



**NORTH HUDSON**  
COMMUNITY ACTION CORPORATION

**REQUEST FOR QUALIFICATIONS**

**NORTH HUDSON COMMUNITY ACTION CORPORATION**

**LABORATORY SERVICES**

**RFQ Publication Date: Wednesday- September 4, 2024**

**RFQ Submission Date: Wednesday- September 18, 2024**

North Hudson Community Action Corporation will consider proposals only from firms/organizations that have demonstrated the capability and willingness to provide high quality services in the manner described in this Request for Qualifications.

## **NHCAC – RFQ Definitions**

- 1. NHCAC:** refers to North Hudson Community Action Corporation (NHCAC).
- 2. Qualification Statement:** refers to the complete responses to this Request for Qualification (RFQ) Statements submitted by the respondents.
- 3. Qualified Respondent:** refers to those respondents who are determined by NHCAC to have satisfied the qualification criteria set in the RFQ.
- 4. RFQ:** including any amendments or supplements prepared by NHCAC.
- 5. Respondent:** refers to the firm(s) that submit a qualification statement to NHCAC.

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## **Section I**

### **Introduction and General Information**

#### **A. Introduction and Purpose.**

North Hudson Community Action Corporation (NHCAC) is a cornerstone of health and human services in New Jersey, serving more than 90,000 low-income residents at 10 locations in three counties. An award-winning leader in its field for more than 50 years, NHCAC has played a vital role in creating much-needed services such as ob-gyn and prenatal care, emergency food and shelter, transitional housing, and mental health and addiction services.

North Hudson Community Action Corporation (NHCAC) is soliciting Qualification Statements from interested persons and/or firms for the provision of **Laboratory Services**, as more particularly described herein. Through a Request for Qualification process described herein, persons and/or firms interested in assisting NHCAC with the provision of such services must prepare and submit a Qualification Statement in accordance with the procedure and schedule on this RFQ. NHCAC will review Qualification Statements only from those firms that submit a Qualification Statement which includes all the information required to be included as described herein (in the sole judgment of NHCAC.) NHCAC intends to qualify person(s) and/or firm(s) that (a) possesses the professional, financial and administrative capabilities to provide the proposed services, and (b) will agree to work under the compensation terms and conditions determined by NHCAC to provide the greatest benefit to the organization.

#### **B. Procurement Process and Schedule.**

As a recipient of Federal funds under Section 330 of the Public Health Services Act, NHCAC is required to adhere to all applicable Federal procurement rules and regulations as described in 45 CFR Part 74, and other program expectations of the Federally Qualified Health Center program. Respondents are encouraged to become familiar with any special procurement rules that may affect their response to this RFQ.

The selection of Qualified Respondents is not subject to the provisions of the Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq. The selection is subject to the “New Jersey Local Unit Pay-to-Play” Law N.J.S.A. 19:44A-20.4 et seq., however. NHCAC has structured a procurement process that seeks to obtain the desired results described above, while establishing a competitive process to assure that each person and/or firm is provided an equal opportunity to submit a Qualification Statement in response to the RFQ. Qualification Statements will be evaluated in accordance with the criteria set forth in Section 2 of this RFQ, which will be applied in the same manner to each Qualification Statement received.

Qualification Statements will be reviewed and evaluated by NHCAC and its legal advisor (collectively, the “Review Team”). The Qualification Statements will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial

areas described in this RFQ. Under no circumstances will a member of the review team review responses to an RFQ for a job which they or their firm submitted a response.

Based upon the totality of the information contained in the Qualification Statement, including information about the reputation and experience of each Respondent, NHCAC will (in its sole judgment) determine which Respondents are qualified (from professional, administrative and financial standpoints). Each Respondent that meets the requirements of the RFQ (in the sole judgment of NHCAC) will be designated as a Qualified Respondent and will be given the opportunity to participate in the selection process determined by NHCAC.

