

**CITY COUNCIL**

**The City of Orange Township, New Jersey**

**DATE** November 14, 2022

**NUMBER** 444-2022

**TITLE: A RESOLUTION AUTHORIZING THE EXTENSION OF THE AWARD OF A NON-FAIR AND OPEN CONTRACT WITH NEIGHBORHOOD PLANNING AND ARCHITECTURAL DESIGN, INC. (NPAD), 132 SOUTH HARRISON STREET, EAST ORANGE, NEW JERSEY 07018 TO PROVIDE PROJECT MANAGEMENT PROFESSIONAL SERVICES TO COMPLY WITH FEDERAL AND STATE GUIDELINES FOR THE HIGHLAND AVENUE TRAIN STATION IMPROVEMENTS IN AN AMOUNT NOT TO EXCEED \$24,000.00.**

**WHEREAS**, the Award of Project Management Professional Services, Resolution 369-2020, expired on September 15, 2021; and

**WHEREAS**, the project is continuous, ongoing, and still being completed; and

**WHEREAS**, as a result, the Award needs to be extended so the Services can be completed; 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, certifying that monies are available in Account No.C-04-05-005-000-000.

**NOW, THEREFORE, BE IT RESOLVED**, that the Municipal Council of the City of Orange Township does authorize the extension of Award of a Non-Fair and Open Contract Neighborhood Planning and Architectural Design, Inc., in the amount not to exceed \$24,000.00.

Adopted:

\_\_\_\_\_  
Joyce L. Lanier  
City Clerk

\_\_\_\_\_  
Tency A. Eason  
Council President



Handwritten scribbles and marks at the bottom left corner.

**CITY COUNCIL**

**The City of Orange Township, New Jersey**

DATE September 15, 2020

NUMBER 369-2020

(Amended)

**TITLE: A RESOLUTION AUTHORIZING THE AWARD OF A NON-FAIR AND OPEN CONTRACT WITH NEIGHBORHOOD PLANNING AND ARCHITECTURAL DESIGN, INC. (NPAD), 132 SOUTH HARRISON STREET, EAST ORANGE, NEW JERSEY 07018 TO PROVIDE PROJECT MANAGEMENT PROFESSIONAL SERVICES TO COMPLY WITH FEDERAL AND STATE GUIDELINES FOR THE HIGHLAND AVENUE TRAIN STATION IMPROVEMENTS IN AN AMOUNT NOT TO EXCEED \$29,500.00.**

**WHEREAS**, the City of Orange Township has a need to acquire professional services as a non-fair and open contract pursuant to the provisions of N.J.S.A. 19:44A-2-.4 or 20.5 as appropriate; and

**WHEREAS**, the City of Orange Township requires Professional Services to comply with Federal and State Guidelines for the Highland Avenue Train Station Improvements; and

**WHEREAS**, Neighborhood Planning and Architectural Design, Inc., (NPAD) has submitted a proposal on September 4, indicating they will provide the professional services at a cost of \$29,500.00; and

**WHEREAS**, the architectural firm of Neighborhood Planning and Architectural Design, Inc. (NPAD) has completed and submitted a Business Disclosure Certification which certifies that it has not made any reportable contributions to a political or candidate committee in the City in the previous one (1) year, except that the year 2005 is an exception to this requirement as the one year immediately proceeding the effective date of the law, as that term is defined below, and that the contract will prohibit Neighborhood Planning and Architectural Design, Inc. (NPAD) from making any reportable contributions throughout the term of the contract; and


**WHEREAS**, the Chief Financial Officer of the City of Orange Township has prepared the necessary Certificate of Availability of Funds certifying that funds are available for this purpose in Account No. C-07-05-005-000-000.

