

## **PROFESSIONAL SERVICE CONTRACT**

### **PROPOSAL / QUALIFICATION AND COSTS SUBMISSION FORM**

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

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

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

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*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?**

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- 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?**

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- 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).**

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- 4. Please discuss your (the firm's) record of success in providing the same or similar services to those being requested.**
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**5. Please provide references who can be contacted to substantiate the above noted experience or record of success for the same or similar service.**

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**6. Please provide a list of your current municipal or public clients as well as past municipal clients.**

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7. Please describe your (the firm's) ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff, availability and/or ownership of key resources). If appropriate, a description of technical process and equipment available to the organization and used in performing the task(s) within the scope of work may be provided.

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8. Please disclose any conflicts of interest you have or reasonably anticipate having with respect to the your firm's past, current or pending representation of clients or entities who are engaged in litigation or disputes with the City of Bayonne or its associated entities or who are appearing before or making application to its Boards or Agencies. If none, state "none."

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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 \_\_\_\_\_

## NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY :  
: SS.

COUNTY OF \_\_\_\_\_ :

I, \_\_\_\_\_ of \_\_\_\_\_  
Name of Affiant (Affiant's Town, City, Borough or Municipality)

in the County of \_\_\_\_\_ and the State of \_\_\_\_\_, of full age,  
(Affiant's County) (Affiant's State)

being duly sworn according to law on my oath depose and say that:

I am \_\_\_\_\_ of the firm of \_\_\_\_\_  
Affiant's Title in Submitting Company (Name of Submitting Professional Service Entity)

\_\_\_\_\_,  
(Address of Submitting Firm.)

the Professional Service Entity making the submission to provide professional services as

\_\_\_\_\_ to  
(Professional Service / Title / Contract Being Applied For)

the \_\_\_\_\_ (the "Client/Owner")  
(Name of Municipal or Public Entity to which you are applying)

that I executed the enclosed documents and submissions with full authority to do so; that said Professional Service Entity has not, directly or indirectly, entered into any agreements, participated in any collusion, or otherwise taken any action in restraint of fair and open competition in connection with the submission to be awarded a contract to provide such above named Service; and that all statements contained in said submission and in this affidavit are true and correct, and made with full knowledge that the Client/Owner has and will rely upon the truth of the statements contained in said submission and in the statements contained in this affidavit both in considering and making any awarding of a contract for said professional service.

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 established commercial or selling agencies maintained by \_\_\_\_\_.

(Name of Submitting Professional Service Entity )

Subscribed and sworn to before me

this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

\_\_\_\_\_  
(Signature of Professional)

My Commission expires \_\_\_\_\_

\_\_\_\_\_  
(Type or Print name of affiant and Title, under signature)



## **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:

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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.: \_\_\_\_\_

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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: \_\_\_\_\_

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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: \_\_\_\_\_