The RFQ process commences with the issuance of this RFQ. The steps involved in the process and the anticipated completion dates are set forth in Table 1, Procurement Schedule. NHCAC reserves the right to, among other things, amend, modify or alter the Procurement Schedule upon notice to all potential Respondents.

All communications concerning this RFQ or the RFQ process shall be directed to NHCAC Designated Contact Person, in writing.

**Designated Contact Person:**

*Joan M. Quigley, President/CEO  
North Hudson Community Action Corporation  
800 31<sup>st</sup> Street, Union City, New Jersey 07087*

**Qualification Statements must be submitted to, and be received by, NHCAC Office, via mail or hand delivery, by 12:00PM Prevailing Time on September 18, 2024.**

Request for Qualification Statements will not be accepted by facsimile transmission or e-mail.

Subsequent to issuance of this RFQ, NHCAC (through the issuance of addenda to all firms that have received a copy of the RFQ) may modify, supplement or amend the provisions of this RFQ in order to respond to inquiries received from prospective Respondents or as otherwise deemed necessary or appropriate by (and in the sole judgment of) NHCAC.

## **Schedule 1**

### **Schedule of Dates**

<b><u>ACTIVITY</u></b>	<b><u>DATES</u></b>
1. Issuance of Request for Qualifications	<b>September 4, 2024</b>
2. Receipt of Qualification Statements	<b>September 18, 2024</b>
3. Opening of Bids	<b>September 18, 2024</b>
4. Review Team Analysis of Bids	<b>September 18, 2024</b>
5. Designation of Qualified Respondents	<b>September 25, 2024</b>

**C. Conditions to the RFQ.**

Upon submission of a Qualified Statement in response to this RFQ, the Respondent acknowledges and consents to the following conditions relative to the submission and review and consideration of its Qualification Statement:

- This RFQ does not commit NHCAC to issue an RFQ.
- Respondents are fully responsible for all costs, both direct and indirect, of development and submission of their response to this RFQ, including, but not limited to, any supplementary documentation, information, travel, and presentation expenses.
- NHCAC reserves the right (in its sole judgment) to reject for any reason any and all responses and components thereof and to eliminate any and all Respondents responding to this RFQ from further consideration for this procurement.
- NHCAC reserves the right (in its sole judgment) to reject any Respondent that submits incomplete responses to this RFQ, or a Qualification Statement that is not responsive to the requirements of this RFQ.
- NHCAC reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFQ, or otherwise request additional information.
- All Qualification Statements shall become the property of NHCAC and will not be returned.
- All Qualification Statements will be made available to the public at the appropriate time, as determined by NHCAC (in the exercise of its sole discretion) in accordance with law.
- NHCAC may request Respondents to send representatives to NHCAC for interviews.
- **Any and all Qualification Statements not received by NHCAC Office by 12:00PM Prevailing Time on September 18, 2024 will be rejected.**
- Neither NHCAC nor their respective staffs, consultants or advisors (including but not limited to the Review Team) shall be liable for any claims or damages resulting from the solicitation or preparation of the Qualification Statement, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Qualification Statement or for participating in this procurement process.

Efforts will be made by NHCAC to utilize small business, women and/or minority owned businesses. An applicant qualifies firm if it meets the definition of "small business" as established by the Small Business Administration (13 CFR § 121.201)



**D. Addenda or Amendments to RFQ.**

During the period provided for the preparation of responses to the RFQ, NHCAC may issue addenda, amendments or answers to written inquiries. Those addenda will be noticed by NHCAC and will constitute a part of the RFQ. All responses to the RFQ shall be prepared with full consideration of the addenda issued prior to the proposal submission date.

**E. Cost of Proposal Preparation.**

Each proposal and all information required to be submitted pursuant to the RFQ shall be prepared at the sole cost and expense of the respondent. There shall be no claims whatsoever against NHCAC, its staff or consultants for reimbursement for the payment of costs or expenses incurred in the preparation of the Qualification Statement or other information required by the RFQ.

**F. Proposal Format.**

Responses should cover all information requested in the Questions to be answered in this RFQ.

