

Attention Bidders

Electronic Bidding Tutorial Videos Are Available Via
<https://www.nps.k12.nj.us/departments/purchasing/view-current-bids/>

All bids will be received electronically via our electronic bidding platform <https://npssourcing.com/> . Email Sherelle Spriggs for user credentials via sspriggs@nps.k12.nj.us

Bidders are required to upload their signed and complete bid with all required documents and signatures in the RFI-Answer Questions Section. The complete bid must be submitted prior to 12:00 p.m. EST Tuesday, August 5, 2025, via <https://npssourcing.com/>

Bids will be publicly opened and announced directly after the submission deadline, virtual meeting credentials are below.

Webex Link: <https://nboe.webex.com/>

Meeting Number: 2864 837 8488

Password: 4SrEGsmnx46

Dial In: (646) 992-2010

The Board of Education of the City of Newark

County of Essex, New Jersey

Bid for Lease Purchase Financing, Opening: 12:00 P.M., Tuesday, August 5, 2025

The Board of Education of the City of Newark in the County of Essex, New Jersey, is soliciting bids for an equipment lease purchase financing. This will be a lease purchase financing of essential use equipment, specifically seven (7) new 54 passenger, eight (8) new 24 passenger, and one (1) new 19 passenger with 4 wheelchair positions school buses, plus radios and cameras. The price of equipment will be established via cooperative pricing or competitive bidding award.

This Bid will open at 12:00 p.m., Tuesday, August 5, 2025.

*This is a request for bid to lease purchase finance essential use equipment. The **total principal** amount of this lease purchase financing is not to exceed \$2,172,820. Costs of issuance may be included in funded amount. The term of the transaction is five (5) years with annual payments commencing August 15, 2025. There will be a balloon payment of 30% of the cost of the vehicles due at the end of the fifth year. Anticipated closing will be on or before August 15, 2025, with funding at delivery and acceptance of all equipment, anticipated before August 15, 2025.*

Financial Information for: The Board of Education of the City of Newark in the County of Essex, New Jersey

ACFR 2024: <https://www.nj.gov/education/finance/fp/acfr/search/24/3570.pdf>

ACFR 2023: <https://www.nj.gov/education/finance/fp/acfr/search/23/3570.pdf>

ACFR 2022: <https://www.nj.gov/education/finance/fp/acfr/search/22/3570.pdf>

User Friendly Budget: <https://www.nps.k12.nj.us/departments/sba/finance/budget/2025-2026-budget-information/>

Repayment Term:

The repayment term for the principal amount of \$2,172,820, will be five years with five equal annual payments commencing August 15, 2025. This will be followed with a balloon payment, \$651,846, which is equal to 30 % of the original cost of equipment due August 15, 2030.

NO Escrow

Basis for Award:

The determination of award of this bid will be made based upon the lowest interest rate bid. Any and all additional charges, including the charges for escrow if applicable, shall be disclosed on the Bid Response Form. Charges must be listed as a not to exceed dollar amount. The not to exceed dollar amount will be computed in the analysis to determine the bidder offering. Failure to disclose additional charges with the bid will eliminate a bidder's ability to request additional charges.

If there is a tie in the yield the secondary criteria will be the length of interest rate hold, followed by the lowest purchase option prepayment penalty. The award will be made to the Respondent whose Bid yields the lowest effective interest rate to the Board. Questions or clarifications may be directed in writing to either the financial advisor or the Board's business administrator up to three (3) days prior to the date for submission of Bids.

Disclosure of "Rate Buy Downs":

Bidders must show actual rate. Discounts from manufacturers are discouraged and must be disclosed. If discounts to the funders are used to "buy down" the interest rate bid the bidder agrees to pass like amount of discount to lessee. The actual interest rate verification will be based upon the amount funded without the impact of the buy down.

The Board of Education of the City of Newark
Sample 5 Year Lease Purchase Repayment Schedule with Balloon Payment:

This amortization schedule is prepared on "T-Value", set up using a 30/360 year.

