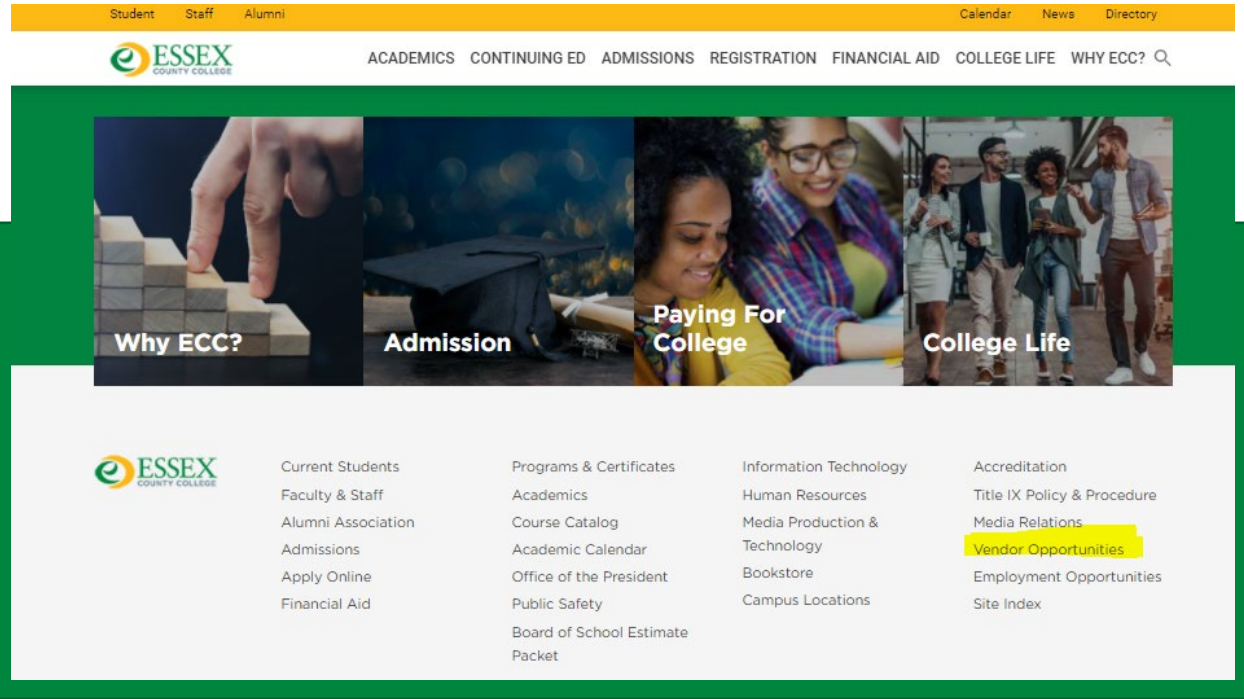
ESSEX COUNTY COLLEGE
STUDENTS FIRST

Pre-Bid Conference

RFP #8251 Athletic Travel and Charter Bus Services

Monday, August 10, 2026

College Website



BID#:	8179
BID TITLE:	Library and Learning Center Renovation
ADV. DATE:	Tuesday, January 30, 2024
Bid Conference and Site Walk Through	Tuesday, February 6, 2024 and 10:00 AM EST
LAST DAY FOR QUESTIONS:	Wednesday, February 7, 2024 @ 10:00 AM EST
DUE DATE:	Friday, February 23, 2024 @ 11:00 AM EST
Fee	$75.00

BID DOCUMENTS Download
Bid #8179 Addendum #1 with Answers for website Download
Acknowledgement of receipt of Addenda #1 Bid #8179 Library Renovation Download

RFQ#:	8180
RFQ TITLE:	Sign Maintenance, Repair, Replacement, New Signage Design and Project Installation
ADV. DATE:	Monday, February 5, 2024
LAST DAY FOR QUESTIONS:	Friday, February 9, 2024 @ 9:00 AM EST
DUE DATE:	Thursday, February 15, 2024 @ 10:00 AM EST

BID DOCUMENTS Download

BID#:	8182
BID TITLE:	Auditing Services
ADV. DATE:	February 8, 2024
LAST DAY FOR QUESTIONS:	Monday, February 12, 2024 @ 9:00 AM EST
DUE DATE:	Thursday, February 29, 2024 @ 10:00 AM EST

BID DOCUMENTS Download

Vendor Opportunities

https://classifieds.nj.com/nj/search/query?categoryId=1&searchProfile=general&source=nj&page=1&size=25&view=list&showExtended=

LOCAL MARKETPLACE

HOME > LEGALS

SEARCH LEGALS

MarketPlace is where you can find anything you need! Simply choose a category for your search, enter just a keyword or a detailed description, and click "Search".