Responses which in the judgment of NHCAC fail to meet the requirements of the RFQ or which are in any way conditional, incomplete, obscure, contain additions or deletions from requested information, or contain errors may be rejected.

**G. Locations and Health Center Sites**

**NHCAC consists of 10 community health center sites throughout New Jersey that vary in square footage and layout. The following table lists the location of each NHCAC site that will require vendor\contractor services described in this RFQ.**

**NHCAC Health Center at West New York**

5301 Broadway  
West New York, New Jersey  
(201) 210-0100

**NHCAC Health Center at Garfield**

535 Midland Ave  
Garfield, New Jersey  
(201) 210-0100

**NHCAC Health Center at Union City**

714- 31st Street  
Union City, New Jersey  
(201) 210-0100

**NHCAC Health Center at Jersey City**

324 Palisade Avenue  
Jersey City, New Jersey  
(201) 210-0100

**NHCAC Health Center at Secaucus**

55 Meadowlands Pkwy  
Secaucus, New Jersey  
(201) 210-0100

**NHCAC Health Center at Passaic**

220 Passaic Street  
Passaic, New Jersey  
(201) 210-0100

**NHCAC Health Center at Hackensack**

25 East Salem Street  
Hackensack, New Jersey  
(201) 210-0100

**NHCAC Health Center at Union City**

High School  
2500 Kennedy Blvd.  
Union City, New Jersey  
(201) 210-0100

**NHCAC Health Center at Englewood**

197 South Van Brunt Street  
Englewood, New Jersey  
(201) 210-0100

**NHCAC Health Center at Harrison**

326 Harrison Avenue  
Harrison, New Jersey  
(201) 210-0100

## **Section II**

### **SCOPE OF SERVICES**

It is the intent of NHCAC to solicit Request for Qualification Statements from Respondents that have expertise in the provision of **Laboratory Services** for the position of **Laboratory Services** to North Hudson Community Action Corporation. Firms and/or persons responding to this RFQ shall be able to demonstrate that they will have the continuing capabilities to perform this/these services.

North Hudson Community Action Corporation is interested in receiving Qualification Statements from Respondents which have expertise serving as **Laboratory Services** to North Hudson Community Action Corporation and who have proven experience in the area of services varying from maintenance and repairs, additions and renovations. Respondents must have the ability to act as liaison between multiple departments/and/or agencies at the request of the North Hudson Community Action Corporation.

Respondents should be able to demonstrate their expertise through formal education and certification; special knowledge, training and experience working with other corporations or agencies.

## **Section III**

### **SUBMISSION REQUIREMENTS**

#### **Section A      General Requirements.**

The Qualification Statement submitted by the Respondent must meet or exceed the professional, administrative and financial qualifications set forth in this Section III and shall incorporate the information requested below.

NHCAC is seeking the following services and products from one or more vendors\contractors. All work must be performed to state and local codes. Any work that requires licensure or certification must only be performed by qualified individuals. Licenses, certificates or other required documents are to be included in vendor\contractors' response according to Section VI. Instruction to Vendors contained in this RFQ. Selected vendor\contractor is required to obtain all necessary work and\or site permits, inspections and approvals, as necessary.

In addition to the information required as described below, a Respondent may submit supplemental information that it feels may be useful in evaluating its Qualification Statement. Respondents are encouraged to be clear, factual, and concise in their presentation of information.

**Requirement 1 -Lab Accreditation I Certifications**

<b>Required Accreditation / Certifications</b>
Accredited by the College of American Pathologists (CAP)
CLIA Certified
Certified Phlebotomists (Preferably Bi-Lingual)

\*Phlebotomist is responsible for supplies, must be able to operate within an electronic environment and work in different clinical settings

**Requirement 2 -Ability to Service wide age Ranges**

Ages
Newborn – 99 Years of Age

**Requirement 3 - Have the Capability to Service the Minimum of 10 Practice Sites. Days and hours will vary by location (Saturday & Evening Flexibility);**

