

**BID FORM**  
COOKING AND REFRIGERATION  
Bid #22-007-3

**BIDDERS SHOULD NOT AMEND THIS FORM IN ANY WAY**  
ANY QUESTIONS SHOULD BE RESOLVED PRIOR TO SUBMITTING BIDS

Criteria for award will be based on low bid hourly for journeyman and helper, and the percent of mark-up of certifiable cost of materials, if any. Hourly rates shall include all labor, overhead, consumables and travel to/from job site. In the event a tie low bid should occur, the board of education reserves the right to award at their discretion to any one of the tie bidders.

The undersigned agrees to perform work as requested within the terms of the bid specifications at the following rates:

Journeyman	\$ <u>83.00</u>	Per hour/per man/straight time
Helper	\$ <u>43.00</u>	Per hour/per man/straight time
Journeyman	\$ <u>116.00</u>	Per hour/per man/overtime
Helper	\$ <u>60.00</u>	Per hour/per man/overtime
Journeyman	\$ <u>116.00</u>	Per hour/per man/Scheduled Saturdays
Helper	\$ <u>60.00</u>	Per hour/per man/Scheduled Saturdays
Journeyman	\$ <u>150.00</u>	Per hour/per man/Sundays, holidays & emergency response
Helper	\$ <u>83.00</u>	Per hour/per man/Sundays, holidays & emergency response

**MATERIALS** (if required to be supplied by the contractor) - Percentage of mark-up over certifiable cost of **materials only**, if any 15 %. Percentage of mark-up **cannot** be applied to costs associated with equipment rentals or subcontractors. Contractor agrees to permit periodic audit, at discretion of Board of Education, to certify costs. Zero percentage applies when left blank.

**Terms below are defined as follows for the purposes of this bid:**

Straight time: Monday through Friday 8:00am-4:30pm

Overtime: Work which continues from work which began during straight time or scheduled Saturdays

Scheduled Saturday: Saturday 8:00am-4:30pm scheduled at least 24 hours in advance

Sundays: Midnight Saturday through 8:00am Monday

Holidays: New Year's Day, Presidents' Day, Memorial Day, July 4<sup>th</sup>, Labor Day, Thanksgiving Day, Christmas Day.

Emergency Response: Any work for which the request is made between 4:00pm and 8:00am weekdays or between 4:00pm Friday and 8:00am Monday and which work is performed during other than "Straight Time" hours

Company Name: McCloskey Mechanical Contractors, Inc. Taxpayer ID Number: 22-2615683

Address: 445 Lower Landing Road

City: Blackwood State: NJ Zip Code: 08012

Telephone: (856)784-5080 Fax: (856)784-8283

Email: rob@mccloskeymechanical.com

Signature of Bidder:  Title: National Public Accounts Director Date: 09/01/2021

**THIS FORM MUST BE COMPLETED, SIGNED AND RETURNED WITH YOUR BID**

**ACKNOWLEDGMENT OF RECEIPT OF ADDENDA**  
COOKING AND REFRIGERATION  
Bid #22-007-3

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

<u>Addendum Number</u>	<u>Dated</u>	<u>Acknowledge Receipt (Initial)</u>
N/A		

Acknowledged for: McCloskey Mechanical Contractors, Inc.  
Company Name

By: Robert L. Reeves  
Name of Authorized Representative

  
Signature of Authorized Representative

National Public Accounts Director  
Title

09/01/2021  
Date

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID ONLY IF ADDENDA ISSUED**

## EXHIBIT A

### MANDATORY EQUAL OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C.127)

N.J.A.C. 17:27-1.1 et seq.

### CONSTRUCTION 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, sex, 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 the recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will 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, where applicable, 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 or workers' representative of the contractor's commitments under this act 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.

When hiring or scheduling workers in each construction trade, the contractor or subcontractor agrees to make good faith efforts to employ minority and women workers in each construction trade consistent with the targeted employment goal prescribed by N.J.A.C. 17:27-7.2; provided, however, that the Dept. of LWD, Construction EEO Monitoring Program, may, in its discretion, exempt a contractor or subcontractor from compliance with the good faith procedures prescribed by the following provisions, A, B, and C, as long as the Dept. of LWD, Construction EEO Monitoring Program is satisfied that the contractor or subcontractor is employing workers provided by a union which provides evidence, in accordance with the standards prescribed by the Dept. of LWD, Construction EEO Monitoring Program, that its percentage of active "card carrying" members who are minority and women workers is equal to or greater than the targeted employment goal established in accordance with N.J.A.C. 17:27-7.2. The contractor or subcontractor agrees that a good faith effort shall include compliance with the following procedures:

- A. If the contractor or subcontractor has a referral agreement or arrangement with a union for a construction trade, the contractor or subcontractor shall, within three business days of the contract award, seek assurances from the union that it will cooperate with the contractor or subcontractor as it fulfills its affirmative action obligations under this contract and in accordance with the rules promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as supplemented and amended from time to time and the American with Disabilities Act. If the contractor or subcontractor is unable to obtain said assurances from the construction trade union at least five days prior to the commencement of construction work, the contractor or subcontractor agrees to afford equal employment opportunities minority and women workers directly, consistent with this chapter. If the contractor's or

subcontractor's prior experience with a construction trade union, regardless of whether the union has provided said assurances, indicates a significant possibility that the trade union will not refer sufficient minority and women workers consistent with affording equal employment opportunities as specified in this chapter, the contractor or subcontractor agrees to be prepared to provide such opportunities to minority and women workers directly, consistent with this chapter, by complying with the hiring or scheduling procedures prescribed under (B) below; and the contractor or subcontractor further agrees to take said action immediately if it determines that the union is not referring minority and women workers consistent with the equal employment opportunity goals set forth in this chapter.

