

BIDDER SIGNATURE PAGE

Rev. 9/20/05

1. If doing business under a trade name, partnership or a sole proprietorship, you must submit the bid under exact title of the trade name, partnership, or proprietorship, and the bid must be signed by either the owner or a partner and witnessed by a notary public.
2. If a Corporation, the bid must be signed by the President or Vice President and witnessed by Corporate Secretary, (Corporate title must be exact) and affix corporate seal.
3. Other persons authorized by Corporate Resolution 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.
5. You cannot witness your own signature.

MAFFEY'S SECURITY Group  
NAME OF BIDDER

1172 E. GRAND ST.  
ADDRESS OF BIDDER

ELIZABETH, NJ 07201

TELEPHONE: 908-351-1172

FAX: 908-351-1466

EMAIL: sales@maffey's.com

BY: Edward Maffey  
SIGNATURE

3/19/13  
DATE

Edward Maffey President  
PRINT OR TYPE NAME AND TITLE

Andrew J. Maffey  
SIGNATURE  
CORPORATE SECRETARY

ANDREW J. MAFFEY VP/SEC  
PRINT NAME AND TITLE  
CORPORATE SECRETARY

AFFIX CORPORATE SEAL

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

**BID FORM PAGE**

(Page 1 of 2)

Having carefully read the proposal, specifications and instructions to bidders the bidder hereby agrees to provide **LOCKSMITH SERVICES & LOCKING HARDWARE** for County owned or leased properties for various departments in the County of Union in accordance with the specifications for a period of twenty-four (24) consecutive months.

**DO NOT ALTER ANY LINES OR LANGUAGE ON THE BID FORM PAGES. ANY ALTERATION OR SUBSTITUTION ON THE BID FORM PAGE SHALL RENDER THE BID UNRESPONSIVE AND RESULT IN THE REJECTION OF THE BID.**

All estimates are to be considered "More or Less".

<u>Item#</u>	<u>Estimate</u>		<u>Unit Price</u>		<u>Sub-Total</u>
1a-	<u>900 Hours</u> Estimated Regular Work Hours For Journeyman - 24 months	X	\$ <u>104<sup>00</sup></u> Hourly Rate	=	\$ <u>93,600</u>
1b-	<u>100 Hours</u> Estimated Regular Work Hours For Helper - 24 months	X	\$ <u>104<sup>00</sup></u> Hourly Rate	=	\$ <u>10,400</u>
1c-	\$ 125,000.00 - (\$ 125,000.00 (See Section 9)		x <u>.30</u> % Discount	=	\$ <u>87,500</u>
1d-	(\$ 50,000.00 x <u>15</u> %) Mark up*	+	\$ 50,000.00 (See Section 11)	=	\$ <u>57,500</u>

\* IN THE BEST INTERESTS OF THE COUNTY  
NO MARK-UP SHALL BE ACCEPTED OVER 15%

(Sum of Items# 1a, 1b, 1c, 1d) = \$ 249,000<sup>00</sup>  
**GRAND TOTAL (Not to Exceed)**

Please indicate the price you will charge for the following:

\$ 2.00 @ FOR THE COST PER KEY FOR THE DUPLICATION OF A STANDARD KEY.

\$ 10.00 @ FOR THE COST OF A KEY CUT BY CODE TO INCLUDE THE KEY.

DISCOUNT AND PRICES FOR KEYS SHALL BE OF FAIR MARKET VALUE.

Location of Bidder's Main Office & Facilities 1172 EAST GRAND ST.  
(Address)  
ELIZABETH, NJ 07201  
(City) (Zip Code)  
908-482-2101  
(24-Hour Manned Phone Number)

NAME OF BIDDER: MAFFEY'S SECURITY GROUP

**BID FORM PAGE**

(Page 2 of 2)

THE PERIOD OF THE CONTRACT SHALL BE FOR TWENTY-FOUR (24) CONSECUTIVE MONTHS WITH PROVISION FOR ONE (1) TWENTY-FOUR (24) MONTH EXTENSION SUBJECT TO THE FOLLOWING LIMITATIONS: THE EXTENSION CONTRACT SHALL BE AWARDED BY RESOLUTION OF THE GOVERNING BODY (WITHIN 60 DAYS PRIOR TO THE EXPIRATION DATE) UPON A FINDING BY THE GOVERNING BODY THAT THE SERVICES ARE BEING PERFORMED IN AN EFFECTIVE AND EFFICIENT MANNER.

