

CITY COUNCIL

The City of Orange Township, New Jersey

DATE June 5, 2024

NUMBER 306-2024

TITLE: A RESOLUTION EXTENDING THE AGREEMENT BETWEEN LAGNIAPPE LOUISIANA FOOD SPECIALTIES INC. AND THE CITY OF ORANGE TOWNSHIP FOR CALENDAR YEAR 2024 IN AN AMOUNT NOT TO EXCEED \$7,200.00

WHEREAS, Lagniappe and the City have been collaborating for the purpose of storage and cold food storage space for COVID- 19 Food Distribution Program; and

WHEREAS, Lagniappe Louisiana Food Specialties Inc. ("Lagniappe") and the City of Orange Township ("the City") entered into a Memorandum of Agreement to provide the necessary and required storage space for cold food and other items regarding the City's COVID-19 Food Program from January 1, 2021, through and including December 31, 2021, or for as long as the City operates the COVID-19 response community food distribution program; and

WHEREAS, the City continues to operate the COVID-19 response community food distribution program; 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 funds will be available for this purpose in Account No. 4-01-28-364-000-508 contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2024 Budget, there will be sufficient funds to contract with Lagniappe Louisiana Food Specialties Inc.

NOW, THEREFORE, BE IT RESOLVED by the Municipal Council of the City of Orange Township as follows that the Memorandum of Agreement between the Lagniappe Louisiana Food Specialties Inc. and the City of Orange Township be extended for the calendar year of 2024 for \$7,200. 00.

Adopted: June 5, 2024

Joyce Lanier
Municipal Clerk

Tency A. Eason
Council President



A handwritten signature and the date "A 11/20/24" are present at the bottom right of the page.

CITY OF ORANGE TOWNSHIP
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS
NEXT BUDGET

I, Nile Clements, Chief Financial Officer for the City of Orange Township, do hereby confirm that based on the Quote or RFP, RFQ, bid results or "extraordinary unspecifiable services" without competitive bids for 2024 service contract, and the resolution to be presented to the Council for approval, and contingent upon Council approval and inclusion of said item in the Temporary Budget and adopted 2024 Budget, there will be sufficient funds to contract with:

Vendor Name: Lagniappe Louisiana Food Specialties Inc.
Address: 546 Mitchell Street

City: Orange
State: New Jersey
Zip Code: 07050

Purpose: Food storage / refrigeration services
Vendor ID: LAGNI005

Temporary Budget: \$ 1,800.00
Fund: Current Fund
Line Description REC - Recreation - Rentals & Leases
Account Numbers(s): CY24 4-01-28-364-000-508

The remainder of: \$ 5,400.00
will be provided in
Fund: Current Fund
Line Description REC - Recreation - Rentals & Leases
Account Numbers(s): CY24 4-01-28-364-000-508

Purchase Order # : 24-01043

Amount not to exceed: \$ 7,200.00

Division Head

Date

Nile Clements

5/2/2024

Chief Financial Officer

Date

MEMORANDUM OF AGREEMENT BETWEEN
CITY OF ORANGE TOWNSHIP
AND
LAGNIAPPE LOUISIANA FOOD SPECIALTIES INC.

The **CITY OF ORANGE TOWNSHIP** (hereinafter referred to as "the City") and the **LAGNIAPPE LOUISIANA FOOD SPECIALTIES INC.** (hereinafter referred to as "Lagniappe") desire to collaborate for the purpose of storage and cold food storage space for COVID-19 Food Program.

NOW, THEREFORE, THE PARTIES AGREE AS FOLLOWS:

- 1) The City hereby enlists the services of Lagniappe to provide the necessary and required storage space for cold food and other items regarding the City's COVID-19 Food Program.
- 2) The City will be responsible for all costs associated with storage services for the COVID-19 Food Program at Lagniappe. The City will pay Lagniappe the invoiced amount not to exceed \$7,200.00 from the period of January 1, 2024 through December 31, 2024 for as long as the City operates the COVID 19 response community food distribution program, the City agrees to be invoiced at a cost of \$600.00 per month for a total amount not to exceed \$7,200.00 for the year 2024.
- 3) **Terms of Agreement.** This agreement will shall be from January 1, 2024 to December 31, 2024, and will continue until the provision of the cancellation clause is invoked. In consideration of the sums set forth in paragraph 2 hereof, Lagniappe has provided, and shall continue to provide, cold and dry storage for the COVID-19 food distribution program to the City.

Cancellation

Either party may cancel this agreement by written notice of such intention with advance notice of sixty (60) calendar days.

Confidentiality

The terms of this Agreement shall be kept confidential to the extent allowed by New Jersey law. The confidentiality provision is a material term of the Agreement and survives the performance of every term in this Agreement.

Governing Law

Whereas, the primary and sole operational duties of the City and Lagniappe are performed in the State of New Jersey, this agreement shall be governed by the laws of the State of New Jersey.

Indemnification Clause

In consideration of Lagniappe permitting the use of storage and cold food storage space as outlined above, the City shall indemnify and hold harmless Lagniappe for any damage to persons or property resulting from the use of the subject space as set forth above.

The City agrees to indemnify Lagniappe and hold it harmless and further agrees that Lagniappe assumes no responsibility or liabilities for any and all claims; actions; damages; liability and expense which includes, but are not limited to attorney fees, personal injury, damage to property and/or loss/theft of property arising from or out of the occupancy/use by the City of Lagniappe's facilities occasioned wholly or in part by any action or omission of the City; its Agents; Contractors; Subcontractors; Employees; Representatives or Invitees.

Insurance Certificate

The City agrees to add Lagniappe as an additional insured under its general liability insurance policy for the purposes of this Agreement.

The terms of this Memorandum of Agreement are subject to the approval of and ratification by the City of Orange Township Municipal Council.

LAGNIAPPE LOUISIANA FOOD
SPECIALTIES INC.

CITY OF ORANGE TOWNSHIP

Tom Dowd
President

Honorable Dwayne D. Warren, Esquire
Mayor

Dated:

Dated:



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	LAGNIAPPE LOUISIANA FOOD SPECIALTIES INC
Trade Name:	
Address:	546 MITCHELL STREET ORANGE, NJ 07050-1301
Certificate Number:	0158092
Effective Date:	March 26, 1985
Date of Issuance:	February 24, 2021

For Office Use Only:
20210224164402313

**Request for Taxpayer
 Identification Number and Certification**

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

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

Print or type. See Specific Instructions on page 3.	1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.) <u>Thomas Dowd</u>			
	2 Business/disregarded entity name, if different from above. <u>LAGNIAPPE FOODS INC</u>			
	3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes. <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C corporation <input checked="" type="checkbox"/> S corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its owner. <input type="checkbox"/> Other (see instructions) _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from Foreign Account Tax Compliance Act (FATCA) reporting code (if any) _____	
	3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions. <input type="checkbox"/>		<i>(Applies to accounts maintained outside the United States.)</i>	
	5 Address (number, street, and apt. or suite no.). See instructions. <u>546 Mitchell St.</u>		Requester's name and address (optional)	
	6 City, state, and ZIP code <u>ORANGE, NJ 07050</u>			
	7 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.

Social security number
[REDACTED]
or
Employer identification number
06-1132828

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

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and, generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here	Signature of U.S. person <u>[Signature]</u>	Date <u>4/25/2024</u>
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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.

What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

CITY OF ORANGE TOWNSHIP
FINANCE DEPARTMENT

CERTIFICATION OF FUNDS
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Chief Financial Officer

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