- B. If good faith efforts to meet targeted employment goals have not or cannot be met for each construction trade by adhering to the procedures of (A) above, or if the contractor does not have a referral agreement or arrangement with a union for a construction trade, the contractor or subcontractor agrees to take the following actions:
1. To notify the Public Agency Compliance Officer, the Dept. of LWD, Construction EEO Monitoring Program, and minority and women referral organizations listed by the Division pursuant to N.J.A.C. 17:27-5.3, of its workforce needs, and request referral of minority and women workers;
  2. To notify any minority and women workers who have been listed with it as awaiting available vacancies;
  3. Prior to commencement of work, to request that the local construction trade union refer minority and women workers fill job openings, provided the contractor or subcontractor has a referral agreement or arrangement with a union for the construction trade;
  4. To leave standing requests for additional referral to minority and women workers with the local construction trade union, provided the contractor or subcontractor has a referral agreement or arrangement with a union for the construction trade, the State Training and Employment Service and other approved referral sources in the area;
  5. If it is necessary to lay off some of the workers in a given trade on the construction site, layoffs shall be conducted in compliance with the equal employment opportunity and nondiscrimination standards set forth in this regulation, as well as with applicable Federal and State court decisions;
  6. To adhere to the following procedure when minority and women workers apply or are referred to the contractor or subcontractor:
    - i. The contractor or subcontractor shall interview the referred minority or women worker.
    - ii. If said individuals have never previously received any document or certification signifying a level of qualification lower than that required in order to perform the work of the construction trade, the contractor or subcontractor shall in good faith determine the qualifications of such individuals. The contractor or subcontractor shall hire or schedule those individuals who satisfy appropriated qualification standards in conformity with the equal employment opportunity and non-discrimination principles set forth in this chapter. However, a contractor or subcontractor shall determine that the individual at least possesses the requisite skills, and experience recognized by a union, apprentice program or a referral agency, provided the referral agency is acceptable to the Dept. of LWD, Construction EEO monitoring Program. If necessary, the contractor or subcontractor shall hire or schedule minority and women workers who qualify as trainees pursuant to these rules. All of the requirements, however, are limited by the provision of (C) below.
    - iii. The name of any interested women or minority individual shall be maintained on a waiting list, and shall be considered for employment as described in (i) above, whenever vacancies occur. At the request of the Dept. of LWD, Construction EEO Monitoring Program, the contractor or subcontractor shall provide evidence of its good faith efforts to employ women and minorities from the list to fill vacancies.
    - iv. If, for any reason, said contractor or subcontractor determines that a minority individual or a woman is not qualified or if the individual qualifies as an advanced trainee or apprentice,

the contractor or subcontractor shall inform the individual in writing of the reasons for the determination, maintain a copy of the determination in its files, and send a copy to the public agency compliance officer and to the Dept. of LWD, Construction EEO Monitoring Program.

7. To keep a complete and accurate record of all requests made for the referral of workers in any trade covered by the contract, on forms made available by the Dept. of LWD, Construction EEO Monitoring Program and submitted promptly to the Dept. of LWD, Construction EEO Monitoring Program upon request.

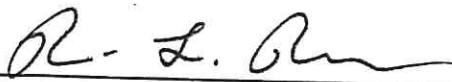
C. The contractor or subcontractor agrees that nothing contained in (B) preceding provision shall preclude the contractor or subcontractor from complying with the hiring hall or apprenticeship policies in any applicable collective bargaining agreement or hiring hall arrangement, and, where required by custom or agreement, it shall send journeymen and trainees to the union for referral, or to the apprenticeship program for admission, pursuant to such agreement or arrangement. However, where the practices of a union or apprenticeship program will result in the exclusion of minorities and women or the failure to refer minorities and women consistent with the targeted county employment goal, the contractor or subcontractor shall consider for employment persons referred pursuant to (B) above without regard to such agreement or arrangement; provided further, however, that the contractor or subcontractor shall not be required to employ women and minority advanced trainees and trainees in number which result in the employment of advanced trainees and trainees as a percentage of the total workforce for the construction trade, which percentage significantly exceeds the apprentice to journey worker ratio specified in the applicable collective bargaining agreement, or in the absence of a collective bargaining agreement, exceeds the ration established by practice in the area for said construction trade. Also, the contractor or subcontractor agrees that, in implementing the procedures of (B) above, it shall, where applicable, employ minority and women workers residing within the geographical jurisdiction of the union.

After notification of award, but prior to signing a construction contract, the contractor shall submit to the public agency compliance officer and the Dept. of LWD, Construction EEO Monitoring Program an initial project workforce report (Form AA-201) electronically provided to the public agency by the Dept. of LWD, Construction EEO Monitoring Program, through its website, for distribution to and completion by the contractor, in accordance with N.J.A.C. 17:27-7. The contractor also agrees to submit a copy of the Monthly Project Workforce Report once a month thereafter for the duration of this contract to the Dept. of LWD, Construction EEO Monitoring Program, and to the public agency compliance officer.

The contractor agrees to cooperate with the public agency in the payment of budgeted funds, as is necessary, for on-the-job and/or off-the-job programs for outreach and training of minorities and women.

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

McCloskey Mechanical Contractors, Inc.



09/01/2021

Company Name

Authorized Signature

Date

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

**AFFIRMATIVE ACTION QUESTIONNAIRE / EVIDENCE**  
COOKING AND REFRIGERATION  
Bid #22-007-3

EQUAL OPPORTUNITY REQUIREMENTS FOR CONTRACTORS WITH FIVE OR MORE EMPLOYEES

This form is to be completed and returned with the bid. However, the Board 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, a copy of said approval shall be submitted to the Board of Education within seven (7) working days of the notice intent to award the contract or the signing of the contract.

2. Our company has a New Jersey State Certificate of Approval.

Yes       No

If yes, a copy of the valid and in effect New Jersey State Certificate (Certificate of Employee Information Report) shall be submitted to the Board of Education within seven (7) working days of the notice intent to award the contract or the signing of the contract.

3. If you answered **NO** to both questions above, you must apply for an Affirmative Action Employee Information Report (FORM AA-302). Please visit the New Jersey Department of Treasury website for the Division of Public Contracts Equal Employment Opportunity Compliance: [www.state.nj.us/treasr/contractcompliance](http://www.state.nj.us/treasr/contractcompliance)

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

Department of Treasury  
Division of Purchasing & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program  
PO Box 206  
Trenton, New Jersey 08625-0206

A copy shall be submitted to the Board of Education within seven (7) working days of the notice intent to award the contract or the signing of the contract.

**A CONTRACTOR'S BID SHALL BE REJECTED AS NON RESPONSIBLE IF THE CONTRACTOR FAILS TO SUBMIT EITHER OF THE ABOVE DOCUMENTS OF EVIDENCE WITHIN THE TIME SPECIFIED.**

**ALL BIDDERS/ CONTRACTORS ARE REQUIRED TO COMPLY WITH THE REQUIREMENTS OF N.J.S.A. 10:5-31 et. seq. and P.L. 1975, C. 127 (NJAC 17:27).**

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

Name of Company McCloskey Mechanical Contractors, Inc.

Name of Authorized Agent Robert L. Reeves

Title National Public Accounts Director

Signature 

Date 09/01/2021

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

Certification 57560

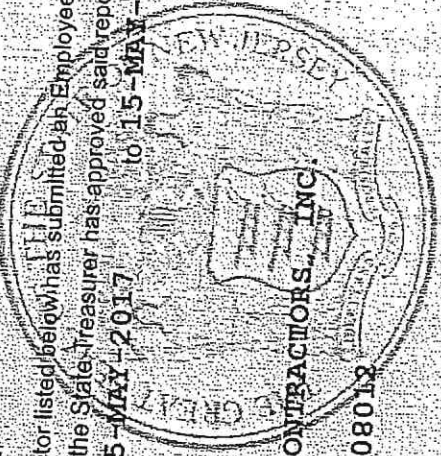
# CERTIFICATE OF EMPLOYEE INFORMATION REPORT INITIAL

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-MAY-2017** to **15-MAY-2024**



*Ford M. Scudder*

FORD M. SCUDDER  
State Treasurer



MCCLOSKEY MECHANICAL CONTRACTORS, INC.  
445 LOWER LANDING ROAD  
BLACKWOOD NJ 08018

EXHIBIT B

**AMERICANS WITH DISABILITIES ACT OF 1990  
Equal Opportunity for Individuals with Disability**

The contractor and the Atlantic City Board of Education, (hereafter "owner") do hereby agree that the provisions of Title 11 of the Americans with Disabilities Act of 1990 (the "Act") (42 U.S.C. 5121 01 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim. If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

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

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

McCloskey Mechanical Contractors, Inc.