NJSA 40A: 11-15 PROVIDES THAT ANY PRICE CHANGES PURSUANT TO EXTENSIONS OF THE ORIGINAL TERM OF THIS AGREEMENT SHALL BE BASED UPON THE PRICE OF THE ORIGINAL AGREEMENT AS CUMULATIVELY ADJUSTED PURSUANT TO ANY PREVIOUS ADJUSTMENT OR EXTENSION AND SHALL NOT EXCEED THE CHANGE IN THE INDEX RATE FOR THE TWELVE (12) MONTHS PRECEDING THE MOST RECENT QUARTERLY CALCULATION AVAILABLE AT THE TIME THIS AGREEMENT IS RENEWED. THE INDEX RATE IS PROMULGATED BI-ANNUALLY BY THE STATE OF NEW JERSEY, DIVISION OF LOCAL GOVERNMENT SERVICES AND IS BASED ON THE ANNUAL PERCENT INCREASE IN THE IMPLICIT PRICE DEFLECTOR FOR STATE AND LOCAL GOVERNMENT SERVICES, COMPUTED QUARTERLY BY THE US DEPT. OF COMMERCE, BUREAU OF ECONOMIC ANALYSIS.

ANY EXTENSION OF THE ORIGINAL TERM OF THIS AGREEMENT SHALL BE SUBJECT TO THE AVAILABILITY AND APPROPRIATION ANNUALLY OF SUFFICIENT FUNDS BY THE COUNTY OF UNION PURSUANT TO NJSA 40A: 11-15.

NAME OF BIDDER: MAFFEY'S SECURITY GROUP

**EXTENSION FORM FOR UNION COUNTY  
COOPERATIVE CONTRACT PURCHASING SYSTEM**

ACCOMMODATION OF LOCAL CONTRACTING UNITS WITHIN THE COUNTY OF UNION:

CHECK HERE IF WILLING TO PROVIDE THE GOODS AND SERVICES HEREIN BID UPON TO LOCAL GOVERNMENTAL CONTRACTING UNITS LOCATED WITHIN THE COUNTY OF UNION, UNION COUNTY COOPERATIVE CONTRACT PURCHASING SYSTEM # CK-06-UNION 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 CONTRACTING UNITS, SUBJECT TO THE OVERALL TERMS OF THE CONTRACT TO BE AWARDED BY THE COUNTY OF UNION, AND THAT NO ADDITIONAL SERVICE OR DELIVERY CHARGES WILL BE ALLOWED EXCEPT AS PERMITTED BY THESE SPECIFICATIONS.

CHECK HERE IF NOT WILLING TO EXTEND PRICES TO CONTRACTING UNITS LOCATED IN THE COUNTY OF UNION. THIS WILL NOT AFFECT CONSIDERATION OF THIS BID WITH RESPECT TO THE NEEDS OF THE COUNTY OF UNION.

IF THE LOWEST RESPONSIBLE BIDDER DOES NOT EXTEND HIS PRICES TO THE REGISTERED MEMBERS, THE CONTRACT FOR THE STATED NEEDS OF UNION COUNTY WILL BE AWARDED TO SAID LOWEST RESPONSIBLE BIDDER AND SPECIFICALLY NOT MADE AVAILABLE TO CONTRACTING UNITS WITHIN THE COUNTY.



