

*Board of Chosen Freeholders  
Of The County of Burlington/Shared  
Services Entities*

2019-2021

**REQUEST FOR QUALIFICATIONS FOR POOL OF DULY  
QUALIFIED APPRAISAL, REVIEW APPRAISAL AND RELATED  
SERVICES**

**\*PLEASE SUBMIT 3 ORIGINAL PAPER COMPLETE SETS OF RFQ  
RESPONSES WITH 1 COMPLETE COPY ON CD/DVD IN "TIFF" FORMAT  
AND 1 COPY ON "USB FLASH DRIVE" IN PDF FORMAT**

**RFQ OPENING DATE: NOVEMBER 29, 2018 AT 3:00 PM EST**

**RETURN RESPONSES TO:**

Burlington County Solicitors Office  
Attn: Kendall J. Collins, County Solicitor  
49 Rancocas Road  
P.O. Box 6000  
Room 225  
Mount Holly, NJ 08060

Telephone Number: (609) 265-5289  
FAX Telephone Number: (609) 265-5933  
Burlington County Web Site: <http://www.co.burlington.nj.us>

**IMPORTANT**

It is recommended that each response be hand delivered to the Solicitor's Office. The County assumes no responsibility for delays in any form of carrier, mail or delivery service causing the Request for Qualifications ("RFQ") to be received at the Solicitor's Office later than the above-referenced scheduled RFQ opening date. **Any response not in the possession of the Solicitor's Office by the specified time of RFQ opening will not be accepted and will be returned unopened. No exceptions or waivers will be granted.**

**RESPONSE TO 2019-2021 POOL OF DULY  
QUALIFIED APPRAISAL AND REVIEW APPRAISAL  
DATE/LOCAL TIME: NOVEMBER 29, 2018 AT 3:00 PM**

----- FOLD HERE - - -  
FROM:

AFFIX  
STAMP  
HERE

**TO: BURLINGTON COUNTY SOLICITORS OFFICE  
49 RANCOCAS ROAD  
P O BOX 6000  
ROOM 225  
MOUNT HOLLY NJ 08060  
ATTN: RFQ APPRAISAL AND REVIEW  
APPRAISAL RESPONSE DUE BY  
DATE: NOVEMBER 29, 2018 AT 3:00 PM**

**REQUEST FOR QUALIFICATIONS ("RFQ")  
FOR APPRAISAL, REVIEW APPRAISAL AND RELATED SERVICES FOR  
COUNTY OF BURLINGTON  
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**CHECK LIST**  
**Your RFQ WILL NOT be considered complete unless all items listed below are included with your package.**

TITLE	SECTION	RESPONDER CHECK OFF
RFQ Form:	2 00 (signed & attached)	_____
Addenda certification # _____	3.05 (signed & attached)	_____
Statement from Insurance Broker:	1.02 & 4.08	_____
Statement of Ownership:	3.18 & 4.01 (attached)	_____
Hold Harmless/Indemnification:	3.21 & 4 02(signed & attach)	_____
Non-Collusion Certification:	4.03 (signed & attached)	_____
Affirmative Action:	3.15 & 4.04 (attached)	_____
Affirmative Action Questionnaire:	4.05	_____
Statement of Qualification Questionnaire:	4.06	_____
State of New Jersey Business Registration Certificate:	3.25 & 4.07 (attached)	_____
Conflict of Interest Certification	4.09 (attached)	_____
Certification Concerning Submission	4.10 (attached)	_____
Reports Concerning Experience	4.11 (attached)	_____
Fee Schedule	4.12 (see 1.06G)	_____
Consultant RFQ Response Forms	4.13 (attached)	_____
Authorized signatures on all forms:		_____
Reviewed by/ Date Reviewed:		

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

## COUNTY OF BURLINGTON, NEW JERSEY

### 1.00 GENERAL SPECIFICATIONS

#### 1.01 INTENT AND SCOPE OF SERVICES

The intent of this Request For Qualifications ("RFQ") is to create a pool of pre-qualified appraisal, review appraisal and related firms with which Burlington County will enter into open-ended contracts which then may be retained by the Burlington County Board of Chosen Freeholders, the Burlington County Bridge Commission, Rowan College at Burlington County, the Burlington County Institute of Technology/Special Services Schools and the Burlington County Library (Shared Services Entities) for specific projects requiring appraisal, review appraisal and related services.

***NOTE: FIRMS APPROVED AND INCLUDED IN THIS POOL MAY BE UTILIZED BY ANY SHARED SERVICES ENTITY FOR SPECIFIC ASSIGNMENTS IN THE DISCIPLINE(S) COVERED BY THE RESPECTIVE OPEN-ENDED CONTRACT.***

Firms responding to this Request For Qualifications should have extensive experience, knowledge and requisite qualifications in various disciplines listed. Additional information required as described in the "MANDATORY CONSULTANT RFQ RESPONSE FORM" attached must be completed and returned with the Statement of Qualifications

This Request For Qualifications does not constitute a bid and is intended solely to obtain competitive Responses from which the Shared Services Entities may choose a contractor(s) that best meet(s) its needs. No statutory, regulatory, or common law bidding requirement apply to this Request For Qualifications. The Shared Services Entities intend to award contracts, for the detailed services pursuant to all applicable statutes and regulations.

#### SCOPE OF SERVICES

A variety of projects encompassing any of the listed required services is possible. The specific extent and scope of the appraisal, review appraisal services require for any given project shall be subject to the approval and control of the appropriate representative of the Shared Services Entity.

The successful firm(s) shall comply will all applicable federal, state and local statutes, rules and regulations.

The scope of services for which responses to this RFQ are being requested are:

1. the State of New Jersey Eminent Domain Act N.J.S.A. 20:3-1;
2. the U.S. Eminent Domain Statutes and Regulations;

3. the State of New Jersey Farmland Preservation Act and, when required, any Federal Farmland ("Yellow Book") Appraisal Requirements;
4. the State of New Jersey Green Acres Act;
5. general real estate analysis, examination, leasing and related matters;
6. review appraisal services.

All appraisal work must conform to the Uniform Standards of Appraisal Practice (USPAP). Other specific experience, knowledge and practical qualification requirements are contained in the RFQ.

**1.02 INSURANCE REQUIREMENTS (THE COUNTY RECOMMENDS YOU SEND THIS SECTION TO YOUR INSURANCE BROKER)\*\***

Prior to commencing work under any amendment to the initial open-ended contract for a specific project, the proposed professional services provider shall furnish the Shared Services Entity with a certificate of insurance as evidence that it has procured the insurance coverage required herein. This coverage must be provided by a carrier approved by the Shared Services Entity and rated appropriately through AM Best Firms must give the Shared Services Entity a thirty (30) day notice of cancellation, non-renewal or change in insurance coverage. **Proof of existing coverage at the required levels of insurance or a certification from firm's insurance broker stating that firm can obtain this coverage is a necessary requisite of a proper response to RFQ.**

The FIRM shall secure and maintain the following insurance coverage during the term of this Agreement:

- a. Statutory Worker's Compensation and Employer's Liability Insurance; and
- b. Commercial General Liability including Products Completed Operations coverage for Personal Injury and Property Damage of not less than one million dollars (\$1,000,000) for each occurrence and two million dollars (\$2,000,000) annual aggregate.
- c. Comprehensive Automobile Bodily Injury and Property Damage Liability coverage of not less than \$1,000,000 combined single limit; and
- d. Professional Liability/Errors and Omissions insurance coverage of not less than \$1,000,000 each wrongful act, \$2,000,000 aggregate.