09/01/2021

Company Name

Authorized Signature

Date

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**



## BID DOCUMENTS CHECKLIST

The following documents are to be submitted with your bid. Place a ✓ next to each number to indicate forms are included.

1. ADDENDA ACKNOWLEDGEMENT FORM (IF APPLICABLE) ✓
2. ADDENDUM(S) FORM(S) (IF ISSUED) N/A
3. AFFIRMATIVE ACTION LANGUAGE EXHIBIT A ✓
4. AFFIRMATIVE ACTION QUESTIONNAIRE/PROOF ✓
5. AMERICANS WITH DISABILITIES EXHIBIT B ✓
6. BID DOCUMENTS CHECKLIST ✓
7. BID PROPOSAL FORM ✓
8. BID SECURITY ✓
9. CERTIFICATE (CONSENT) OF SURETY ✓
10. CONTRACTOR'S QUESTIONNAIRE/CERTIFICATION FORM ✓
11. CONTRACTOR REGISTRATION CERTIFICATION FORM ✓
12. CONTRACTOR'S REGISTRATION APPLICATION (IF APPLICABLE) N/A
13. FORM W-9 ✓
14. EQUIPMENT CERTIFICATION FORM ✓
15. NON-COLLUSION AFFIDAVIT FORM ✓
16. POLITICAL CONTRIBUTION DISCLOSURE FORM ✓
17. PRE-QUALIFICATION AFFIDAVIT FORM – ATTACH NOTICE OF CLASSIFICATION AND TOTAL AMOUNT OF UN-COMPLETED CONTRACTS ✓
18. PREVAILING WAGES CERTIFICATION FORM ✓
19. SPECIFICATIONS/SCOPE OF WORK SIGNATURE SHEET ✓
20. STATEMENT OF OWNERSHIP FORM ✓
21. SUBCONTRACTOR'S DISCLOSURE STATEMENT (IF APPLICABLE) ✓
22. SWORN CONTRACTOR CERTIFICATION – QUALIFICATIONS AND CREDENTIALS ✓
23. TAXPAYER'S IDENTIFICATION NUMBER - (MUST BE ON THE BID FORM WHERE INDICATED) ✓
24. VENDOR'S AFFIDAVIT ✓

The following documents are not required to be submitted with the proposal, but must be submitted prior to the contract award:

1. Proof of business registration with the state of New Jersey (NJ Business Registration Certificate) ✓
2. Disclosure of Investment Activities with Iran ✓
3. Certification of Federal Non Debarment ✓

I have read the above and complied with the given instructions.

AUTHORIZED SIGNATURE:  TITLE: National Public Accounts Director

COMPANY: McCloskey Mechanical Contractors, Inc.

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

**BID BOND**

KNOW ALL MEN BY THESE PRESENTS, that we, the undersigned, McCloskey Mechanical Contractors, Inc. as Principal, and Fidelity and Deposit Company of Maryland as Surety, is hereby held and firmly bound unto Atlantic City Public Schools as Owner, in the Penal Sum of Ten Percent of Amount Bid not to Exceed Twenty Thousand Dollars (10% of Amount Bid not to Exceed \$20,000.00) for the payment of which, well and truly to be made, we hereby jointly and severally bind ourselves, successors and assigns.

Signed this 1<sup>st</sup> day of September, 2021.

The condition of the above obligation is such that whereas the Principal has submitted to Atlantic City Public Schools a certain bid, attached hereto and hereby made a part of hereof, to enter into a contract in writing for the Cooking and Refrigeration Repairs - Bid #22-007-3.

NOW THEREFORE,

- A. If said bid shall be rejected or in the alternative,
- B. If said bid shall be accepted and the Principal shall execute and deliver a contract in the form of contract attached hereto (properly completed in accordance with said bid) and shall furnish a bond for his faithful performance of said contract, and for the payment of all persons performing labor or furnishing materials in the connection therewith, and shall in all other respects perform the agreement created by the acceptance of said bid,

Then this obligation shall be void, otherwise the same shall remain in full force and effect; it being expressly understood and agreed that the liability of the surety for any and all claims hereunder shall, in no event, exceed the penal amount of the obligation as herein stated.

The surety, for value received, hereby stipulates and agrees that the obligations of said Surety and its bond shall be in no way impaired or affected by any extension of the time within which the Owner may accept such bid; and Surety does hereby waive notice of any such extension.

IN WITNESS WHEREOF, the Principal and the Surety have hereunto set their hands and seals, and such of them as are corporations have caused their corporate seals to be hereto affixed and these presents to be signed by their proper officers, the day and year first set forth above.

BY:

T. Adams  
Witness

McCloskey Mechanical Contractors, Inc.  
Principal

[Signature]

BY:

Sharon K. Murphy  
Witness

Fidelity and Deposit Company of Maryland  
Surety

[Signature]  
Christopher J. Ruck, Attorney-in-Fact

ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Illinois (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint, **Christopher J. RUCK, of Conshohocken, Pennsylvania**, EACH, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 4th day of October, A.D. 2019.



ATTEST:

ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: *Robert D. Murray*  
Vice President

By: *Dawn E. Brown*  
Secretary

State of Maryland  
County of Baltimore

On this 4th day of October, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, deposeth and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



Constance A. Dunn, Notary Public  
My Commission Expires: July 9, 2023

**CONSENT OF SURETY**

The **Fidelity and Deposit Company of Maryland** a Corporation organized and existing under the laws of the State of **Illinois** and licensed to do business in the State of **New Jersey** , hereby consents and agrees that if the contract for:

**Cooking and Refrigeration Repairs - Bid #22-007-3**

Be awarded to:

**McCloskey Mechanical Contractors, Inc.**

The undersigned Corporation agrees with the said:

**Atlantic City Public Schools**

To execute the Performance Bond, Labor and Material Payment Bond and Maintenance Bond as required by the specifications or to become co-sureties with others in the full amount of the contract price for the faithful performance of the contract.

In witness whereof, the Undersigned Corporation has caused this agreement to be signed by its duly authorized representative and its Corporate Seal to be hereto affixed this 1<sup>st</sup> Day of September, 2021.