Site	# of Days
West New York	6
Union City	5-6
Union City High	6 (Saturdays)
Jersey City	6 (Saturdays)
Passaic 220	6
Garfield	5
Hackensack	6 (Saturdays)
Englewood	5
Harrison	5

**Requirement 4 - Submit Sample Reports with Proposal**

Sample Reports
PAP with HPV
PAP HPV Reflex
Cervical biopsies
Pediatric Sample Reports
Critical ranges for adults and pediatrics
PAP Liquid Based
Reflex HPV ASCU
Gonorrhea Chlamydia HPV ASCU
Chlamydia/Ge Amplification

**Requirement 5 - FQHC Experience. Please list federally qualified health centers with which you have provided services for.**

**Requirement 6 – Software and HMO’s**

Software (may have an additional cost) that can provide population analytics and risk stratification to assist in Population Health Management and Quality Reports for NHCAC patients. Please elaborate on specific indicators your software can track and specify if it can be modified to be site/provider specific. Also, provide information on how your software can assist North Hudson in identifying high risk groups and identify gaps in care.

Kindly provide a list of HMO's in which you are the preferred lab and note if you provide lab data feeds to the plans. Please specify labs and HMO's with which you participate and comment on the benefits of the lab data feeds your organization can provide.

**\*\*CONTRACTOR IS RESPONSIBLE FOR ALL MATERIAL NEEDED TO PROVIDE THE REQUIRED SERVICES AND PRODUCTS.**

**Section B            Administrative Information Requirements.**

The Respondent shall, as part of its Qualification Statement, provide the following information:

1. An executive summary (not to exceed two (2) pages) of the information contained in all the other parts of the Qualification Statement.
2. An executed Letter of Qualification (See Appendix A to this RFQ).
3. Respondents should precisely list the fees to be charged, whether per hour, per project or otherwise, bearing in mind that North Hudson Community Action Corporation is a not-for-profit community health provider.
4. Respondents should provide any other relevant information that will assist North Hudson Community Action Corporation to select among respondents.
5. Name, address and telephone number of the firm or firms submitting the Qualification Statement pursuant to this RFQ, and the name of the key contact person.
6. A description of the business organization (i.e., corporation, partnership, joint venture, etc.) of each firm, its ownership and its organizational structure.
  - (a) Provide the names and business addresses of all Principals of the firm or firms submitting the Qualification Statement. For purposes of this RFQ, “Principals” mean people possessing an ownership interest in the Respondent. If the Respondent is a corporation, “Principals” shall include each investor who would have any amount of

operational control over the Respondent and every stockholder having an ownership interest of 10% or more in the firm.

- (b) If a firm is a partially owned or a fully-owned subsidiary of another firm, identify the parent company and describe the nature and extent of the parents' approval rights over the activities of the firm submitting a Qualification Statement. Describe the approval process.
  - (c) If the Respondent is a partnership or a joint venture or similar organization, provide comparable information as required in (b) above for each member of the partnership, joint venture or similar organization.
  - (d) A statement that the Respondent has complied with all applicable affirmative action (or similar) requirements with respect to its business activities, together with evidence of such compliance.
5. An executed Letter of Intent (See Appendix B).
  6. The number of years your organization has been in business under the present name.
  7. The number of years the business organization has been under the current management.
  8. A statement that the Respondent in compliance with all applicable affirmative action (or similar) requirements with respect to its business activities, together with evidence of such compliance.
  9. Any judgments within the last three years in which Respondent has been adjudicated liable for professional malpractice. If yes, please explain.
  10. Whether the business organization is now or has been involved in any bankruptcy or reorganization proceedings in the last ten (10) years. If yes, please explain.
  11. Confirm appropriate federal and state licenses to perform activities.
  12. Business Registration Certificate (N.J.S.A.52:32-44).
  13. Iran Disclosure of Investment Activities (N.J.S.A.18A:18A-49.4).
  14. Statement of Ownership (N.J.S.A. 52:25-24.2).
  15. W-9 Form (See Attached).
  16. Political Contribution Disclosure Form (See Attached).