Prior to the effective date of this Agreement, and as a condition precedent to its taking effect, the FIRM shall provide a Certificate of Insurance as verification of the existence of said insurance policies. Approval of the coverage and the Certificate by the Insurance and Risk Management Division is a precedent to the taking effect of this Agreement. The Certificate must name the Burlington County Board of Chosen Freeholders, Burlington County Bridge Commission, Rowan College at Burlington County, the Burlington County Institute of Technology/Special Services Schools and the Burlington County Library as an additional insured and should be issued to:

Burlington County Board of Chosen Freeholders  
Attn: Insurance and Risk Management Division  
49 Rancocas Road, P.O. Box 6000  
Mt. Holly, NJ 08060-6000

All above-mentioned insurance policies shall be primary and noncontributory to any other insurance or self-insurance maintained by Burlington County.

Approval of the coverage and the Certificate by the appropriate representative of the Shared Services Entity is a precedent to the taking effect of this Agreement. The Certificate should be issued to the name and address of the Shared Services Entity.

***\*\*Prospective Firm should recognize that Commercial General Liability and Professional Liability limits FLOOR values are listed. For projects/contracts requiring more responsibility, risk or greater sophistication an increased level of coverage will be necessary. These amounts will be determined by the Shared Services Entity on a case by case basis.***

Each Certificate of Insurance shall contain a statement that the policy applies to all operations of the project which are undertaken by the insured during the performance of this contract. In addition, each Certificate of Insurance shall contain the following information or statements:

1. Name and address of insured.
2. A statement that the Shared Services Entity is an Additional Insured under Commercial General Liability.
3. The number and description of each policy in force on the date of the Certificate.
4. The expiration date of each policy shown as well as the amount of coverage for each policy.
5. The name and number of this contract as shown on the cover of this package.
6. A statement showing the method of cancellation. If cancellation may be effected by the giving of notice to the insured and the Shared Services Entity by the insurer, the policy and Certificate must provide that cancellation shall not be effective until ten (10) days after receipt of such notice by the said Shared Services Entity.

During the term of any contract, it shall be the responsibility of the Responder to provide the Shared Services Entity with additional Certificates of Insurance in compliance with the above showing current coverage when any insurance policy for the above-listed coverage expires.

### **1.03 COUNTY REPRESENTATIVE**

The County Representative is as follows:

Kendall J. Collins  
County Solicitor  
49 Rancocas Road, P.O. Box 6000  
Mount Holly, New Jersey 08060  
Telephone Number (609) 265-5289  
email: [kcollins@co.burlington.nj.us](mailto:kcollins@co.burlington.nj.us)

This person is designated as the County Representative for this RFQ. The designee of the Shared Services Entity will be the point of contact for contractual and payment issues after execution of any contract and shall be responsible for all contract administration matters.

### **1.04 ELIGIBILITY OF RESPONDER**

To be deemed qualified for inclusion in the pool of professional services providers for Shared Services Entity projects, a Responder must submit proofs demonstrating that it meets the minimum necessary professional qualifications, has all necessary licenses or certifications and has submitted the "Consultant RFQ Response Form Mandatory Information" (Form 4.13) for each discipline for which they seek to be qualified.

### **1.05 RFQ EVALUATION PROCESS AND RANKING METHODOLOGY**

An RFQ Review Committee shall be established which shall consist of representatives from the appropriate Shared Services Entities. The RFQ Review Committee shall evaluate each submission based upon the criteria set forth below. Responders must satisfy the following qualification criteria to be selected as a member of the pool:

A. Provide the name and address of the firm and the corporate officer authorized to execute contracts on the firm's behalf. Briefly describe your firm's history, ownership and organizational structure. Proof of licenses to do business in the State of New Jersey as set forth in this RFQ must be provided. Provide a statement by the corporate officer with the requisite knowledge and authority that your firm is not currently legally barred or in violation of any federal, state or local regulations that would impact on the firm's ability to provide services as designated in this RFQ.

B. Provide proof they meet the minimum necessary professional qualifications, licenses and/or certifications for each discipline in which they seek to be qualified.

C. A proven record of experience, including references, in providing the type of services required, including experience related to government projects

involving the type of services for which the Responder seeks to be qualified and included in the pool.

D. Provide evidence of the qualifications and experience of key team members who will be actively involved in the work, including resumes for each.

E. Provide proof as to the Responder's approach to cost control and scheduling/phasing, including the ability to provide services in a timely manner.

F. Provide a standardized schedule of fees for each type of professional service for which the responder seeks to be qualified, setting forth the job title and hourly rate of payment of each type of employee envisioned to perform such services.

G. Provide the location of offices, describe your firm's regional, statewide and local service capabilities and identify the office(s) out of which the key team members set forth in D above work.

H. The quality of the RFQ, including the completeness and quality of the Submission.

The RFQ Review Committee shall submit a report to the Board of Chosen Freeholders making recommendation as to those responders deemed qualified to be members of the pool. Final determination as to which responders shall be included in the pool shall be in the discretion of the Freeholder Board and the Board shall adopt a Resolution establishing the pool of qualified firms for Shared Services projects. Each pool member shall be required to execute an open-ended contract for a nominal consideration amount as a necessary prerequisite to being eligible to be awarded contracts for specific project by a Shared Services Entity.

#### **1.06 RFQ RESPONSE REQUIREMENTS**

Responders shall submit three 3 original paper complete sets of RFQ responses with 1 complete copy on CD/DVD in "TIFF" format and 1 copy on "USB flash drive" in PDF format of the Response, **INCLUSIVE OF ALL REQUIRED INFORMATION** to the Burlington County Solicitor's Office, via mail or hand delivery to: 49 Rancocas Road, P.O. Box 6000, Room 225, Mount Holly, New Jersey 08060. Responses must be received on or before the scheduled RFQ Opening date and time of **NOVEMBER 29, 2018 AT 3:00 PM.**

**\*\*A complete RFQ submission must include a "Consultant RFQ Response Form".**

Hard copy responses must contain a manual signature, in blue ink, of an authorized representative of the Responder. RFQs must be typed or printed in blue or black ink

The company name must appear on each page of the RFQ. Each page of the RFQ must be sequentially numbered RFQs not including standardized fee schedules and hourly rates will be considered non-responsive and shall be rejected

The content and sequence of each RFQ must comply with the following format, including and identifying the following:

1. Cover Letter. The Cover Letter shall include a brief general statement of interest, availability, and commitment to perform services, qualifications for selection; and signature of an authorized officer of the firm having legal authority to do so.
2. Statement of Qualifications. Attach completed Form 4.06.
3. Conflict of Interest Certification. Attach completed Form 4.09.
4. Table of Contents. The Table of Contents shall identify the contents of the RFQ in the following order:
  - A. Firm Information and Representations. Provide the name and address of the firm and the corporate officer authorized to execute contracts on the firm's behalf. Briefly describe your firm's history, ownership and organizational structure. Proof of firm's licenses to do business in the State of New Jersey as set forth in this RFQ must be provided. Provide a statement by the corporate office with the requisite knowledge and authority that your firm is not currently legally barred or in violation of any federal, state or local regulations that would impact on the firm's ability to provide services as designated in this RFQ.
  - B. Designated Areas for Which Responder Desires to be Qualified
  - C. Experience: Provide proof of a proven record of experience in providing services in the designated areas for which responder desires to be qualified, including experience related to government projects. Include references.
  - D. Project Team. Provide a description of your project team, listing the firm names, individuals involved and the role they will perform. Attach necessary professional qualifications, licenses and/or certifications for each

discipline in which Responder seeks to be qualified Describe their experience in the fields for which the Responder desires to be qualified.