**NOW, THEREFORE, BE IT RESOLVED** by the Municipal Council of the City of Orange Township, New Jersey as follows:

1. The Mayor and City Clerk are hereby authorized and directed to execute the attached Agreement with Neighborhood Planning and Architectural Design, Inc. (NPAD) in an amount not to exceed \$29,500.00, as specifically set forth in the attached proposal dated September 4, 2020.
2. Notice of this action shall be printed in the Orange Transcript as required by law within ten (10) days of its passage.
3. The agreement herein and this resolution are contingent upon certification of funds to render payment for services provided within.

Adopted: September 15, 2020

  
Joyce L. Manier  
City Clerk

  
Kerry J. Coley  
Council President

APPROVED AS TO FORM, SUFFICIENCY AND LEGALITY

  
CITY ATTORNEY

08/28/04

Taxpayer Identification# 223-883-401/000

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 82 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)292-1730.

I wish you continued success in your business endeavors.

Sincerely,

*John E. Tully*  
John E. Tully, CPA  
Acting Director

STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY  
DIVISION OF REVENUE  
TAXATION

TAXPAYER NAME:  
NEIGHBORHOOD PLANNING & ARCHITECTURE

TRADE NAME:

TAXPAYER IDENTIFICATION#:  
223-883-401/000

SEQUENCE NUMBER:  
100333

ADDRESS:  
88 MADISON AVENUE - STE 400  
MORRISTOWN, NJ 07960

ISSUANCE DATE:  
08/28/04

EFFECTIVE DATE:  
08/22/00

FORM BR-CR-01-01

*John E. Tully*  
Acting Director

This Certificate is NOT negotiable or transferable. It must be carried in the original form.



**MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE**

**N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)**

**N.J.A.C. 17:27**

**GOODS, PROFESSIONAL SERVICE AND GENERAL 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, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity 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, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter 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 any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, 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.

In conforming with the targeted employment goals, 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, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

**The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:**

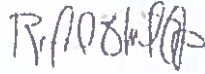
**Letter of Federal Affirmative Action Plan Approval**

**Certificate of Employee Information Report**

**Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance))**

**The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Division of Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**Vendor Signature: \_\_\_\_\_**



**Date: Sept 30, 2022**

**REQUIRED EVIDENCE  
AFFIRMATIVE ACTION REGULATIONS  
P.L. 1975, C. 127 (N.J.A.C. 17:27-3.2)**

Before being awarded a contract, bidders are required to comply with the requirements of P.L. 1975, C.127, (N.J.A.C. 17:27-3.2). Within seven (7) days after receipt of the notification of intent to award the contract or receipt of the contract, whichever is sooner, the contractor should present one of the following to the Purchasing Agent:

1. A photocopy of a valid letter from the U.S. Department of Labor that the contractor has an existing federally-approved or sanctioned Affirmative Action Plan (good for one year from the date of the letter);  
OR
2. A photocopy of approved Certificate of Employee Information Report issued in accordance with N.J.A.C. 17:24-4;  
OR
3. An initial Employee Information Report (Form AA302) provided by the Affirmative Action Office and completed by the bidder in accordance with N.J.A.C.17:27-4;  
OR
4. All successful construction contractors must submit within three days of the signing of the contract an Initial Project Workforce Report (AA201) for any contract award that meets or exceeds the Public Agency bidding threshold (available upon request) in accordance with N.J.A.C.17:27-7.

**NO FIRM MAY BE ISSUED A CONTRACT UNLESS IT COMPLIES WITH THE  
AFFIRMATIVE ACTION REGULATIONS OF P.L. 1975, C.127.**

The following questions must be answered by all bidders:

1. Do you have a federally-approved or sanctioned Affirmative Action Program?

Yes \_\_\_\_\_ No XX \_\_\_\_\_  
If yes, please submit a copy of such approval

2. Do you have a Certificate of Employee Information Report Approval?

Yes \_\_\_\_\_ No XX \_\_\_\_\_  
If yes, please submit a copy of such certificate

The undersigned contractor certifies that he is aware of the commitment to comply with the requirements of P.L. 1975, C.127 and agrees to furnish the required documentation pursuant to the law.