★Log in to save ad

essex county colle

LEGALS(2645)

- ☐ Legal Notice (2645)

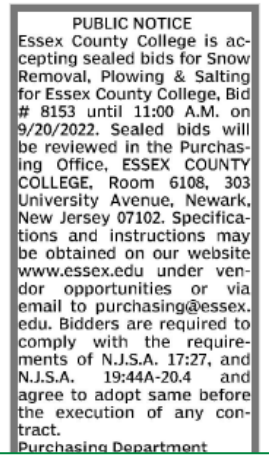
BY PUBLICATION

- ☐ The Star Ledger (1206)
- ☐ South Jersey Times (482)
- ☐ The Jersey Journal (388)
- ☐ The Times of Trenton (363)
- ☐ The Hunterdon County Democrat (117)
- ☐ The Express Times - NJ Zone (83)
- ☐ The Suburban News/ The

1 | 25 RESULTS PER PAGE | NEWEST FIRST

NOTICE TO BIDDERS COUNTY OF ESSEX FAX REQUEST TO: 973 621-5109 Sealed "Bids", "Request for Proposals" or "Competitive Contract Show more »

Post Date: 08/23 12:00 AM



PUBLIC NOTICE
Essex County College is accepting sealed bids for Snow Removal, Plowing & Salting for Essex County College, Bid # 8153 until 11:00 A.M. on 9/20/2022. Sealed bids will be reviewed in the Purchasing Office, ESSEX COUNTY COLLEGE, Room 6108, 303 University Avenue, Newark, New Jersey 07102. Specifications and instructions may be obtained on our website www.essex.edu under vendor opportunities or via email to purchasing@essex.edu. Bidders are required to comply with the requirements of N.J.S.A. 17:27, and N.J.S.A. 19:44A-20.4 and agree to adopt same before the execution of any contract.
Purchasing Department

PUBLIC NOTICE Essex County College is accepting sealed bids for Snow Removal, Plowing & Salting for Essex County College, Bid Show more »

Legals Classifieds | NJ.com

Terms To Know

RFP

Request For Proposal

The buyer needs a comprehensive proposal including price, qualifications and experience.

Focus

Evaluated on approach, timeline, and credentials; not price alone.

RFQ

Request For Quotation

The buyer knows exactly what they want, and is primarily focused on price.

Focus

Focused on itemized pricing and delivery for a clearly defined need.

BID

Bid

A formal offer/invitation to provide a product/service at a specific price.

Focus

Detailed scope of work, sealed offers, and public bid openings.

Terms To Know

Addendum

An official change or update to the RFP/RFQ/Bid after it's been released, this includes new deadlines, corrected specs, and added scope. Always check for these before submitting.

Clarification Questions

The formal window where vendors can ask the buyer to explain unclear or missing information. This is submitted via email, with answers shared with all bidders.

Responsive/Non -Responsive

Did your submission follow the rules exactly? Right forms, signatures, and on-time by the deadline. Missing or late items can get you disqualified, before price or qualifications are even reviewed.

Bidder's Checklist

MANDITORY FORMS MUST BE SUBMITTED WITH YOUR BID RESPONSE

_____ Bidders Checklist

_____ RFP Pricing Form

_____ Response Sheet

_____ Non-Collusion Affidavit

_____ Statement of Ownership Disclosure

_____ Affirmative Action Compliance Notice

_____ Employee or Relative Disclosure Requirement Form

_____ Mandatory Equal Employment Opportunity (EEO) Form

_____ New Jersey Anti-Discrimination Provision

_____ Americans with Disabilities Act of 1990

_____ Questionnaire

_____ Certification

_____ Disclosure of investigation and actions involving bidder

_____ Trade Reference

_____ Consent to Thirty-Day Extension

_____ Addendum(s)

_____ Vendor Registration Form

_____ Bidder's Certification

_____ W9 Form (download from the IRS website and submit with the package)

_____ Federally Funded Procurements

_____ Certification Regarding Lobbying

_____ Disclosure of Lobbying Activities. *(Only submit this form with the bid if your company is disclosing lobbing activities)*

_____ USB Flash Drive. Please do not add passwords to the USB flash drive.

_____ Certification of Non-Debarment For Federal Government Contracts

_____ One (1) original clearly marked as "Original"

_____ Three (3) Copies of the RFP documents. The copies need to be identical to the original.

ITEMS MUST BE PROVIDED PRIOR TO THE TIME A CONTRACT IS AWARDED:

_____ State of New Jersey Business Registration Certificate (BRC)

_____ Certificate of Liability Insurance

_____ Disclosure of Investment Activities in Iran

_____ Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

_____ Employee Information Report (Form AA-302) AA-302 or Cert. of Employee Information Report (no both)

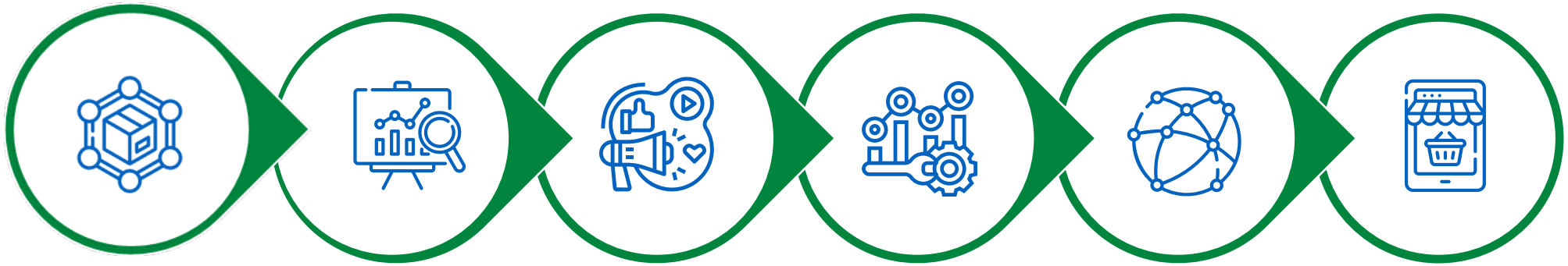
_____ _____

Name of Representative Phone # & Fax #

_____

Name of Firm

Documents to Submit



New Jersey Business Registration Certificate (NJBRC)