E. Facilities. Provide the location of offices, describe your firm's regional, statewide and local service capabilities and identify the office(s) out of which the key team members set forth in D above work.

F. Scheduling/Cost Control. Describe your firm's method of keeping the projects on schedule and maintaining project costs within budget. Describe your firm's approach to project phasing and how projects in different phases of work would be controlled and tracked Include proofs regarding the ability to complete projects in a timely manner.

G. Schedule of Fees/Rates. Provide a standardized schedule of fees for each type of professional service for which the Responder seeks to be qualified, setting forth the job title and hourly rate for each type of employee envisioned to perform such services.

H. Consultant RFQ Response Form Mandatory Information.  
Attached completed forms.

I. Other Required Forms. Attach all other forms required pursuant to the terms of this RFQ, including those specifically set forth in Section 4.01 through 4.05, 4.07, 4.08, 4.12 and 4.13. A failure to attach all required forms shall be a basis for rejection of the response to the RFQ.

The organization of the body of the response to the RFQ shall be consistent with the Table of Contents.

#### **1.07 PERIOD FOR QUALIFIED POOL**

The period for the qualified pool created by virtue of this RFQ shall be January 1, 2019 to December 31, 2021. The County/Shared Services Entities reserve the right to request additional responses for qualified professionals to supplement the pool in accordance with its own policies and relevant New Jersey law, in its sole discretion.

**2.00 RESPONSE TO RFQ FORM FOR YEARLY POOL OF DULY QUALIFIED APPRAISAL AND REVIEW APPRAISAL FIRMS 2019-2021**

\_\_\_\_\_, 2018

Board of Chosen Freeholders  
County of Burlington  
49 Rancocas Road  
Mount Holly, New Jersey 08060-6000

**RE: RFQ APPRAISAL AND REVIEW APPRAISAL SERVICES: 2019-2021**

Freeholders:

The undersigned hereby undertakes and promises to furnish a Statement of Qualifications and other items as appropriate and required by the RFQ containing instructions and specifications including all written amendments and changes thereto, which are incorporated herein by reference and made a part of this response to RFQ.

By signature below we accept all terms and conditions of the specifications set forth in the RFQ We understand and agree that the information submitted in our response to the RFQ will be the sole information considered in determining the whether we are qualified to be included in any pool of professionals to be eligible to be utilized by the Shared Services Entities for specified projects We also agree that the terms and conditions of the RFQ and our response thereto shall become a part of the signed contract upon award

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Business Name)

\_\_\_\_\_  
(Type or Print Full Name)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Email)

\_\_\_\_\_  
(Fax)

**RESPONSE TO 2019-2021 POOL OF DULY QUALIFIED APPRAISAL  
AND REVIEW APPRAISAL FIRMS DATE/LOCAL TIME: NOVEMBER 29, 2018 AT 3:00 PM**

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\_\_\_\_\_  
| AFFIX  
| STAMP  
| HERE

**TO: BURLINGTON COUNTY SOLICITORS OFFICE  
49 RANCOCAS ROAD  
P.O. BOX 6000  
ROOM 225  
MOUNT HOLLY NJ 08060  
ATTN: RFQ APPRAISAL AND REVIEW APPRAISAL  
RESPONSE DUE BY DATE: NOVEMBER 29, 2018 AT 3:00 PM**

### 3.00 RFQ PROCESS AND OTHER REQUIREMENTS

#### 3.01 DEFINITIONS

**Responder:** The word Responder as cited in this RFQ is defined as any responsible vendor who provides services or products as required and who meets all the requirements stipulated in the RFQ.

**County:** The word County as cited in this RFQ is defined as the Burlington County Board of Chosen Freeholders.

**Shared Services Entities:** The word "Shared Services Entities" as cited in this RFQ is defined as the Burlington County Board of Chosen Freeholders, the Burlington County Bridge Commission, Rowan College at Burlington County, the Burlington County Institute of Technology/Special Services Schools and the Burlington County Library.

**County Office Building:** The administrative offices are located at and legal notices are to be served at:

County Office Building  
49 Rancocas Road  
P O Box 6000; Room 225  
Mount Holly, New Jersey 08060-6000  
Attn: Solicitor's Office

#### 3.02 RFQ INSTRUCTIONS

A. The required number of 3 originals, TIFF disc & "USB flash drive" of the RFQ shall be enclosed in a sealed envelope and delivered via hand delivery, Mail and/or courier to:

Burlington County Solicitors Office  
Kendall J. Collins, County Solicitor  
49 Rancocas Road  
PO Box 6000; Room 225  
Mount Holly, NJ 08060-6000

The FRONT of envelope plainly marked with name and address of Responder and complete RFQ title and RFQ number as shown on the cover of this package (**see example below**). The required number of original copies of **Official RFQ forms (section 2.00) MUST BE USED** when submitting RFQ.

EXAMPLE:

**2019-2021 POOL OF DULY QUALIFIED APPRAISAL, REVIEW APPRAISAL  
AND RELATED SERVICES  
DUE: NOVEMBER 29, 2018 AT 3:00 PM**

B. The Shared Services Entities will not be responsible for any expenses incurred by any Responder in preparing or submitting a response. All Responses shall provide a straightforward, concise delineation of the firm's capabilities to satisfy the requirements of this Request For Qualifications, Emphasis should be on completeness and clarity of content. Unnecessarily elaborate responses beyond that sufficient to present a complete and effective response to the RFQ are not desired Unless specifically requested in the RFQ, elaborate art work, corporate brochures, lengthy narratives, expensive paper, specialized binding, and other extraneous presentation materials are not necessary.

Responses should ideally be forwarded in white 3-ring binders between 1" and 3" wide.

C. Responses shall be signed in blue ink by the individual or authorized principal of the responding party. The terms and conditions set forth in the responses shall be valid for the period of 2019-2021.

D. All responses to this RFQ, with the exception of proprietary information, shall be open to public disclosure subsequent to the formal creation of the pool by resolution. Each Responder must clearly designate in its RFQ response any information which it deems to be proprietary. Any such designation must be limited in scope and reasonably based.

E. The County of Burlington reserves the right to reject any and all responses received by reason of this RFQ, or to negotiate separately in any manner necessary to serve the best interests of Burlington County and the Shared Services Entities. Firms whose responses are not accepted may or may not be notified in writing.

### **3.03 NO RFQ RESPONSE SUBMITTED**

If a potential responder decides NOT to submit a response to the RFQ, the form attached to the inside cover of this RFQ shall be returned with appropriate information blocks filled. If the RFQ form is not returned indicating you are not submitting a response, your name may be removed from mailing lists for any future RFQs.

### **3.04 WITHDRAWAL OF RFQ RESPONSE**

A written request for the withdrawal of a already submitted response to the RFQ, or any part thereof, may be granted if the request is received by the County prior to the specified time of RFQ opening.

