

MONMOUTH OCEAN EDUCATIONAL SERVICES COMMISSION

900 Hope Road, Tinton Falls, New Jersey 07712

Telephone 732-695-7800 Fax 732-493-4515

Timothy P. Nogueira, