

**CITY COUNCIL**

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

**DATE** April 16, 2024

**NUMBER** 229-2024

**TITLE:** A RESOLUTION AUTHORIZING ROSANDO FENCE CO dba FOX FENCE ENTERPRISES, INC., 417 CROOKS AVENUE, CLIFTON, NEW JERSEY 07011 FOR THE PURCHASE OF FENCING, INSTALLATION AND REPAIRS TO THE CENTRAL PLAYGROUND IMPROVEMENTS PHASE III UNDER THE EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY (ESCNJ) CO-OP CONTRACT #20/21-37 IN AN AMOUNT NOT TO EXCEED \$48,450.00.

**WHEREAS**, the City of Orange Township desires to improve the playground at Central Playground; and

**WHEREAS**, per Resolution #207-2024, the City of Orange Township entered into a cooperative pricing agreement with Educational Services Commission of New Jersey (ESCNJ), a copy of which is attached hereto; and

**WHEREAS**, the City of Orange Township desires the improvements for Central Playground Phase III for the purchasing of fencing, installation and repairs; and

**WHEREAS**, the Chief Financial Officer of the City of Orange Township has prepared the Certificate of Availability of Funds, a copy of which is attached hereto, certifying that funds in the amount of \$48,450.00 is available for this purpose in Account #T-14-24-860-000-101.

**NOW, THEREFORE, BE IT RESOLVED** that the proper officers of the City of Orange Township be and are hereby authorized the Central Playground Improvements Phase III with Rosando Fence Co dba Fox Fence Enterprises, Inc. pursuant to the ESCNJ Co-Op Contract #20/21-37 in an amount not to exceed \$48,450.00.

**Adopted: April 16, 2024**

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

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

  
\_\_\_\_\_  
A. MIZRATH

CITY OF ORANGE  
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS  
COMMUNITY DEVELOPMENT BLOCK GRANT

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 CDBG account(s) to Contract with:

Vendor Name: Rosando Fence Company  
Fox Fence Enterprises Inc.

Address#1: 417 Crooks Ave.

City: Clifton  
State: NJ  
Zip Code: 07011

Purpose: Purchase of fencing and installation and repairs to Central Playground improvements

Fund: Trust Fund - Community Development Block Grants  
Account Name CDBG - Central Playground Improv. Phase 3  
Account Numbers(s): T-14-24-860-000-101

Balance Before	68,583.00
Requested	<u>48,450.00</u>
Balance After	20,133.00

Vendor ID: ROSAN005

Purchase Order # : 24-00917

Amount not to exceed: \$48,450.00

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Division Head

Date

*Nile Clements*

4/4/2024

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Chief Financial Officer

Date

**CITY COUNCIL**

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

**DATE** April 2, 2024

**NUMBER** 207-2024

**TITLE:** A RESOLUTION AUTHORIZING THE CITY OF ORANGE TOWNSHIP TO ENTER INTO A "RENEWAL" COOPERATIVE PRICING AGREEMENT WITH EDUCATIONAL SERVICES COMMISSION OF NEW JERSEY (ESCNJ) FOR THE PURCHASE OF WORK, MATERIALS, SUPPLIES AND EQUIPMENT FOR THE DURATION OF FIVE (5) YEARS COMMENCING JANUARY 1, 2024 THROUGH DECEMBER 31, 2028.

WHEREAS, N.J.S.A. 40A:11-11(5) authorizes contracting units to establish a Cooperative Pricing System and to enter into Cooperative Pricing Agreements for its administration; and


WHEREAS, The Educational Services Commission of New Jersey (ESCNJ) hereafter referred to as the "Lead Agency" has offered voluntary participation in a Cooperative Pricing System for the purchase of goods and services; and


WHEREAS, the City of Orange Township desires to enter into a renewal agreement with the Educational Services Commission of New Jersey (ESCNJ) to renew membership, a copy of which is attached hereto and made a part hereof as it set forth in length herein.

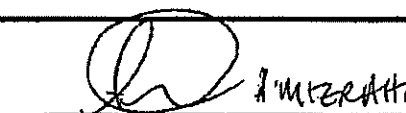
NOW, THEREFORE, BE IT RESOLVED that the City Council of the City of Orange Township hereby authorizes the Mayor of the City of Orange Township to renew membership with the Lead Agency.

BE IT FURTHER RESOLVED, that the Lead Agency shall be responsible for complying with the provisions of the Local Public Contracts Law (N.J.S.A. 40A:11-1 et seq) and all other provisions of the revised statutes of the State of New Jersey.

Adopted: April 2, 2024

  
Joyce L. Lanier  
City Clerk

  
Tency A. Eason  
Council President

  
MAYOR



All types of Gates, Manual & Electric  
 Steel Bollards with Plastic Covers  
 Aluminum & steel Ornamental Fence  
 Tennis Court Fence & Screening  
 Baseball Backstops  
 Trash Enclosures

DOT Chain Link Fence  
 Turnstiles, Manual & Electric  
 Highway Guardrail, Steel or Timber  
 PVC-Vinyl Fence, All colors  
 High Rise Railing  
 Wood Fence

**New Jersey State Approved Co-op #65MCESCCPS**  
**NJ Contractors License No. 13VH02534400**  
**ESCNJ 20/21-37 Fencing Purchase Installation and Repair**  
**US Homeland Security Approved Fence Contractor (TWIC)**

April 1, 2024  
 Orange Township City Hall  
 29 N Day St  
 City of Orange, NJ 07050  
 Marty Mayes mmayes@orangenj.gov  
 Contact Phone: 973 885 1921

Job Site: Central Playground  
 Orange NJ

Description:  
 Remove and Take Down Approx. 200LF All Steel Fence  
 Restore Steel Fence to Original State  
 Sandblast and Dip Approx. 200LF All Steel Fence  
 Furnish and Install (26) 2 1/2" Steel Post

Materials and Labor \$48,450.00

Thank you;  
 Wilby Tapia,  
**INDUSTRIAL & COMMERCIAL ESTIMATOR**  
 wtapia@foxfenceeneterprisesinc.com

Accepted by: \_\_\_\_\_

Print Name: \_\_\_\_\_

Date: \_\_\_\_\_

A DIVISION OF ROSANDO FENCE CO., INC  
 MORE THAN 70 YEARS  
 Serving New Jersey, Eastern Pennsylvania, Northern New York & the 5-Boroughs of NYC

417 CROOKS AVE CLIFTON NJ, 07011  
 Phone: 973-779-9592 Fax: 973-340-3935 Email: fxfence417@aol.com

Fencing Purchase, Installation and Repair  
Bid #ESCNU 20/21-37

ACCEPTANCE OF BID  
and  
CONTRACT AWARD

TO BE COMPLETED BY RESPONDENT

In compliance with the Request for Bid, the undersigned warrants that I/we have examined the instructions to Respondents, and, being familiar with all of the conditions surrounding the proposed projects, hereby offer and agree to furnish all labor, materials, and supplies incurred in compliance with all terms, conditions, specifications and amendments in the Request for Bid and any written exceptions to the bid. Signature also certifies understanding and compliance with the certification requirements of the ESCNU's Terms and Conditions and any special Terms and Conditions if applicable. The undersigned understands that his/her competence and responsibility and that of any proposed subcontractors, time of completion, as well as other factors of interest to the ESCNU as stated in the evaluation section will be a consideration in making the award. Your bid for contracting services is hereby accepted. As contractor, you are now bound to sell the materials and services listed by the attached bid based upon the solicitation, including all terms, conditions, specifications, amendments as set forth in the Request for Bid. As contractor you are hereby cautioned not to commence any billable work or provide any material or service under this contract until contractor receives an executed purchase order from a Co-op member. The parties intend this contract to constitute the final and complete agreement between the ESCNU and contractor, and no other agreements, oral or otherwise, regarding the subject matter of this contract, shall bind any of the parties hereto. No change or modification of this contract shall be valid unless it shall be in writing and signed by both parties to this contract. If any provision of this contract is deemed invalid or illegal by any appropriate court of law, the remainder of this contract shall not be affected thereby. The term of the agreement shall commence on award and continue for two years unless terminated, canceled or extended in accordance with N.J.A.C. 18A:18A-42. By mutual written agreement, the contract may be extended as permitted by law. (The contract partner) shall maintain all documentation related to products, transactions or services under this contract for a period of five years from the date of final payment. Such records shall be made available to the New Jersey Office of the State Comptroller upon request.

Company Name FOX FRIDGE ENTERPRISES INC Date 10/26/20

Company Address 417 CROOKS AVE City CLIFTON State NJ Zip Code 07011

Contact Person WILBY TAPIA Title PROJECT MANAGER

Authorized Signature (ink only) [Signature] Title PROJECT MANAGER

ACCEPTANCE OF BID AND CONTRACT AWARD BELOW TO BE COMPLETED ONLY BY ESCNU

Awarding Agency: Educational Services Commission of New Jersey

Agency Executive: [Signature] 11/20/20  
Patrick M. Moran, SBA/BS



Name of Bid: Fencing Purchase,  
Installation and Repair  
Bid #: ESCNU 20/21-37

## **FENCING - PURCHASE, INSTALLATION & REPAIR - ESCNJ 20/21-37**

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**Bid Term - 11/20/20 - 11/19/22; Extended to 11/19/23; Extended to 11/19/24**

**«Return to Members Section**

TITLE	LAST MODIFIED
 1Vendor-Contact-Form-20-21-37.pdf	9/22/23
 Fox-Fence-Enterprises-Vendor-Docs-w-Updated-Iran.pdf	10/2/23



**STATE OF NEW JERSEY  
BUSINESS REGISTRATION CERTIFICATE**

**Taxpayer Name:** ROSANDO FENCE COMPANY, INC  
**Trade Name:** FOX FENCE  
**Address:** 417 CROOKS AVE  
CLIFTON, NJ 07011-1658  
**Certificate Number:** 0083308  
**Effective Date:** March 03, 1995  
**Date of Issuance:** August 17, 2022

**For Office Use Only:**  
20220917150230493

## 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.	<p><b>1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</b>  <b>ROSANDO FENCE COMPANY INC</b></p> <p><b>2 Business name/disregarded entity name, if different from above</b>  <b>FOX FENCE ENTERPRISES INC</b></p> <p><b>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.</b></p> <p> <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  <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <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>  <input type="checkbox"/> Other (see instructions) ▶ _____       </p>	<p><b>4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</b></p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____  <small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5 Address (number, street, and apt. or suite no.) See instructions.</b>  <b>417 CROOKS AVE</b></p> <p><b>6 City, state, and ZIP code</b>  <b>CLIFTON NJ 07011</b></p> <p><b>7 List account number(s) here (optional)</b></p>	<p><b>Requester's name and address (optional)</b></p>

**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.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
2	2	-	3	3	4	1	1	1	9

**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 ▶ 1/15/24
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**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.*



Certification 38981

**CERTIFICATE OF EMPLOYEE INFORMATION REPORT RENEWAL**

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-Sep-2023 to 15-Sep-2030**

**ROSANDO FENCE INC FOX FENCE ENTEI  
417 CROOKS AVE  
CLIFTON NJ 07011**



*Elizabeth Maher Muoio*  
**ELIZABETH MAHER MUOIO**  
State Treasurer

New Jersey State Approved Cooperative Pricing System #65MCESCCPS

(Revised: January, 2016)

EXHIBIT A  
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 [https://www.nj.gov/treasury/contract\\_compliance/](https://www.nj.gov/treasury/contract_compliance/))

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program 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 Purchase & Property, CCAU, EEO Monitoring Program for conducting an investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Company FOX FENCE ENTERPRISES INC

Name WILBY TAPIA

Signature [Signature]

Title PROJECT MANAGER

Name of Bid: Fencing Purchase,

Installation and Repair

50

Bid Date: October 29, 2020

Bid #: ESCNJ 20/21-37

Bid Time: 11:00 a.m.

P.O. Box 206  
Trenton, New Jersey 08625-0206 Telephone No. (609) 292-5473

**Educational Services Commission of New Jersey  
Business Office  
1660 Stelton Road, Floor 2  
Piscataway, New Jersey 08854**

**Chapter 271  
Political Contribution Disclosure Form**

**(Contracts that Exceed \$17,500.00)  
Ref. N.J.S.A. 19:44A-20.26**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that FOX FENCE ENTERPRISES INC (Business Entity) has made the following reportable political contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26 during the twelve (12) months preceding this award of contract:

**Reportable Contributions**

<u>Date of Contribution</u>	<u>Amount of Contribution</u>	<u>Name of Recipient Elected Official/ Committee/Candidate</u>	<u>Name of Contributor</u>

The Business Entity may attach additional pages if needed.

No Reportable Contributions (Please check (✓) if applicable.)

I certify that FOX FENCE ENTERPRISES INC (Business Entity) made no reportable contributions to any elected official, political candidate or any political committee as defined in N.J.S.A. 19:44-20.26.

**Certification**

I certify that the information provided above is in full compliance with Public law 2005 – Chapter 271.

Name of Authorized Agent WILBY TAPIA

Signature [Signature] Title PROJECT MANAGER

Business Entity FOX FENCE ENTERPRISES INC

**STATEMENT OF OWNERSHIP DISCLOSURE**

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

**This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.**

Name of Organization: FOX FENCE ENTERPRISES INC

Organization Address: 417 Crooks Ave

City, State, ZIP: CLIFTON NJ 07011

**Part I Check the box that represents the type of business organization:**

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type)       Limited Liability Company (LLC)
- Partnership       Limited Partnership       Limited Liability Partnership (LLP)
- Other (be specific): \_\_\_\_\_

**Part II Check the appropriate box**

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address
Rafael TAVARREZ	417 Crooks Ave CLIFTON NJ 07011
SLAVIA TAVARREZ	120 MORTON ST EAST RUTHERFORD NJ 07073

**Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II**

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every non-corporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

**Part IV Certification**

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the *ESCNJ and/or its members* is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the *ESCNJ and/or its members* to notify the *ESCNJ and/or its members* in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the *ESCNJ and/or its members* to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	WILBY TAPIA	Title:	PROJECT MANAGER
Signature:		Date:	10/20/20

**This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.**



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
10/28/2020

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> Insurance Solutions & Services, Inc. 619 Amboy Avenue  Edison NJ 08837		<b>CONTACT NAME:</b> Jane Begreen <b>PHONE (A/C No., Ext):</b> (732) 738-6080 <b>FAX (A/C, No):</b> (732) 738-8081 <b>EMAIL Address:</b> jbegreen@iss-nj.com																						
<b>INSURED</b>  Rosando Fence Co., Inc. Va Fox Fence Enterprises, Inc. 417 Crooks Avenue Clifton NJ 07011		<table border="1"> <tr> <th colspan="2">INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> <tr> <td>INSURER A:</td> <td>The Travelers Indemnity Company</td> <td>25658</td> </tr> <tr> <td>INSURER B:</td> <td>Travelers Casualty Insurance Co of Am</td> <td>19046</td> </tr> <tr> <td>INSURER C:</td> <td>Travelers Property Casualty Company of America</td> <td>25674</td> </tr> <tr> <td>INSURER D:</td> <td>Travelers Property Casualty Ins Co</td> <td>38161</td> </tr> <tr> <td>INSURER E:</td> <td></td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> <td></td> </tr> </table>		INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	The Travelers Indemnity Company	25658	INSURER B:	Travelers Casualty Insurance Co of Am	19046	INSURER C:	Travelers Property Casualty Company of America	25674	INSURER D:	Travelers Property Casualty Ins Co	38161	INSURER E:			INSURER F:		
INSURER(S) AFFORDING COVERAGE		NAIC #																						
INSURER A:	The Travelers Indemnity Company	25658																						
INSURER B:	Travelers Casualty Insurance Co of Am	19046																						
INSURER C:	Travelers Property Casualty Company of America	25674																						
INSURER D:	Travelers Property Casualty Ins Co	38161																						
INSURER E:																								
INSURER F:																								