### **3.05 ADDENDA TO RFQ**

Any interpretations of these RFQ specifications and any supplemental instructions will be in the form of a written Addendum which will be posted on the County's website and forwarded by Certified Mail not later than four (4) working days prior to the date fixed for the RFQ opening to all prospective Responders on record which have received an RFQ packet. Failure of any Responder to receive an Addendum shall not relieve the Responder from any obligation submitted under its response to the RFQ. All duly issued Addenda must be signed and returned with the response to the RFQ.

### **3.06 NO ORAL INSTRUCTIONS**

Every question or request for interpretation pertaining to the RFQ shall be made in writing delivered to the County Representative designated in Section 1.03 of this RFQ on or before November 21, 2018 at 1:00 PM. The response to such questions or requests shall be in the form of written Addenda, which will be posted on the County's website not later than four (4) calendar days prior to the RFQ opening date. Failure of any Responder to receive any such addenda shall not relieve any Responder from any obligation under its response to the RFQ.

No other means of communication shall constitute a formal or official response or statement by the County. All Addenda duly issued are incorporated into the specifications of this RFQ.

### **3.07 NO ADDITIONAL CHARGES**

All services, equipment, personnel and material which is necessary in order to provide the services as described in this RFQ and any Addenda thereto shall be included in the Schedule of Fees and Rates submitted with the response to the RFQ and any additional charges not included shall not be permitted.

### **3.08 REJECTION OF RFQ RESPONSE**

The County reserves the right to accept or reject any and all responses to RFQs and to waive any immaterial defects or informality in any RFQ responses or should it be in the best interest of the County and the Shared Services Entities to do so. The determination of a material defect shall be a made in the sole discretion of the County.

### **3.09 RFQ OPENING**

At the date and time of the RFQ opening, **NOVEMBER 29, 2018 AT 3:00 PM**, all responses shall be opened and recorded as received.

### **3.10. LATE RESPONSES TO RFQ NOT ACCEPTED**

**A RESPONSE TO THE RFQ RECEIVED AFTER THE DESIGNATED DATE AND TIME FOR RFQ OPENING WILL NOT BE ACCEPTED OR CONSIDERED.** The County will not be responsible for late postal delivery service nor will postmark dates be considered in honoring RFQs. The County will not be responsible for any RFQs misdirected in delivery by any person or delivery service.

### **3.11 COMMUNICATIONS AFTER THE RFQ OPENING ARE PROHIBITED**

After the RFQ opening, communications by a Responder or any representative thereof attempting to discuss the substance of the RFQ, responses to the RFQ, the consideration/review of the responses by County/Shared Services Entity officials or the selection of a qualified pool with any official, employee or representative of the County/Shared Services Entity are expressly prohibited.

### **3.12 PAYMENT**

A member of the pool which is awarded a contract by a Shared Services Entity for a specific project shall be paid in accordance with the applicable Schedule of Fees and Rates upon receipt of invoice and a properly executed voucher referencing an appropriate purchase order.

All invoices and vouchers must be submitted to the billing address as shown on each purchase order. Invoices must match the purchase order and have full description of services or supplies.

Purchase order number must be on all invoices.

A voucher must be completed, signed and attached to all invoices. Payment cannot be made without properly executed voucher.

Forward invoice and voucher with original signature (only original ink signatures; rubber stamped signatures not acceptable) to the Shared Services Entity representative.

Further billing requirements are as designated by the respective Shared Services Entity.

For Burlington County Contracts:

1) Payments are authorized at the Board of Chosen Freeholders meetings on the second (2nd) and fourth (4th) Wednesday of each month.

2) Invoices with Vouchers must be processed through the "bill to department" and Accounts Payable/Finance Department no later than the Wednesday prior to the scheduled Board Meetings.

3) Follow-up for invoice payment must start with contacting the County department listed as "bill to" on the purchase order (telephone number of department appears in same area).

4) Additional voucher pads are available upon request from the "bill to" department, the Division of Purchase and the County of Burlington Web Site at: <http://www.co.burlington.nj.us/438/Purchasing>

### **3.13 COUNTY TAX EXEMPT STATUS**

The County/Shared Services Entities are exempt from all taxes including Federal Excise Tax, Transportation Taxes, and State Sales or Use Tax.

### **3.14 UNLAWFUL DISCRIMINATION PROHIBITED**

A responder ("contractor") which is deemed qualified and placed into a pool shall be prohibited from discrimination in the hiring of persons who are qualified and available to perform work to which the contract relates by reason of race, religion, sex, national origin, creed, color, ancestry, age, marital status, affectional or sexual orientation, familial status, liability for service in the Armed Forces of the United States, or nationality in accordance with State of New Jersey Law.

### **3.15 AFFIRMATIVE ACTION REQUIREMENTS**

In connection with the initial open ended contract or any contract for a specific project, a responder ("contractor") which is deemed qualified and placed into a pool shall be required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27 as well as the terms and conditions in the "Affirmative Action Instructions" info in Section 4.04 herein.

### **3.16 AMERICANS WITH DISABILITIES ACT**

In connection with the initial open ended contract or any amendment thereto for a specific project, a responder ("contractor") which is deemed qualified and placed into a pool shall be required to execute the following:

#### **Equal Opportunity For Individuals With Disabilities**

The **CONTRACTOR** and the Burlington County Board of Chosen Freeholders, the Burlington County Bridge Commission, Rowan College at Burlington County, the Burlington County Institute of Technology/Special Services Schools and the Burlington County Library (**Shared Services Entity**) do

hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. §12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the **Shared Services Entity** pursuant to this contract, the **CONTRACTOR** agrees that the performance shall be in strict compliance with the Act. In the event that the **CONTRACTOR**, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the **CONTRACTOR** shall defend the **Shared Services Entity** in any action or administrative proceeding commenced pursuant to this Act. The **CONTRACTOR** shall indemnify, protect, and save harmless the **Shared Services Entity**, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages of whatever kind of nature arising out of or claim to arise out of the alleged violation. The **CONTRACTOR** shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the **Shared Services Entity** grievance procedure, the **CONTRACTOR** agrees to abide by any decision of the **Shared Services Entity** which is rendered pursuant to said grievance procedure.

If any action or administrative proceeding results in an award of damages against the **Shared Services Entity** or if the **Shared Services Entity** incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the **CONTRACTOR** shall satisfy and discharge the same at its own expense. The **Shared Services Entity** shall, as soon as possible after a claim has been made against it, give written notice thereof to the **CONTRACTOR** along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the **Shared Services Entity** or any of its agents, servants, and employees, the **Shared Services Entity** shall expeditiously forward or have forwarded to the **CONTRACTOR** every demand, complaint, notice, summons, pleading, or other process received by the **Shared Services Entity** or its representatives.

It is expressly agreed and understood that any approval by the **Shared Services Entity** of the services provided by the **CONTRACTOR** pursuant to this contract will not relieve the **CONTRACTOR** of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the **Shared Services Entity** pursuant to this paragraph.

It is further agreed and understood that the **Shared Services Entity** assumes no obligation to indemnify or save harmless the **CONTRACTOR**, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the **CONTRACTOR** expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the **CONTRACTOR'S** obligations assumed in this Agreement, nor shall they be construed to relieve the **CONTRACTOR** from any liability, nor preclude the **Shared Services Entity** from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

### **3.17 NO ASSIGNMENT OR SUBCONTRACTING**

A responder who is selected for inclusion in a qualified pool shall not assign, transfer, convey, subcontract or otherwise dispose of the initial open ended contract or contract amendment thereto for a specific project, without the prior written approval of the County or a Shared Services Entity.