Fidelity and Deposit Company of Maryland

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

**Christopher J. Ruck,**  
Attorney-in-Fact

ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND  
POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS: That the ZURICH AMERICAN INSURANCE COMPANY, a corporation of the State of New York, the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, a corporation of the State of Illinois, and the FIDELITY AND DEPOSIT COMPANY OF MARYLAND a corporation of the State of Maryland (herein collectively called the "Companies"), by Robert D. Murray, Vice President, in pursuance of authority granted by Article V, Section 8, of the By-Laws of said Companies, which are set forth on the reverse side hereof and are hereby certified to be in full force and effect on the date hereof, do hereby nominate, constitute, and appoint, **Christopher J. RUCK, of Conshohocken, Pennsylvania**, EACH, its true and lawful agent and Attorney-in-Fact, to make, execute, seal and deliver, for, and on its behalf as surety, and as its act and deed: **any and all bonds and undertakings**, and the execution of such bonds or undertakings in pursuance of these presents, shall be as binding upon said Companies, as fully and amply, to all intents and purposes, as if they had been duly executed and acknowledged by the regularly elected officers of the ZURICH AMERICAN INSURANCE COMPANY at its office in New York, New York., the regularly elected officers of the COLONIAL AMERICAN CASUALTY AND SURETY COMPANY at its office in Owings Mills, Maryland., and the regularly elected officers of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND at its office in Owings Mills, Maryland., in their own proper persons.

The said Vice President does hereby certify that the extract set forth on the reverse side hereof is a true copy of Article V, Section 8, of the By-Laws of said Companies, and is now in force.

IN WITNESS WHEREOF, the said Vice-President has hereunto subscribed his/her names and affixed the Corporate Seals of the said ZURICH AMERICAN INSURANCE COMPANY, COLONIAL AMERICAN CASUALTY AND SURETY COMPANY, and FIDELITY AND DEPOSIT COMPANY OF MARYLAND, this 4th day of October, A.D. 2019.



ATTEST:

ZURICH AMERICAN INSURANCE COMPANY  
COLONIAL AMERICAN CASUALTY AND SURETY COMPANY  
FIDELITY AND DEPOSIT COMPANY OF MARYLAND

By: *Robert D. Murray*  
Vice President

By: *Dawn E. Brown*  
Secretary

State of Maryland  
County of Baltimore

On this 4th day of October, A.D. 2019, before the subscriber, a Notary Public of the State of Maryland, duly commissioned and qualified, Robert D. Murray, Vice President and Dawn E. Brown, Secretary of the Companies, to me personally known to be the individuals and officers described in and who executed the preceding instrument, and acknowledged the execution of same, and being by me duly sworn, depose and saith, that he/she is the said officer of the Company aforesaid, and that the seals affixed to the preceding instrument are the Corporate Seals of said Companies, and that the said Corporate Seals and the signature as such officer were duly affixed and subscribed to the said instrument by the authority and direction of the said Corporations.

IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal the day and year first above written.



Constance A. Dunn, Notary Public  
My Commission Expires: July 9, 2023

**SURETY DISCLOSURE STATEMENT AND CERTIFICATION**

pursuant to N.J.S.A. 2A:44-143

(for use when surety(ies) have a certificate from U.S. Secretary of the Treasury in accordance with 31 U.S.C. §9305)

Fidelity and Deposit Company of Maryland,  
surety on the attached bond, hereby certifies the following:

- (1) The surety meets the applicable capital and surplus requirements of R.S.17:17-6 or R.S.17:17-7 as of the surety's most current annual filing with the New Jersey Department of Insurance.
- (2) The capital and surplus, as determined in accordance with the applicable laws of this State, of the surety participating in the issuance of the attached bond is in the following amounts as of the calendar year ended December 31, 2020, which amounts have been certified on a Certification by Pricewaterhouse Coopers, LLP and are included in the Annual Statement on file with the New Jersey Department of Insurance, 20 West State Street CN-325, Trenton, New Jersey 08625-0325.

Fidelity and Deposit Company of Maryland, \$267,921,771

With respect to each surety participating in the issuance of the attached bond that has received from the United States Secretary of the Treasury a certificate of authority pursuant to 31 U.S.C. §9305, the underwriting limitation established therein on July 1, 2020 is as follows:

Fidelity and Deposit Company of Maryland, \$26,792,000

The amount of the bond to which the statement and certification is attached is 10% of Amount Bid  
not to Exceed \$20,000.00

(1) If, by virtue of one or more contracts of reinsurance, the amount of the bond indicated under item (4) above exceeds the total underwriting limitation of all sureties on the bond as set forth in item (3) above, then for each such contract of reinsurance:

(a) The name and address of each such insurer under that contract and the amount of the reinsurer's participation in the contract is as follows:

and;

(b) Each surety that is party to any such contract of reinsurance certifies that each insurer listed under item (5)(a) satisfies the credit for reinsurance requirement established under P.L. 1993, c.243(C.17:51B-1 et seq.) and any applicable regulations in effect as of the date on which the bond to which this statement and certification is attached shall have been filed with the appropriate public agency.

**CERTIFICATE**

I, Robert D. Murray, as Vice President for Fidelity and Deposit, a corporation domiciled in Illinois, DO HEREBY CERTIFY that, to the best of my knowledge, the foregoing statements made by me are true, and ACKNOWLEDGE that, if any of those statements made by me are false, this bond is VOIDABLE.



Robert D. Murray, Vice President

Dated: April 19, 2021

Effective: April 1, 2021

# THE FIDELITY AND DEPOSIT COMPANY

OF MARYLAND  
1299 Zurich Way Schaumburg, IL 60196

Statement of Financial Condition  
As Of December 31, 2020

### ASSETS

Bonds.....	\$ 262,624,334
Stocks .....	19,715,392
Cash and Short-Term Investments .....	3,219,781
Reinsurance Recoverable .....	17,293,466
Federal Income Tax Recoverable.....	114,253
Other Accounts Receivable.....	29,083,530
<b>TOTAL ADMITTED ASSETS.....</b>	<b>\$ 332,050,756</b>

### LIABILITIES, SURPLUS AND OTHER FUNDS

Reserve for Taxes and Expenses .....	\$ 539,588
Ceded Reinsurance Premiums Payable .....	43,847,005
Remittances and Items Unallocated .....	0
Payable to parents, subs and affiliates.....	0
Securities Lending Collateral Liability.....	0
<b>TOTAL LIABILITIES .....</b>	<b>\$ 44,413,593</b>
Capital Stock, Paid Up .....	\$ 5,000,000
Surplus.....	282,637,163
Surplus as regards Policyholders.....	287,637,163
<b>TOTAL .....</b>	<b>\$ 332,050,756</b>

Securities carried at \$165,065,329 in the above statement are deposited with various states as required by law.

Securities carried on the basis prescribed by the National Association of Insurance Commissioners. On the basis of market quotations for all bonds and stocks owned, the Company's total admitted assets at December 31, 2020 would be \$346,439,970 and surplus as regards policyholders \$302,026,377.

I, LAURA J. LAZARCZYK, Corporate Secretary of the FIDELITY AND DEPOSIT COMPANY OF MARYLAND, do hereby certify that the foregoing statement is a correct exhibit of the assets and liabilities of the said Company on the 31st day of December, 2020.