**Initial**

NAME OF BIDDER MAFFEY'S SECURITY Group

**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 automatic rejection of the bid or proposal.

Name of Organization: MAFFEY'S SECURITY Group

Organization Address: 1172 E. GRAND ST. ELIZABETH, NJ 07201

**Part I** Check the box that represents the type of business organization:

- Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- For-Profit Corporation (any type)       Limited Liability Company (LLC)
- Partnership       Limited Partnership       Limited Liability Partnership (LLP)
- Other (be specific): \_\_\_\_\_

**Part II**

The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. (COMPLETE THE LIST BELOW IN THIS SECTION)

OR

No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. (SKIP TO PART IV)

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address
EDWARD MAFFEY / President 50%	20 Regent Circle Basking Ridge, NJ 07920
ANDREO MAFFEY VP/SEC 50%	44 Kinnear Way Basking Ridge, NJ 07920

**Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II**

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

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

**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):	EDWARD F. MAFFEX	Title:	President
Signature:		Date:	3/19/18

NON-COLLUSION AFFIDAVIT

Rev. 1/22/93

STATE OF NEW JERSEY  
COUNTY OF UNION

SS:

I EDWARD MAFFEY of the City of BASKING RIDGE, in the County of SOMERSET and the State of NEW JERSEY, of full age, being duly sworn according to law, on my oath depose and say that: I am PRESIDENT of the firm of MAFFEY'S SECURITY GROUP, the bidder making the Proposal for the above named project, 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, participation 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 made with full knowledge that the COUNTY OF UNION, NEW JERSEY relies upon the truth of the statements contained in said Proposal and in the statements contained in the 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 an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by MAFFEY'S SECURITY GROUP (N.J.S.A. 52:34-15).  
NAME OF CONTRACTOR

Edward Maffey  
Sign Name Here  
(Original signature only; stamped signature not accepted)

Subscribed and sworn to before Me this 14 day of MARCH, 2018.

Virginia E. Allen  
Notary Public of the State of NJ  
VIRGINIA E. ALLEN  
NOTARY PUBLIC OF NEW JERSEY  
ID # 2342780  
My Commission Expires 4/3/2021

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.

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. 512.101 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 thereto, 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 EDWARD MAFFEY (Please print or type)

Signature Edward Maffey Date 3/19/18

NAME OF BIDDER: MAFFEY'S SECURITY GROUP

**AFFIRMATIVE ACTION REQUIREMENT**

Rev. 6/29/93

**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.

MAFFEY'S SECURITY Group

Print or type FIRM NAME here

Edward Maffey

Sign NAME and TITLE here

(Original signature only, stamped signature not accepted)

EDWARD MAFFEY President

Print or type NAME and TITLE here

3/19/18

Print or type DATE

Certification 17082

# CERTIFICATE OF EMPLOYEE INFORMATION REPORT

## RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-JUL-2015** to **15-JUL-2022**



**MAFFEY'S SECURITY GROUP**  
**1172 EAST GRAND STREET**  
**ELIZABETH NJ 07201**



*Robert A. Romano*

Robert A. Romano,  
Acting State Treasurer

**STATE OF NEW JERSEY**  
Division of Purchase & Property  
Contract Compliance Audit Unit  
EEO Monitoring Program

**EMPLOYEE INFORMATION REPORT**

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11 For Instructions on completing the form, go to: [http://www.state.nj.us/treasury/contract\\_compliance/pdf/aa302mis.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/aa302mis.pdf)

**SECTION A - COMPANY IDENTIFICATION**

1 FID NO OR SOCIAL SECURITY 221737844	2 TYPE OF BUSINESS <input type="checkbox"/> 1 MFG <input checked="" type="checkbox"/> 2 SERVICE <input type="checkbox"/> 3 WHOLESALE <input type="checkbox"/> 4 RETAIL <input type="checkbox"/> 5 OTHER	3 TOTAL NO EMPLOYEES IN THE ENTIRE COMPANY 19		
4 COMPANY NAME Maffey's Lock & Safe Co d/b/a Maffey's Security Group				
5 STREET 1172 East Grand ST	CITY Elizabeth	COUNTY Union	STATE NJ	ZIP CODE 07201
6 NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) none				
7 CHECK ONE IS THE COMPANY <input checked="" type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER				
8 IF MULTI-ESTABLISHMENT EMPLOYER STATE THE NUMBER OF ESTABLISHMENTS IN NJ				
9 TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT 19				
10 PUBLIC AGENCY AWARDED CONTRACT				
COUNTY OF UNION ELIZABETH UNION NJ 07207				
Official Use Only	DATE RECEIVED	NAUG DATE	ASSIGNED CERTIFICATION NUMBER	