### **3.18 STATEMENT OF OWNERSHIP**

In accordance with N.J.S.A. 52:25-24.2, every corporation and/or partnership submitting a RFQ shall, prior to the receipt of the RFQ by the Purchasing Agent for the Board of Chosen Freeholders of the County of Burlington, or accompanying said RFQ, submit a statement setting forth the names and addresses of all stockholders in the corporation or partners in the partnership, who own ten (10%) percent or more of its stock, of any class, or of all individual partners in the partnership who own a ten (10%) percent or greater interest therein, as the case may be. See section 4.01. If one or more such stockholder or partner is, itself a corporation or partnership, the stockholders holding 10% or more of that corporations' stock, or the individual partners owning ten percent 10% or greater interest in that partnership, as the case may be, shall also be listed This disclosure shall be continued until the names and addresses of every non-corporate stockholder, and individual partner exceeding the 10% ownership criteria established by this notice have been listed. **If no stockholder owns more than ten (10%) percent, note by stating "None"**.

### **3.19 INTERPRETATION OF RFQ**

The County's interpretation of the meaning and intent of the RFQ shall be final and conclusive. In case of any discrepancy between any provisions of this RFQ, the provision with the more specific language takes precedence over any provision with general language, and a provision that is more stringent takes precedence over the one that is less stringent.

### **3.20 CONTRACT AWARD FOR SPECIFIC PROJECTS**

Once the pool of qualified professionals for the respective disciplines has been established and associated open ended contracts with the County have been executed, when a specific project arises requiring professional services, a request for proposal (RFP) for the specific project will be forwarded by a Shared Services Entity to a professional service provider(s) for the specific discipline. The firm(s) receiving an RFP shall respond to the Shared Services Entity as to whether it can meet all requirements as set forth If the firm can meet all the contract requirements and the parties reaching a mutual agreement, a contract for the specific project will be forwarded to the firm for execution.

### **3.21 HOLD HARMLESS/INDEMNIFICATION**

A Responder who is selected for inclusion in a qualified pool which enters into an open ended contract or a contract for a specific project with a Shared Services Entity shall indemnify and hold harmless the Shared Services Entity, its officers, employees, agents and servants from and against any and all claims, demands, suits, actions, recoveries, judgments, costs and expenses including attorneys fees, incurred or suffered on account of property damage or loss and/or personal injury, including loss of life, of any person, agency, corporation or governmental entity which shall arise out of the course of or in consequence to any acts or omissions of the **RESPONDER/ CONTRACTOR**, its employees, agents, servants or subcontractors in the performance of the work to be reimbursed pursuant to its Contract or the failure of the **RESPONDER/CONTRACTOR**, its employees, agents, servants or subcontractors to comply with any term or condition of these specifications The **RESPONDER/CONTRACTOR** further agrees that this indemnification by the **RESPONDER/CONTRACTOR** shall continue after completion of the **CONTRACT** for all claims, demands, suits, actions, recoveries, judgments, costs and expenses including attorneys fees resulting from acts or omissions the **RESPONDER/CONTRACTOR**, its employees, agents, servants or subcontractors which occur prior to the completion of the **CONTRACT**.

### **3.22 ROYALTIES AND PATENTS**

A responder who is selected for inclusion in a qualified pool shall pay all royalties and license fees and shall defend all suits or claims for infringements of any patent, copyright or other intellectual property rights and shall save the Shared Services Entity harmless from loss on account thereof.

### **3.23 DELIVERY COSTS & F.O.B.**

All delivery costs shall be included in the Schedule of Fees/Rates section of the response to the RFQ Delivery shall include all costs associated with offloading of any product. **F.O.B. The Shared Services Entity, Freight Paid.**

### **3.24 GOVERNING LAW, VENUE AND FUNDING**

This RFQ and any open ended contract or amendment thereto shall be governed by and construed in accordance with the laws of the State of New Jersey.

All actions at law or in equity regarding any claims or disputes relating to this RFQ or any contract resulting from this RFQ shall be brought in the Superior Court of New Jersey, Burlington County Vicinage.

All Contracts are subject to the availability and appropriation of funds annually.

The Shared Services Entities shall not purchase, lease, rent or take consignment goods and/or services produced under conditions involving the payment of poverty wages, violations of workplace regulations and suppression of worker rights. Each Responder, by submitting a RFQ, agrees they will comply with all Federal, State and local laws concerning the above.

### **3.25 STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE**

P 2004, c.57 (Chapter 57) amends and supplements the business registration provisions of N.J.S.A. 52:32-44 which impose certain requirements upon a business competing for or entering into a contract with a public contracting agency.

All Responders must submit a copy of their State of New Jersey Business Registration Certificate with each RFQ submission.

The law does not cover contracts with non-profit organizations and other government agencies. Proof of non-profit status must be submitted with RFQ.

Submittal of the required Business Registration Certificate is mandatory. Failure to submit the required Business Registration Certificate shall result in the response to the RFQ being rejected. This fatal defect cannot be waived or cured. See N.J.S.A. 40A:11-23 2(f).

The State Division of Revenue issues Business Registration Certificates There is no cost to file, and renewal is unnecessary, though changes to information must be submitted.

Information on how a business can obtain a certificate on the Internet at <http://www.state.nj.us/treasury/revenue/busregcert.shtml> or by phone at (609) 292-1730.

The New Jersey Division of Taxation has issued "Instructions for Contracting Agencies and Business Organizations Covered by P.L. 2004, c. 57:

The contractor shall provide written notice to its subcontractors of the responsibility to submit proof of business registration to the contractor. Before final payment on the contract is made by the contracting agency, the contractor shall submit an accurate list and the proof of business registration of each subcontractor or supplier used in the fulfillment of the contract, or shall attest that no subcontractors were used.

For the term of the contract, the contractor and each of its affiliates and a subcontractor and each of its affiliates [N.J.S.A. 52:32-44(g)] shall collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act on all sales of

tangible personal property delivered into this State, regardless of whether the tangible personal property is intended for a contract with a contracting agency.

A business organization that fails to provide a copy of a business registration as required pursuant to section 1 of P 2001, c. 134 (N.J.S.A. 52:32-44(g) et seq.) or subsection e or f of section 92 of P.L. 1977, c. 110, or that provides false business registration information under the requirements of either of those sections, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000 for each business registration copy not properly provided under a contract with a contracting agency.

**The Responder must submit a copy of the business registration certificate or proof of non-profit status with the submission of each response to the RFQ.**

**4.00 REQUIRED CONTRACT FORMS---ATTACHED NEXT PAGE(S).**

**4.01 STATEMENT OF OWNERSHIP**

Complete this form only if the Firm is a partnership, corporation or limited liability company. Check here  if not applicable.

Name of Firm: \_\_\_\_\_

Address: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Form of business:  corporation  partnership  LLC

List the names and addresses of all persons (including business entities) who have 10% or more interest in the Firm. If an interest holder is a corporation, name the stockholders holding more than a ten percent interest.

Complete the certification at the bottom of this page.