DocuSigned by:  
  
42DF00B47437480...  
 \_\_\_\_\_  
 Corporate Secretary

State of Illinois }  
City of Schaumburg } SS:

Subscribed and sworn to, before me, a Notary Public of the State of Illinois, in the City of Schaumburg, this 15<sup>th</sup> day of March, 2021.



\_\_\_\_\_  
 Notary Public



State of New Jersey  
Department of Banking and Insurance

**CERTIFICATE OF AUTHORITY**

Date: May 01, 2021

NAIC Company Code: 39306

THIS IS TO CERTIFY THAT THE FIDELITY AND DEPOSIT COMPANY OF MARYLAND, HAVING COMPLIED WITH THE LAWS OF THE STATE OF NEW JERSEY, AND ANY SUPPLEMENTS OR AMENDMENTS THERETO WITH RESPECT TO THE TRANSACTION OF THE BUSINESS OF INSURANCE, IS LICENSED TO TRANSACT IN THIS STATE UNTIL THE 1st DAY OF MAY, 2022, THE LINES OF INSURANCE SPECIFICALLY DESIGNATED BELOW:

- 01 - Fire and Allied Lines
- 10 - Aircraft Physical Damage
- 11 - Other Liability
- 12 - Boiler and Machinery
- 13 - Fidelity and Surety
- 14 - Credit
- 15 - Burglary and Theft
- 16 - Glass
- 17 - Sprinkler Leakage and Water Damage
- 18 - Livestock
- 19 - Smoke or Smudge
- 02 - Earthquake
- 20 - Physical Loss to Buildings
- 22 - Mechanical Breakdown/Power Failure
- 03 - Growing Crops
- 04 - Ocean Marine
- 05 - Inland Marine
- 06 - Workers Compensation and Employers Liability
- 07 - Automobile Liability Bodily Injury
- 08 - Automobile Liability Property Damage
- 09 - Automobile Physical Damage





MARLENE CARIDE

COMMISSIONER OF

BANKING AND INSURANCE

COMPANY NAME: FIDELITY AND DEPOSIT COMPANY OF MARYLAND NAIC COMPANY CODE: 39306

STATUTORY HOME ADDRESS:

1299 ZURICH WAY

SCHAUMBURG, IL 60196

SPECIAL CONDITIONS:

**Contractor Questionnaire/Certification** (pg. 1)

COOKING AND REFRIGERATION

Bid #22-007-3

Name of Company McCloskey Mechanical Contractors, Inc.

Street Address 445 Lower Landing Road P.O. Box \_\_\_\_\_

City, State, Zip Blackwood, NJ 08012

Business Phone Number ( ) (856)784-5080 Extension \_\_\_\_\_

Emergency Phone Number (856)784-5080

FAX NO. (856)784-8283 E-Mail rob@mccloskeymechanical.com

1. How many years have you been engaged in the contracting business under your present firm or trading name?

Answer 36 Years

2. Have you ever failed to complete any work awarded to your company? Answer No

If yes, when, where and with whom? \_\_\_\_\_

3. Have you ever defaulted on a contract? Answer No

If yes, when, where and with whom? \_\_\_\_\_

4. Have you or other principals of your company been debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in any public works projects by any federal, state or local agencies, including any "prior negative experience" disqualification pursuant to N.J.S.A. 18A:18A-4 (b) (c)?

Answer No If yes, when, where and with whom? \_\_\_\_\_

**References**

**Architects**--List names of architects that you have worked on projects within the last five (5) years:

<u>Firm</u>	<u>Principal</u>	<u>Phone Number</u>
1. <u>A&amp;E Construction</u>	<u>Tony Santora</u>	<u>(610)449-3152</u>
2. <u>Whiting-Turner Construction</u>	<u>Ed Kachonowksi</u>	<u>(732)271-2900</u>
3. <u>Petrie Construction, LLC</u>	<u>Adam Petrie</u>	<u>(410)821-1100</u>

List name of principal bank with which your company does business:

<u>Bank</u>	<u>Officer</u>	<u>Phone Number</u>
<u>PNC Bank</u>	<u>Michael MacKensie</u>	<u>(856)489-2741</u>



Certificate Number  
616623

Registration Date: 02/24/2020  
Expiration Date: 02/23/2022



# State of New Jersey

## Department of Labor and Workforce Development Division of Wage and Hour Compliance

### Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

McCloskey Mechanical Contractors, Inc.  
**2020**

Responsible Representative(s):

DJ McCloskey, President

Responsible Representative(s):

David J. McCloskey, CEO

A handwritten signature in cursive script, appearing to read "R. Angelo".

Robert Asaro-Angelo, Commissioner  
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned and may be revoked for cause by the Commissioner of Labor and Workforce Development.

# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**McCloskey Mechanical Contractors, Inc.**

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.

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 another 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.  
**445 Lower Landing Road**

6 City, state, and ZIP code  
**Blackwood, NJ 08012**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

## 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								
2	2	-	2	6	1	5	6	8 3

## 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 ▶ *[Signature]*

Date ▶ 08/06/2021

## 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](http://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.

By signing the filled-out form, you:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting*, later, for further information.

**Note:** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 24% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

**a. Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

**b. Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

**c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

**d. Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

**e. Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

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

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a)

J—A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

If you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note:** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.



1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLÉ accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(f)(A))	The grantor <sup>4</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(f)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.

\*Note: The grantor also must provide a Form W-9 to trustee of trust.

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

Victims of identity theft who are experiencing economic harm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

**EQUIPMENT CERTIFICATION**  
COOKING AND REFRIGERATION  
Bid #22-007-3

In accordance with N.J.S.A. 18A:18A-23, I hereby certify that:

A) McCloskey Mechanical Contractors, Inc. owns all the necessary equipment as required by the  
**(Name of Company)**  
specifications and to complete the specified public work project.

**OR**

B) \_\_\_\_\_ leases or controls all the necessary equipment as required  
**(Name of Company)**  
by the specifications, and to complete the specified public work project.

PLEASE NOTE:

If your company is not the actual owner of the equipment, **you shall submit with the bid:**

1. A certificate stating the source from which the equipment will be obtained, and
2. Obtain and submit with the bid a certificate from the owner and person in control of the equipment, definitely granting to the bidder the control of the equipment required during such time it may be necessary for the completion of that portion of the contract for which said equipment will be necessary.

**Name of Company** McCloskey Mechanical Contractors, Inc.

**Address** 445 Lower Landing Road

**City, State, Zip** Blackwood, NJ 08012

**Authorized Agent** Robert L. Reeves

**Title** National Public Accounts Director

  
\_\_\_\_\_  
**Signature of Authorized Agent**

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

**NON-COLLUSION AFFIDAVIT**  
**COOKING AND REFRIGERATION**  
Bid #22-007-3

STATE OF : New Jersey )

COUNTY OF: Camden )

I, Robert L. Reeves \_\_\_\_\_, McCloskey Mechanical Contractors, Inc. \_\_\_\_\_ in the County

of Camden \_\_\_\_\_, State of New Jersey \_\_\_\_\_, of full age, being duly sworn according to the law on my oath, depose and say that:

I am National Public Accounts Director \_\_\_\_\_ of the firm of McCloskey Mechanical Contractors, Inc. \_\_\_\_\_ the bidder making the bid for the herein project, and that I executed said bid with full authority to do so, that said bidder has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the project named in this bid, and that all statements contained in said bid and in this Affidavit are true and correct, and made with full knowledge that the ATLANTIC CITY BOARD OF EDUCATION relies upon the truth of the statement contained in said bid and in the statements contained in this Affidavit in awarding the contract for said project.