Compound Period: Annual

Nominal Annual Rate: 4.10% estimated

CASH FLOW DATA

	Event	Date	Amount	Number	Period	End Date
1	Loan	08/15/2025	2,172,820.00	1		
2	Payment	08/15/2025	354,791.58	5	Annual	08/15/2029
3	Payment	08/15/2030	651,846.00	1	Balloon	

AMORTIZATION SCHEDULE - Normal Amortization, 360 Day Year

	Date	Payment	Interest	Principal	Balance
Loan	08/15/2025				2,172,820.00
1	08/15/2025	354,791.58	0.00	354,791.58	1,818,028.42
2026 Totals		354,791.58	0.00	354,791.58	
2	08/15/2026	354,791.58	74,539.17	280,252.41	1,537,776.01
2027 Totals		354,791.58	74,539.17	280,252.41	
3	08/15/2027	354,791.58	63,048.82	291,742.76	1,246,033.25
2028 Totals		354,791.58	63,048.82	291,742.76	
4	08/15/2028	354,791.58	51,087.36	303,704.22	942,329.03
2029 Totals		354,791.58	51,087.36	303,704.22	
5	08/15/2029	354,791.58	38,635.49	316,156.09	626,172.94
2030 Totals		354,791.58	38,635.49	316,156.09	
6	08/15/2030	651,846.00	25,673.06	626,172.94	0.00
2031 Totals		651,846.00	25,673.06	626,172.94	
Grand Totals		2,425,803.90	252,983.90	2,172,820.00	

This bid must allow for any associated costs to the Board of the equipment and of the bid to be included in the amount financed.

Bank Qualified:

The City of Newark Board of Education is a Type II school district. The district does not intend to issue in excess of ten million dollars in aggregate tax exempt debt this calendar year. Interest income from this lease purchase will be considered "***bank qualified.***" This transaction may be assigned by the lessor.

Documentation:

Documentation for this transaction supplied by the successful Respondent must be acceptable to The Board of Education of the City of Newark and their counsel. Note that changes in credit condition may not trigger a default. Remedies on default may not include acceleration. There may be an adjustment to the rate for an event of taxability only when it results from a breach of the School District's covenants based upon current law.

Assignment:

The lease purchase agreement may only be assigned at the time of closing if the assignee is disclosed at the time of bid opening with the name, address, tax ID number and mandatory documentation required for a bid submission. Assignment subsequent to closing and funding will be permitted only if required mandatory documentation is furnished prior to any subsequent assignment.

Virtual Bid Opening:

Bids will be virtually opened and announced directly after the submission deadline of 12:00 p.m. EST Tuesday, August 5, 2025; virtual meeting credentials are below.

Webex Link: <https://nboe.webex.com/>

Meeting Number: 2864 837 8488

Password: 4SrEGsmnx46

Dial In: (646) 992-2010

Financial Advisor:

Hunterdon County Educational Services Commission (HCESC) is acting as financial advisor to the Board.

Rate Hold

Due to the current state of uncertainty in the financial markets, we have suspended the use of an index. We ask that respondents furnish a rate hold for a minimum of thirty (30) days to sixty (60) days from the date of the Bid opening. Please state on the Response form how many days your institution is willing to lock the proposed interest rate. Delay in closing brought about solely by the Respondent to this request for bid (RFB) will automatically extend the number of days the rate will be held to the number of days the delay was experienced.

As part of your bid, please supply us with the following:

1. Name, telephone number, physical and e-mail addresses of bidder.
The Board reserves the right to review and approve all terms and conditions relating to the Lease/Purchase Agreement and any other related documents
2. The Board reserves the right to review and approve all terms and conditions relating to the Lease/Purchase Agreement and any other related documents.
3. The Respondent will supply an amortization schedule for the requested amount, set to their proposed interest rate, as set forth in the example on page one of this Bid. Please include Principal Balance, Interest Amount, and Principal Amount. Please disclose your prepayment Purchase Option for each payment to the financing. This should have the name address and phone number of the lessor and be signed as original.
4. All final lease documents of the successful Respondent must comply with relevant New Jersey laws and regulations including N.J.S.A. 18A:18A-42, N.J.A.C. 5:34-3 and others as deemed applicable.
5. Any information concerning your firm or your ability to meet the needs of the Board that may be pertinent.
6. Any additional costs in connection with this financing shall be disclosed by the Respondent. These costs will be factored in to the board's evaluation of the proposal.
7. Any and all requested documentation shall be attached to the "**Bid Proposal Form.**" Failure to complete all Bid documents will subject the Respondent to disqualification.
8. The Respondent must possess a New Jersey Business Registration Certificate ("BRC") and the BRC must be received by the Board prior to award of Bid.
9. Successful Respondent must submit a Federal Affirmative Action Certificate or New Jersey Affirmative Action Employee Information Report within ten days of award of Bid.