NAME	ADDRESS	SS #
_____	_____	_____
_____	_____	_____
_____	_____	_____

I certify that (check one):

the list of persons named above is current and correct to the best of my knowledge.

or

There are no persons having a 10% or greater interest in the Firm's firm to the best of my knowledge.

\_\_\_\_\_  
Authorized signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed name

\_\_\_\_\_  
Title

**4.02 HOLD HARMLESS/INDEMNIFICATION AGREEMENT**

The RESPONDER, [hereinafter RESPONDER/CONTRACTOR] agrees to indemnify and hold harmless the Shared Services Entity (The Burlington County Board of Chosen Freeholders, the Burlington County Bridge Commission, Rowan College at Burlington County, the Burlington County Institute of Technology/Special Services School and/or the Burlington County Library) its officer, employees, agents and servants from and against any and all claims, demands, suits, actions, recoveries, judgments, costs and expenses including attorneys fees, incurred or suffered on account of property damage or loss and/or personal injury including loss of life of any person, agency, corporation or governmental entity which shall arise out of the course of or in consequence to any acts or omissions of the RESPONDER/CONTRACTOR, its employees, agents, servants or subcontractors in the performance of the work to be performed pursuant to these specifications or the failure of the RESPONDER/CONTRACTOR, its employees, agents, servants or subcontractors to comply with any term or condition of these specifications. The RESPONDER/CONTRACTOR further agrees that this indemnification by the RESPONDER/CONTRACTOR shall continue after completion of the CONTRACT for all claims, demands, suits, actions, recoveries, judgments, costs and expenses including attorney's fees resulting from acts or omissions of the RESPONDER/CONTRACTOR, its employees, agents, servants or subcontractors which occur prior to the completion of the CONTRACT.

Firm Name: \_\_\_\_\_

By: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

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

Attest:

By: \_\_\_\_\_

Printed Name & Title: \_\_\_\_\_

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

CORPORATE SEAL:

**4.03 NON-COLLUSION CERTIFICATION**

Name of Firm: \_\_\_\_\_

For and on behalf of the above-named Firm I hereby certify that, to the best of my knowledge, information and belief, this submission has not been prepared in collusion with any other Firm or like item or service and that the prices, discounts, terms, and conditions thereof have not been directly or indirectly communicated by or on behalf of said Firm to any such person other than the recipient of such submission and will not be communicated to any such person prior to the official opening of said submission.

Firm fully understands that no premiums, rebates or gratuities are permitted, whether with, prior to, or after signing of contract. Any such violation will result in cancellation and the removal from the pre-qualified Appraisal Firm list.

The undersigned further certifies that he/she has the necessary authority to sign this Certification for the Firm.

I understand that this certification may be treated as a sworn statement made under oath or equivalent affirmation, and that, any statements made herein are untrue the Firm may be subject to the provisions of N.J.S.A. 2C:28 -1 through N.J.S.A. 2C:28 - 3 inclusive, and relevant sequential sections, and if applicable, 18 U.S.C. §1001, et seq.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Typed/printed name

\_\_\_\_\_  
Title

#### **4.04 AFFIRMATIVE ACTION INSTRUCTIONS**

(REVISED 4/10)

#### **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 received 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 by 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 conduction a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

**4.05 AFFIRMATIVE ACTION QUESTIONNAIRE**

Complete questionnaire in the event that you or your firm is awarded a Contract. The necessary forms (AA302) will be sent by the County/Shared Services Entity prior to forwarding you a Contract.

1. Our company has a Federal or State of New Jersey Affirmative Action Plan approval.

YES                       NO

A. If yes, attach a photocopy of said approval to this page. Acceptable approvals are a current letter (not more than one (1) year from date) from the United States Department of Labor or a State of New Jersey Certificate of Employee Information Report.

B. If no, and you become a Contractor, an Affirmative Action Employee Information Report (Form AA302) will be provided and must be submitted within seven (7) days after receipt of the notification of intent to award the contract.

You must enter the Contract number shown on the cover of your Contract on all forms submitted.

**I certify that the above information is correct to the best of my knowledge.**

SIGNATURE \_\_\_\_\_

NAME \_\_\_\_\_ TITLE \_\_\_\_\_

BUSINESS NAME \_\_\_\_\_

DATE \_\_\_\_\_, 2018

=====  
**NOTE: ATTACH COPY OF FORM HERE**  
=====

**4.06 STATEMENT OF QUALIFICATION**

**BURLINGTON COUNTY/SHARED SERVICES ENTITIES  
REQUEST FOR STATEMENT OF QUALIFICATIONS  
FOR PROFESSIONAL SERVICES**

**FIRM PROFILE**

**Please use additional paper if necessary to fully respond to the questions in this form.**

Firm Name: \_\_\_\_\_

Address: \_\_\_\_\_

Telephone: \_\_\_\_\_

Fax #: \_\_\_\_\_

Email Address: \_\_\_\_\_

Web Address: \_\_\_\_\_

Type of ownership (select from the following): \_\_\_ individual \_\_\_ partnership  
\_\_\_ limited liability corporation \_\_\_ professional corporation \_\_\_ corporation  
\_\_\_ professional association \_\_\_ limited liability company  
\_\_\_ other – specify \_\_\_\_\_

Check if any apply: \_\_\_ MBE certified \_\_\_ WBE certified \_\_\_ SBE certified

Is Firm prequalified with any public agency, department or public authority?  
\_\_\_ yes \_\_\_ no If "yes" name the agency, department or authority that has prequalified the firm and the date the prequalification expires:

\_\_\_\_\_

Length of Time in Business: \_\_\_\_\_ years

Number of Employees: 2016 \_\_\_\_\_ 2017 \_\_\_\_\_ 2018 \_\_\_\_\_

Is firm owed by another company? yes \_\_\_\_\_ no \_\_\_\_\_

If "yes" provide the name and address of the other company:

\_\_\_\_\_

---

Is Firm registered to do business in New Jersey? yes\_\_\_\_ no\_\_\_\_

Federal Employer ID no. \_\_\_\_\_

Microstation capability? yes\_\_\_\_ no\_\_\_\_

Report on the number of planning projects you prepared for other governmental clients during 2016, 2017 and 2018.

2016:\_\_\_\_\_ 2017:\_\_\_\_\_ 2018: \_\_\_\_\_

Experienced with governmental clients? yes\_\_\_\_ no\_\_\_\_

If yes, provide the name, address, telephone number and dates that services were provided. If there were multiple clients name at least three.

