

CITY COUNCIL

The City of Orange Township, New Jersey

DATE November 4, 2020

NUMBER 434-2020

TITLE: (AMENDED)

A RESOLUTION AUTHORIZING THE PURCHASE OF MINERAL ROCK SALT FOR THE DEPARTMENT OF PUBLIC WORKS THROUGH ESSEX COUNTY CO-OPERATIVE PURCHASING #20-110 FOR THE WINTER SEASON 2020-2021 FROM MORTON SALT, 444 WEST LAKE STREET, SUITE 3000, CHICAGO, ILLINOIS 60606 IN THE AMOUNT NOT TO EXCEED \$80,000.00 OVER THE TERM OF THE AGREEMENT.

WHEREAS, the City of Orange Township requires a firm to supply mineral rock salt to the City of Orange Township; and

WHEREAS, the City of Orange Township entered into a voluntary cooperative pricing agreement with the County of Essex , a copy of which is attached hereto and made part hereof, for the purchase of mineral rock salt for the 2020-2021 winter season at \$48.47 per ton; and

WHEREAS, the Chief Financial Officer of the City of Orange Township has prepared the necessary Certificate of Availability of Funds, a copy of which is attached hereto and made part hereof, certifying that monies are available in the Account No. 0-01-26-292-000-301 (30,000.00) to cover October 1, 2020 through December 31, 2020 and \$50,000.00 will be subject to budget appropriation to cover the calendar year 2021.

NOW, THEREFORE, BE IT RESOLVED that the proper officers of the City of Orange Township are hereby authorized to enter into an agreement with aforesaid vendor for mineral rock salt for the winter season 2020-2021 in an amount not to exceed \$80,000.00 subject to budget appropriations for 2021.

Adopted: November 4, 2020

Joyce L. Lanier
City Clerk

Kerry J. Coley
Council President

Vaughn Pritchment on behalf of the City Attorney

CITY ATTORNEY

CITY OF ORANGE TOWNSHIP
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS

I, Chief Financial Officer for the City of Orange Township, do hereby confirm that, based on the experience record of the prior year, and based on the Quote, RFP, or RFQ bid results, "extraordinary unspecifiable services" without competitive bids or inclusion in a cooperative which the City has approved, and contingent upon Council approval and inclusion of said item in the Temporary Budget and the adopted 2020, and 2021 Budgets, there will be sufficient funds to contract with:

Vendor Name: Morton Salt
Address: 444 West Lake St.
Suite 3000
City: Chicago
State: Illinois
Zip Code: 60606-0090


Purpose: The purchase of Mineral Salt
01/01/2020-12/31/2021

Fund:	Current Fund	
Line Description:	SRV - Snow Removal	
Budget years:	2020	2021
Account Numbers(s): 0-01-26-292-000-301	30,000.00	50,000.00

Vendor ID: MORTO030

holding PO Number: 20-01700

Amount not to exceed: \$ 80,000.00

Division Head	Date
	11-04-2020
Chief Financial Officer	Date



OFFICE OF PURCHASING
 THE COUNTY OF ESSEX, NJ
<http://purchasing.essexcountynj.org>

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Voluntary Co-Op Bid # 20-110: To Furnish & Deliver Rock Salt (sodium chloride) for the Essex County Department of Public Works as per specifications



Award Information

Award To	Award Date	Award Amount	Co-Op
Morton Salt, Inc. Chemical Equipment Labs of DE, Inc	09/23/2020	\$ 0.00	Yes

Resolution Number: 2020-00706

Purchasing Comments: To Provide Rock Salt for Essex County Roadways for the Dept. of Public Works: Primary Vendor: Morton Salt, Inc. \$48.47 unit price per ton Secondary Vendor: Chemical equipment Labs of DE. Inc. \$55.12 unit price per ton Open-ended contract not to exceed: \$ 2,000,000.00 cumulative between both vendors.

Tabulation

Bid Tabulation_Bid_20-110_Furnish_and_Deliver_Rock_Salt_06_23_2020_152033.pdf
 Download Size: 53.00Kb

General Information

Bid 20-110 : Awarded	Subject
Submission Complete	To Furnish & Deliver Rock Salt (sodium chloride) for the Essex County Department of Public Works as per specifications
Date Issued	Commodity Type
06/23/2020	Snow Plowing Screening Services, Miscellaneous (not otherwise identified) Mineral Rock Salt
Date Due	Performance Period
07/15/2020	Two (2) year contract beginning October 1, 2020
Requesting Agency	Proposer's Conference
Department of Public Works	N/A
Agency Contact	Other Instructions
Christopher Calvanese Tel: 973-621-5102 Fax: 973-621-5109 ccalvanese@admin.essexcountynj.org	as per specifications specifications will be available for download (no fee applies)
Questions	
Fax To: 973-621-5109 Att: Christopher Calvanese	

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.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Morton Salt, Inc.