Company: Neighborhood Planning and Architectural Design, Inc. Signature: 

Title: Managing Partner

**BUSINESS ENTITY DISCLOSURE CERTIFICATION  
FOR NON-FAIR AND OPEN CONTRACTS  
Required Pursuant To N.J.S.A. 19:44A-20.8  
CITY OF ORANGE TOWNSHIP, NEW JERSEY**

**Part I - Vendor Affirmation**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that

Neighborhood Planning and Architectural Design, Inc. (Contractor) has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one year period preceding the date of reorganization to any of the following named candidate committees, joint candidates committee; or political party committee representing the elected officials of the **CITY OF ORANGE TOWNSHIP** as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

|                         |  |
|-------------------------|--|
| Dwayne D. Warren        |  |
| Kerry J. Colby          |  |
| Clifford Ross           |  |
| Weldon M. Montague, III |  |
| Tancy A. Eason          |  |
| Quantavia L. Hilbert    |  |
| Adrienne Weston         |  |
| Jamie Summers-Johnson   |  |

**Part II - Ownership Disclosure Certification**

☑ I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.


Check the box that represents the type of business entity:  
 Partnership     Corporation     Sole Proprietorship     Subchapter S Corporation  
 Limited Partnership     Limited Liability Corporation     Limited Liability Partnership

| Name of Stock or Shareholder | Home Address   |
|------------------------------|--|
| Roland Whitley               | 5233 Tomahawk Trail, Raleigh NC 27610                        |
| John K. Samuels III          | 351 West 114 <sup>th</sup> Street, Apt 1a, New York NY 10026 |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |
|                              |  |

**Part III - Signature and Attestation:**

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Neighborhood Planning and Architectural Design Inc.

Signed: 

Title: Managing Partner

Date: September 30, 2022

Print Name: Roland Whitley

Subscribed and sworn before me the 30 day of September <sup>2022</sup> Maria V Cruz  
 (Affiant)  
September, 2022.  
 My Commission expires: 08/31/2027  
Maria V. Cruz Notary  
 (Print name & title of affiant) (Corporate Seal)

MARIA V CRUZ  
NOTARY PUBLIC  
FRANKLIN COUNTY, NC  
My Commission Expires 08-31-2027



**BUSINESS ENTITY DISCLOSURE CERTIFICATION  
FOR NON-FAIR AND OPEN CONTRACTS  
Required Pursuant To N.J.S.A. 19:44A-20.8  
CITY OF ORANGE TOWNSHIP, NEW JERSEY**

The following is statutory text related to the terms and citations used in the Business Entity Disclosure Certification form.

**"Local Unit Pay-To-Play Law" (P.L. 2004, c.19, as amended by P.L. 2005, c.51)**

**19:44A-20.6 Certain contributions deemed as contributions by business entity.**

5. When a 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. When a business entity is other than a natural person, a contribution by any person or other business entity having an interest therein shall be deemed to be a contribution by the business entity.

**19:44A-20.7 Definitions relative to certain campaign contributions.**

6. As used in sections 2 through 12 of this act:

"business entity" means any natural or legal person, business corporation, professional services corporation, limited liability company, partnership, limited partnership, business trust, association or any other legal commercial entity organized under the laws of this State or of any other state or foreign jurisdiction;

"interest" means the 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, as appropriate;