**Section C      Professional Information Requirements.**

a. Respondent shall submit a description of its overall experience in providing the type of services sought in the RFQ. At a minimum, the following information on past experience should be included as appropriate to the RFQ:

1. Description and scope of work by Respondent

2. Name, address and contact information of references
  3. Explanation of perceived relevance of the experience to the RFQ.
- b. Describe the services that Respondent would perform directly.
  - c. Describe those portions of the Respondent's services, if any, that are sub-contracted out. Identify all subcontractors the Respondent anticipates using in connection with this project.
  - d. Does the Respondent normally employ union or non-union employees.
  - e. Resumes of employees that would be assigned to NHCAC.
  - f. A narrative statement of the Respondent understands of NHCAC's needs and goals for the organization.
  - g. List all immediate relatives of Principal(s) of Respondent who are NHCAC employees or elected officials of the County. For purposes of the above, "immediate relative" means a spouse, parent, stepparent, brother, sister, child, stepchild, direct-line aunt or uncle, grandparent, grandchild, and in-laws by reason of relation.

**Section D Specific Request/Requirements**

**Specific Price Request -Complete Table as provided below by adding the price of the specific test listed. These are the most commonly ordered tests and would have the greatest impact on our patients. Tests ordered by our providers are not limited to this list.**

**Requirement 1 –Price List**

<b>Test</b>	<b>Price</b>
CBC with differential/platelet	
Urinalysis	
TSH	
Lipid panel	
Comp Metabolic Panel	
Hemoglobin Ale	
Urine Culture	
HIV	
RPR	
Vitamin D, 25 hydroxy	
Hemoglobin Electrophoresis	
Rubella Antibodies, IgG	
Varicella-Zoster Ab, IgG	
Hepatitis B Surface Antigen	
Hep C Antibody	
PAP liquid Based	
PAP HPV	
PAP Reflex HPV	
Cystic Fibrosis Profile Count	
FOBT x3	
Strep Group B Culture/DNA probe	
Lead (pediatric)	
Glucose 1 hour	
Liver Function Test	
Uric Acid	
PSA	
AFP4 screening (Materni 21)	
AFP (MSAFP), Open Spina Bifida	
Stool H Pylori	
Ova and Parasites X3	
Throat culture	
Sickle Cell Hgb Solubility	
Vitamin B 12	



ANA Comprehensive Panel	
Rheumatoid Factor	
Basic Metabolic Profile	
AFP, Serum,	
Iron and TIBC	
Sedimentation Rate-ESR	
Ferritin	
AFP, Tetra	
Beta Strept Group A Culture	
Prolactin	
HCG, Beta Quantitative	
Glucose Tolerance, 3 hours	
Fragile X, DNA Prenatal	
Cystic Fibrosis Profile	
Cholesterol Total	
PT	
PTT	
INR	
Hepatitis C antibody	
Gestational Diabetes 1 hour screen	
Stool culture	
FSH, Serum	
LH	
Prolactin	
Amylase, Serum	
HSV1 and 2- specific Ab, IgG	
Blood type and screen	
ABO grouping and RH type	
Measles/Mumps/Rubella Immunity	
H. Pylori Breath Test	
Glucose Tolerance Test	
Testosterone Free and Total	
Bilirubin Total, Neonatal	
Bilirubin Direct Neonatal	
Lyme IgG/IgM Ab	
Cervical Biopsy turnover time and if 4 sections are biopsied do you charge for all 4 or a global fee	
Chlamydia/GC Amplification	
TSH + Free T4	
DHEA-Sulfate	
Pap Image Guided	
Reflex HPV ASCU	
Urine Chlamydia	
Urine Gonorrhea	

Anemia Profile	
HSV 1c2- Specific AbIgG	
HSV Type2-Specific AbIgG	
HSV Type1- Specific Ab, IgG	

**Requirement 2 –Provide Explanation of Protocols or Policies**

<b>Request</b>	<b>Protocol / Policy</b>
What is your protocol for stat labs?	
Stat lab turnover time?	
Critical Results protocol?	
Offices pick up policy?	
Procedure for collection of fees for service?	
What is your in house quality control program?	
How do you handle specimens for patients that are Medicaid pending?	
What is the cost to repeat a unsatisfactory PAP or lab test?	
What is you phlebotomy fee?	
Do you have the ability to do future orders?	