I warrant that no requirement or commitment was made in reference to any political contribution to any party, person or elected official, and that no undisclosed benefits of any kind were promised to anyone connected with the ATLANTIC CITY BOARD OF EDUCATION or any political party in reference hereto.

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 or bona fide established commercial or selling agencies maintained by:

\_\_\_\_\_  
McCloskey Mechanical Contractors, Inc.

**(Name of Contractor)**

I further warrant and represent that I have never been convicted of or acknowledged or admitted to any payment of kickbacks or unlawful gifts to any government official, school board official or employee for which conduct the ATLANTIC CITY BOARD OF EDUCATION deems me disqualified from doing business with them under such circumstances.

I also understand that the above disqualification does not apply to any vendor who co-operates with the prosecution and gives supporting testimony on behalf of the prosecution in the course of a judicial inquiry.

**SWORN AND SUBSCRIBED TO BEFORE ME**

THIS 1<sup>st</sup> DAY OF September, 2021

Courtney Adams

\_\_\_\_\_  
(Signature of NOTARY PUBLIC)

Robert L. Reeves

\_\_\_\_\_  
Signature of Affiant

NOTARY PUBLIC OF: New Jersey

\_\_\_\_\_  
Robert L. Reeves

\_\_\_\_\_  
Print/type name of Affiant

My Commission Expires: 11/24/2025

COURTNY L. ADAMS  
NOTARY PUBLIC OF NEW JERSEY  
Commission # 50143019  
My Commission Expires 11/24/2025

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

# C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

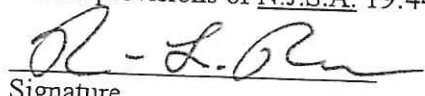
Required Pursuant to N.J.S.A. 19:44A-20.26

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:	McCloskey Mechanical Contractors, Inc.		
Address:	445 Lower Landing Road		
City:	Blackwood	State:	New Jersey
		Zip:	08012

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

Robert L. Reeves

Printed Name

National Public Accounts Director

Title

## I. 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
			\$

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

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**



**Danielle Mucci**

**From:** CClass@treas.state.nj.us  
**Sent:** Thursday, July 8, 2021 7:58 AM  
**To:** Danielle Mucci  
**Subject:** Notice of Classification

You don't often get email from cclass@treas.state.nj.us. [Learn why this is important](#)

MCCLOSKEY MECH CONTRACTORS INC  
445 LOWER LANDING RD  
BLACKWOOD, NJ 08012

*State of New Jersey*



DEPARTMENT OF THE TREASURY  
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION  
33 WEST STATE STREET - P.O. BOX 034  
TRENTON, NEW JERSEY 08625-0034



**NOTICE OF CLASSIFICATION**

In accordance with N.J.S.A. 18A:18A-27 et seq (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department (s) as previously noted.

Aggregate Amount	Trade(s) & License(s)	Effective Date	Expiration Date
\$61,000,000	C032 -HVACR license #: 19HC00064900	07/07/2021	04/01/2023
	C030 -PLUMBING license #: 36BI0075820	07/07/2021	

- Licenses associated with certain trades are on file with the Division of Property Management & Construction (DPMC).
- Current license information must be verified prior to bid award.
- A copy of the DPMC 701 Form (Total Amount of Uncompleted Projects) may be accessed from the DPMC website at [http://www.state.nj.us/treasury/dpmc/Assets/Files/dpmc-27\\_03\\_07.pdf](http://www.state.nj.us/treasury/dpmc/Assets/Files/dpmc-27_03_07.pdf).

ANY ATTEMPT BY A CONTRACTOR TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS FORM MAY RESULT IN PROSECUTION AND/OR DEBARMENT, SUSPENSION OR DISQUALIFICATION. INFORMATION ON AGGREGATE AMOUNTS CAN BE VERIFIED ON THE [DPMC WEB SITE](#).



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION
33 W. STATE STREET
PO BOX 034
TRENTON, NEW JERSEY 08625-0034

REPLY TO:
TEL: (609) 943-3400
FAX: (609) 292-7651

TOTAL AMOUNT OF UNCOMPLETED CONTRACTS

(This form is to be used with the NOTICE OF CLASSIFICATION when submitting bids to the Department of Education.)

I Certify that the amount of uncompleted work on contracts is \$ 13,000,000.00

The amount claimed includes uncompleted portions of all currently held contracts from all sources (public and private) in accordance with N.J.A.C. 17:19-2.13.

I further certify that the amount of this bid proposal, including all outstanding incomplete contracts does not exceed my prequalification dollar limit.

Affix corporate seal here

Respectfully submitted,

By McCloskey Mechanical Contractors, Inc.

Name of Firm

[Handwritten Signature]

Signature

Vice President

Title

445 Lower Landing Road

Business Address

Blackwood, NJ 08012

Sworn to and subscribed before me This 1st day of September 20 21

Notary Public

[Handwritten Signature]

COURTNY L. ADAMS
NOTARY PUBLIC OF NEW JERSEY
Commission # 50143019
My Commission Expires 11/24/2025

(856) 784-5080

Phone



**PREVAILING WAGE CERTIFICATION**  
**COOKING AND REFRIGERATION**  
Bid #22-007-3

It is the determination of the Atlantic City Board of Education that this is a public works project that in total will exceed \$2,000.00 (two thousand dollars), therefore prevailing wages rules and regulations apply as promulgated by the New Jersey Prevailing Wage Act and in conformance with N.J.S.A. 34:11-56:25 et seq.

**Certification**

1. I certify that our company understands that this project of the Board of Education requires prevailing wages to be paid in full accordance with the law.
2. I further certify that all subcontractors named in this bid understand that this project requires the subcontractor to pay prevailing wages in full accordance with the law.

**Non-compliance Statement**

If it is found that any worker, employed by the contractor or any subcontractor covered by said contract, has been paid a rate of wages less than the prevailing wage required to be paid by such contract, the Board of Education, may begin proceedings to terminate the contractor's or subcontractor's right to proceed with the work, or such part of the work as to which there has been a failure to pay required wages and to prosecute the work to completion or otherwise. The contractor and his sureties shall be liable for any excess costs occasioned thereby to the public body.

**NOTIFICATION OF VIOLATIONS – New Jersey Department of Labor and Workforce Development**

Has the bidder or any person having an "interest" with the bidder, been notified by the New Jersey Department of Labor and Workforce Development by notice issued pursuant to N.J.S.A. 34:11-56:37 that he/she has been in violation for failure to pay prevailing wages as required by the New Jersey Prevailing Wage Act within the last five (5) years?

