AFFIX CORPORATE SEAL

BIDDER SIGNATURE PAGE

Rev. 9/20/05

- 1. If doing business under a <u>trade name</u>, <u>partnership</u> or a <u>sole proprietorship</u>, you must submit the bid under <u>exact title</u> of the trade name, partnership, or proprietorship, and the bid must be signed by either the <u>owner</u> or a <u>partner</u> and <u>witnessed</u> by a <u>notary public</u>.
- 2. If a <u>Corporation</u>, the bid must be signed by the <u>President</u> or <u>Vice President</u> and <u>witnessed</u> by <u>Corporate Secretary</u>, (Corporate title must be exact) and <u>affix corporate seal</u>.
- 3. Other persons <u>authorized</u> by <u>Corporate Resolution</u> to execute agreements in its behalf may also sign the bid documents (pages).
- 4. The Person who signs this bid form must also sign the Non-Collusion Affidavit.
- SIGNATURE
 CORPORATE SECRETARY

 Deby & March Control of BIDDER

 SIGNATURE
 CORPORATE SECRETARY

 Deby & March Control of BIDDER

 Address of BIDDER

 NAME OF BIDDER

 Address of BIDDER

 Next on Grue A19073

 TELEPHONE: 40-497-9390

 FAX: 40-497-9524

 EMAIL: ERM & Clemicle of Control of BIDDER

 SIGNATURE

 DATE

<u>WARNING</u>: FAILURE TO FULLY, ACCURATELY, AND COMPLETELY SUPPLY THE INFORMATION REQUESTED ON THIS PAGE MAY RESULT IN THE REJECTION OF YOUR BID AS NON-RESPONSIVE

CHEMICAL EQUIPMENT LABS OF DE, INC.

(a Delaware corporation)

JOINT ACTION BY UNANIMOUS WRITTEN CONSENT OF THE SHAREHOLDERS AND THE BOARD OF DIRECTORS IN LIEU OF MEETING

The undersigned, constituting all the shareholders and the entire Board of Directors of Chemical Equipment Labs of DE, Inc. (the "Corporation"), a corporation organized and existing under the laws of the State of Delaware, by unanimous consent in writing, without the formality of convening a meeting, does hereby severally and collectively consent to the following action of the Corporation:

RESOLVED, that the following are designated to constitute the Board of Directors of the Corporation, to hold such office for the ensuing year and until successors are chosen and qualified:

Edward R. Morgan, Jr.

John P. Morgan

FURTHER RESOLVED, that that the following persons be appointed to the offices set opposite their respective names, to serve for one year and until their successors are chosen and qualify:

Chairman

John P. Morgan

President

Edward R. Morgan, Jr.

Treasurer

Edward R. Morgan, Jr.

Secretary

John P. Morgan

FURTHER RESOLVED, that John P. Morgan, in his capacity as Executor of the Estate of Edward R. Morgan, Sr., and Edward R. Morgan, Jr., in his individual capacity, be and are hereby authorized to execute on behalf of the Corporation any instrument or document which may be necessary or expedient in connection with the business and affairs of the Corporation.

FURTHER RESOLVED, that all acts and deeds heretofore done by any director or officer of the Corporation, for and on behalf of the Corporation, since the last meeting of the shareholders and Board of Directors to date be and are hereby ratified, approved and confirmed.

FURTHER RESOLVED, that this Joint Action By Unanimous Written Consent of the Shareholders and the Board of Directors may be executed in one or more counterparts each of which shall constitute an original and all of which taken together shall constitute a single instrument. Signatures delivered by facsimile or email transmission shall constitute originals for all purposes hereof.

IN WITNESS WHEREOF	f, the undersigned have hereunto set their hands this $2 i i$ day
of <u>August</u> , 2016.	
Lin .	Che Great
Edward R. Morgan, Jr.	John P. Morgan, Executor of the Estate of Edward R. Morgan, Sr.
	Constituting all the Shareholders
	Charles Exech
Edward R. Morgan, Jr.	John P. Morgan

Constituting the Entire Board of Directors

BID FORM PAGE (Page 1 of 2)

HAVING CAREFULLY READ THE NOTICE TO BIDDERS, SPECIFICATIONS AND INSTRUCTIONS TO BIDDERS, THE UNDERSIGNED HEREBY AGREES TO PROVIDE AND DELIVER **ROCK SALT** FOR THE COUNTY OF UNION AND, IF THE VENDOR AGREES TO EXTEND, THE UNION COUNTY COOPERATIVE PRICING SYSTEM #8-UCCP IN ACCORDANCE TO THE SPECIFICATIONS. DO NOT ALTER THE FORMAT OF THE BID FORM PAGE IN ANY MANNER UNDER THE PENALTY OF DISQUALIFICATION.