**Requirement 3 – Provide list or attach all insurances/HMO’s the lab is Par with**

<b>List of Insurances</b>

\*If not On-Par what is the procedure?

#### Requirement 4 – IT Requirements

<b>Requirements</b>
Bi-Directional Interface with ECW
HL7 Compliant
Compatibility with E-Clinical
Be familiar with Version 12 ECW
24/7 IT Support
<b>Request</b>
Pay for Interface
Supply implementation team
Provide Escalation List
Furnish office supplies, printers, computers for phlebotomist

## **Section IV**

### **Instructions to Respondents**

#### **Section A      Submission of Qualification Statements.**

Respondents must submit one (1) original and two (2) copies of their Qualification Statement to the Designated Contact Person:

*Joan M. Quigley, President/CEO  
North Hudson Community Action Corporation  
800 31<sup>st</sup> Street, Union City, New Jersey 07087*

Qualification Statements must be received by NHCAC Office no later than **12:00PM** (prevailing time) on **September 18, 2024** and must be mailed or hand-delivered. Qualification Statements forwarded by facsimile or e-mail **will not** be accepted. Qualification Statements received after this time will not be considered. NHCAC will not bear responsibility for delays in delivery for any reason.

To be responsive, Qualification Statements must provide all requested information, and must be in strict conformance with the instructions set forth herein. Qualification Statements and all related information must be bound, and signed and acknowledged by the Respondent.

## **Section V**

### **Evaluation**

NHCAC's objective in soliciting Qualification Statements is to enable it to select a firm or organization that will provide high quality and cost effective services to the Organization NHCAC. NHCAC will consider Qualification Statements only from firms or organizations that, in NHCAC's judgment, have demonstrated the capability and willingness to provide high quality services to the citizens of NHCAC in the manner described in this RFQ.

Proposals will be evaluated by NHCAC on the basis of the most advantageous submission, all relevant factors considered. The evaluation will consider:

1. Experience and reputation in the field;
2. Knowledge of NHCAC and the subject matter addressed under the contract;
3. Availability to accommodate the required meetings of NHCAC; and
4. Other factors demonstrated to be in the best interest of NHCAC.

**Letter of Qualification**

(Typed on Respondent’s Letterhead. No modifications may be made to this letter)

[Insert date]

*Joan M. Quigley, President/CEO  
North Hudson Community Action Corporation  
800 31<sup>st</sup> Street, Union City, New Jersey 07087*

Dear Ms. Quigley:

The undersigned has/have reviewed my/our Qualification Statement submitted in response to the Request for Qualification (RFQ) issued by North Hudson Community Action Corporation, dated **September 4, 2024**, in connection with NHCAC’s need for **Laboratory Services**.

I/We affirm that the contents of my/our Qualification Statement (which Qualification Statement is incorporated herein by reference) is accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement is submitted in good faith upon express understanding that any false statement may result in the disqualification of (Name of Respondent).

(Respondent shall sign and complete the spaces provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief  
Executive Officer) \_\_\_\_\_

(Signature of Chief  
Financial Officer) \_\_\_\_\_

\_\_\_\_\_  
(Typed Name and Title)  
(Type Name of Firm)\*

\_\_\_\_\_  
(Typed Name and Title)  
(Type Name of Firm)\*

Dated: \_\_\_\_\_

Dated \_\_\_\_\_

\* If a joint venture, partnership or other formal organization is submitting a Qualification Statement, each participant shall execute this Letter of Qualification.