The information set forth herein on this Bid and accompanying downloadable documents have been obtained from sources which are believed to be reliable but it is not guaranteed as to accuracy or completeness and is not to be construed as a representation by the Hunterdon County Educational Services Commission. Prospective Respondents and ultimate purchasers must be satisfied that they have access to, and have made a complete investigation of the facts and circumstances relating to the transaction including the nature and purpose of the transaction, the nature of the purchasers' risks in purchasing the transaction and the purchaser's rights and remedies in the event of default.

Bidders Checklist: Forms provided that must be returned with Bid.

- ☐ Amortization Schedule (Please supply in accordance with RFB)
- ☐ Bid Proposal Form
- ☐ Affirmative Action Questionnaire
- ☐ Contractor/Vendor Questionnaire and Certification
- ☐ Acknowledgement of Addenda
- ☐ Non Collusion Affidavit
- ☐ Mandatory Equal Employment Opportunity Language
- ☐ Political Contribution Disclosure Form
- ☐ Statement of Ownership Disclosure Form
- ☐ Certification of Non-Involvement in Prohibited Activities in Russia or Belarus
- ☐ Disclosure of Investment Activities in Iran
- ☐ Newark Board of Education Vendor Form
- ☐ W9
- ☐ Certificate of Employee Information/ AA-302 (requested, but not required with bid; the application link is https://www.nj.gov/treasury/contract_compliance/)
- ☐ New Jersey Business Registration Certificate (requested, but not required with bid; the application link is <https://www.state.nj.us/treasury/revenue/gettingregistered.shtml>)

Please note that the NJ Business Registration Certificate and Affirmative Action Evidence must be submitted prior to award.

10122 Lease Purchase Financing for School Busses
 Bid Opening Tuesday, Cwi wv'7."4247, 12:00 p.m.
Bid Proposal Form

Name of Respondent: _____

Address: _____

Contact: _____

Phone: _____ Fax #: _____

E-mail: _____

INTEREST RATE BID: %

B. Number of Days the interest rate will be held for.....

C. Purchase Option Rate (number of basis points
 below interest rate Bid or expressed as a percentage
 above the outstanding principal balance.) %

D. Additional Costs. If there are any additional costs associated with this closing,
 then please place an 'X' in the space provided and include a detailed list and total
 amount on an attached sheet.....

--

 Proposal submitted by: _____

Authorized Signature

 Printed Name

Title: _____

Date: _____

**(All Bids must be submitted on this form to be considered responsive, failure to do so will be grounds for Bid rejection.
 Proposal letters need not be included or substituted for this form.)*

10122 Lease Purchase Financing for School Busses
 Bid Opening Tuesday, Cwi wu'7.'4247, 12:00 p.m.
Affirmative Action Questionnaire

**The Board of Education of the City of Newark
 Lease Purchase Bid**

Bid Date: Cwi wu'7.'4247

This form is to be completed and returned with the Bid. However, we will accept in lieu of this Questionnaire, Affirmative Action Evidence stapled to this page.

1. Our company has a federal Affirmative Action Plan approval. ☐ Yes ☐ No

If yes, please attach a copy of the plan to this questionnaire.

2. Our company has a N.J. State Certificate of Employee Information Report ☐ Yes ☐ No

If yes, please attach a copy of the certificate to this questionnaire.

3. If you answered “**NO**” to both questions No. 1 and 2, you must apply for an affirmative action Employee Information Report – Form AA302.