COUNTY OF UNION

	QUANTITY (MORE OR LE			<u>UNI</u>	T PRICE	71		GRANI	TOTAL	
LINE 1	10,000 TON	S	X S	\$/	78		\$	7 <i>80</i>	DO (2
LINE 2	BIDDER CO ADDITIONAL 121 (SEE PAGE	MONTHS			ES	ШNO	/	(1.0110	<i>DROSED</i>	
LOCATION (OF PLANT:	Dur 12 BA		15T	Te.	Mira 15	Tre	eT 2002		

NAME OF BIDDER: Chemical Equipment has of DE, IVE

BID FORM PAGE (Page 2 of 2)

COOPERATIVE MEMBERS

	QUANTITY (MORE OR LESS)		UNIT PRI	CE	GRAND TOTAL	
LINE 1	33,374 TONS	X \$	78		(NOT TO EXCEED)	
LINE 2	BIDDER CONSEN ADDITIONAL 12 MONTH (SEE PAGE 17)		□YES	₩NO		
LOCATION C		ural LEA	······	Termin STRE		
		BAY.	su .	NT	07002	

CHECK HERE IF WILLING TO PROVIDE THE GOODS AND SERVICES HEREIN BID UPON TO REGISTERED MEMBERS OF THE UNION COUNTY COOPERATIVE PRICING SYSTEM, IDENTIFIER #8-UCCP WHO HAVE SUBMITTED ESTIMATES, WITHOUT SUBSTITUTION OR DEVIATION FROM SPECIFICATIONS, SIZE, FEATURES, QUALITY, PRICE OR AVAILABILITY AS HEREIN SET FORTH. IT IS UNDERSTOOD THAT ORDERS WILL BE PLACED DIRECTLY BY THE REGISTERED MEMBERS IDENTIFIED HEREIN BY SEPARATE CONTRACT, SUBJECT TO THE OVERALL TERMS OF THE MASTER CONTRACT TO BE AWARDED BY THE COUNTY OF UNION, AND THAT NO ADDITIONAL SERVICES OR DELIVERY CHARGES WILL BE ALLOWED EXCEPT AS PERMITTED BY THESE SPEIFICATIONS.

CHECK HERE IF NOT WILLING TO EXTEND PRICES TO REGISTERED MEMBERS OF UNION COUNTY COOPERATIVE PRICING SYSTEM, IDENTIFIER #8-UCCP WHO HAVE SUBMITTED ESTIMATES AS DESCRIBED IN THE SPECIFICATIONS. IT IS UNDERSTOOD THAT THIS WILL NOT ADVERSELY AFFECT CONSIDERATION OF THIS BID WITH RESPECT TO THE NEEDS OF THE COUNTY OF UNION.

IN THE EVENT THAT THE LOWEST RESPONSIBLE BIDDER DECLINES TO EXTEND PRICES TO THE REGISTERED MEMBERS WHO SUBMITTED ESTIMATES THE FOLLOWING PROCEDURE WILL BE FOLLOWED AS REQUIRED BY N.J.A.C. 5:34-7.10(A): THE CONTRACT FOR THE NEEDS OF THE LEAD AGENCY WILL BE AWARDED TO THE LOWEST RESPONSIBLE BIDDER, AND A MASTER CONTRACT FOR THE REGISTERED MEMBERS WHO HAVE SUBMITTED ESTIMATES WILL BE AWARDED TO THE NEXT LOWEST BIDDER WHOSE BID AGREES TO EXTEND.

Initial

NAME OF BIDDER: Chemial Equipmen liss of DE, Fre

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)

submit the required information is cause for automatic rejection of the bid or proposal.						
Name of Organization: Chemisal Egyptut 4000 of PE, Fre						
Name of Organization: Chamile Equipme 4000 of PE, Fre Organization Address: 39 & A Paula Rd Naton gree 14-190-						
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)						
The state of the s						
Other (be specific):						
Part II						
percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (COMPLETE THE LIST BELOW IN THIS SECTION)						
OR						
No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no						
individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (SKIP TO PART IV)						
Please attach additional sheets if more space is needed):						
Name of Individual or Business Entity Home Address (for Individuals) or Business Address						

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

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

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

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

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address		
777777777777777777777777777777777777777			

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 *County of Union* 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 *County of Union* to notify the *County of Union* 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 *County of Union* to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	John Provan	Title:	Prixin
Signature:		Date:	7/10/203

