

**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**  
**HEALTH REIMBURSEMENT ACCOUNT ADMINISTRATOR**  
**For**  
**BRICK TOWNSHIP BOARD OF EDUCATION**

**ISSUE DATE: February 1, 2011**

**DUE DATE: February 15, 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 employees and students of Brick Township.

#### 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 Section 2 of 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

**NOTE: Indicate RFP for Health Reimbursement Account Administrator on outside envelope.**

**Proposal Statements must be submitted to, and be received by, the Board, via mail or hand delivery, by (11:00 AM) Prevailing Time on (February 15, 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.

### **Section 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.
- 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.
- Any and all Proposal Statements not received by the Board by 11:00 AM Prevailing Time on **February 15, 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.

## **Section 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 Health Reimbursement Account Administrator will be subject to the following contract terms.

The length of term for the Health Reimbursement Account Administrator Contract is for the period of March 1, 2011 to June 30, 2011 and July 1, 2011 to June 30, 2012.

Each of the above terms will be approved separately by the Board.

## **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 if applicable
- 1.9.2 Non-Collusion Affidavit
- 1.9.3 Affirmative Action Supplement to Contract
- 1.9.4 Business Registration Certificate
- 1.9.5 Political Contributions Disclosure Form Chapter 271

## 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 Health Reimbursement Account Administrator. Firms and/or persons responding to this RFP shall be able to demonstrate that they will have the continuing capabilities to perform these services.

The District seeks to contract with a Third Party Administrator (TPA) to administer a health reimbursement account (HRA). The HRA is being established to reimburse eligible Plan participants of the District's Benefit Plan whole for out of pocket expenses under their core health/medical plan.

- Said firm shall be able to accept work from a paper or electronic copy of the list of eligible Plan Participants for coverage under the HRA.
- Said firm shall be able to receive and process eligible claims received on a manual paper basis from Plan participants and review the Plan Document eligibility for payment. Said firm shall be able to evaluate the claims data, check for appropriateness of the submitted claims and verify benefits. Said firm shall have to process said claims and issue payments for eligible amounts. Said firm shall be able to issue manual checks/payments to the Plan participant.
- Said firm shall have an automated system to accumulate, track and manage Plan participant data including, but not limited to deductibles met, out-of-pocket maximums achieved and other program limits. Said firm shall be able to interpret the Plan participant's plan of benefit, issue payments and ensure that only eligible payments within the limits are issued.
- Said firm shall be able to handle multiple and different Plan designs for varying populations and make payments accordingly.
- Said firm shall keep records of all claims submitted, receipts and supporting materials related to payment issues in accordance with the applicable state and federal laws. Said material shall be available for audit and review as may be necessary.

## SECTION 2

### SCOPE OF SERVICES (Continued)

- Said firm shall provide a bi-weekly report identifying the amount paid to each eligible Plan participant (name and amount paid). The report shall also illustrate the date the claim was received and the date payment was issued. This report shall accompany requests for payment to find claim payments for that period.
- Said firm shall bill the District bi-weekly for checks issued to Plan participants. The District shall not provide an advance deposit so said firm may issue payments to members after paid by the District biweekly.
- Said firm shall agree that all payments issued shall be done so on a timely and efficient basis and with 14 days from receipt.
- Said firm shall supply communication materials, explain their submission and processing to all Plan participants. This shall include a welcome letter, instructions and claim forms.
- Said firm shall provide access to a toll free service number for plan participants to call with questions and inquiries. The District's administrative offices shall also have access to a designated contact for inquiries and questions related to the plan.
- Said firm shall issue a standard Plan Document that the District can use to establish, define and communicate the Plan of benefit under the HRA.

## **SECTION 3**

### **SUBMISSION REQUIREMENTS**

#### **Section 3.1 General Requirements**

The Proposal Statement submitted by the Respondent must meet or exceed the professional, administrative and financial Proposals 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.

#### **Section 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 to this RFP).
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. Provide proof of experience with Health Care Reimbursement Account Plans (HRAs) whereby eligible Plan members file for manual reimbursement of eligible out-of-pocket expenses from an alternate health and welfare plan.
6. Possession of all appropriate federal and state licenses to perform activities. (Provide Copies).
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 naming the Brick Township Board of Education as additional insured.

## 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 HEALTH REIMBURSEMENT ACCOUNT ADMINISTRATOR on outside envelope.**

Proposal Statements must be received by the Board no later than **11:00 AM** prevailing time, on **February 15, 2010**, 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 citizens and students of Brick Township. 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 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 contract.
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 Experience as a Health Reimbursement Account Administrator.

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.)

(Signature of Chief Executive Officer)

OR

\_\_\_\_\_

(Typed Name and Title)

(Typed name and Title of Individuals)

(Type Name of Firm)\*

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

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 [Health Reimbursement Account Administrator](#).

(Name of Respondent) HEREBY STATES:

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

2. (Name of Respondent) agrees (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

Proposal Statement, except as expressly set forth below and that it has been prepared and has been submitted in good faith and without collusion or fraud.