\* Yes \_\_\_\_\_ No

\*If yes, please attach a signed document explaining any/or all administrative proceedings with the Department within the last five (5) years. Please include any pending administrative proceedings with the Department if any.

**Submission of Certified Payroll Records**

All certified payroll records are to be submitted to the person named below who is coordinating the activities for the project:

Name of Company McCloskey Mechanical Contractors, Inc.

Authorized Agent Robert L. Reeves

Authorized Signature 

Date 09/01/2021

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

**SPECIFICATIONS/SCOPE OF WORK SIGNATURE SHEET**  
COOKING AND REFRIGERATION  
Bid #22-007-3

**IN ORDER FOR YOUR BID TO BE CONSIDERED RESPONSIVE, ALL FORMS MUST BE COMPLETED AND THE ENTIRE BID PACKAGE RETURNED INTACT.**

BIDDERS, COMPLETE THE FOLLOWING STATEMENTS:

Can you meet the Board of Education's specified delivery time?

YES

NO

Do you have any deviations or exceptions to the terms, conditions or specifications?

YES

NO

If yes, list any and all exceptions or deviations in the spaces provided below. If there are no exceptions or deviations, state "**NONE.**"

NONE.

The undersigned hereby agrees to provide and perform all goods and services in accordance to all terms, conditions, and specifications outlined in this bid package. The undersigned understands and agrees to abide by the board of education's terms regarding change orders, purchase order requirements, service quote requests, payments, subcontracting, and equipment rental.

Company Name McCloskey Mechanical Contractors, Inc.

Name of Bidder Robert L. Reeves

Title of Bidder National Public Accounts Director

Signature of Bidder 

City Blackwood State New Jersey Zip Code 08012

Telephone (856)784-5080 Fax (856)784-8283

Email rob@mccloskeymechanical.com

Date 09/01/2021

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

**STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP**  
**N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)**  
 COOKING AND REFRIGERATION  
 Bid #22-007-3

**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: McCloskey Mechanical Contractors, Inc.

Organization Address: 445 Lower Landing Road, Blackwood, NJ 08012

**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	Business Address
David J. McCloskey	14 Holly Lane, Blackwood, NJ 08012
DJ McCloskey	8 Pine Ridge Court, Sewell, NJ 08080

**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.**

**STOCKHOLDER/PARTNERSHIP DISCLOSURE AND STATEMENT OF OWNERSHIP (continued)**  
**N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)**  
 COOKING AND REFRIGERATION  
 Bid #22-007-3


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 non-corporate 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	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 **Atlantic City 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 the **Atlantic City Board of Education** to notify the **Atlantic City 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 **Atlantic City Board of Education** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Robert L. Reeves	Title:	National Public Accounts Director
Signature:		Date:	09/01/2021

**THIS FORM (2 pages) MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

**Subcontractor's Disclosure Statement** (pg. 1)  
COOKING AND REFRIGERATION  
Bid #22-007-3

The McCloskey Mechanical Contractors, Inc.

(Name of Bidding Company)

**PLEASE CHECK ONE**          will subcontract a portion of this project.

    will not subcontract any portion of this project.

**Authorized Agent** Robert L. Reeves

**Title** National Public Accounts Director

**Signature of Bidder** 

**Date** 09/01/2021

If the bidder **IS NOT** going to subcontract any portion of this project, the bidder need not complete any further part of this document.

If the bidder **WILL** subcontract a portion of this project, the bidder must do the following:

- Identify the contract number and type of work he intends to subcontract.
- Provide the name, address and other pertinent information about the subcontractor.
- If the cost of the work by the subcontractor shall exceed \$20,000, the bidder shall provide in the bid package subcontractors (N.J.S.A. 18A:18A-18).
  - \* Notice of Classification
  - \* Total Amount of Uncompleted Contracts
  - \* Contractor's Registration Certificate (Projects over \$2,000.00)

Please list subcontractor(s) on the following pages.

Bidders may make extra copies of the following pages.

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

**Sworn Contractor Certification - Qualifications and Credentials**  
COOKING AND REFRIGERATION  
Bid #22-007-3

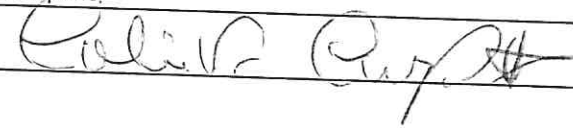
Pursuant to N.J.S.A. 18A:7G-37, a pre-qualified contractor seeking to bid school facilities projects, and any subcontractors, that are required to be named under N.J.S.A. 18A:7G-1 et seq. shall, as a condition of bidding, submit this Sworn Contractor Certification regarding qualifications and credentials.

I, the principal owner or officer of the company, certify that the forging statements are true and our firm has the following qualifications and credentials:

1. A current, valid certificate of registration issued pursuant to "The Public Works Contractor Registration Act," N.J.S.A. 34:11-56:48 et seq. A copy of which is submitted with its bid;
2. A current, valid Certificate of Authority (Business Registration) to perform work in New Jersey issued by the Department of Treasury, a copy of which is submitted with its bid;
3. A current valid contractor trade license required under applicable New Jersey Law for any specialty trade or specialty area in which the firm seeks to perform work, a copy of which is submitted with its bid;
4. During the term of the school facilities project, I as principal owner or officer of the company or corporation, as contractor, will have in place a suitable quality control and quality assurance program and an appropriate safety and health plan.
5. Certify that, at the time of bidding, the amount of the bid proposal and value of all of its outstanding incomplete contracts does not exceed the firm's existing aggregate rating limit.

Name of Company McCloskey Mechanical Contractors, Inc.

Name of Owner or Officer Colin Campaño

Signature of Owner or Officer 

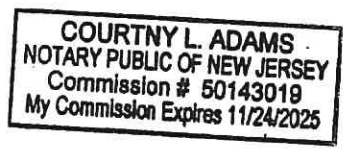
Notarized before me this 1<sup>st</sup> day of September, 2021  
Month Year

  
**NOTARY PUBLIC SIGNATURE**

Courtney Adams  
**Print Name of Notary Public**

My commission expires November 24, 2025  
Month Day Year

-SEAL-



**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**

**VENDOR'S AFFIDAVIT**  
COOKING AND REFRIGERATION  
Bid #22-007-3

STATE OF : New Jersey )

COUNTY OF : Camden )

I, Colin Campano, of full age, being duly sworn according to the law on my oath, depose and say that:

I am Vice President, (Officer/Partner/Owner) of the firm of:

McCloskey Mechanical Contractors, Inc.

the Bidder making the bid for the herein project, and that I executed said bid with full authority to do so, and that all statements contained in said bid and in this Affidavit are true and correct and made with full knowledge that the ATLANTIC CITY BOARD OF EDUCATION relies upon the truth of the statement contained in said Bid and in the statements contained in this Affidavit in awarding the contract for said project.

I understand that this affidavit is being provided to the ATLANTIC CITY BOARD OF EDUCATION in compliance with the provisions of NJSA 18A:12-2 and NJSA 18A:6-8 which prohibit persons having a conflict of interest in entering into contracts or selling textbooks, apparatus or supplies to the Board of Education.

