

**TOWNSHIP OF LAKEWOOD  
REQUEST FOR PROPOSALS**

Notice is hereby given that the Lakewood Zoning Board, Township of Lakewood, County of Ocean and State of New Jersey, will until December 26th at 12:00 p.m. at 212 Fourth Street, Lakewood, New Jersey, receive sealed proposals for the following:

2019 Zoning Board Attorney  
2019 Zoning Board Engineer  
2019 Zoning Board Planner

Two copies of all proposals must be contained in a sealed envelope with the name and address of the party submitting the proposal and marked “sealed proposal” and the position sought.

Specifications are available at the address above and may be picked up during normal business hours, Monday through Friday, 8:00 a.m. to 4:00 p.m. or may be obtained at the Township website at [www.lakewood.nj.gov](http://www.lakewood.nj.gov). Any additional information may be obtained from the Zoning Board office by calling 732-364-3760 x 5601.

This proposal is being solicited through a fair and open process in accordance with N.J.S.A. 19:44-20.5 et seq.

By order of LAKEWOOD TOWNSHIP ZONING BOARD OF ADJUSTMENT  
Abraham Halberstam, Chairman

## **Request for Proposals for Professional Services**

The Lakewood Township Zoning Board of Adjustment hereby solicits sealed proposals for the positions of Zoning Board Attorney, Zoning Board Engineer and Zoning Board Planner.

The proposal shall include a fee schedule specifying an hourly rate for all services required. Services billed at this rate shall include, but not be limited to, telephone calls, correspondence, research, preparation of ordinances, preparation of resolutions, preparation of contracts, negotiations, meetings, hearings, litigation and any other services rendered on behalf of the Township. Any other charges must be noted and must accompany this proposal. Please use the attached exception sheet for any exceptions you may want to take regarding any details in the specifications.

The submission requirements shall include:

- a. Designation of the Lead Counsel/Engineer/Planner and any other individual(s) to be assigned to perform the tasks.
- b. Professional experience of the individual(s) to be assigned, including a list of experience with Lakewood and /or experience with other municipalities.
- c. A statement concerning the ability of the firm/individual to perform tasks assigned by the Board in a timely fashion.
- d. Professional licenses held by the individual(s) to be assigned.
- e. Education background and experience of the individual(s) to be assigned.
- f. A description of the support staff available to the individual(s) to be assigned.
- g. A copy of a Certificate of Insurance, issued by an insurance carrier licensed in the State of New Jersey, for the firm/company showing the current amount of professional liability insurance.
- h. A list of professional references with addresses and telephone contact numbers.
- i. Completion of Non-Collusion Affidavit and Stockholder Disclosure Form.
- j. Proposed Contract with fee schedule.

The award of this contract shall be made to the person or firm submitting the proposal which is deemed to be that which is most advantageous to the Township, price and other factors considered.

The applicant should note that the Board meets on the first Monday of each month, except as noted in the 2019 Lakewood Township Zoning Board schedule.

The selection criteria to be used in awarding this contract as a fair and open contract in accordance with N.J.S.A. 19:44A-20-5 et. Seq.

- a. Qualifications of the individuals who will perform the services and their experience and familiarity with Zoning Board matters.
- b. Ability to perform the services in a timely fashion, including staffing and familiarity with the subject matter.
- c. Cost consideration including, but not limited to, standardized submission and compliance with proposal documents.
- d. Experience with Lakewood, and/or experience in the applicant's field of expertise.

Pursuant to N.J.S.A. 40A-11-3(b), contracts for professional services pursuant to subparagraph (i) of paragraph (a) subsection 10 of section 5 of P.L. 1971, c. 198 (N.J.S.A.40A:11-5) may be awarded for a period not exceeding twelve (12) consecutive months.