NON-COLLUSION AFFIDAVIT

Rev. 1/22/93

	COUNTY OF	SS:	
Cheni	of Delune and the State according to law, on my oath depose and say that I executed the said Proposal with full authorisentered into any agreement, participation in any competitive bidding in connection with the above Proposal and in this Affidavit are true and correct UNION, NEW JERSEY relies upon the truth statements contained in the affidavit in awarding the	ty to do so; that said bidder has not, directly ollusion, or otherwise taken any action in recent and project; and that all statements country, and made with full knowledge that the of the statements contained in said Propo	y or indirectly, estraint of free, ntained in said COUNTY OF
lenzl	I further warrant that no person or selling agency contract upon an agreement or understanding for a contract upon an agreement or understanding for a contract upon a fide establish of the following for the contract of the	commission, percentage, brokerage or continu	zent fee, excent
		A 12	
		Sign Name Here	
	Subscribed and sworn to before Me this <u>(。</u> day of <u>カノソ</u> , 20 <u> み</u> .	(Original signature only; stamped signature not accepted)	
	Notary Public of the State of <u>Francy Law 9</u> My Commission expires <u>/6/15/225</u>	Commonwealth of Pennsylvania - Notary Seal ROBERT PAUL FREY, Notary Public Delaware County My Commission Expires October 15, 2025	
		Commission Number 1279656	

NOTE TO NOTARY: WHEN COMPLETING THIS JURAT, ALL NOTARIES MUST:

1. Indicate date. 2. Indicate State. 3. Sign name. 4. Affix name by Printing it, typing it, using a rubber stamp, using an impression seal or using a mechanical stamp.

Note: The person who signed the bid form for the bidder should sign this form also.

WARNING: IF YOU FAIL TO FULLY, ACCURATELY AND COMPLETELY FILL OUT THIS AFFIDAVIT OF NON-COLLUSION, YOU BID WILL BE REJECTED.

REQUIRED AFFIRMATIVE ACTION EVIDENCE

General Requirements of P.L. 1975, c. 127: You are hereby put on notice that:

A. Procurement, Professional & Service Contracts

All successful vendors must submit within seven days of the notice of intent to award or the signing of the contract one of the following: PLEASE CHECK ONE

A photocopy of your Federal Letter of Affirmative Action Plan Approval
OR
A photocopy of your Certificate of Employee Information Report
OR
A completed Affirmative Action Employee Information Report (AA302)

If successful vendor does not submit the affirmative action document within the seven days the County of Union will declare the vendor as being non-responsive and award the contract to the next lowest bidder.

Print or type FIRM NAME here

Sign NAME and TITLE here
(Original signature only, stamped signature not accepted)

Print or type NAME and TITLE here

Print or type NAME and TITLE here

Print or type DATE

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

INITIAL

This is to certify that the contractor listed below has submitted as Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved sand report. This approval will remain in effect for the period of 15-NOV-2016 to 15-NOV-2023 effect for the period of

CHEMICAL EQUIPMENT LABS OF 3920A PROVIDENCE ROAD

NEWTOWN SQUARE

FORD M. SCUDDER State Treasurer

AMERICANS WITH DISABILITIES ACT

EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITIES

The contractor and the County of Union (hereafter "Owner") do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S12.101 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 thereunto, 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 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, any 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 this Agreement or otherwise at law.

Name John P Morgan	(Please print or type)
Signature	Date

NAME OF BIDDER: Clerial Efficient Liss of DE 17th



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name:

CHEMICAL EQUIPMENT LABS OF DE INC

Trade Name:

Address:

3920 A PROVIDENCE RD

NEWTOWN SQUARE, PA 19073

Certificate Number:

1547361

Effective Date:

March 05, 2010

Date of Issuance:

October 07, 2016

For Office Use Only:

20161007124911050

Prohibited Russia-Belarus Activities & Iran Investment Activities

Person or Entity Cleanial Equipment has of DEIFTC

Part 1: Certification

COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW

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:

https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf.

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.

CONTRACT AWARDS AND RENEWALS



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 disted above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)

CONTRACT AMENDMENTS AND EXTENSIONS
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.)
IF UNABLE TO CERTIFY
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.

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.