5. (Name of Respondent) acknowledges and agrees that the Board may modify, amend, suspend and/or terminate the procurement process (in its sole judgment). In any case, the Board shall have any liability to the Respondent for any costs incurred by the Respondent with respect to the procurement activities described in this RFP.

6. (Name of Respondent) acknowledges that any contract executed with respect to the provision of [insert services] must comply with all applicable affirmative action and similar laws. Respondent hereby agrees to take such actions as are required in order to comply with such applicable laws.

7. (Name of Respondent) submits a proposal for fixed fees, including out of pocket expenditures, as follows:

<u>2010-2011</u>	
Annual Fee	\$ _____
Monthly Fee Per eligible Employee	\$ _____
<u>2011-2012</u>	
Annual Fee	\$ _____
Monthly Fee Per eligible Employee	\$ _____

(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: \_\_\_\_\_

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

# Required Forms



**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 <b>W-9</b> (Rev. October 2007) Department of the Treasury Internal Revenue Service	<b>Request for Taxpayer Identification Number and Certification</b>	<b>Give form to the requester. Do not send to the IRS.</b>
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"/> Exempt Payee <input type="checkbox"/> Other (see instructions) <input type="checkbox"/>	
	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)		
<b>Part I Taxpayer Identification Number (TIN)</b>		

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 by 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 backup 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.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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<p><b>General Instructions</b></p> <p>Section references are to the Internal Revenue Code unless otherwise noted.</p> <p><b>Purpose of Form</b></p> <p>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.</p> <p>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:</p> <ol style="list-style-type: none"> <li>Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),</li> <li>Certify that you are not subject to backup withholding, or</li> <li>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.</li> </ol> <p><b>Note.</b> 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.</p>	<p>Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:</p> <ul style="list-style-type: none"> <li>An individual who is a U.S. citizen or U.S. resident alien,</li> <li>A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,</li> <li>An estate (other than a foreign estate), or</li> <li>A domestic trust (as defined in Regulations section 301.7701-7).</li> </ul> <p><b>Special rules for partnerships.</b> 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.</p>
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## **NOTICE TO VENDORS**

In compliance with P.L. 2004, C.57, starting September 1, 2004 all business organizations and individuals that do business with the Brick Township Board of Education are required to be registered with the State of New Jersey and provide proof of that registration to the Brick Township Board of Education, Office of Purchasing and Bids.

If you receive this notice you are considered a vendor and should forward your Certificate to the Purchasing Department by mail, fax or e-mail. **Only non-profit and government agencies are exempt.**

THE STATUTE STATES THAT NO PURCHASE ORDERS CAN BE ISSUED OR PAYMENT BE MADE TO A VENDOR WHO DOES NOT HAVE A CERTIFICATE ON FILE WITH THE BRICK TOWNSHIP SCHOOL DISTRICT. We do not want to hold back purchase orders or payments. Please take the time to apply for the certificate and forward to Purchasing.

There is no charge to obtain a certificate. Simply fill in the attached form & mail to the N.J. Division of Revenue in Trenton, NJ. When you receive your Business Registration Certificate, please make a copy & mail the copy to the above address c/o Mrs. Rosemary Russo.

The Business Registration Certificate should not be confused with the Public Works Contractor Registration Act required for construction projects.

Purchasing Department  
e-mail: [rrusso@brickschools.org](mailto:rrusso@brickschools.org)

## Business Registration and Certification for Individuals Contracting with Public Agencies and for Unincorporated Construction Contractors

**OFFICIAL USE ONLY DLN#:**

**Ch. 57, P.L. 2004:** State law requires all contractors and subcontractors with the State or other public sector entities to provide proof of registration with the Department of Treasury.

**Chapter 85, P.L. 2006,** defined under N.J.S.A. 54A:7-1.2: You must use this form to comply with the law if you are an unincorporated construction contractor performing services in NJ and need proof of registration from the Division of Revenue.

You may use this form to comply with the above-referenced laws if you are an individual with no business tax or employer obligations with the State of New Jersey and are not yet registered.

Fill out the registration section and certification below and send the completed form to:

**NJ Division of Revenue  
Client Registration Bureau  
PO Box 252  
Trenton, NJ 08646-0252**

Please note that the registrant's name listed in Section A must be the same as shown in the Certification, Section B. Type, machine print or hand print all information, except your signature. If you have or will have business tax or employer obligations, file form NJ-REG. Call (609) 292-1730 for more information. If you currently are registered, please enter your NJ Taxpayer Identification Number in the space provided below.

<b>SECTION A. REGISTRATION</b>	
Social Security Number	
Registrant's Name	
Physical Address: Street, City, State, Zip <b>Do not use P.O. Box</b>	
County	
Mailing Address: Street, City, State, Zip	
Telephone Number	
E-mail Address	

**SECTION B. CERTIFICATION**

*I \_\_\_\_\_ hereby certify that I am an individual having no business tax or employer obligations with the State of New Jersey. Further, I certify that any income that I derive from business activities with the State of New Jersey will be reported on my personal income tax return. I understand that pursuant to State law, if I knowingly report inaccurate or misleading information, I maybe subject to penalties.*

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

Title: \_\_\_\_\_