

**A RESOLUTION AUTHORIZING THE AWARD OF  
CONTRACT PRO23064 FOR MUNICIPAL COURT OFFICE DESK CUBICLES  
AS PART OF THE MUNICIPAL COMPLEX RESTORATION PROJECT**

**WHEREAS**, in September of 2021, a significant amount of water penetrated the Municipal Complex from Hurricane Ida, causing major damage to the structure, currently under remediation and restoration; and

**WHEREAS**, it has been determined necessary to replace the cubicle desks located within the Municipal Court office; and

**WHEREAS**, the cost for the replacement of the cubicle desks shall be submitted under the insurance claim as part of the content loss; and

**WHEREAS**, the aggregate of the goods and services requested was anticipated to exceed the \$17,500.00 Pay-to-Play threshold, and was procured under a fair and open process pursuant to Local Public Contracts Law N.J.S.A. 40A:11-3 et seq. and Pay-to-Play NJ Rev Stat §19:44A-20.4 et seq. and NJ Rev Stat §19:44A-20.26; and

**WHEREAS**, on August 25, 2023, one quote was received in response to solicitation PRO23064, submitted by Eastern Office Furniture with a quote of \$19,295.00; and

**NOW THEREFORE BE IT RESOLVED**, Township Council of the Township of North Brunswick does hereby authorize the execution of an agreement/purchase order with Eastern Office Furniture for Municipal Court office cubicles, pursuant to Contract PRO23064, in the amount of \$19,295.00.

**CERTIFICATION**

I, Cavel Gallimore, Chief Financial Officer, hereby certify that \$19,295.00 is available for this purpose in Storm Recovery Reserve Account D-33-56-850-005-001. Contract PRO23064

\_\_\_\_\_  
Cavel Gallimore  
Chief Financial Officer

\_\_\_\_\_  
Justine Progebin  
Business Administrator

\_\_\_\_\_  
Ronald Gordon, Esq.  
Township Attorney  
Approved as to legal form

**RECORDED VOTE:**

<b>COUNCIL MEMBER</b>	<b>YES</b>	<b>NO</b>	<b>ABSTAIN</b>	<b>NOTES</b>
HUTCHINSON				
GUADAGNINO				
ANDREWS				
DAVIS				
SOCIO				
MEHTA				
MAYOR WOMACK				

I hereby certify that the above Resolution was duly adopted by the Township Council of the Township of North Brunswick, County of Middlesex, at its meeting held on September 5, 2023.

\_\_\_\_\_  
 Lisa Russo  
 Township Clerk

# Eastern Office Furniture

77 Fairmount Avenue  
Chester, NJ 07930  
Tel: (201)650-8281

NO.7495

INVOICE DATE 8/7/23

SOLD TO: Twp of North Brunswick  
710 Hermann Rd.  
North Brunswick Twp. NJ  
  
Justine Progebin 732-247-0922 x267

QTY	NEW/USED	DESCRIPTION	UNIT	AMOUNT
6	NEW	Partsko Pedestals -24" BBF		
6	NEW	Partsko Pedestals -24" FF		
6	NEW	Partsko Worksurfaces- 24x30		
6	NEW	Partsko Worksurfaces Ext. Corner-24x42x72		
6	NEW	Partsko Shared Cantilevers		
6	NEW	Partsko Cantilevers		
6	NEW	Partsko Center Drawers		
11	USED	Steelcase Avenir Panels- 42/42 - Refurbished		
6	USED	Steelcase Avenir Panels- 42/36 - Refurbished		
11	USED	Steelcase Avenir Panels- 42/30 - Refurbished		
4	USED	Steelcase Powerways		
1	USED	Steelcase Base-Power-In		
6	USED	Steelcase Wall Mounts w/ Hardware		