## Letter of Intent

(Typed on Respondent's Letterhead. No modifications may be made to this letter)

[Insert date]

*Joan M. Quigley, President/CEO  
North Hudson Community Action Corporation  
800 31st Street, Union City, New Jersey 07087*

Dear Ms. Quigley:

The undersigned, as Respondent, has (have) submitted the attached Qualification Statement in response to a Request for Qualifications (RFQ), issued by North Hudson Community Action Corporation, dated **September 4, 2024**, in connection with NHCAC's need for **Laboratory Services**.

(Name of Respondent) HEREBY STATES:

1. The Qualification Statement contains accurate, factual and complete information.
2. (Name of Respondent) agree (agrees) to participate in good faith in the procurement process as described in the RFQ and to adhere to NHCAC's procurement schedule.
3. (Name of Respondent) acknowledges (acknowledge) that all costs incurred by it (them) in connection with the preparation and submission of the Qualification Statement and any proposal prepared and submitted in response to the RFQ, or any negotiation which results there from shall be borne exclusively by the Respondent.
4. (Name of Respondent) hereby declares (declare) that the only persons participating in this Qualification Statement as Principals are named herein and that no person other than those herein mentioned has any participation in this Qualification Statement or in any contract to be entered into with respect thereto. Additional persons may subsequently be included as participating Principals, but only if acceptable to NHCAC.
5. (Name of Respondent) declares that this Qualification Statement is made without connection with any other person, firm or parties who has submitted a Qualification Statement, except as expressly set forth below and that it has been prepared and has been submitted in good faith and without collusion or fraud.
6. (Name of Respondent) acknowledges and agrees that NHCAC may modify, amend, suspend and/or terminate the procurement process (in its sole judgment). In any case, NHCAC shall not have any liability to the Respondent for any costs incurred by the Respondent with respect to the procurement activities described in this RFQ.

7. (Name of Respondent) acknowledges that any contract executed with respect to the provision of [insert services] must comply with all applicable affirmative action and similar laws. Respondent hereby agrees to take such actions as are required in order to comply with such applicable laws.

(Respondent shall sign and complete the space provided below. If a joint venture, appropriate officers of each company shall sign.)

(Signature of Chief Executive Officer)

\_\_\_\_\_(Typed Name and Title)\_\_\_\_\_

\_\_\_\_\_(Typed Name of Firm)\*\_\_\_\_\_

Dated: \_\_\_\_\_

- If a joint venture, partnership or other formal organization is submitting a Qualification Statement, each participant shall execute this Letter of Intent.

## Section VI

### Certificate of Insurance

- A. Prior to the commencement of work, the successful Respondent shall provide and maintain in full force and effect during the term of the contract, or any extension thereof, insurance coverage for operations as follows:

1. Workers Compensation Employer	Workers Liability Compensation as per statutory requirements and Employers Liability with limits of at least 100/500/100
2. Comprehensive General Liability (Occurrence Form) for bodily injury, personal injury, or property damage including coverage for: a. XCU Hazards; b. Contractual liability for indemnification obligations of contract; c. Independent Contractors; d. Products Completed Operations; e. Broad Form Property Damage	\$500,000 each occurrence
3. Automobile Liability covering owned, non-owned and hired	\$500,000 each occurrence
4. Umbrella Liability Excess of above coverage	\$1 Million each occurrence/ annual aggregate (not applicable)
5. Professional Liability	\$1 Million each occurrence/ \$2 Million aggregate

- B. General Liability and Automobile Liability Insurance shall include NHCAC, its commissions, boards, authorities, agents and employees as additional insured.
- C. All coverage shall be in the form acceptable to NHCAC.
- D. The successful bidder shall ensure that insurance policies are endorsed to provide at least (30) thirty days written notice to NHCAC prior to any material change or cancellation of coverage.
- E. The successful bidder, prior to commencing any work, shall submit a Certificate of Insurance to NHCAC evidencing compliance to the above requirements.



## Section VII

### 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.**

#### Part I – Vendor Information

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
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#### 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 \$300 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
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