COVERAGES CERTIFICATE NUMBER: CL2013101595 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INBR LTR	TYPE OF INSURANCE	ADDL INSR RSD	WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEHL AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:	Y	Y	8800N891224	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ 300,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Employee Benefits \$ 1,000,000
B	<input checked="" type="checkbox"/> AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	Y	Y	8A0N903448	02/01/2020	02/01/2021	COMBINED SINGLE LIMIT (EA ACCIDENT) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 5,000	Y	Y	CUP-1N292410-20-42	02/01/2020	02/01/2021	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
D	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N	N/A	UB0N658236	01/01/2020	01/01/2021	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Educational Services Commission of New Jersey is included as Additional Insured with regards to the General Liability, Automobile Liability, and Umbrella Liability as respects the Operations of the Insured. Coverage is provided on a Primary and Non-Contributory basis. Waiver of Subrogation applies in favor of Educational Services Commission of New Jersey with regard to the General Liability, Automobile Liability, and Umbrella Liability subject to state rules and regulations. Waiver of Subrogation and Additional Insured status are subject to written contract requirements. \*30 Day Notice of Cancellation applies.

REF: ESCNJ 20/21-37 Fencing Purchase, Installation and Repair

<b>CERTIFICATE HOLDER</b>  Educational Services Commission of New Jersey c/o Bus Admin/Board Secretary 1660 Stalton Road, Floor 2 Piscataway NJ 08854	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  
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**STATE OF NEW JERSEY  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

**BID SOLICITATION/PROPOSAL TITLE** ESLNS BID 20/21 Extension  
**VENDOR/BIDDER NAME** FOR FENG ENVELOPES INC

**PART 1: CERTIFICATION**

Pursuant to N.J.S.A.52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must certify that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.**

**CHECK EITHER BOX. FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.**

I certify, pursuant to N.J.S.A. 52:32-57, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) that neither the Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran. I further certify that I am the person listed below, or I am an officer or representative of the entity listed below and am authorized to make this certification on its behalf. I will skip to Part 2 and sign and complete the Certification below.

OR

I am unable to certify as above because the Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities of the Bidder, or one of its parents, subsidiaries, or affiliates, has engaged in regarding investment activities in Iran by completing the information requested below.

**PART 2: ADDITIONAL INFORMATION**

Entity Engaged in Investment Activities \_\_\_\_\_  
Relationship to Vendor/Bidder \_\_\_\_\_  
Description of Activities \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Duration of Engagement \_\_\_\_\_  
Anticipated Cessation Date \_\_\_\_\_  
*Attach Additional Sheets if Necessary*

**PART 3: CERTIFICATION**

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Bidder, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the Educational Services Commission of New Jersey is relying on the information contained herein, and that the Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the Educational Services Commission of New Jersey to notify the Educational Services Commission of New Jersey in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and that it will constitute a material breach of my agreements(s) with the Educational Services Commission of New Jersey, permitting the Educational Services Commission of New Jersey to declare any contract(s) resulting from this certification void and unenforceable.