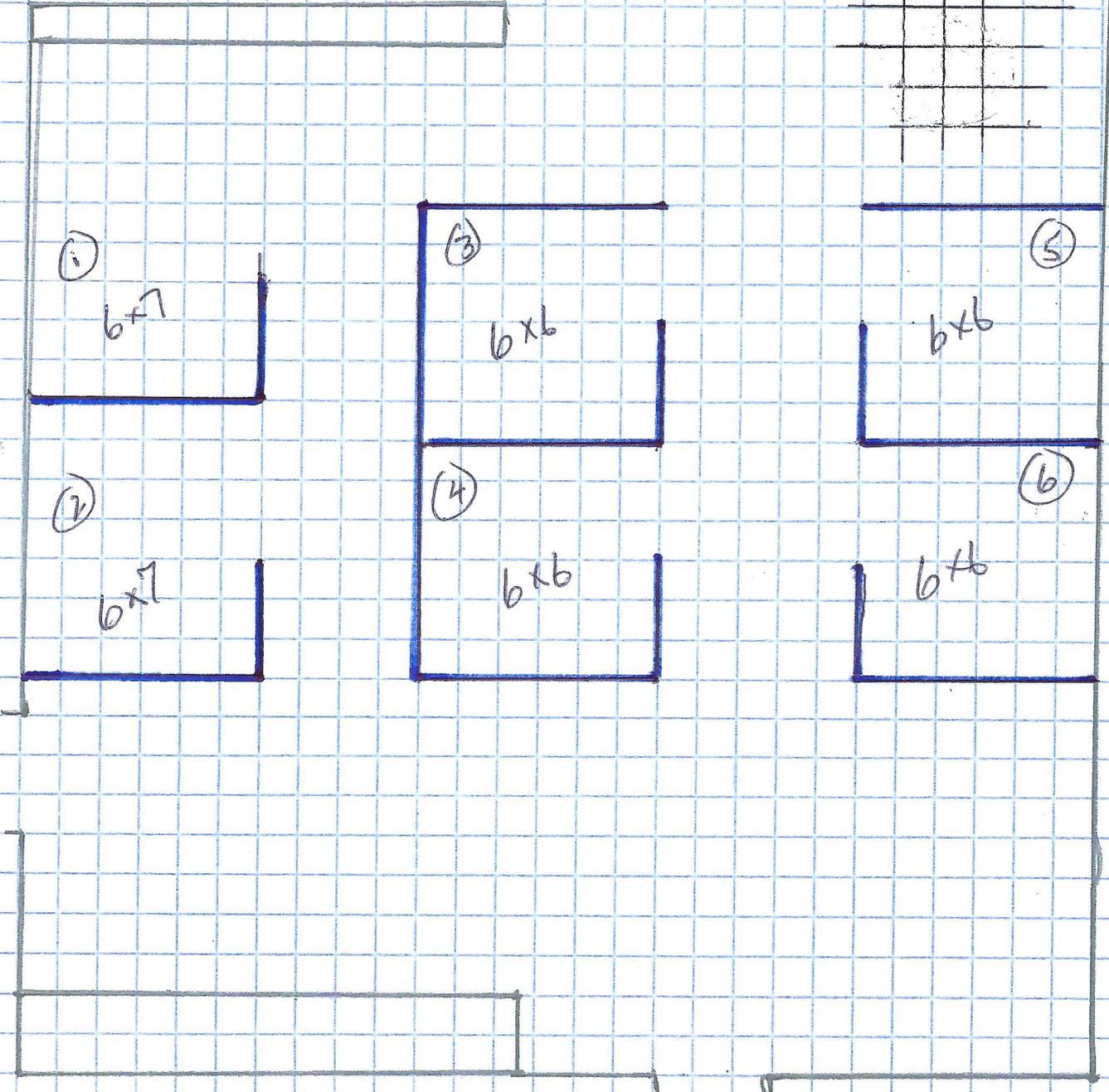
Delivered and installed during normal business hours