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 contracting unit 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 contracting unit to notify the contracting unit 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 contracting unit and that the contracting unit at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print)	John P Morgan	Title	Pri	nyl
Signature			Date	7/10/2003

BYRD ANTI-LOBBYING AMENDMENT CERTIFICATION (To be submitted with each bid, proposal or offer exceeding \$100,000)

The undersigned, [Company] Clerk Thip I Lis of ve, Fre certifies, to the best of his or her knowledge, that:

- 1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of an agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
- 2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.
- 3. The undersigned shall require that the language of this certification be included in the award documents for all subawards at all tiers (including subcontracts, subgrants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by 31, U.S.C. § 1352 (as amended by the Lobbying Disclosure Act of 1995). Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The Contractor, [Company] ______, certifies or affirms the truthfulness and accuracy of each statement of its certification and disclosure, if any. In addition, the Contractor understands and agrees that the provisions of 31 U.S.C. § 3801 et seq., apply to this certification and disclosure, if any.

Signature of Contractor's Authorized Representative

Name and Title of Contractor's Authorized Representative

Date

7/10/203

CERTIFICATION REGARDING LOBBYING

The undersigned certifies, to the best of his or her knowledge and belief, that:

- (1) No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment or modification of any Federal contract, grant, loan, or cooperative agreement.
- (2) If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure of Lobbying Activities," in accordance with its instructions.
- (3) The undersigned shall require that the language of this certification be included in the award documents of all sub-awards at all tiers (including subcontracts, sub-grants, and contracts under grants, loans, and cooperative agreements) and that all subrecipients shall certify and disclose accordingly. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by section 1352, title 31, United States Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

Organization: Chorial Equipment Less of DE, Fre
Street address: 39 do A Rouider N
City, State, Zip: Newton Sque PA 1907)
Joh Pronjan
CERTIFIED BY: (type or print)
TITLE: Principal
7/10/202
(signature) (date)

DISCLOSURE OF LOBBYING ACTIVITIES (LLL Form) Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 0348-0046

N/A - My agency does not engage in any lobbying activities

1. Type of Federal Action:	2. Status of Federa	l Action:	3. Report Type:			
a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance	a. bid/offe b. Initial a c. Post-aw		a. initial filing b. material change For Material Change Only: year quarter date of last report			
4. Name and Address of Reporting Entity		5. If Reporting E	ntity in NO.4 is a Subawardee, enter Name			
Prime Subawa Tier Congressional District, if known:	rdee	and Address of P Congressional Di				
6. Federal Department/Agency:						
8. Federal Action Number, if known:			gram Name/Description: ER, if applicable unt, if known:			
10. a. Name and address of Lobbying (if individual, last name, first name, MI):	ng Registrant	b. Individuals if different from No	Performing Services (including address o. 10a) (las name, first name, MI):			
11. Information request through this form is 31 U.S.C. Section 1352. This disclosure of lot a material representation of fact upon which by the tier above when this transaction wainto. This disclosure is required pursuant to this information will be available for publication who fails to file the required disclosure a civil penalty of not less than \$10,000 \$100,000 for each such failure.	obbying activities is reliance was placed as made or entered o 31 U.S.C. 1352. iic inspection. Any are shall be subject	Print Name:				
Federal Use Only:			Authorized for Local Reproduction Standard Form			

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer of employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress with a covered Federal action. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

- 1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a Federal action.
- 2. Identify the status of the covered Federal action.
- 3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
- last previously submitted report by this reporting entity for this covered Federal action.

 4. Enter the full name, address, city, state and zip code of the reporting entity include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
- 5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
- 6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
- Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans and loan commitments.
- 8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency.) Include prefixes, e.g. "RFP-DE-90-001."
- 9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
- 10. A) Enter the full name, address, city, state and zip code of the lobbying registrant under the Lobbying Disclosure
 Act of 1995 engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 B) Enter the full names of the individual(s) performing services, and include full address if different from 10(a).
 Enter last name, first name and middle initial (MI).
- 11. The certifying official shall sign and date the form; print his/her name, title, and telephone number.

According to the Paperwork Reduction Act, as amended, no persons are required to respond to a collection of information unless it displays a valid OMB Control Number. The valid OMB control number for this information collection is OMB No. 0348-0046. Public reporting burden for this collection of information is estimated to average 10 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimated or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-10046), Washington, DC 20503.

EXPERIENCE STATEMENT

Provide three (3) references, preferably governmental entities or entities similar in the size and scope of Union County. Include name and address of entity, contact name and phone number and number of years providing service.