$6,240

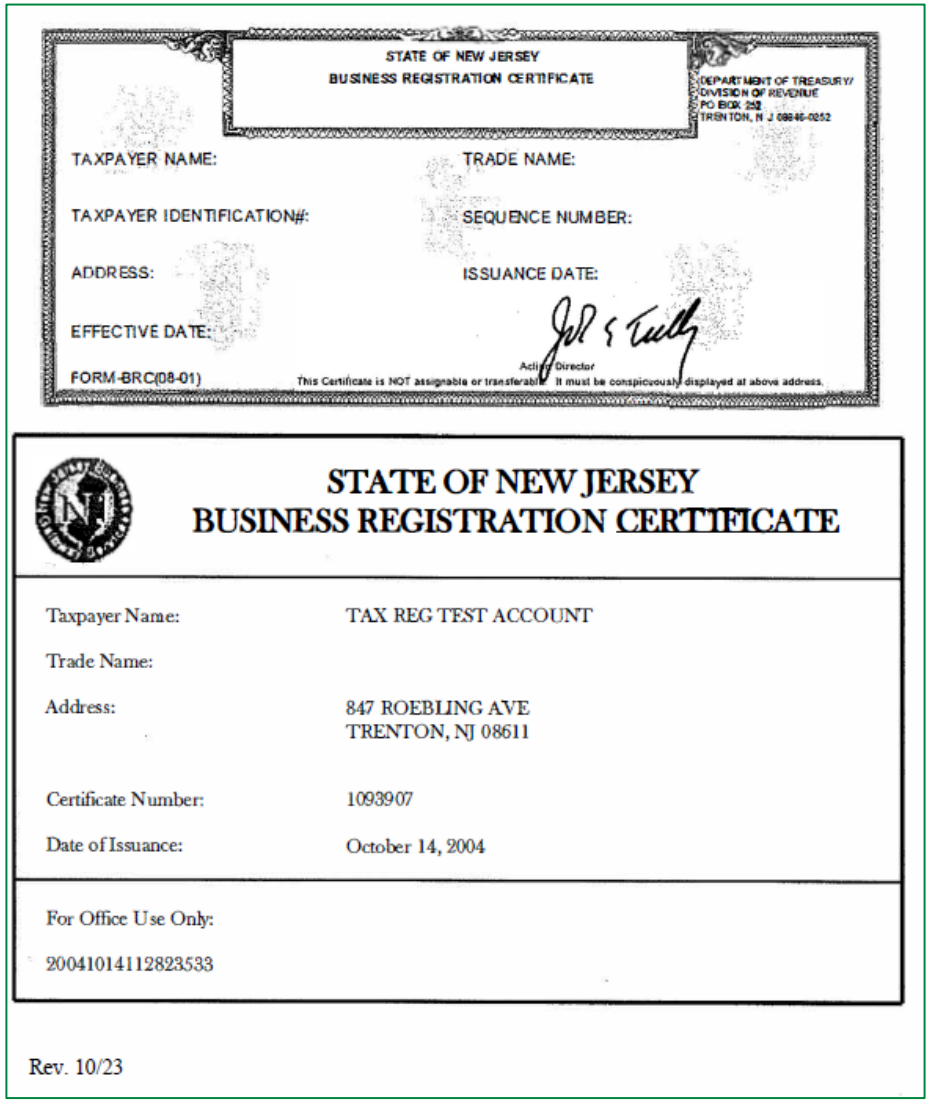
Vendor Registration form

Disclosure of Investment Activities in Iran

Stockholder Disclosure Requirement

AA-302 or Employee information Report

W9, 501(C)(3), W-8 BEN if applicable



STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:
TRADE NAME:
TAXPAYER IDENTIFICATION#:
SEQUENCE NUMBER:
ADDRESS:
ISSUANCE DATE:
EFFECTIVE DATE:
Acting Director
FORM-BRC(08-01)
This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

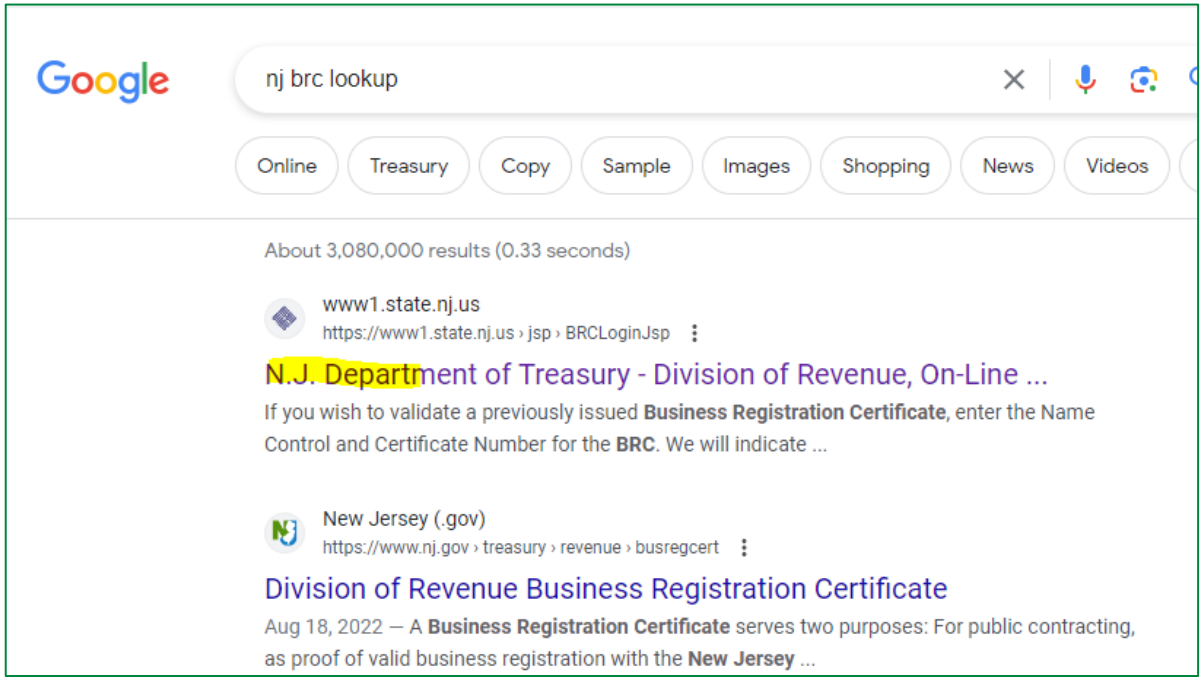
STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004

For Office Use Only:

20041014112823533

Rev. 10/23



N.J.S.A. 52:32 -44, all contractors and subcontractors must provide a Business Registration Certificate from the Division of Revenue in the Department of the Treasury when doing business with the State of New Jersey, and other public agencies in this state.

Document Breakdown

VENDOR REGISTRATION FORM

MAILING ADDRESS FOR PURCHASE ORDERS:

Company Name (as recorded with IRS):_____ DBA: _____

Mailing Name:_____

Street Address: _____ Suite: _____ PO Box: _____

City: _____ State: _____ Zip: _____

MAILING ADDRESS FOR PAYMENTS (if different from above):

Company Name (as recorded with IRS):_____

Mailing Name:_____

Street Address: _____ Suite: _____ PO Box: _____

City: _____ State: _____ Zip: _____

SALES CONTACT INFORMATION:

Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____ Website:_____

Taxpayer Identification Number (TIN): _____

☐ Taxpayer Identification Number (TIN) for Profit Organizations

☐ Taxpayer Identification Number (TIN) for Non-Profit Organization

NOTE: W-9 FORM MUST BE INCLUDED
NON-PROFIT ORGANIZATIONS - LETTER OF THE 501(C)(3) IS REQUIRED

ACCOUNTS RECEIVABLE CONTACT INFORMATION:

Name: _____ Title: _____

Phone: _____ Fax: _____

E-mail: _____

Form **W-9** (Rev. October 2018) Department of the Treasury Internal Revenue Service

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.