**TOWNSHIP OF LAKEWOOD**  
**NON-COLLUSION AFFIDAVIT**

STATE OF NEW JERSEY :  
: ss  
COUNTY OF OCEAN :

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

I am \_\_\_\_\_  
of the firm of \_\_\_\_\_

the Professional Service Entity making the submission for the above named Service, and that I executed the said submission with full authority to do so; that said Professional Service Entity has not, directly or indirectly, entered into any agreements, participated in any collusion, or otherwise taken any action in restraint of fair and open competition in connection with the above named Service; and that all statements contained in said submission and in this affidavit are true and correct, and made with full knowledge that the Township of Lakewood relies upon the truth of the statements contained in said submission and in the statements contained in this affidavit in awarding the contract for said Service.

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 for bonafide employees or bonafide establish, commercial or selling agencies maintained by:

\_\_\_\_\_  
Name of Professional Service Entity

Subscribed and sworn to before me

This \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
*Notary Public of New Jersey*

\_\_\_\_\_  
Signature of Professional

\_\_\_\_\_  
Type or print name of affiant and Title

**TOWNSHIP OF LAKEWOOD  
DISCLOSURE OF OWNERSHIP FORM**

N.J.S.A. 52:25-24.2 reads in part that “no corporation or partnership shall be awarded any contract by the State, County, Municipality or School District, or any subsidiary or agency thereof, unless prior to the receipt of the submission of the corporation or partnership, there is provided to the public contracting unit a statement setting forth the names and addresses of all individuals who own 10% or more of the stock or interest in the corporation or partnership”.

1. If the professional service entity is a partnership, then the statement shall set forth the names and addresses of all partners who own a 10% or greater interest in the partnership.
2. If the professional service entity is a corporation, then the statement shall set forth the names and addresses of all stockholders in the corporation who own 10% or more of its stock of any class.
3. If a corporation owns all or part of the stock of the corporation or partnership providing the submission, then the statement shall include a list of the stockholders who own 10% or more of the stock of any class of that corporation.
4. If the professional service entity is other than a corporation or partnership, the contractor shall indicate the form of corporate ownership as listed below.

**COMPLETE ONE OF THE FOLLOWING STATEMENTS:**

- I. Stockholders or Partners owning 10% or more of the company providing the submission:  
Name: \_\_\_\_\_ Address: \_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
\_\_\_\_\_  
  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- II. No Stockholder or Partner owns 10% or more of the company providing this submission:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- III. Submission is being provided by an individual who operates as a sole proprietorship:  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_
- IV. Submission is being provided by a corporation or partnership that operates as a (check one of the following):  
\_\_\_\_\_ Limited Partnership                      \_\_\_\_\_ Limited Liability Corporation  
\_\_\_\_\_ Limited Liability Partnership                      \_\_\_\_\_ Subchapter S Corporation  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**TOWNSHIP OF LAKEWOOD**  
**INSURANCE REQUIREMENTS AND ACKNOWLEDGMENT FORM**  
**(Fair and Open Public Solicitation Process)**

Certificate(s) of Insurance for Professional Liability Insurance, satisfactory to the Township of Lakewood, shall be filed with the Township Purchasing Division upon award of contract by the Township Committee.

The minimum amounts of insurance to be carried by the Professional Service Entity shall be as follows:

**1. Professional Liability Insurance**

Limits shall be a minimum of \$1,000,000.00 for each claim and \$1,000,000.00 aggregate each policy period.

Acknowledgment of Insurance Requirement:

\_\_\_\_\_ Date \_\_\_\_\_

\_\_\_\_\_  
(Print Name and Title)

(See Certificate of Insurance attached hereto as Exhibit B)

**TOWNSHIP OF LAKEWOOD**  
**Mandatory Equal Employment Opportunity Notice**  
**N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.**  
**GOODS, PROFESSIONAL SERVICES AND GENERAL SERVICE CONTRACTS**

This form is a summary of the successful professional service entity's requirement to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq.

The successful professional service entity shall submit to the Township of Lakewood, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

- (A) A photocopy of a valid letter that the vendor is operating under an existing federally approved or sanctioned affirmative action program (good for one year from the date of the letter); or
- (B) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-1.1 et seq.; or
- (C) A photocopy of an Employee Information Report (Form AA302) provided by the Division of Contract Compliance and distributed to the Township of Lakewood to be completed by the vendor in accordance with N.J.A.C. 17:27-1.1 et seq.