Den Jersey Turnlike Authority
Po Box 5042
Woodbridge NT, 07095
Pasquale 7270-732-750-5300 eff 8631
5 Years

a) County of OCEAN

lol Hooper Auc

Toms River NJ 08753

Divna Specht - 732 - 929 - 2133

Off and on for 8 years

County of Mommouth

ONE KOST MAIN ST

Freedold NS 07728

GAVY Frend - 732-431-6550

Off and on for 8 Years

NAME OF BIDDER: Chemial Equipment Lassof OE, Forc

Department of the Treasury internal Revenue Service

Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

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

	1 * "Table (as shown on your income tax return). Name is required on this line	at No not leaves this line file of				$\overline{}$		***************************************					
	CHEMICAL EQUIPMENT LABS, DE, INC.	e; do not leave this line blank	₹.										
	2 Business name/disregarded entity name, if different from above			··									
on page 3.	S 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 C Corporation S Corporation Partnership.						4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):						
pe.	Strigite-Intertibal LEG			osiai.	-	ımpt c	ayee :	code ((if any)				
ucti	Limited liability company. Enter the tax classification (C=C corporation	i, S=S corporation, P=Partne	rship) ►		- Company		•		, ,				
Print or type. Specific instructions	Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.						Exemption from FATCA reporting code (if any)						
bec	☐ Other (see instructions) ►				Apo	les lo ac	counts	maint <u>ai</u> r	red outs	do the	1.5./		
See S	5 Address (number, street, and apt, or suite no.) See instructions.		Requester	's nan							····		
တိ	3920 PROVIDENCE RD SUITE A 6 City, state, and ZIP code]										
-	NEWTOWNSQUARE,PA 19073												
ľ	7 List account number(s) here (optional)												
	the state of the s												
Part	Taxpayer Identification Number (TIN)												
Enter y	our TIN in the appropriate box. The TIN provided must make the	ame given on line 1 to av	old S	ocial	security	DI III							
			ora [Tores.	T 1				- 1 -	1			
	t alien, sole proprietor, or disregarded entity, see the instructions for it is your employer identification number (EIN). If you do not have a				•	•		-					
,			or		لــــــا	L		Ĺ			لبا		
Note: If the account is in more than one name, see the instructions for line 1. Also are 14th and 15th						identification number							
ivumoe.	To Give the Requester for guidelines on whose number to enter.			T		T	T		T	7	1		
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Part					· · · · · · · · · · · · · · · · · · ·		·£			<u>. t</u>	Ь		
	enalties of perjury, I certify that:												
Servi	umber shown on this form is my correct taxpayer identification nun not subject to backup withholding because: (a) I am exempt from b to (IRS) that I am subject to backup withholding as a result of a failunger subject to backup withholding; and								al Rev	enue hat i	e am		
3. I am a	U.S. citizen or other U.S. person (defined below); and												
I. The F	ATCA code(s) entered on this form (if any) indicating that I am exen	npt from FATCA reporting	g is correct										
ou have cquisition	tion instructions. You must cross out item 2 above if you have been a failed to report all interest and dividends on your tax return. For real each or abandonment of secured property, cancellation of debt, contribute in interest and dividends, you are not required to sign the certification,	notified by the IRS that you state transactions, item 2	u are currer does not ap	itly su oply. I	For mor	tgage	e inter	est p	aid,		use		
ign Iere	Signature of U.S. person			· · · · · · · · · · · · · · · · · · ·	30								
	eral Instructions	• Form 1099-DIV (div							i.	ual			
ection r	eferences are to the Internal Revenue Code unless otherwise	funds) • Form 1099-MiSC (v	arious type	es of	income	ะกต่า	'ee 29'	ward	e or	arocs			

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

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

Form 1099-INT (interest earned or paid)

- 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.



COUNTY OF UNION

BID SUBMISSION CHECKLIST

ROCK SALT UCCP# 24-2023

<u>M</u> 1.	Bid Form Page(s)
<u></u>	Bidder Signature Page - follow instructions and fill out completely
<u>~3.</u>	Statement of Ownership Disclosure (2 pages)
4.	Non-Collusion Affidavit – fill out completely and notarize
<u>√</u> 5.	Affirmative Action Requirement
6.	Americans with Disabilities Form
<u>~</u> 7.	Prohibited Russia-Belarus Activities & Iran Investment Activities Form
<u>8</u> .	Copy of a State of New Jersey Business Registration Certificate ("BRC") issued in the company name of the bidder and in the names of any subcontractors, if applicable
<u>9.</u>	Experience Statement
10.	Byrd Anti-Lobbying Amendment Certification
<u>/11.</u>	Certificate Regarding Lobbying
<u></u>	Disclosure of Lobbying Activities (LLL Form)
$\mathcal{N}_{13.}$	Addenda Receipt Form – only include if addenda(s) were received

Each bidder should complete this form, initial each entry, sign and date at the bottom and submit with bid.

NAME OF BIDDER: Chemical Equipment his of DE, I'm DATE: 7/10/2023