**SECTION B - EMPLOYMENT DATA**

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. DO NOT SUBMIT AN EEO-1 REPORT.

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
	COL 1 TOTAL (Cols 2 & 3)	COL 2 MALE	COL 3 FEMALE	MALE					FEMALE				
				BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN	BLACK	HISPANIC	AMER INDIAN	ASIAN	NON MIN
Officials/Managers	3	3	0	0	0	0	0	3	0	0	0	0	0
Professionals	0	0	0	0	0	0	0	0	0	0	0	0	0
Technicians	11	11	0	0	2	0	0	9	0	0	0	0	0
Sales Workers	3	3	0	0	3	0	0	0	0	0	0	0	0
Office & Clerical	2	0	2	0	0	0	0	0	0	1	0	0	1
Craftworkers (Skilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0
<b>TOTAL</b>	<b>19</b>	<b>17</b>	<b>2</b>	<b>0</b>	<b>5</b>	<b>0</b>	<b>0</b>	<b>12</b>	<b>0</b>	<b>1</b>	<b>0</b>	<b>0</b>	<b>1</b>
Total employment From previous Report (if any)	21	19	2	1	4	0	0	14	0	1	0	0	1
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above												
	0	0	0	0	0	0	0	0	0	0	0	0	0

12 HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED <input type="checkbox"/> 1 Visual Survey <input checked="" type="checkbox"/> 2 Employment Record <input type="checkbox"/> 3 Other (Specify)	14 IS THIS THE FIRST Employee Information Report Submitted? 1 YES <input type="checkbox"/> 2 NO <input checked="" type="checkbox"/>	15 IF NO DATE LAST REPORT SUBMITTED MO DAY YEAR 12 19 2013
13 DATES OF PAYROLL PERIOD USED From 03/07/2018 To 03/13/2018		

**SECTION C - SIGNATURE AND IDENTIFICATION**

16 NAME OF PERSON COMPLETING FORM (Print or Type) Andrew Maffey	SIGNATURE 	TITLE Vice President	DATE MO DAY YEAR 03 13 2018		
17 ADDRESS NO & STREET 1172 East Grand Street	CITY Elizabeth	COUNTY Union	STATE NJ	ZIP CODE 07201	PHONE (AREA CODE, NO. EXTENSION) 908 - 351 - 1172

COUNTY OF UNION NEW JERSEY  
Division of Purchasing  
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

Solicitation Number: \_\_\_\_\_ Vendor/Bidder: \_\_\_\_\_

**PART I**  
**CERTIFICATION**  
VENDOR/BIDDER MUST COMPLETE PART I BY CHECKING ONE OF THE BOXES  
**FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the State of New Jersey, Department of the Treasury's Chapter 25 list as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Department's website at <http://www.state.nj.us/treasury/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. Failure to complete the certification will render a Vendor's/Bidder's proposal non-responsive. If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

**CHECK THE APPROPRIATE BOX**

A. I certify, pursuant to Public Law 2012, c. 25, that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). Disregard Part 2 and complete and sign the Certification below.