**Temporary and Executing**

12. Nothing contained in this act shall be construed as affecting the eligibility of any business entity to perform a public contract because that entity made a contribution to any committee during the one-year period immediately preceding the effective date of this act.

~~~~~  
**The New Jersey Campaign Contributions and Expenditures Reporting Act (N.J.S.A. 19:44A-1 et seq.)**

**19:44A-3 Definitions. In pertinent part...**

p. The term "political party committee" means the State committee of a political party, as organized pursuant to R.S.19:5-4, any county committee of a political party, as organized pursuant to R.S.19:5-3, or any municipal committee of a political party, as organized pursuant to R.S.19:5-2.

q. The term "candidate committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) for the purpose of receiving contributions and making expenditures.

r. the term "joint candidates committee" means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) by at least two candidates for the same elective public offices in the same election in a legislative district, county, municipality or school district, but not more candidates than the total number of the same elective public offices to be filled in that election, for the purpose of receiving contributions and making expenditures. For the purpose of this subsection: ...; the offices of member of the board of chosen freeholders and county executive shall be deemed to be the same elective public offices in a county; and the offices of mayor and member of the municipal governing body shall be deemed to be the same elective public offices in a municipality.

**19:44A-8 and 16 Contributions, expenditures, reports, requirements.**

*While the provisions of this section are too extensive to reprint here, the following is deemed to be the pertinent part affecting amounts of contributions:*

"The \$300 limit established in this subsection shall remain as stated in this subsection without further adjustment by the commission in the manner prescribed by section 22 of P.L. 1993, c.65 (C.19:44A-7.2)

**STATE OF NEW JERSEY**  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program

**EMPLOYEE INFORMATION REPORT**

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to [https://www.state.nj.us/treasury/contract\\_compliance/documents/pdf/forms/aa302ins.pdf](https://www.state.nj.us/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf)

**SECTION A - COMPANY IDENTIFICATION**

|                                                                                                                                                       |                                                                                                                                                                                                                     |                                                          |
|-------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| 1. FED. NO. OR SOCIAL SECURITY<br><b>22-3863401</b>                                                                                                   | 2. TYPE OF BUSINESS<br><input type="checkbox"/> 1. MFG <input checked="" type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE<br><input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER | 3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY<br><b>5</b> |
| 4. COMPANY NAME<br><b>Neighborhood Planning and Architectural Design, Inc.</b>                                                                        |                                                                                                                                                                                                                     |                                                          |
| 5. STREET<br><b>132 South Harrison Street,</b>                                                                                                        | CITY<br><b>East Orange</b>                                                                                                                                                                                          | COUNTY<br><b>Essex</b>                                   |
|                                                                                                                                                       | STATE<br><b>NJ</b>                                                                                                                                                                                                  | ZIP CODE<br><b>07016</b>                                 |
| 6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)                                                                                        |                                                                                                                                                                                                                     |                                                          |
|                                                                                                                                                       | CITY                                                                                                                                                                                                                | STATE                                                    |
|                                                                                                                                                       |                                                                                                                                                                                                                     | ZIP CODE                                                 |
| 7. CHECK ONE: IS THE COMPANY: <input checked="" type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER |                                                                                                                                                                                                                     |                                                          |
| 8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ                                                                          |                                                                                                                                                                                                                     |                                                          |
| 9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT <b>5</b>                                                            |                                                                                                                                                                                                                     |                                                          |
| 10. PUBLIC AGENCY AWARDED CONTRACT                                                                                                                    |                                                                                                                                                                                                                     |                                                          |
|                                                                                                                                                       | CITY                                                                                                                                                                                                                | COUNTY                                                   |
