use of a controlled dangerous substance or any violation involving drug paraphernalia, including hypodermic needles; any crime involving the use of force or the threat of force to or upon a person or property including, but not limited to, robbery, aggravated assault, stalking, kidnapping, arson, manslaughter and murder, any crime of possessing weapons; a third degree crime as set forth in Chapter 20 of Title 2C (theft); recklessly endangering another person, terroristic threats, criminal restraint, luring or enticing child into motor vehicle or isolated structure; causing or risking widespread injury or damage; criminal mischief, burglary, usury, threats and other improper influence, perjury and false swearing, resisting arrest, escape; any conspiracy to commit or attempt to commit any of the crimes described in this act.

FORM "B" - (CURRENT EMPLOYEES CHANGING DISTRICTS - BREAK IN SERVICE UNDER 180 DAYS)

I, _____ swear/affirm that I have not been convicted of any crime or offense bearing upon or involving sexual offense or child molestation; endangering the welfare of children or incompetents; an offense involving the manufacture, transportation, sale, possession, habitual use of a controlled dangerous substance; any crime involving the use of force or the threat of force to or upon a person or property including robbery, aggravated assault, kidnapping, arson, manslaughter and murder, or a simple assault involving the use of force which results in bodily injury.

Signature of Applicant

Telephone No.

Date

Notary