Signature [Signature] Date Sept 6 2022  
Print Name and Title (Print) WELBY TAPPA, PROJECT MANAGER

**This form is to be completed, certified and submitted prior to the award of contract.**

STATE OF NEW JERSEY  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

**PART 1: CERTIFICATION**  
**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.**

**Part 1**

**FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a bidder's proposal non-responsive. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

**PLEASE CHECK THE APPROPRIATE BOX:**

- I certify, pursuant to Public Law 2012, c. 25, that neither the person/entity listed above nor any of the entity's parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. I will skip Part 2 and sign and complete the Certification below.
- OR
- I am unable to certify as above because I or the bidding entity and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**Part 2**

**PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

**PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES**

Name: \_\_\_\_\_ Relationship to Bidder/Vendor: \_\_\_\_\_

Description of Activities: \_\_\_\_\_  
\_\_\_\_\_

Duration of Engagement: \_\_\_\_\_ Anticipated Cessation Date \_\_\_\_\_

Bidder/Vendor: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the below-referenced person or entity. I acknowledge that the Educational Services Commission of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of contracts with the Educational Services Commission of New Jersey to notify the Educational Services Commission of New Jersey in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreements(s) with the Educational Services Commission of New Jersey and that the Educational Services Commission of New Jersey at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): WILBY TAPIA Signature: [Signature]

Title: PROJECT MANAGER Date: 8/5/22

Bidder/Vendor: FOX FENCE ENTERPRISES INC



STATE OF NEW JERSEY  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

**PART 1: CERTIFICATION**

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.**

**Part 1**

**FAILURE TO CHECK EITHER BOX WILL RENDER THE PROPOSAL NON-RESPONSIVE.**

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**PLEASE CHECK THE APPROPRIATE BOX:**

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OR

I am unable to certify as above because I or the bidding entity and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**Part 2**

**PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

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PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, USE ADDITIONAL PAGES

Name: \_\_\_\_\_ Relationship to Bidder/Vendor: \_\_\_\_\_

Description of Activities: \_\_\_\_\_  
\_\_\_\_\_

Duration of Engagement: \_\_\_\_\_ Anticipated Cessation Date: \_\_\_\_\_

Bidder/Vendor: \_\_\_\_\_

Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the below-referenced person or entity. I acknowledge that the Educational Services Commission of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of contracts with the Educational Services Commission of New Jersey to notify the Educational Services Commission of New Jersey in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Educational Services Commission of New Jersey and that the Educational Services Commission of New Jersey at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): WILBY TAPIA Signature: [Signature]

Title: PROJECT MANAGER Date: 10/26/20

Bidder/Vendor: FOR FENCO ENTERPRISES INC

Name of Bid: Fencing Purchase,  
Installation and Repair  
Bid #: ESCNJ 20/21-37

**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

Fox Fence Enterprises 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 committee, 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. Coley	
Clifford Ross	
Weldon M. Montague, III	
Tency A. Eason	
Quantavia L. Hilbert	
Adrienne Wooten	
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
MIRIAM TORRES	417 CROOKS AVE CANTON NJ 07011
SILVIA TORRES	417 CROOKS AVE CANTON NJ 07011

**Part 3 - 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: Fox Fence Enterprises Inc

Signed: [Signature] Title: Project Manager

Print Name: WILLY TORRES Date: 2/22/24

Subscribed and sworn before me the \_\_\_\_\_ day of \_\_\_\_\_, 2006. \_\_\_\_\_ (Affiant)

My Commission expires: \_\_\_\_\_  
WILLY TORRES PROJECT MANAGER  
(Print name & title of affiant) (Corporate Seal)

Mirtha Torres  
**MIRTHA TORRES  
NOTARY PUBLIC  
STATE OF NEW JERSEY  
MY COMMISSION EXPIRES SEPT. 5, 2024**