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

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

Print or type. See Specific Instructions on page 3.

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor or single-member LLC ☐ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate

☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

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

___ - ___ - ____

or

Employer identification number

__ - _____

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.

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 ▶ _____ Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

Cat. No. 10231X — Form **W-9** (Rev. 10-2018)

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Bidder Name:	

Part 1: Certification

BIDDERS ARE TO COMPLETE PART 1 BY CHECKING **EITHER BOX**.

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 https://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf must review this list prior to completing the below certification. Failure to complete the certification may 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

CHECK THE APPROPRIATE BOX:

☐ I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder'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 the bidder 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 sign and complete the Certification below. Failure to provide such will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Part 2 – Additional Information

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 activates in Iran on additional sheets provided by you.

Part 3: Certification

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that the *Essex County College* 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 any contracts with *Essex County College* to notify the College 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 *College* and that the College at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

Pursuant to N.J.S.A. 52:32-60.1, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: https://sanctionssearch.ofac.treas.gov/. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any 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.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

(Check the Appropriate Box)

◯ A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

◯ B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

◯ C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

(Attach Additional Sheets If Necessary.)

Signature of Vendor's Authorized Representative	Date
Print Name and Title of Vendor's Authorized Representative	Vendor's FEIN
Vendor's Name	Vendor's Phone Number
Vendor's Address (Street Address)	Vendor's Fax Number
Vendor's Address (City/State/Zip Code)	Vendor's Email Address

[1] Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

STATE OF NEW JERSEY

Form AA302
Rev. 02/22

Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

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

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS ☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE ☐ 4. RETAIL ☐ 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY

1. COMPANY NAME — COMPANY E-MAIL

2. STREET — CITY — COUNTY — STATE — ZIP CODE

3. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) — CITY — STATE — ZIP CODE

7. CHECK ONE: IS THE COMPANY: ☐ SINGLE-ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT

10. PUBLIC AGENCY AWARDING CONTRACT — CITY — COUNTY — STATE — ZIP CODE

Official Use Only	DATE RECEIVED	INAUG.DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B -EMPLOYMENT DATA

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

JOB CATEGORIES	ALL EMPLOYEES	PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN													
	COL. 1	COL. 2	COL. 3	********* MALE*********						********* FEMALE*********					
	Total	Male	Female												
	(Cols.2 &3)			BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	2 OR MORE RACES
Officials/ Managers															
Professionals															
Technicians															
SalesWorkers															
Office & Clerical															
Craftworkers (Skilled)															
Operatives (Semi-skilled)															
Laborers (Unskilled)															
Service Workers															
TOTAL															
Totalemployment From previous															

Certification 111XX

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

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-DEC-20XX to 15-DEC-20XX

SAMPLE COMPANY, INC.
33 WEST STATE STREET
TRENTON, NJ 08625

VOID

State Treasurer

Sample Forms

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

RFP #8251 ATHLETIC TRAVEL AND CHARTER BUS SERVICES

NOTE: This form must be submitted whether or not addenda were issued. If no addenda were issued, check the "No Addenda were received" box and complete the signature section.

Incomplete, unsigned, or missing forms will disqualify the proposal in its entirety. The College will not request or accept corrections, substitutions, or supplemental forms after the submission deadline.

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

Addendum Number (initial)	Date	Acknowledge Receipt
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

X No Addenda were received or included with the bid package:

Acknowledged for: Test Bus Company A
(Name of Bidder/Company)

Jane Sample
(Signature of Authorized Representative)

8/5/2026
Date

Jane Sample
Name (Print)

President
Title

AFFIRMATIVE ACTION COMPLIANCE NOTICE
N.J.S.A. 10:5-31 and N.J.A.C. 17:27

This form is a summary of the successful vendor's requirement to comply with the requirements of N.J.S.A. 5-31 and N.J.A.C. 17:27-1 et seq.