OR

B. I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such information will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**PART 2**

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

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

ENTITY NAME: \_\_\_\_\_  
RELATIONSHIP TO VENDOR/BIDDER: \_\_\_\_\_  
DESCRIPTION OF ACTIVITIES: \_\_\_\_\_  
DURATION OF ENGAGEMENT: \_\_\_\_\_  
ANTICIPATED CESSATION DATE: \_\_\_\_\_  
VENDOR/BIDDER CONTACT NAME: \_\_\_\_\_  
VENDOR/BIDDER CONTACT PHONE#: \_\_\_\_\_

*Attach Additional Sheets If Necessary*

**CERTIFICATION**

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

Signature

*Edward Maffey*  
EDWARD MAFFEY President

Date

*3/19/18*

Print Name and Title

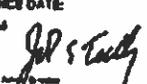
# BUSINESS REGISTRATION Mandatory Requirement

P.L. 2009, c.315, requires that effective January 18, 2010; a contracting agency must receive proof of the bidder's business registration prior to the award of a contract. However, the proof must show that the bidder was in fact registered with the State of New Jersey Department of the Treasury, Division of Revenue and obtained the business registration prior to the receipt of bids.

If subcontractors are named on the bid, proof of the business registration for each must be provided prior to the award of a contract. Similarly to the bidder, the proof must show that each subcontractor was registered with the State of New Jersey Department of the Treasury, Division of Revenue and obtained the business registration prior to the receipt of bids.

Proof of business registration shall be:

- A copy of a Business Registration Certificate issued by the Department of Treasury, Division of Revenue; or
- A copy of the web printed version provided by the NJ Division of Revenue

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS	
<b>TAXPAYER NAME:</b> <b>TAX REGISTRATION TEST ACCOUNT</b> <b>TAXPAYER IDENTIFICATION#:</b> ST-000-300700 <b>ADDRESS:</b> 617 ROEBLING AVE TRENTON NJ 08611 <b>EFFECTIVE DATE:</b> 09/13/01 FORM-BRC(08-01)	<b>TRADE NAME:</b> ELECTRIC REGISTRATION <b>SECURITY NUMBER:</b> 000210 <b>ISSUANCE DATE:</b> 09/13/01 

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
<b>Taxpayer Name:</b>	TAX REG TEST ACCOUNT
<b>Trade Name:</b>	
<b>Address:</b>	617 ROEBLING AVE TRENTON, NJ 08611
<b>Certificate Number:</b>	1093707
<b>Date of Issuance:</b>	October 14, 2001
<b>For Office Use Only:</b>	
	20041014112012033

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS	
<b>TAXPAYER NAME:</b> MAFFEY'S LOCK & SAFE CO. (FORMERLY MAFFE) <b>TAXPAYER IDENTIFICATION#:</b> 221-737-844/000 <b>ADDRESS:</b> 1172 EAST GRAND STREET ELIZABETH NJ 07201 <b>EFFECTIVE DATE:</b> 11/01/65 FORM-BRC(08-01)	<b>TRADE NAME:</b>  <b>CONTRACTOR CERTIFICATION#:</b> 0063484 <b>ISSUANCE DATE:</b> 09/13/01  Director, Division of Revenue

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

Certificate Number  
624125

Registration Date: 07/02/2016  
Expiration Date: 07/01/2018



# State of New Jersey

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

### Public Works Contractor Registration Act

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

Responsible Representative(s):

Edward Mafey, President



Responsible Representative(s):

Andrew Mafey, Vice-President

A handwritten signature in black ink, appearing to read "Harold J. Wirths".

Harold J. Wirths, Commissioner  
Department of Labor and Workforce Development

NON TRANSFERABLE

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

State Of New Jersey  
New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

MAFFEY'S LOCK & SAFE CO D/B/A MAFFEY'S SECURITY  
EDWARD F MAFFEY  
1172 East Grand Street  
Elizabeth NJ 07201

FOR PRACTICE IN NEW JERSEY AS A(N): BA and LS Business

New Jersey Office of the Attorney General  
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE  
Fire Alarm, Burglar Alarm & Locksmith Adv Comm