Partsko Rainfall Bliss Fabric- Light Grey Trim  
Partsko Laminate- Recon Oak

<b>SUBTOTAL</b>	\$19,295.00
<b>TAX</b>	EXEMPT
<b>TOTAL</b>	\$ 19,295.00

INVOICE

# TWP. OF NORTH BRUNSWICK



## DOCUMENT CHECKLIST

	Checked if Required for this quote	Submission Requirement	Vendor to Initial below acknowledging each item required
1	<b>X</b>	Vendor Supplied Quote	CPN
2	<b>X</b>	Corporation Statement	CPN
3	<b>X</b>	Non-Collusion Affidavit	CPN
4	<b>X</b>	Acknowledgement of Receipt of Revisions or Addenda	CPN
5		Bid Guarantee (with Power of Attorney for full amount of Bid Bond)	
6		Consent of Surety for Performance Bond (with Power of Attorney for full amount of Bid Price)	
7	<b>X</b>	Prohibited Activities in Russia-Belarus and Iran*	CPN
8	<b>X</b>	References*	CPN
9		Professional License(s)*	
10		Public Works Contractor Registration Certificate* for Contractor and Sub-Contractors listed	
11		Subcontractor Listing	
12		Prevailing Wage Rate Determination*	
13	<b>X</b>	Debarred, Suspended and Disqualified Affidavit*	CPN
14	<b>X</b>	New Jersey Anti-Discrimination Provisions*	CPN
15		Equipment Certification*	
16	<b>X</b>	Exceptions	CPN
17	<b>X</b>	Evidence of Affirmative Action Compliance*	CPN
18	<b>X</b>	Business Registration Certificate for Contractor and Sub-Contractors listed*	CPN
19	<b>X</b>	W-9 Form*	CPN
20	<b>X</b>	Insurance Documentation*	CPN
21		Changed Conditions Clauses*	
22	<b>X</b>	Equal Employment Certification*	CPN
23	<b>X</b>	American with Disabilities Act*	CPN

\*Allowed to be provided with RFQ submission OR prior to execution of contract.

Name of Vendor EASTERN OFFICE FURNITURE, INC.

Name/Title of Authorized Agent CHRIS NAVAL - PRESIDENT

Signature  Date 8/24/23

**PROHIBITED RUSSIA-BELARUS ACTIVITIES**  
**PROHIBITED IRAN INVESTMENT ACTIVITIES**

Person or Entity: CHRIS NAVAL - EASTERN OFFICE FURNITURE, INC.

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on Treasury's website at the following web addresses:

[RussiaBelarusEntityList.pdf \(nj.gov\)](#)      [Chapter25List.pdf \(state.nj.us\)](#)

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be 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.

**Part 1: CERTIFICATION**

*COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW*

<b>CONTRACT AWARDS AND RENEWALS</b>	
<input checked="" type="checkbox"/>	<i>I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)</i>
<b>CONTRACT AMENDMENTS AND EXTENSIONS</b>	
<input type="checkbox"/>	<i>I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)</i>
<b>IF UNABLE TO CERTIFY</b>	
<input type="checkbox"/>	<i>I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.</i>

**Part 2: ADDITIONAL INFORMATION**

PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN.

You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran in the space below and, if needed, on additional sheets provided by you.

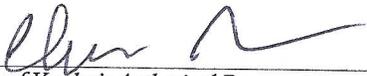
N/A

**Part 3: CERTIFICATION OF TRUE AND COMPLETE INFORMATION**

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, to the best of my knowledge, are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.

I acknowledge that the Township of North Brunswick is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Township of North Brunswick to notify the Township of North Brunswick in writing of any changes to the answers of information contained herein.

I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Township of North Brunswick and that the Township of North Brunswick at its option may declare any contract(s) resulting from this certification void and unenforceable.



Signature of Vendor's Authorized Representative

8-24-23

Date

CHRIS NAVAL

Print Name and Title of Vendor's Authorized Representative

22-3384349

Vendor's FEIN

EASTERN OFFICE FURNITURE, INC.

Vendor's Name

201-650-8281

Vendor's Phone Number

77 FAIRMOUNT AVE CHESTER, NJ 07930

Vendor's Address (Street Address)

Vendor's Fax Number

CHESTER NJ 07930

Vendor's Address (City/State/Zip Code)

CHRISNVL@AOL.COM

Vendor's/Representative's Email Address

# AFFIRMATIVE ACTION EVIDENCE

N.J.S.A. 10:5-31 and N.J.A.C. 17:27

## GOODS AND SERVICES CONTRACTS (INCLUDING PROFESSIONAL SERVICES)

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

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

- a. A Letter of Federal Approval indicating that the vendor is under an existing federally approved or sanctioned affirmative action program. A copy of the approval letter must be provided by the vendor to the Public Agency and the Division. This approval letter is valid for one year from the date of issuance.

OR

- b. A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with N.J.A.C. 17:27 et seq. The vendor must provide a copy of the Certificate to the Public Agency as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division.

OR

- c. The successful bidder shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with a check or money order for \$150.00 made payable to "Treasurer, State of NJ" and forward a copy of the Form to the Public Agency. Upon submission and review by the Division, the Report shall constitute evidence of compliance with the regulations.