The successful vendor shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

[x] A COPY OF AN EMPLOYEE INFORMATION REPORT (FORM AA302) PROVIDED BY THE DIVISION AND DISTRIBUTED TO THE PUBLIC AGENCY TO BE COMPLETED BY THE CONTRACTOR IN ACCORDANCE WITH N.J.A.C. 17:27-4;

OR

[ ] A COPY OF A VALID LETTER THAT THE CONTRACTOR IS OPERATING UNDER AN EXISTING FEDERALLY APPROVED OR SANCTIONED AFFIRMATIVE ACTION PROGRAM (GOOD FOR ONE YEAR FROM THE DATE OF THE LETTER);

OR

[ ] A COPY OF A CERTIFICATE OF EMPLOYEE INFORMATION REPORT (CEIR) APPROVAL, ISSUED IN ACCORDANCE WITH N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours.

The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.1 et seq. and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her Bi/Proposal shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27-1 et seq.

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AUTHORIZED BY THE FOLLOWING SIGNATURE FOR COMPLIANCE AS SPECIFIED IF AWARDED THIS CONTRACT.

COMPANY NAME: ABC Bus Vendor

PRINT NAME: John Placeholder

TITLE: President

SIGNATURE: John Placeholder

DATE: 8/5/2026 Bid/Proposal # #8251

CERTIFICATION OF NON-DEBARMENT
FOR FEDERAL GOVERNMENT CONTRACTS
N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

This certification shall be completed, certified to, and submitted to the contracting unit prior to contract award, except for emergency contracts where submission is required prior to payment.

PART I: VENDOR INFORMATION	
Individual or Organization Name	**ABC Bus Vendor**
Physical Address of Individual or Organization	**321 Placeholder Lane, Formville, NJ 00004**
Unique Entity ID (if applicable)	
CAGE/NCAGE Code (if applicable)	

Check the box that represents the type of business organization:

☐ Sole Proprietorship (skip Parts III and IV) ☐ Non-Profit Corporation (skip Parts III and IV)

☐ For-Profit Corporation (any type) ☒ Limited Liability Company (LLC) ☐ Partnership

☐ Limited Partnership ☐ Limited Liability Partnership (LLP)

☐ Other (be specific): _____

PART II – CERTIFICATION OF NON-DEBARMENT: Individual or Organization			
I hereby certify that the **individual or organization listed above in Part I** is not debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the ***Essex County College*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by ***Essex County College*** to notify the ***Essex County College*** 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 **Essex County College** permitting the ***Essex County College*** to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print):	**John Placeholder**	Title:	**President**
Signature:	*John Placeholder*	Date:	**8/5/2026**

PART III – CERTIFICATION OF NON-DEBARMENT: Individual or Entity Owning Greater than 50 Percent of Organization	
Section A (Check the Box that applies)	
☒	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of its voting stock, or of the partner in the partnership who owns more than 50 percent interest therein, or of the member of the limited liability company owning more than 50 percent interest therein, as the case may be.
Name of Individual or Organization	**John Placeholder**
Physical Address	**321 Placeholder Lane, Formville, NJ 00004**
OR	
☐	No one stockholder in the corporation owns more than 50 percent of its voting stock, or no partner in the partnership owns more than 50 percent interest therein, or no member in the limited liability company owns more than 50 percent interest therein, as the case may be.
Section B (Skip if no Business entity is listed in Section A above)	
☐	Below is the name and address of the stockholder in the corporation who owns more than 50 percent of the voting stock of the organization's parent entity, or of the partner in the partnership who owns more than 50 percent interest in the organization's parent entity, or of the member of the limited liability company owning more than 50 percent interest in organization's parent entity, as the case may be.
Stockholder/Partner/Member Owning Greater Than 50 Percent of Parent Entity	
Physical Address	
OR	

☐	No one stockholder in the parent entity corporation owns more than 50 percent of its voting stock, no partner in the parent entity partnership owns more than 50 percent interest therein, or no member in the parent entity limited liability company owns more than 50 percent interest therein, as the case may be.

Section C – Part III Certification

I hereby certify that no individual or organization that is debarred by the federal government from contracting with a federal agency owns greater than 50 percent of the **Organization listed above in Part I** or, if applicable, owns greater than 50 percent of a parent entity of ABC BUS VENDOR <name of organization>. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the ***Essex County College*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award ***Essex County College*** to notify the ***Essex County College*** 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 ***Essex County College***, permitting the ***Essex County College*** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	John Placeholder	Title:	President
Signature:	John Placeholder	Date:	8/5/2026

Part IV – CERTIFICATION OF NON-DEBARMENT: Contractor – Controlled Entities

Section A

☐	Below is the name and address of the corporation(s) in which the **Organization listed in Part I** owns more than 50 percent of voting stock, or of the partnership(s) in which the **Organization listed in Part I** owns more than 50 percent interest therein, or of the limited liability company or companies in which the **Organization listed above in Part I** owns more than 50 percent interest therein, as the case may be.