The successful professional service entity may obtain the Employee Information Report (AA302) from the Township of Lakewood during normal business hours and distributed in accordance with the requirements on the Employee Information Report.

The undersigned professional service entity certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq. and agrees to furnish the required forms of evidence.

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

Company: \_\_\_\_\_

Signature: \_\_\_\_\_ Print Name: \_\_\_\_\_

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

**TOWNSHIP OF LAKEWOOD**

**AFFIDAVIT OF AFFIRMATIVE ACTION**

STATE OF NEW JERSEY :  
 : SS  
COUNTY OF \_\_\_\_\_ :

\_\_\_\_\_ being duly sworn, deposes and says that his business address is \_\_\_\_  
\_\_\_\_\_ and that he is the  
\_\_\_\_\_ of \_\_\_\_\_  
(Title) (Partnership/Corporation)

who signed the above Proposal or Bid, that during the course of this contract, he will agree to the Plan for Affirmative Action as outlined in the NOTICE TO BIDDERS, and more particularly detailed in the contract documents.

\_\_\_\_\_  
, Affiant

Subscribed and sworn to before me this \_\_\_\_  
day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
*Notary Public of New Jersey*



**TOWNSHIP OF LAKEWOOD**  
**AMERICANS WITH DISABILITIES ACT**  
**Equal Opportunity for Individuals with Disabilities**

The CONTRACTOR and the TOWNSHIP OF LAKEWOOD do hereby agree that the provisions of Title 11 of the Americans with Disabilities Act of 1990 (the "Act") (42 U.S.C. § 12101 et seq.) which prohibits discrimination on the basis of disability by public entities in all services, programs and activities provided or made available by public entities, and the rules and regulations promulgated thereunto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the TOWNSHIP OF LAKEWOOD 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 TOWNSHIP OF LAKEWOOD in any action or administrative proceeding commenced pursuant to this Act. The CONTRACTOR shall indemnify, protect and save harmless the TOWNSHIP OF LAKEWOOD, its agents, servants and employees from and against any and all suits, claims, losses, demands, or damages or 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.

The TOWNSHIP OF LAKEWOOD 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 TOWNSHIP OF LAKEWOOD or any of its agents, servants and employees, the TOWNSHIP OF LAKEWOOD shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading or other process received by the TOWNSHIP OF LAKEWOOD or its representatives.

It is expressly agreed and understood that any approval by the TOWNSHIP OF LAKEWOOD 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 TOWNSHIP OF LAKEWOOD pursuant to this paragraph.

It is further agreed and understood that the TOWNSHIP OF LAKEWOOD 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 provision 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 TOWNSHIP OF LAKEWOOD from taking any other actions available to it under any other provisions of this Agreement or otherwise at law.

The TOWNSHIP OF LAKEWOOD does not discriminate on the basis of handicapped status in the admission or access to, or treatment, or employment in its programs or activities.

The TOWNSHIP OF LAKEWOOD shall allow access to any books, documents, papers and records of the contractor, which are directly pertinent to that specific contract.

Compliance is required with all applicable standards, orders, or requirements issued under 306 of the Clean Air Act, Section 508 of the Clean Water Act, Executive Order 11738 and Environmental Protection Agency Regulations (40 CRF, Part 15) which prohibits the use under non-exempt federal contracts, grants or loans of facilities included on the EPA list of violating facilities.

The TOWNSHIP OF LAKEWOOD considers it to be a substantial conflict of interest for any company desiring to do business with the TOWNSHIP OF LAKEWOOD to be owned, operated or managed by any TOWNSHIP OF LAKEWOOD employee, nor shall any TOWNSHIP OF LAKEWOOD personnel be employed by the vendor in conjunction with any work to be performed for or on behalf of the TOWNSHIP OF LAKEWOOD.

I hereby certify compliance with the foregoing.