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Describe the assets of your firm that enable you to provide the services needed by the County/Shared Services Entity

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**NOTE: If you answer “yes to any of the following questions explain the circumstances on a separate sheet.**

Has any person named in this submission ever been suspended, debarred or otherwise declared ineligible by a government agency from contracting to provide services because of the quality of work?

yes \_\_\_\_\_ no \_\_\_\_\_

Have any principals named in the submission ever been convicted of a crime?

yes \_\_\_\_\_ no \_\_\_\_\_

Are there are administrative, civil or criminal matters pending in any federal, state or local government jurisdiction in which the firm or its principals or key personnel are involved?

yes \_\_\_\_\_ no \_\_\_\_\_

Has the Firm or any person named in this submission been denied pre-qualification in the five years preceding the date of the submission under the name in this submission or other name because of the quality of work?

yes \_\_\_\_\_ no \_\_\_\_\_

Has the Firm, its affiliate or any of its principals been a party to a bankruptcy or re-organization proceeding in the last 5 years?

yes \_\_\_\_\_ no \_\_\_\_\_

Has the license of any of the Firm's professionals ever been revoked or suspended or is there any proceeding pending which could result in the suspension or revocation of a professional employed by Firm?

yes \_\_\_\_\_ no \_\_\_\_\_

Within the past five years has your firm or any of its principals been on the New Jersey Debarred Contractor list?

yes \_\_\_\_\_ no \_\_\_\_\_

In the five years preceding the date of the submission has any of the following occurred:

1. A client terminated your services because of dissatisfaction with your performance.

yes \_\_\_\_\_ no \_\_\_\_\_

2. Your performance on a project has been rated as unsatisfactory.

yes \_\_\_\_\_ no \_\_\_\_\_

3. Liquidated damages were assessed against you in connection with a contract because of your unacceptable performance or untimeliness in performance

yes \_\_\_\_\_ no \_\_\_\_\_

4. You have been a plaintiff or a defendant in litigation concerning your services?

yes \_\_\_\_\_ no \_\_\_\_\_

5. An appraiser in your firm has been subject to disciplinary proceedings by a State authority that licenses real estate appraisers.  
yes \_\_\_\_\_ no \_\_\_\_\_

**4.07 STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE**

=====  
**ATTACH CERTIFICATE HERE**  
=====

**4.08 STATEMENT FROM INSURANCE BROKER**

=====  
**INSERT STATEMENT HERE**  
=====

CONFLICT OF INTEREST CERTIFICATION

The undersigned certifies to the Shared Services Entity (The Burlington County Board of Chosen Freeholders, the Burlington County Bridge Commission, Rowan College at Burlington County, the Burlington County Institute of Technology/Special Services School and/or the Burlington County Library) that in performing services to Burlington County he/she knows of no circumstance that would constitute a conflict of interest, financial or otherwise, between himself/herself or his/her firm and the Shared Services Entity, its members or with the interest of the Shared Services Entity in general. The undersigned further certifies that he knows of no circumstances or relationships between himself/herself or his/her firm and third parties that would cause the actual or appearance of a conflict of interest or a compromise of judgment and independence in the performance of the designated services.

The undersigned acknowledges this is a continuing certification, and shall remain in effect for the term of the consulting services.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

(Firm Name)

By: \_\_\_\_\_

Title: \_\_\_\_\_

**FORM 4.10---BURLINGTON COUNTY/SHARED SERVICES ENTITY  
REQUEST FOR STATEMENT OF QUALIFICATIONS  
FOR PROFESSIONAL SERVICES**

**CERTIFICATION CONCERNING SUBMISSION**

The signature of the Firm's representative below attests that:

1. The information provided in the Firm's submission is full, complete and truthful.
2. The Firm acknowledges that the County may, by means it deems appropriate, determine the truth and accuracy of the information provided with this submission.
3. The Firm has reviewed all of the specifications, terms and conditions, forms and all other documents contained in the RFQ including addenda;
4. The Firm has the experience, knowledge, expertise and ability to provide the described services and
5. The Firm commits to provide the described services at the prices quoted in this RFQ.

The Firm recognizes that all information submitted with this submission is for the purpose of inducing the County to pre-qualify the Firm, award a contract or allow the Firm to participate in professional consultant service contracts.

The Firm understands and agrees that the submission and all supporting documentation shall become the property of the County and may be subject to review by the public.

The Firm authorizes the County to contact any entity or person named in the submission for the purpose of verifying the information provided by the Firm.

All principals named in the submission must sign. Signatures are to be notarized/acknowledged

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed/written)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed/written)

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (typed/written)

**FORM 4.11---BURLINGTON COUNTY  
REQUEST FOR QUALIFICATIONS FOR PROFESSIONAL SERVICES  
REPORT CONCERNING EXPERIENCE WITH FIRM**

**NOTE: Reports from not less than three clients must be provided with Submission.**

The Burlington County Board of Chosen Freeholders/Shared Services Entities are soliciting RFQs from companies to provide professional services. To assist it in evaluating submissions the County/Shared Services Entities need advice from the firm's clients with respect to their experience with the firm. Please complete this form, sign it and return it to the firm that sent it to you.

Firm: \_\_\_\_\_

Firm address: \_\_\_\_\_

\*\*\*\*\*

Client completing this form: \_\_\_\_\_

Client address: \_\_\_\_\_

Client Telephone: \_\_\_\_\_ email: \_\_\_\_\_

No. of years of experience with Firm: \_\_\_\_\_

Number of projects completed by Firm for Client during 2016 - 2018:

2016: \_\_\_\_\_ 2017: \_\_\_\_\_ 2018: \_\_\_\_\_

Please state the range of projects completed by Firm for Client:

\_\_\_\_\_

Would you recommend this firm? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please state reason(s): \_\_\_\_\_

Please rank this firm's work product and your experience between 1 and 5, with 5 being the most favorable

Timely completed work	1	2	3	4	5
Attention to detail	1	2	3	4	5
Quality of work	1	2	3	4	5
Responsiveness to client	1	2	3	4	5
Professionalism	1	2	3	4	5
Cost	1	2	3	4	5

\_\_\_\_\_  
Authorized Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed name of Signatory

**FORM 4.11--BURLINGTON COUNTY  
REQUEST FOR QUALIFICATIONS FOR PROFESSIONAL SERVICES  
REPORT CONCERNING EXPERIENCE WITH FIRM**

**NOTE: Reports from not less than three clients must be provided with Submission.**

The Burlington County Board of Chosen Freeholders/Shared Services Entities are soliciting RFQs from companies to provide professional services. To assist it in evaluating submissions the County/Shared Services Entities need advice from the firm's clients with respect to their experience with the firm. Please complete this form, sign it and return it to the firm that sent it to you.

Firm: \_\_\_\_\_

Firm address: \_\_\_\_\_

\*\*\*\*\*

Client completing this form: \_\_\_\_\_

Client address: \_\_\_\_\_

Client Telephone: \_\_\_\_\_ email: \_\_\_\_\_

No. of years of experience with Firm: \_\_\_\_\_

Number of projects completed by Firm for Client during 2016 - 2018:

2016: \_\_\_\_\_ 2017: \_\_\_\_\_ 2018: \_\_\_\_\_

Please state the range of projects completed by Firm for Client:

Would you recommend this firm? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please state reason(s): \_\_\_\_\_

Please rank this firm's work product and your experience between 1 and 5, with 5 being the most favorable

Timely completed work	1	2	3	4	5
Attention to detail	1	2	3	4	5
Quality of work	1	2	3	4	5
Responsiveness to client	1	2	3	4	5
Professionalism	1	2	3	4	5
Cost	1	2	3	4	5

\_\_\_\_\_  
Authorized Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed name of Signatory

**FORM 4.11---BURLINGTON COUNTY  
REQUEST FOR QUALIFICATIONS FOR PROFESSIONAL SERVICES  
REPORT CONCERNING EXPERIENCE WITH FIRM**

**NOTE: Reports from not less than three clients must be provided with Submission.**

The Burlington County Board of Chosen Freeholders/Shared Services Entities are soliciting RFQs from companies to provide professional services. To assist it in evaluating submissions the County/Shared Services Entities need advice from the firm's clients with respect to their experience with the firm. Please complete this form, sign it and return it to the firm that sent it to you.