Please visit the New Jersey Department of Treasury website for the Division of Public Contracts Equal Employment Opportunity Compliance:

www.state.nj.us/treasury/contract/compliance/

- Click on “Employee Information Report
- Complete and submit the form with the appropriate payment to:

Department of Treasury
 Division of Public Contracts/EEO Compliance
 P.O. Box 209
 Trenton, NJ 08625-0002

All fees for this application are to be paid directly to the State of New Jersey. A copy shall be submitted to us within seven (7) days of the notice of the intent to award the contract or the signing of the contract.

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

Name: _____

Signature _____

Title _____ Date _____

Name of Company _____

Address _____

City, State, Zip _____

10122 Lease Purchase Financing for School Busses
 Bid Opening Tuesday, Cwi wv'7.'4247, 12:00 p.m.
Contractor/ Vendor Questionnaire Certification

Bid Date: **Tuesday, 'Cwi wv'7.'4247**

Name of Company _____

Street Address _____ PO Box _____

City, State, Zip _____

Business Phone Number (____) _____ Ext. _____

Emergency Phone Number (____) _____

FAX No. (____) _____ E-Mail _____

Vendor Certification

Direct/Indirect Interests

I declare and certify that no member of The Board of Education of the City of Newark, nor any officer or employee or person whose salary is payable in whole or in part by said Board or their immediate family members are directly or indirectly interested in this Bid or in the supplies, materials, equipment, work or services to which it relates, or in any portion of profits thereof. If a situation so exists where a Board member, employee, officer of the board has an interest in the Bid, etc., then please attach a letter of explanation to this document, duly signed by the president of the firm or company.

Gifts; Gratuities; Compensation

I declare and certify that no person from my firm, business, corporation, association or partnership offered or paid any fee, commission or compensation, or offered any gift, gratuity or other thing of value to any school official, board member or employee of The Board of Education of the City of Newark.

Vendor Contributions

I declare and certify that I fully understand N.J.A.C. 6A:23A-6.3(a1-4) concerning vendor contributions to school board members.

I certify that I am not an official or employee of The Board of Education of the City of Newark.

I further certify that I understand that it is a crime in the second degree in New Jersey to knowingly make a material representation that is false in connection with the negotiation, award or performance of a government contract.

 President or Authorized Agent

Signature

10122 Lease Purchase Financing for School Busses
 Bid Opening Tuesday, Cwi wuv7."4247, 12:00 p.m.

Non-Collusion Affidavit

STATE OF _____

Bid Date: Tuesday, August 5, 2025

:SS:

COUNTY OF _____

I, _____ of the City of _____

in the County of _____ and the State of _____
 of full age, being duly sworn according to law on my oath depose and say that:

I am _____ of the firm of _____

Position in Company

and the Respondent making the Proposal for the above names contract, and that I executed the said Proposal with full authority so to do; that I have not, directly or indirectly, entered into any agreement, participated in any collusion, discussed any or all parts of this proposal with any potential Respondents, or otherwise taken any action in restraint of free, competitive Bidding in connection with the above named Bid, and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the Board relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said Bid.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees of bona fide established commercial or selling agencies maintained by

 (Print Name of Contractor/Vendor)

Subscribed and sworn to: _____

(SIGNATURE OF CONTRACTOR/VENDOR)

before me this _____ day of _____, _____.
 Month Year

NOTARY PUBLIC SIGNATURE

 Print Name of Notary Public

My commission expires _____, _____ - Seal -
 Month Day Year

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 et seq.

GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES 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, affection-al 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, up-grading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

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

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, col-or, 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.

EXHIBIT A (Cont.)

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age,

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

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

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: http://www.state.nj.us/treasury/contract_compliance/).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

Acknowledged:

Vendor Name: _____

By: _____

Date: _____

For further information: http://www.state.nj.us/treasury/contract_compliance/pdf/pa.pdf

NEWARK BOARD OF EDUCATION

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit
no later than 10 days prior to the award of the contract.

I. Part I – Vendor Information

Date _____

Vendor Name:			
Address:			
City:		State:	Zip:

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

Signature _____ Printed Name _____ Title _____

II. Part II – Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$200 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

☐ Check here if disclosure is provided in electronic form.