No person who is a shareholder, officer, director, partner or owner of the above vendor is officially connected with or employed in the ATLANTIC CITY PUBLIC SCHOOLS DISTRICT or is in any way pecuniarily or beneficially interested in or receives compensation or reward of any kind in connection with the sales of the vendor to the ATLANTIC CITY BOARD OF EDUCATION.

No member of the ATLANTIC CITY BOARD OF EDUCATION is employed or interested directly in the above vendor.

I further declare and certify that I and the company of which I am the agent, are not included on the State Treasurer's **List of Debarred, Suspended or Disqualified Bidders**.

I understand that if any statements made herein are false, I am subject to punishment and that any person who may be interested in my company while employed by the ATLANTIC CITY BOARD OF EDUCATION is subject to removal from office and to revocation of his/her certificate to teach or administer, direct or supervise instruction or educational guidance in the public school system.

**SWORN AND SUBSCRIBED TO BEFORE ME**

THIS 1<sup>st</sup> DAY OF September, 2021

CA A S  
(Signature of NOTARY PUBLIC)

NOTARY PUBLIC OF: New Jersey

My Commission Expires: 11/24/2025



Signature of Affiant

Colin Campano

Print/type name of Affiant

**THIS FORM MUST BE COMPLETED, SIGNED, AND RETURNED WITH YOUR BID**



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** MCCLOSKEY MECHANICAL CONTRACTORS, INC.

**Trade Name:**

**Address:** 445 LOWER LANDING RD.  
BLACKWOOD, NJ 08012

**Certificate Number:**

**Effective Date:** May 20, 1985

**Date of Issuance:** July 12, 2019

**For Office Use Only:**

20190712165200519



Atlantic City Board of Education  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

BID/RFP SOLICITATION #: 22-007-3

VENDOR/BIDDER: McCloskey Mechanical Contractors, Inc.

**PART 1:**  
**CHECK THE APPROPRIATE BOX**

Pursuant to N.J.S.A. 52:32-5, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract, must certify that neither person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the New Jersey Department of Treasury's Chapter 25 List as a person or entity engaged 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>. Vendors/Bidders must review this list prior to completing the below certification. If the board of education 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.

A.  I certify, pursuant to N.J.S.A. 52:32-5, et seq. (P.L. 2012, c.25 and P.L. 2021, c.4) that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's Chapter 25 List of entities determined to be engaged in prohibited activities in Iran. SKIP PART 2.

OR

B.  I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of the Treasury's Chapter 25 List. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below.

**PART 2:**

**PLEASE PROVIDE ADDITIONAL LANGUAGE INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**


If you checked Box "B" above, provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, engaged in the investment activities in Iran by completing the boxes below.

ENTITY NAME: \_\_\_\_\_  
RELATIONSHIP TO VENDOR/BIDDER: \_\_\_\_\_  
DESCRIPTION OF ACTIVITIES: \_\_\_\_\_  
DURATION OF ENGAGEMENT: \_\_\_\_\_  
ANTICIPATED CESSATION DATE: \_\_\_\_\_  
VENDOR/BIDDER CONTACT NAME: \_\_\_\_\_  
VENDOR/BIDDER CONTACT PHONE NO.: \_\_\_\_\_

*Attach Additional Sheets if Necessary.*

**CERTIFICATION**

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/bidder, that the foregoing information and any attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the board of education is relying on the information contained herein, and that the Vendor/Bidder is under a **continuing obligation** from the date of this certification through the completion of any Contract (s) with the board of education to notify the 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. If I do so, I will be subject to **criminal prosecution** under the law, and it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

  
\_\_\_\_\_  
Signature

09/01/2021  
\_\_\_\_\_  
Date

Robert L. Reeves - National Public Accounts Director  
\_\_\_\_\_  
Print Name and Title

**THIS FORM MUST BE COMPLETED, SIGNED, AND SUBMITTED PRIOR TO CONTRACT AWARD**

**CERTIFICATION OF NON-DEBARMENT  
FOR FEDERAL GOVERNMENT CONTRACTS**

N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

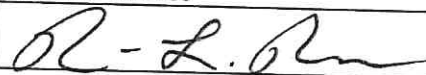
COOKING AND REFRIGERATION

Bid #22-007-3

**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	McCloskey Mechanical Contractors, Inc.
Address of Individual or Organization	445 Lower Landing Road, Blackwood, NJ 08012
DUNS Code (if applicable)	147015226
CAGE Code (if applicable)	4ZDX9
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 <b>Atlantic City Board of Education</b> 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 <b>board of education</b> to notify the <b>board of education</b> 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 <b>board of education</b> , permitting the <b>board of education</b> to declare any contract(s) resulting from this certification void and unenforceable.			
Full Name (Print):	Robert L. Reeves	Title:	National Public Accounts Director
Signature:		Date:	09/01/2021

**THIS FORM (4 PAGES) MUST BE COMPLETED, SIGNED, AND RETURNED PRIOR TO CONTRACT AWARD**

**CERTIFICATION OF NON-DEBARMENT  
FOR FEDERAL GOVERNMENT CONTRACTS (continued)**

N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

COOKING AND REFRIGERATION

Bid #22-007-3

**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

Home Address (for Individual) or Business Address

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

Home Address (for Individual) or Business 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.

**THIS FORM (4 PAGES) MUST BE COMPLETED, SIGNED, AND RETURNED PRIOR TO CONTRACT AWARD**

**CERTIFICATION OF NON-DEBARMENT  
FOR FEDERAL GOVERNMENT CONTRACTS (continued)**

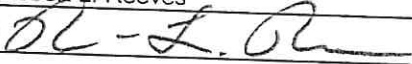
N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

COOKING AND REFRIGERATION

Bid #22-007-3

**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 **Atlantic City Board of Education**. I further acknowledge: that I am authorized to execute this certification on behalf of the above-named organization; that the **Atlantic City 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 date of contract award **board of education** to notify the **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 **board of education**, permitting the **board of education** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Robert L. Reeves	Title:	National Public Accounts Director
Signature:		Date:	09/01/2021

**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**

**Business 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.

**THIS FORM (4 PAGES) MUST BE COMPLETED, SIGNED, AND RETURNED PRIOR TO CONTRACT AWARD**

**CERTIFICATION OF NON-DEBARMENT  
FOR FEDERAL GOVERNMENT CONTRACTS (continued)**

N.J.S.A. 52:32-44.1 (P.L. 2019, c.406)

COOKING AND REFRIGERATION

Bid #22-007-3

**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**

**Business 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 **Atlantic City 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 date of contract award by **board of education** to notify the **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 **board of education**, permitting the **board of education** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Robert L. Reeves	Title:	National Public Accounts Director
Signature:		Date:	09/01/2021

**THIS FORM (4 PAGES) MUST BE COMPLETED, SIGNED, AND RETURNED PRIOR TO CONTRACT AWARD**