2 Business name/disregarded entity name, if different from above

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) ▶ _____
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.
444 West Lake Street, Suite 3000

6 City, state, and ZIP code
Chicago, IL 60606-0000

7 List account number(s) here (optional)

8 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									
			-						
OR									
Employer identification number									
2	7	-	3	1	4	6	1	7	4

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 ▶ *[Signature]* **Eric Director Tax** Date ▶ **12/18/2017**

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-INT (interest earned or paid)
- 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
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
SHORT FORM STANDING**

**MORTON SALT, INC.
0101010452**

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named Delaware Foreign For-Profit Corporation was registered by this office on August 04, 2010.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

**CORPORATION SERVICE COMPANY
830 BEAR TAVERN ROAD
WEST TRENTON, NJ 08628**



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 15th day of June, 2016

**Ford M. Scudder
Acting State Treasurer**

Certificate Number : 6072288009

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/USP/Verify_Cert.jsp

AGREEMENT

This Agreement, made and entered into this ____ day of _____ 2020,
between the City of Orange Township and **Morton Salt, 444 West Lake Street, Suite
3000, Chicago IL 60606-0090.**

WHEREAS, the City of Orange Township wishes to retain a firm for the purpose
of **purchasing mineral rock salt for the 2020-2021 Winter Seasons under the Essex
County Co-Op Bid File #20-110 at \$48.47 per ton** for the City of Orange Township, as
specifically set forth in the attached proposal in the amount not to exceed **\$80,000.00.**
(\$30,000.00 to cover October 1, 2020 through December 31, 2020; \$50,000.00 to cover
the calendar year 2021).

WHEREAS, the City of Orange Township wishes to retain **Morton Salt** with
offices located at **444 West Lake Street, Suite 3000, Chicago, IL 60606-0090.**

WHEREAS, this firm and the individuals of the firm are to be retained pursuant
to the Agreement as specified under the **Essex County Co-Op**; and

WHEREAS, the City Council of the City of Orange Township has, by
Resolution No. _____ dated _____ 2020, authorizes **Morton Salt** for the
purpose of **purchasing mineral rock salt for the 2020-2021 Winter Seasons**, as
specified in the attached proposal.

NOW, THEREFORE, BE IT AGREED by and between the parties, for the
mutual convenient set forth herein below:

1. **Morton Salt** is hereby contracted by the City of Orange Township to provide
services as specified in the attached proposal.

2. This agreement shall be effective commencing on **October 1, 2020** and terminating on **September 30, 2021**.
3. This agreement shall not be assigned nor shall any duties under this agreement be delegated by **Morton Salt** without prior written consent of the City.
4. The validity of this agreement and its terms or provisions, as well as the rights and duties of the contracting parties, shall be governed by and construed in accordance with the laws of the State of New Jersey.
5. This agreement shall be binding on and inure to the benefit of the contracting parties and their respective heirs, executors, administrators, legal representatives, successors, and assigns when not expressly prohibited by this agreement.
6. In case any one or more of the provisions contained in this agreement shall for any reason be held to be invalid, illegal or unenforceable in any respect, the invalidity, illegality, or unenforceability shall not affect any other provision of it this agreement shall for any reason be held to be invalid, illegal, or unenforceable provision had never been contained in it.
7. This agreement constitutes the sole agreement of the contracting parties and supersedes any prior understandings or written or oral agreements between the parties respecting its subject matter.
8. All notices and other communications shall be sent by certified mail, return receipt requested, and shall be deemed to have been given when sent to the parties at their respective addresses as set forth above, unless a different

address has been selected after the execution of this agreement and has been duly communicated to the party giving notice.

9. The City may terminate this Agreement upon three days notice with **Morton Salt**. In the event that this agreement is deemed to be terminated, the City shall pay **Morton Salt** for those services provided as of the effective date of termination. This agreement is final and cannot be amended, supplemented, changed or modified without said being in writing.

IN WITNESS WHEREOF, the parties hereto have set their hands and seals the day and year first above written.

ATTEST:

CITY OF ORANGE TOWNSHIP:

Joyce L. Lanier Date
City Clerk

Dwayne D. Warren, Esq. Date
Mayor

ATTEST:

Morton Salt
444 West Lake Street, Suite 3000
Chicago, IL 60606-0090

Print Name

Print Name

Signature Date

Signature Date

Approved as to Form and Sufficiency

Gracia R. Montilus Date
City Attorney