Name of Business Entity	Physical Address

Add additional sheets if necessary

OR

☒	The **Organization listed above in Part I** does not own greater than 50 percent of the voting stock in any corporation and does not own greater than 50 percent interest in any partnership or any limited liability company.

Section B (skip if no business entities are listed in Section A of Part IV)

☐	Below are the names and addresses of any entities in which an entity listed in Part III A owns greater than 50 percent of the voting stock (corporation) or owns greater than 50 percent interest (partnership or limited liability company).

Name of Business Entity Controlled by Entity Listed in Section A of Part IV	Physical Address

Add additional Sheets if necessary

OR

☐	No entity listed in Part III A owns greater than 50 percent of the voting stock in any corporation or owns greater than 50 percent interest in any partnership or limited liability company.

Section C – Part IV Certification

I hereby certify that the **Organization listed above in Part I** does not own greater than 50 percent of any entity that that is debarred by the federal government from contracting with a federal agency and, if applicable, does not own greater than 50 percent of any entity that in turns owns greater than 50 percent of any entity debarred by the federal government from contracting with a federal agency. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the ***Essex County College*** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the date of contract award by ***Essex County College*** to notify the ***Essex County College*** 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 ***Essex County College***, permitting the ***Essex County College*** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	John Placeholder	Title:	President
Signature:	John Placeholder	Date:	8/5/2026

RFP Price Sheet

RFP PRICE SHEET: YEAR 1
RFP #8251 ATHLETIC TRAVEL AND CHARTER BUS SERVICES

Company Name:_____

Bus Capacity	30 Passengers	48 Passengers	55 Passengers	25 or less Passengers	_____ Passengers
Damage Deposit					
Hourly Rate					
Minimum Hours					
Daily Rate					
Mileage Rate					
Minimum Charge					
Second Driver Fee					
Overnight Rate					
Cancellation Fee					
Hourly rate for exceeding original plan					
Fuel Surcharge					
lavatory (yes/no)					
DVD/VHS player (yes/no)					
Electrical outlets for charging & devices					
Wheelchair lifts (yes/no)					
Seatbelts (yes/no)					

- Complete the price sheet exactly as provided, do not write "See Attachment“
- Only prices listed on the official price sheet will be considered; submitting your own version may affect your evaluation
- Remember to sign the price sheet

Clarification Questions vs. Addendum

Clarification Questions document is not an official addendum, still sign the Acknowledgment of Receipt of Addenda form, even if none were issued.

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA

RFP #8251 ATHLETIC TRAVEL AND CHARTER BUS SERVICES

NOTE: This form must be submitted whether or not addenda were issued. If no addenda were issued, check the "No Addenda were received" box and complete the signature section.

Incomplete, unsigned, or missing forms will disqualify the proposal in its entirety. The College will not request or accept corrections, substitutions, or supplemental forms after the submission deadline.

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

Addendum Number (initial)	Date	Acknowledge Receipt

X No Addenda were received or included with the bid package:

Acknowledged for: Test Bus Company A
(Name of Bidder/Company)

Jane Sample
(Signature of Authorized Representative)

8/5/2026
Date

Jane Sample
Name (Print)

President
Title

ESSEX COUNTY COLLEGE
STUDENTS FIRST

OFFICE OF PURCHASING
Newark | Main Campus
p: 973-877-3037
f: 973-565-5463

BID #8221
SECOND FLOOR EAST WIND CORRIDOR RENOVATIONS

ADDENDUM # 1

TO: All Bidders

NOTICE: The following clarification is in response to questions submitted. The information contained herein supplements and/or supersedes the specific parts of the documents referred to in each item and shall be attached and becomes a part thereof. All other provisions shall remain in full force and effect as set forth on the original documents. Additional work called for herein shall comply with requirements originally specified.

1. Please provide the thickness for the Ultima High NRC Acoustical Ceiling Tiles – 24"×48"×1" or 24"×48"×7/8".

   Answer: Provide 7/8" thick ceiling tiles.

2. Is there an estimated budget for the project?

   Answer: The College will not disclose the project budget.

CLARIFICATION # 1

RFP #8245 ATHLETIC TRAVEL AND CHARTER BUS SERVICES

TO: All Bidders

NOTICE: The following clarification is in response to questions submitted. The information contained herein supplements and/or supersedes the specific parts of the documents referred to in each item and shall be attached and becomes a part thereof. All other provisions shall remain in full force and effect as set forth on the original documents.

NON-COMPLIANCE WARNING

Incomplete, unsigned, modifications of forms or missing forms will **disqualify the proposal in its entirety.** The College will not request or accept corrections, substitutions, or supplemental forms after the submission deadline. Please **triple** check all your bid documents before submission.