HAS REGISTERED

MAFFEY'S LOCK & SAFE CO D/B/A MAFFEY'S SECURITY GROUP  
BA and LS Business

SIGNATURE  
*Edward F. Maffey*

01/18/2017 TO 01/31/2020

VALID

34BL00000600

01/18/2017 TO 01/31/2020  
VALID

34BL00000600

LICENSE, REGISTRATION, CERTIFICATION #

*Edward F. Maffey*

DIRECTOR

Signature of Licensee, Registrant, Certificate Holder

PLEASE DETACH HERE  
IF YOUR LICENSE/REGISTRATION  
CERTIFICATE ID CARD IS LOST  
PLEASE NOTIFY:  
Fire Alarm, Burglar Alarm & Lock  
P.O. Box 45006  
Newark, NJ 07101

PLEASE DETACH HERE

11:33 AM

02/23/18

# MAFFEY'S SECURITY GROUP Employee Contact List

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Employee	NJ LOCKSMITH LICENSE#	NJ BURGLAR ALARM LICENSE#
DEPCZYNSKI, DAVID L	34LS00032300	
DEPCZYNSKI, DON J	34LS00033900	
GODIN, JAY J	34LS00034300	34BA00115600
GUIRO, JAMES D	34LS00063900	34BA00162400
MAFFEY, EDWARD F	34LS00021400	34BA00088800
MATOS, LUIS F	34LS00033100	



State of New Jersey



**BURGLAR ALARM  
LICENSE**

**34BA00088800**

**EXPIRES: 08/31/2019**

**DOB: 03/30/1954**

**EDWARD F MAFFEY**



State of New Jersey



**LOCKSMITH LICENSE**

**34LS00021400**

**EXPIRES: 08/31/2019**

**DOB: 03/30/1954**

**EDWARD F MAFFEY**

# EXPERIENCE STATEMENT

County of Union, Elizabeth, NJ

Bidder must have a minimum of five (5) years experience and must provide at least three (3) accounts to whom they are presently providing this service, the size of which being similar to the size of the County. Included must be name of the appropriate Government or Company, individual to contract, address, telephone number and length of time servicing. Any and all bidders must document the experience of their company and the experience of its workforce. Experience shall be with the systems outlined in these specifications and with private or governmental entities with the size and breadth comparable to the facilities of the County of Union.

Trinitas Hospital

225 Williamson Street  
Elizabeth, NJ 07207

908-994-5026

Merck

2000 Galloping Hill Rd.  
Kenilworth, NJ 07033

John Dougherty

908-577-7430

Elizabeth Police Dept

One Police Plaza  
Elizabeth, NJ 07201

Alex Pavlinov

908-558-2111

Cpt. JOHN BZENWAN

We hereby certify that my company has performed the following private or public work which is relevant to this bid, I further certify that my company has never defaulted under any contract.

*Andrew Maffey*  
*Andrew Maffey*  
Witness

2/23/18  
3/19/18 *AM*  
Date

Maffey's Security Group  
Name of Company

1172 East Grand St Elizabeth, NJ 07201  
Address

By *Edward Maffey* President  
Title

*Edward Maffey 2/23/18*  
*Edward Maffey 3/19/18*







COUNTY OF UNION  
BID SUBMISSION CHECKLIST

BA# 22-2018 LOCKSMITH SERVICES  
& LOCKING HARDWARE REBID

- AM 1. Bid Form Page(s)
- AM 2. Bidder Signature Page – *follow instructions and fill out completely*
- AM 3. Stockholder Disclosure Certification (2 pages) – *fill out completely and notarize*
- AM 4. Non-Collusion Affidavit – *fill out completely and notarize*
- AM 5. Affirmative Action Requirement
- AM 6. Disclosure of Investment Activities in Iran
- AM 7. Americans with Disabilities Form
- AM 8. 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
9. Addenda Receipt Form – ONLY INCLUDE IF ADDENDA(S) WERE RECEIVED
- AM 10. Experience Statement
- AM 11. Extension Form for Union County Cooperative Pricing System
- AM 12. All documentation under section 4 – Contractors Qualifications

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

NAME OF BIDDER

AM  
*Anthony Maffey*  
MAFFEY'S SECURITY GROUP

DATE

*3/19/18*