Partnership

The undersigned is a Corporation under the law of the State (Limited Liability Corporation)

Individual

of \_\_\_\_\_, having principal offices at \_\_\_\_\_

\_\_\_\_\_  
Name of Company, Corporation or Individual

Signed by: \_\_\_\_\_

\_\_\_\_\_  
Print Name and Official Title

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

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

Facsimile: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Federal Id. No.: \_\_\_\_\_

**TOWNSHIP OF LAKEWOOD**  
**Professional Service Entity Information Form**

If the Professional Service Entity is an **INDIVIDUAL**, sign name and give the following information:

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

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

Telephone No.: \_\_\_\_\_ Social Security No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

If individual is a **TRADE NAME**, give such trade name:

Trading As: \_\_\_\_\_ Telephone No.: \_\_\_\_\_

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If the Professional Service Entity is a **PARTNERSHIP**, give the following information:

Name of Partners: \_\_\_\_\_

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

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

Telephone No.: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Social Security No.: \_\_\_\_\_

Signature of authorized agent: \_\_\_\_\_

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If the Professional Service Entity is **INCORPORATED**, give the following information: (LLC)

State under whose laws incorporated \_\_\_\_\_

Location of principal office: \_\_\_\_\_

Telephone No.: \_\_\_\_\_ Federal I.D. No.: \_\_\_\_\_

Fax No.: \_\_\_\_\_ E-Mail: \_\_\_\_\_

Name of agent in charge of said office upon who notice may be legally served:

\_\_\_\_\_

Telephone No.: \_\_\_\_\_ Name of Corp. \_\_\_\_\_

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

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

**TOWNSHIP OF LAKEWOOD**  
**(Fair and Open Public Solicitation Process for Professional Services)**  
**SUBMISSION FORM**

1. Names and roles of the individuals who will perform the services and description of their education and experience with projects similar to the services contained herein:

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2. Documented past performance of same or similar service:

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3. References and record of success of same or similar service:

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4. Description of ability to provide the services in a timely fashion (including staffing, familiarity and location of key staff):

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5. Cost details, including the hourly rates of each of the individuals who will perform services, and all expenses:

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6. Description of technical process and equipment used in performing task(s).

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7. History of Vendor's background and history, including office location and the proximity to the Township of Lakewood, the number of years in business, the scope of services currently provided to municipal clients, and financial stability and strength.

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8. Knowledge of the Township of Lakewood and the subject matter to be addressed under the contract.

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Note: Attach additional sheets as necessary

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

Authorized Representative (Print) \_\_\_\_\_

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

Telephone: \_\_\_\_\_ Fax No.: \_\_\_\_\_

**TOWNSHIP OF LAKEWOOD**  
**Acknowledgement of Corrections, Additions and Deletions Form**  
**(Fair & Open Public Solicitation Process)**

I, \_\_\_\_\_, of the firm of  
\_\_\_\_\_ hereby  
acknowledge that any corrections, additions and/or deletions have been initialed and  
dated in this Submission Package.

\_\_\_\_\_  
\_\_\_\_\_, Affiant

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

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



**TOWNSHIP OF LAKEWOOD**  
**CHECKLIST – FAIR & OPEN PUBLIC SOLICITATION PROCESS**

Professional Service: \_\_\_\_\_

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

The following items, as indicated by initialing, shall be provided with the receipt of sealed submissions:

1. Non-Collusion Affidavit ..... \_\_\_\_\_
2. Disclosure of Ownership Form ..... \_\_\_\_\_
3. Insurance Requirement Acknowledgment Form ..... \_\_\_\_\_
4. Mandatory Equal Employment Opportunity Notice Acknowledgment  
(Contracts over \$17,500.00) ..... \_\_\_\_\_
5. Affidavit of Affirmative Action ..... \_\_\_\_\_
6. Americans with Disabilities Act Compliance Certification..... \_\_\_\_\_
7. Copy of Business Registration Certificate as issued by the State of New Jersey,  
Department of Treasury, Division of Revenue ..... \_\_\_\_\_
8. Professional Service Entity Information Form ..... \_\_\_\_\_
9. Qualifications Submission Form ..... \_\_\_\_\_
10. Acknowledgment of Corrections, Additions or Deletions Form ..... \_\_\_\_\_
11. Compensation/Fee Proposal. Detailing all charges to be billed to the Township ..... \_\_\_\_\_