| <b>City of Orange Towns</b>                                                                                                                           | <b>Orange</b>                                                                                                                                                                                                       | <b>Essex</b>                                             |
|                                                                                                                                                       | STATE                                                                                                                                                                                                               | ZIP CODE                                                 |
|                                                                                                                                                       | <b>NJ</b>                                                                                                                                                                                                           | <b>07050</b>                                             |
| Official Use Only                                                                                                                                     | DATE RECEIVED                                                                                                                                                                                                       | INVOICE DATE                                             |
|                                                                                                                                                       |                                                                                                                                                                                                                     |                                                          |
|                                                                                                                                                       |                                                                                                                                                                                                                     | ASSIGNED CERTIFICATION NUMBER                            |
|                                                                                                                                                       |                                                                                                                                                                                                                     |                                                          |

**SECTION B - EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

| JOB CATEGORIES                                 | ALL EMPLOYEES                                                                             |                |                  | PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN |          |              |       |          |        |          |              |       |          |  |  |  |
|------------------------------------------------|-------------------------------------------------------------------------------------------|----------------|------------------|----------------------------------------------------|----------|--------------|-------|----------|--------|----------|--------------|-------|----------|--|--|--|
|                                                | COL. 1<br>TOTAL<br>(Cols 2 & 3)                                                           | COL. 2<br>MALE | COL. 3<br>FEMALE | MALE                                               |          |              |       |          | FEMALE |          |              |       |          |  |  |  |
|                                                |                                                                                           |                |                  | BLACK                                              | HISPANIC | AMER. INDIAN | ASIAN | NON MIN. | BLACK  | HISPANIC | AMER. INDIAN | ASIAN | NON MIN. |  |  |  |
| Officials/Managers                             | 1                                                                                         |                |                  | 1                                                  |          |              |       |          |        |          |              |       |          |  |  |  |
| Professionals                                  | 2                                                                                         |                |                  | 2                                                  |          |              |       |          |        |          |              |       |          |  |  |  |
| Technicians                                    | 1                                                                                         |                |                  | 1                                                  |          |              |       |          |        |          |              |       |          |  |  |  |
| Sales Workers                                  |                                                                                           |                |                  |                                                    |          |              |       |          |        |          |              |       |          |  |  |  |
| Office & Clerical                              | 1                                                                                         |                |                  |                                                    |          |              |       |          |        | 1        |              |       |          |  |  |  |
| Craftworkers (Skilled)                         |                                                                                           |                |                  |                                                    |          |              |       |          |        |          |              |       |          |  |  |  |
| Operatives (Semi-skilled)                      |                                                                                           |                |                  |                                                    |          |              |       |          |        |          |              |       |          |  |  |  |
| Laborers (Unskilled)                           |                                                                                           |                |                  |                                                    |          |              |       |          |        |          |              |       |          |  |  |  |
| Service Workers                                |                                                                                           |                |                  |                                                    |          |              |       |          |        |          |              |       |          |  |  |  |
| <b>TOTAL</b>                                   | <b>5</b>                                                                                  |                |                  | <b>4</b>                                           |          |              |       |          |        | <b>1</b> |              |       |          |  |  |  |
| Total employment from previous Report (if any) |                                                                                           |                |                  |                                                    |          |              |       |          |        |          |              |       |          |  |  |  |