Contributor Name	Recipient Name	Date	Dollar Amount
			\$

☐ Check here if the information is continued on subsequent page(s)

Required Pursuant To N.J.S.A. 19:44A-20.26

Vendor Name: _____ Date: _____

[illegible]

Political Contribution Disclosure Form Page 2 of 3

**List of Agencies with Elected Officials Required for Political Contribution Disclosure
N.J.S.A. 19:44A-20.26**

County Name: Essex

State: Governor, and Legislative Leadership Committees

Legislative District #: 21, 27, 28, 29, 34, 36, 40

State Senator and two members of the General Assembly per district.

County:

Freeholders

County Executive

County Clerk

Surrogate

Sheriff

Registrar of Deeds

Municipalities (Mayor and members of governing body, regardless of title):

Belleville Township

Bloomfield Township

Caldwell Borough

Cedar Grove Township

East Orange City

Essex Fells Borough

Fairfield Township

Glen Ridge Borough

Irvington Township

Livingston Township

Maplewood Township

Millburn Township

Montclair Township

Newark City

North Caldwell Borough

Nutley Township

Orange City

Roseland Borough

South Orange Village

Verona Township

West Caldwell Township

North Caldwell Borough

Board of Education (Members of the Board):

Belleville Township

Bloomfield Township

Caldwell-West Caldwell

Cedar Grove Township

Essex Fells Borough

Fairfield Township

Glen Ridge Borough

Irvington Township

Livingston Township

Millburn Township

Newark City

North Caldwell Borough

Nutley Township

Roseland Borough

South Orange-Maplewood

Verona Borough

West Essex Regional

West Orange Town

County: Essex**City of Newark Board of Education (Members of the Board):**

Mr. Hasani K. Council, President

Ms. Allison K. James-Frison, Co-Vice President

Ms. Vereliz Santana, Co-Vice President

Ms. Kanileah Anderson

Mr. David I. Daughety

Ms. Josephine Garcia

Ms. Dawn Haynes

Mr. Louis Maisonave, Jr.

Ms. Helena Vinhas

Ms. Zuri C. McCune, Student Representative

Fire Districts (Board of Fire Commissioners):

None

NEWARK BOARD OF EDUCATION
STATEMENT OF OWNERSHIP DISCLOSURE
 N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

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

Name of Organization: _____

Organization Address: _____

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

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

Part II

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

OR

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

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

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address

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

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

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

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

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

Part IV Certification

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

ⁱ 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).

Disclosure of Investment Activities in Iran

Person or Entity

Part 1: Certification

COMPLETE PART 1 BY CHECKING EITHER BOX.

Pursuant to Public Law 2012, c. 25, any person or entity that is a successful bidder or proposer, 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 parent entity, subsidiary, or affiliate is identified on the State Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The list is found on Treasury's website at www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

The Chapter 25 list must be reviewed prior to completing the below certification. If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may 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 certify, pursuant to Public Law 2012, c. 25, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate thereof 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 person or entity and/or a parent entity, subsidiary, or affiliate thereof is listed on the N.J. Department of the Treasury's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below sign and complete the Certification below.

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 person or entity, or a parent entity, subsidiary, or affiliate thereof engaging in investment activities in Iran below and, if more space is needed, on additional sheets provided by you.

Part 3: Certification of True and Complete Information

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.

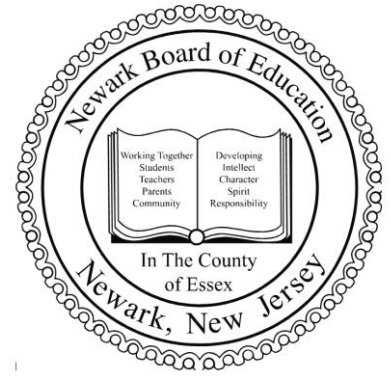
*I acknowledge that the **Newark Board of Education** is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the **Newark Board of Education** to notify the **Newark Board of Education** 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 **Newark Board of Education** and that the **Newark Board of Education** at its option may declare any contract(s) resulting from this certification void and unenforceable.*