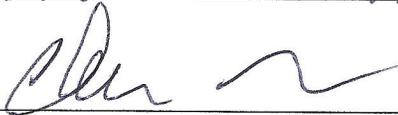
The successful vendor may obtain the Equal Opportunity Employment Information Report (AA302) from the contracting unit during normal business hours.

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

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence. [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)

The undersigned vendor further understands they are required to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

Company EASTERN OFFICE FURNITURE, INC.

Signature  Date 8/24/23

Print Name CHERYL NAURZ Title PRESIDENT

# AMERICANS WITH DISABILITIES ACT OF 1990

## Equal Opportunity for Individuals with Disability

The contractor and the owner do hereby agree that the provisions of Title 11 of the Americans with Disabilities Act of 1990 (the "Act") (42 U.S.C. S121 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.

Company EASTERN OFFICE FURNITURE, INC.

Signature  Date 8-24-23

Print Name CHRIS NAVAL Title PRESIDENT

NEW JERSEY  
ANTI-DISCRIMINATION PROVISIONS

N.J.S.A 10:2-1 et seq.

Pursuant to N.J.S.A. 10:2-1, if awarded a contract, the contractor agrees that:

- A. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- B. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- C. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- D. This contract may be canceled or terminated by the contracting public agency and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

Name of Bidder EASTERN OFFICE FURNITURE, INC.

Name/Title of Authorized Agent CHRIS NAVAL

Signature  Date 8/24/23



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

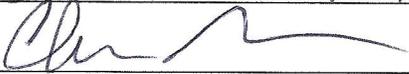
Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page Numbers
N/A	

Please list the names and addresses of each stockholder, partner or member owning 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	Address
N/A	

**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 Township of North Brunswick 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 local government contracting units to notify the local agency 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 the 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 Township to declare any contract(s) resulting from this certification, void and unenforceable.

Full Name: CHRISTOPHER P. NAVAL Title: PPES.  
Signature:  Date: 8-24-23

# STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

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

Name of Organization EASTERN OFFICE FURNITURE, INC.

Organization Address 77 FAIRMOUNT AVE, CHESTER, NJ 07930

## 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
- 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)

<i>Name of Individual or Business Entity</i>	<i>Address</i>
<u>CHRIS NAVAL</u>	<u>77 FAIRMOUNT AVE, CHESTER NJ</u> <u>07930</u>

# 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.

Print or type.  
 See Specific Instructions on page 3.

<b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <span style="font-size: 1.2em; font-family: cursive;">EASTERN OFFICE FURNITURE, INC.</span>	
<b>2</b> Business name/disregarded entity name, if different from above	
<b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.	<b>4</b> 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) _____  <small>(Applies to accounts maintained outside the U.S.)</small>
<input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ <b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is <b>not</b> disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.  <input type="checkbox"/> Other (see instructions) ▶ _____	
<b>5</b> Address (number, street, and apt. or suite no.) See instructions. <span style="font-size: 1.2em; font-family: cursive;">77 FAIRMOUNT AVE</span>	Requester's name and address (optional)
<b>6</b> City, state, and ZIP code <span style="font-size: 1.2em; font-family: cursive;">CHESTER NJ. 07930</span>	
<b>7</b> List account number(s) here (optional)	

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

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

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
2	2	-	3	3	8	4	3	4	9

## 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <span style="font-size: 1.5em; font-family: cursive;">[Signature]</span>	Date ▶ <span style="font-size: 1.2em; font-family: cursive;">8-24-23</span>
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## General Instructions

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

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

# NORTH BRUNSWICK TOWNSHIP

## Acknowledgement of Receipt of Changes to Contract Documents

Pursuant to N.J.S.A. 40A:11-23 the undersigned vendor hereby acknowledges receipt of the following notices, revisions, or addenda to the proposal advertisement, specifications or contract documents. By indicating date of receipt, the vendor acknowledges the submitted proposal and takes into account the provisions of the notice, revisions or addenda. Note that the Township's record of Request for Proposals shall take precedence and that failure to include provisions of changes in a proposal may be subject for rejection of the proposal.

Township Reference Number or Title of Addendum	How Received	Date Received
	EMAIL	8-21-23

No Addenda Issued

### Acknowledgement by Vendor:

CHRIS NAVAL

Vendor Name



Signature of Authorized Representative

CHRIS NAVAL - PRES.

