

PROFESSIONAL SERVICE CONTRACT

PROPOSAL / QUALIFICATION AND COSTS SUBMISSION FORM

Please provide the name and address of Submitting Firm, Individual or Entity:

Please indicate the Professional Service/ Title for which you are Submitting:

Please State the Name and address of specific City, Authority, Board or other Public Body to which you are responding:

Note: In responding to these questions you may attach additional sheets as necessary. Please be sure to CLEARLY reference all additional sheets or relevant attachments under the appropriate question or area. Material not clearly referenced will not be considered.

- 1. Is your firm willing and able to perform the scope of services set forth in the Notice of Solicitation for Professional Services and the Solicitation Package for the above Professional Service / Title?**

- 2. If the answer to question 1 is "No", then please explain any exceptions, clarifications or limitations to the scope of services that your firm is willing and able to provide?**

3. Please provide the names and roles of the individuals who will perform the services, descriptions of their education and experience, degrees, licenses and certifications relevant to those services including specific experience with the Client/Owner to whom this submission is being sent (or with similar Client/Owners).

4. Please discuss your (the firm's) record of success in providing the same or similar services to those being requested.

In completing and submitting this form the submitting firm, individual or entity acknowledges that it has received and read the following which were provided with the submission materials:

- The Notice of Solicitation for Profession Service, pertaining to the Professional Title/Service which is the subject of this submission
- The "Title/ Service Description and Minimum Requirements" pertaining to the above Professional Title/Service and any supplemental addendum.
- The "General Instructions, Submission and Selection Criteria"
- The "General Contract Requirements and Addendums A, B & C"

CHECKLIST. The following items, as indicated below, shall be provided with the receipt of sealed submissions:

1. Professional Service Proposal, Qualifications and Costs Submission Form (This form) **must be signed and dated. Please be sure CLEARLY reference all additional sheets and attachments** _____
2. Non-Collusion Affidavit - **must be signed and Notarized** .. _____
3. Disclosure of Ownership Form - **must be signed** . _____
4. Professional Service Entity Information Form . .. _____
5. Copy of your *Business Registration Certificate* as issued by the State of New Jersey Department of Treasury, Division of Revenue . .. _____

I certify that I am an authorized representative of the firm or business named below and offer on behalf of the firm to provide the professional services set forth herein in accordance with this submission form and the terms of the solicitation and submission materials noted above. I further certify that the information contained in and attached to this submission is true to the best of my knowledge and belief, with the understanding that it will be relied upon as such by the public entity to which it is being submitted.

Firm: _____ Date: _____

Firm Name (Print or Type):

BY:

Authorized Representative _____
Signature

Authorized Representative _____
Print Name Print Title

Telephone #: _____ Fax #: _____

E-Mail _____

DISCLOSURE OF OWNERSHIP FORM

N.J.S.A. 52:25-24.2 reads in part that "no corporation or partnership shall be awarded any contract by the State, County, Municipality or School District, or any subsidiary or agency thereof, unless prior to the receipt of the submission of the corporation or partnership, there is provided to the public contracting unit a statement setting forth the names and addresses of all individual who own 10% or more of the stock or interest in the corporation or partnership".

1. If the professional service entity is a *partnership*, then the statement shall set forth the names and addresses of all partners who own a 10% or greater interest in the partnership.
2. If the professional service entity is a *corporation*, then the statement shall set forth the names and addresses of all stockholders in the corporation who own 10% or more of its stock of any class.
3. If a corporation owns all or part of the stock of the corporation or partnership providing the submission, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that corporation.
4. If the professional service entity is other than a corporation or partnership, the contractor shall indicate the form of corporate ownership as listed below.

COMPLETE ONE OF THE FOLLOWING STATEMENTS:

I. Stockholders or Partners owning 10% or more of the company providing the submission:

NAME:

ADDRESS:

SIGNATURE: _____ DATE: _____

II. No Stockholder or Partner owns 10% or more of the company providing this submission:

SIGNATURE: _____ DATE: _____

III. Submission is being provided by an individual who operates as a sole proprietorship:

SIGNATURE: _____ DATE: _____

IV. Submission is being provided by a corporation or partnership that operates as a (check one of the following):

_____ Limited Partnership

_____ Limited Liability Corporation

_____ Limited Liability Partnership

_____ Subchapter S Corporation

SIGNATURE: _____ DATE: _____

PROFESSIONAL SERVICE ENTITY INFORMATION FORM

If the Professional Service Entity is an **INDIVIDUAL**, sign name and give the following information:

Name: _____

Address: _____

Telephone No.: _____ Social Security No.: _____

Fax No.: _____ E-Mail: _____

If individual has a TRADE NAME, give such trade name:

Trading As: _____ Telephone No.: _____

If the Professional Service Entity is a **PARTNERSHIP**, give the following information:

Name of Partners: _____

Firm Name: _____

Address: _____

Telephone No.: _____ Federal I.D. No.: _____

Fax No.: _____ E-Mail: _____

Social Security No.: _____

Signature of authorized agent: _____

If the Professional Service Entity is **INCORPORATED**, give the following information:

State under whose laws incorporated: _____

Location of principal office: _____

Telephone No.: _____ Federal I.D. No.: _____

Fax No.: _____ E-Mail: _____

Name of agent in charge of said office upon whom notice may be legally served:

Telephone No.: _____ Name of Corporation: _____

Signature: _____ By: _____

Title: _____ Address: _____