Full Name (Print)		Title	
Signature		Date	

Newark Board of Education

Division of Purchasing Vendor Set-up/ Change Request



Are you a District Employee	YES	NO
Does Your Business Accept Purchase Orders	YES	NO
1099 Required	YES	NO

Please provide the following information and return with a copy of your W9

Legal Business Name _____

Vendor Classification Goods Services Goods and Services

Address for Purchase Orders

Address _____

City _____ State _____ Zip Code _____

Phone Number _____

Email Address (purchase orders will dispatch via email) _____

Address for Payment/ Remit To

Address _____

City _____ State _____ Zip Code _____

Vendor Classification

Commercial Large Business	Commercial Small Business (less than 100 employees)
Non Profit	Government Agency
Women Owned Business (51% or more)	Minority Owned Business (51% or more)
	African American Hispanic American
	Asian American Native American
	Other

Federal Tax Number _____

NJ Business Registration Number _____

Purchasing Personnel to Complete

Verified Debarment Status

Verified Minority and/or Women Business Enterprise (MBE/WBE Certification)

Verified Small Business Enterprise (SBE Certification)

Verified Non Profit 501(c)(3)

Date _____

The Newark Board of Education is not responsible for services performed without a signed authorized purchase order, and only the issuance of a purchase order authorizes the performance of services and/or delivery of goods.

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.**Print or type.
See Specific Instructions on page 3.

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	
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. <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> 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. <input type="checkbox"/> Other (see instructions) ► _____	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
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.

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

Social security number									
				-				-	
or									
Employer identification number									

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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

Sign Here	Signature of U.S. person ►	Date ►
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General Instructions

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

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

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.

Sample Employee Information Report

To download the AA302 form click this link: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302.pdf

Form AA302
Rev. 11/11

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

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION 8, ITEM 11. For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		
5. STREET	CITY	COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED 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 TOTAL (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE *****					***** FEMALE *****				
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/ Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment From previous Report (if any)													
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												

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

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO DAY YEAR
17. ADDRESS NO. & STREET	CITY	COUNTY STATE ZIP CODE	PHONE (AREA CODE, NO. EXTENSION)

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM **AND TO SUBMIT THE REQUIRED \$150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE.** IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOUR ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.

ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

ITEM 2 - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

ITEM 3 - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

ITEM 4 - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

ITEM 5 - Enter the physical location of the company. Include City, County, State and Zip Code.

ITEM 6 - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

ITEM 7 - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

ITEM 8 - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

ITEM 9 - Enter the total number of employees at the establishment being awarded the contract.

ITEM 10 - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code. This is not applicable if you are renewing a current Certificate.

ITEM 11 - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. **DO NOT attach an EEO-1 Report.**

Racial/Ethnic Groups will be defined:

Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Philippine Islands and Samoa.

Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

ITEM 12 - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

ITEM 13 - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

ITEM 14 - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

ITEM 15 - If the answer to Item 15 is "No", enter the date when the last Employee Information Report was submitted by this company.

ITEM 16 - Print or type the name of the person completing the form. Include the signature, title and date.

ITEM 17 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY **WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY(FEE IS NON-REFUNDABLE)** TO:

NJ Department of the Treasury
Division of Public Contracts Equal Employment Opportunity Compliance


P.O. Box 206

Trenton, New Jersey 08625-0206 Telephone No. (609) 292-5473

Sample
New Jersey Business Registration Certificate

New Jersey Business Registration Certificate

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:	
ADDRESS:	SEQUENCE NUMBER:	
EAST ORANGE NJ 0701	ISSUANCE DATE:	
EFFECTIVE DATE:	01/13/16	
01/12/16	 Director New Jersey Division of Revenue	
FORM-BRC		
This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.		

 STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
Taxpayer Name:	LAW [REDACTED] LLC
Trade Name:	
Address:	[REDACTED] [REDACTED]
Certificate Number:	[REDACTED]
Effective Date:	September 28, 2016
Date of Issuance:	July 17, 2019
For Office Use Only:	[REDACTED]