

CITY COUNCIL

The City of Orange Township, New Jersey

DATE March 24, 2020

NUMBER 140-2020(70)

TITLE: A RESOLUTION AUTHORIZING A CONTRACT FOR THE PURCHASE OF PROTECTIVE CLOTHING AND FOOTWEAR IN RESPONSE TO COVID-19 CORONAVIRUS WITH GALLS UNIFORMS, 1015 BROAD STREET, NEWARK, NEW JERSEY, 07102 UNDER STATE CONTRACT 20-FOOD-00904 UNTIL APRIL 20, 2020 IN AN AMOUNT NOT TO EXCEED \$40,000.00


WHEREAS, Galls Uniform is the vendor for State Contract 20-FOOD-00904 for protective clothing and footwear; and

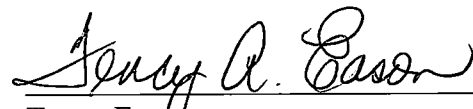
WHEREAS, in response to COVID-19 Coronavirus, protective clothing and footwear will be purchased for the safety of officers protecting the civilians of City of Orange Township incase mandatory quarantine and civil unrest; and


WHEREAS, the Chief Financial Officer of the City of Orange Township has prepared the necessary Certificate of Availability of Funds, certifying the funds are available in the Account 0-01-25-240-000-302.

NOW, THEREFORE, BE IT RESOLVED that the Municipal Council of the City of Orange Township authorizes the purchase of protective clothing and footwear in response to COVID-19 Coronavirus with Galls Uniform in an amount not to exceed \$40,000.00

ADOPTED: March 24, 2020


Joyce Kanier
City Clerk


Tency Eason
Council President

Vaughn Perchment on behalf of the City Attorney


RESOLUTION NO. 140-2020 (WO)

OFF CONSENT AGENDA

REGULAR MEETING– MARCH 24, 2020

MOTION TO WALK ON ITEMS: Williams

SECOND: Johnson, Jr.

YEAS: Coley, Jackson, Johnson, Jr., Summers-Johnson, Williams, Wooten & Council President Eason

NAYS: None

ABSTENTIONS: None

ABSENCES: None

MOTION TO ADOPT: Williams

SECOND: Coley

YEAS: Coley, Jackson, Johnson, Jr., Summers-Johnson, Williams, Wooten & Council President Eason

NAYS: None

ABSTENTIONS: None

ABSENCES: None

CITY OF ORANGE TOWNSHIP
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS
NEXT BUDGET

I, Chief Financial Officer for the City of Orange Township, do hereby confirm that based on the Quote or RFP, RFQ, bid results or "extraordinary unspecifiable services" without competitive bids for 2020 service contract, and the resolution presented to the Council for approval, and contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2020 Budget, there will be sufficient funds to contract with:

Vendor Name: Galls Parent Holdings, LLC.
Address: 1340 Russell Cave Rd.

City: Lexington
State: Kentucky
Zip Code: 40505


Purpose: Purchase Emergency Riot Gear in response to COVID-19
Vendor ID: GALLS015

Temporary Budget: \$ 12,000.00
Fund: Current Fund
Line Description OPD- Police -Uniforms, Clothing, Etc.
Account Numbers(s): CY'20 0-01-25-240-000-302

The remainder of: \$ 28,000.00
will be provided in
Fund: Current Fund
Line Description OPD- Police -Uniforms, Clothing, Etc.
Account Numbers(s): CY'20 0-01-25-240-000-302

Purchase Order Number : 20-00724

Amount not to exceed: \$ 40,000.00

Division Head	Date
	3-20-2020
Chief Financial Officer	Date

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Galls Parent Holdings, LLC

2 Business name/disregarded entity name, if different from above
Galls, LLC DBA Universal Uniforms

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
 Exempt payee code (if any) _____
 Exemption from FATCA reporting code (if any) _____
 (Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
P.O. Box 71628

6 City, state, and ZIP code
Chicago, IL 60694-1628

7 List account number(s) here (optional)

Requester's name and address (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 generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

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OR

Employer identification number

8	2	-	4	0	9	9	4	6	9
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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 waiting 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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 of 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 for Part II, later.

Sign Here Signature of U.S. person ▶ *Paul J. Felamio* Date ▶ *4-24-2019*

General Instructions

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

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
 - Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
 - Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
 - Form 1099-S (proceeds from real estate transactions)
 - Form 1099-K (merchant card and third party network transactions)
 - Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
 - Form 1099-C (canceled debt)
 - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.
- If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: GALLS PARENT HOLDINGS LLC

Trade Name:

Address: 1340 RUSSELL CAVE RD
LEXINGTON, KY 40505

Certificate Number:

Effective Date: May 08, 2019

Date of Issuance: May 08, 2019

For Office Use Only:

20190508081520868

01/18/18

Taxpayer Identification# 203-545-989/001

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, N.J. 08646-0252

TAXPAYER NAME:

GALLS, LLC

TRADE NAME:

ADDRESS:

1340 RUSSELL CAVE RD
LEXINGTON KY 40505

SEQUENCE NUMBER:


2189412

EFFECTIVE DATE:

01/18/18

ISSUANCE DATE:

01/18/18



Director
New Jersey Division of Revenue