Firm: \_\_\_\_\_

Firm address: \_\_\_\_\_

\*\*\*\*\*

Client completing this form: \_\_\_\_\_

Client address: \_\_\_\_\_

Client Telephone: \_\_\_\_\_ email: \_\_\_\_\_

No. of years of experience with Firm: \_\_\_\_\_

Number of projects completed by Firm for Client during 2016 - 2018:

2016: \_\_\_\_\_ 2017: \_\_\_\_\_ 2018: \_\_\_\_\_

Please state the range of projects completed by Firm for Client:

Would you recommend this firm? Yes \_\_\_\_\_ No \_\_\_\_\_

If "No" please state reason(s): \_\_\_\_\_

Please rank this firm's work product and your experience between 1 and 5, with 5 being the most favorable

Timely completed work	1	2	3	4	5
Attention to detail	1	2	3	4	5
Quality of work	1	2	3	4	5
Responsiveness to client	1	2	3	4	5
Professionalism	1	2	3	4	5
Cost	1	2	3	4	5

\_\_\_\_\_  
Authorized Signature  
Date: \_\_\_\_\_

\_\_\_\_\_  
Typed/printed name of Signatory

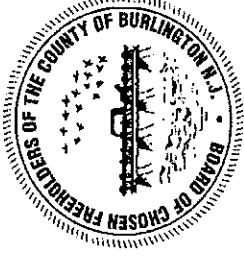
#### **4.12 FEE SCHEDULE**

This schedule of fees and rates shall be attached to an incorporated by reference to any contract or open ended contract entered into between the parties.

=====  
**NOTE: ATTACH COPY OF FEE AND  
RATE SCHEDULE HERE**  
=====

#### **4.13 CONSULTANT RFQ**

(See attached Consultant RFQ Response Form Mandatory Information)



**4.13 County of Burlington/Shared Services Entities  
2019-2021**

**CONSULTANT RFQ  
RESPONSE FORM  
MANDATORY INFORMATION**

(Appraisal, Review Appraisal and Related Services)

\_\_\_\_\_  
FIRM

\_\_\_\_\_  
PREPARED BY

\_\_\_\_\_  
DATE

**Section 1**

**Qualification General Information Format**

**FIRM'S NAME, ADDRESS, CONTACTS, AND ORGANIZATION STRUCTURE**

<b>Firm</b>	<b>Contact Person</b>		
<b>Firm's Address</b>	<b>E-Mail Address</b>		
	<b>For Emergencies</b>	<b>Name</b>	
<b>Telephone</b>	<b>24 Hour Contact</b>	<b>Telephone</b>	
<b>FAX</b>	<b>Federal ID No</b>		
<b>TYPE OF ORGANIZATION: CORPORATION PARTNERSHIP INDIVIDUAL OTHER</b>			
<b>If CORPORATION Complete the following :</b>		<b>If PARTNERSHIP Complete the following</b>	
<b>Date Incorporated</b>		<b>Date Organized</b>	
<b>State Incorporated</b>		<b>TYPE: GENERAL LIMITED OTHER</b>	
<b>Date Authorized in NJ</b>	<b>Name of Partners</b>		
<b>President's Name</b>			

<b>CERTIFICATE OF AUTHORIZATION (If Applicable)</b>	
<b>Certificate Number</b>	<b>Date issued</b>
<b>Principals of the Firm (Names &amp; title)</b>	

	In New Jersey		In Other Locations		Current Strength
	Licensed	Unlicensed	Licensed	Unlicensed	
Appraiser(s)					
Real Estate Professional(s)					
Secretarial Staff					
Administrative Staff					
Other Technical Staff					
Total					
<b>Number of Professional / Technical Staff in your Organization</b>					

## Section 2

### Qualification Discipline List Response Format

Instructions: Place an "X" in Column "A" next to disciplines that you wish to be qualified in.

A		DISCIPLINE DESCRIPTION
	1	General Fee Appraisal
	2	Easement Appraisal (i.e., roadway, slope, drainage, etc.)
	3	a. Farmlands Appraisal - per State Agriculture Development Committee Requirements
		b. Appraisal of easement and/or development rights
	4	a. Open space appraisal - per State of New Jersey Green Acres Program
		b. Appraisal of easement and/or development rights
	5	Rental Analysis
	6	Transfer of Development Rights Credits Appraisal/Analysis
	7	Pinelands Development Credits Appraisal/Analysis
	8	Review Appraisal Services

## Section 3

### Qualification Project Detail Response Format Firms Active And/Or Completed Projects As Per Discipline

#### Instructions:

Make as many copies as necessary to complete your application.

Provide detailed information and description of type of work to support your request for specific discipline(s).

“Total consultant fee” is the amount received for professional services, including construction inspection.

Provide at least 3 examples (but not more than 4) for each discipline you are requesting to be qualified in between 2010 and present. If examples are given for more than one discipline (ie., 1, 4, 17 and 37) the example must be repeated, in appropriate sequence, in the total number of discipline(s) applied for.



## Section 4 Qualification Key Staff Resume As Per Discipline

**Instructions:** Make as many copies of this form as necessary to complete your application.  
**All Key Staff listed must be employed with your firm at the time of submission for prequalification. Burlington County must immediately be informed if there is any change in the employment status of Key Staff listed below.**  
**Note: \*Each project listed should have a corresponding breakdown of experience. The total experience listed may not exceed 12 months per year.**

**NAME:**  
**EDUCATION:**

**PROPOSED TITLE:**

**PROFESSIONAL REGISTRATION/LICENSE NO.:**

**TRAINING:** **MEMBERSHIP AND AFFILIATIONS:**

### SUMMARY OF EXPERIENCE

Discipline Code (s)	Year	# of Months <small>*see note above</small>	Title	Project Description	Duties

**Section 5**

**Qualification Debarment Clause Response Format**

**Instructions:** Answer each question by putting an X in the box under either yes or no.  
If yes, provide all necessary details on the line below.

Has your firm ever failed to complete any awarded work?    Yes \_\_\_    No If so, where and why?

---

Has any officer or partner of your organization ever failed to complete a contract handled in his own name?  
\_\_\_ Yes \_\_\_ No If so, state the name of individual, name of owner, location and type of project, and reason for  
the failure to complete.

---

Has this organization, its parent or subsidiary ever been suspended or debarred by this state or any other state  
or the federal government?    Yes \_\_\_    No If yes, provide complete details, including when, where and why.

---

Has any owner, stockholder, officer, partner, or employee of this organization been suspended or debarred  
from doing business by this state or any other state or federal government?    Yes \_\_\_    No If yes, provide  
completed details including, when, where and why.

---

**Section 6**

**Qualification Certification And Notarization Response Format**

**CERTIFICATION**

I hereby certify that the foregoing information, and any attachments there to, are true, accurate and consistent with the records maintained by the individual, partnership or corporation submitting this Consultant Prequalification Form. I acknowledge that the County of Burlington is relying on the information contained herein, and I am aware that any willfully false statement or misrepresentation may subject me and/or my firm to criminal penalties. .

\_\_\_\_\_  
(Typed Name)

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Title)

The above individual(s) came before me in the capacity of \_\_\_\_\_  
\_\_\_\_\_ and signed this certification.

\_\_\_\_\_  
Notary Attest

\_\_\_\_\_  
My commission expires

**Place Seal  
Here**