| Temporary & Part-Time Employees                | The data below shall NOT be included in the figures for the appropriate categories above. |                |                  |                                                    |          |              |       |          |        |          |              |       |          |  |  |  |
|                                                |                                                                                           |                |                  |                                                    |          |              |       |          |        |          |              |       |          |  |  |  |

|                                                                                                                                                                                                                                        |                                                                                                                                           |                                                       |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|
| 12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED?<br><input checked="" type="checkbox"/> 1. Visual Survey <input checked="" type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify) | 14. IS THIS THE FIRST Employee Information Report Submitted?<br>1. YES <input checked="" type="checkbox"/> 2. NO <input type="checkbox"/> | 15. IF NO, DATE LAST REPORT SUBMITTED<br>MO. DAY YEAR |
| 13. DATES OF PAYROLL PERIOD USED<br>From: <b>Aug 1 2022</b> To: <b>August 31</b>                                                                                                                                                       |                                                                                                                                           |                                                       |

**SECTION C - SIGNATURE AND IDENTIFICATION**

|                                                                             |                          |                                                              |                                          |
|-----------------------------------------------------------------------------|--------------------------|--------------------------------------------------------------|------------------------------------------|
| 16. NAME OF PERSON COMPLETING FORM (Print or Type)<br><b>Roland Whitley</b> | SIGNATURE<br>            | TITLE<br><b>Managing Partner</b>                             | DATE<br>MO DAY YEAR<br><b>08 28 2022</b> |
| 17. ADDRESS NO. & STREET<br><b>5233 Tomahawk Trail</b>                      | CITY<br><b>Raleigh</b>   | COUNTY<br><b>Wake</b>                                        | STATE<br><b>NJ</b>                       |
|                                                                             | ZIP CODE<br><b>07016</b> | PHONE (AREA CODE, NO., EXTENSION)<br><b>919 - 390 - 3220</b> |                                          |

## Request for Taxpayer Identification Number and Certification

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type.  
See Specific Instructions on page 3.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.<br>Neighborhood Planning and Architectural Design, Inc.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                                                                                                                    |
| <b>2</b> Business name/disregarded entity name, if different from above                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                    |
| <b>3</b> 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.<br><br><input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate<br><br><input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____<br><small>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.</small><br><br><input type="checkbox"/> Other (see instructions) ▶ _____ | <b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):<br><br>Exempt payee code (if any) _____<br><br>Exemption from FATCA reporting code (if any) _____<br><br><small>(Applies to accounts maintained outside the U.S.)</small> |
| <b>5</b> Address (number, street, and apt. or suite no.) See instructions.<br>132 South Harrison Street, Mail Box 1                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Requester's name and address (optional)                                                                                                                                                                                                                                            |
| <b>6</b> City, state, and ZIP code<br>East Orange NJ 07018                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                                                                                                                                                                                                                                                    |
| <b>7</b> List account number(s) here (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                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |   |   |   |   |   |   |   |   |   |   |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>                                                                                 |   |   |   |   |   |   |   |   |   |   |   |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |   |   |   |   |   |   |   |   |   |   |   |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |   |   |   |   |   |   |   |   |   |   |   |  |
| Employer identification number                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |   |   |   |   |   |   |   |   |   |   |   |  |
| <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;">2</td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;">-</td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px;">6</td> <td style="border: 1px solid black; width: 20px; height: 20px;">3</td> <td style="border: 1px solid black; width: 20px; height: 20px;">4</td> <td style="border: 1px solid black; width: 20px; height: 20px;">0</td> <td style="border: 1px solid black; width: 20px; height: 20px;">1</td> </tr> </table> | 2 | 2 |   | - | 3 | 6 | 6 | 3 | 4 | 0 | 1 |  |
| 2                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | 2 |   | - | 3 | 6 | 6 | 3 | 4 | 0 | 1 |   |  |

### 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.

|                  |                            |                      |
|------------------|----------------------------|----------------------|
| <b>Sign Here</b> | Signature of U.S. person ▶ | Date ▶ Sept 29, 2022 |
|------------------|----------------------------|----------------------|

### 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](http://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.*





CITY OF ORANGE  
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS  
CAPITAL BUDGET

I, Nile Clements, Chief Financial Officer for the City of Orange, do hereby certify to the best of my knowledge and belief that there are now sufficient funds in the following Capital accounts to Contract with:

Vendor Name: Neighborhood Planning & Architectural Design, Inc.  
Address#1: 132 S. Harrison St.  
Box 1  
City: East Orange  
State: New Jersey  
Zip Code: 07018

Purpose: Project Management to comply with Federal & State  
guidelines for Highland Ave. Train Station improvements

Fund: General Capital  
Account Name : Orange Twp. 5-05  
Account Numbers(s): C-04-05-005-000-000

|                |            |
|----------------|------------|
| balance before | 364,463.49 |
| requested      | 24,000.00  |
| balance after  | 340,463.49 |

Vendor ID: NEIGH010

Purchase Order #: 22-01977

PENDING RESOLUTION

Amount not to exceed: \$ 24,000.00

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Division Head

Date

*Nile Clements*

11/3/2022

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Chief Financial Officer

Date