Print name and title

8/24/23

Date



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

**Taxpayer Name:** EASTERN OFFICE FURNITURE, INC.

**Trade Name:**

**Address:** 77 FAIRMOUNT AVE  
CHESTER, NJ 07930

**Certificate Number:** 0649984

**Effective Date:** July 27, 1995

**Date of Issuance:** January 22, 2009

**For Office Use Only:**

20090122102605909

# NON-COLLUSION AFFIDAVIT

STATE of NEW JERSEY, )  
 )  
COUNTY of )

I, CHRIS NAVAL residing in CHESTER, in the County  
*name of Affiant* *name of Municipality*  
of MORRIS and the State of NEW JERSEY of full age, being duly  
sworn according to law on my oath depose and say:

I am PRESIDENT of the firm EASTERN OFFICE FURNITURE INC.  
*title or position* *name of firm*

the bidder making this proposal for the bid entitled COURT ROOM DESK COPIERS,  
*title of bid proposal*

and that I executed the said Proposal with full authority to do so; that said bidder has not, directly or indirectly entered into any agreement(s), participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said proposal and in this affidavit are true and correct; and in made full knowledge that the

TWP. OF NORTH BRUNSWICK relies upon the truth of the  
*name of contracting unit*

statements contained in said proposal and in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon 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

EASTERN OFFICE FURNITURE, INC.  
*name of firm*

Subscribed and sworn to before me on this

25<sup>th</sup> day of August 2023.

Karen L Ferrone  
Seal Notary Public of New Jersey

My Commission Expires:

**KAREN L. FERRONE**  
**NOTARY PUBLIC OF NEW JERSEY**  
**My Commission Expires 4/29/2024**

Chris Naval  
Signature of Authorized Representative

CHRIS NAVAL  
Print name of above

EASTERN OFFICE FURNITURE INC.  
Print title of above

**DEBARRED, SUSPENDED  
AND DISQUALIFIED AFFIDAVIT**

Township of North Brunswick

STATE of NEW JERSEY,

COUNTY of

I, CHRIS NAVAI residing in CHESTER, in the County  
name of Affiant name of Municipality  
of MORRIS and the State of NEW JERSEY of full age, being duly  
sworn according to law on my oath depose and say:

I am PRESIDENT of the firm/company EASTERN OFFICE FURNITURE INC,  
title or position name of firm

the bidder making this proposal for the bid entitled COURT ROOM DESK CUBICLES,  
title of bid proposal

and that I executed the said Proposal with full authority to do so; said Bid at the time of making this proposal {as applicable, insert "is" or "is not"} IS NOT included on the State of New Jersey, State Treasurer's List of Debarred, Suspended and Disqualified list; and all statements contained in said proposal and in this affidavit are true and correct and made with the full knowledge that North Brunswick Township as a Local Unit relies upon the truth of the statements contained in said proposal and in the statements contained in this affidavit in awarding the contract for said work:

- I. Has not been suspended, debarred, voluntarily excluded or determined ineligible by any Federal, state or local government agency within the past 3 years;
- II. Does not have a proposed debarment pending; and
- III. Has not been indicted, convicted, or had a civil judgment rendered against (it) by a court of competent jurisdiction in any matter involving fraud or official misconduct within the past 3 years.

The undersigned further warrants that should the name of the firm/company making this proposal appear on the State Treasurer's List of Debarred, Suspended and Disqualified firms/companies at any time prior to, and during the life of the contract, that the Local Unit shall be immediately so notified by the signatory of this Eligibility Affidavit.

The undersigned understands that the firm/company making the proposal as a firm/company is subject to debarment, suspension and/or disqualification with the State of New Jersey if the firm/company, pursuant to N.J.A.C. 7:1-5.2, commits any of the acts listed therein, and as determined according to applicable law and regulation.

*(Insert Exceptions - For any exception noted, indicate to whom it applies, initiating agency, and dates of action. Providing false information may result in criminal prosecution or administrative sanctions. If no exceptions, insert "None")*

Subscribed and sworn to before me on this

25<sup>th</sup> day of August 2023.

Karen Ferrone  
Seal Notary Public of New Jersey

My Commission Expires:

**KAREN L. FERRONE  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires 4/29/2024**

[Signature]  
EASTERN OFFICE FURNITURE INC  
Name and Address of Firm/Company

77 FRIEMAN AVE CHESTER NJ  
CHRIS NAVAI 07930  
Name and Title of Authorized Representative