Question 1: Can the College please clarify the reason for issuing this solicitation as a rebid, particularly given that a similar procurement was recently completed?

Answer: Essex County College reserves the right to reject any and all bids in accordance with applicable procurement policies.

Top 5 FAQs Every Vendor Should Know

1. Incomplete Forms = Non-Responsive — Missing signatures, initials, or checked boxes can disqualify your proposal before it's evaluated.

2. No "TBD" or "See Attachment" — Fill out the Bidder's Checklist forms directly; blanks or placeholders can cause disqualification.

3. Sealed & Labeled Submissions Only — Use a sealed envelope/container, clearly marked with RFP number, title, and vendor name.

4. Deadlines Are Final — Late proposals and late clarification questions will not be accepted, no exceptions.

5. Clarification Questions vs. Addendum — Clarification Questions document is not an official addendum, still sign the Acknowledgment of Receipt of Addenda form, even if none were issued.

Key Dates

	Date	Time
RFP Advertised	Thursday, August 6, 2026	
Last Day for Questions	Friday, August 14, 2026	10:00 AM EST
Bid Due Date	Wednesday, August 26, 2026	11:00 AM EST

Note: No public bid opening for this RFP.

Important Support

Purchasing Department - Main Number

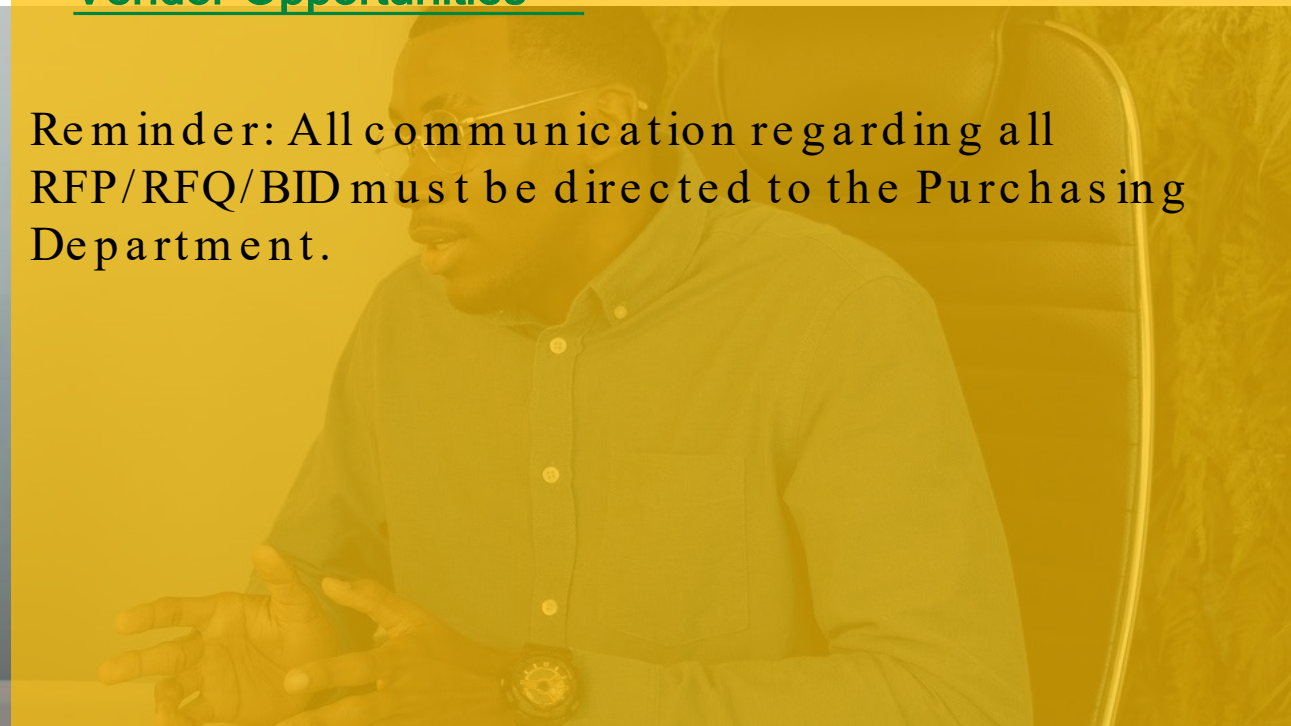
Phone: (973) 877 -3037

Email: Purchasing@essex.edu

Legals Classifieds | NJ.com

Vendor Opportunities

Reminder: All communication regarding all RFP/RFQ/BID must be directed to the Purchasing Department.




Questions

Thank You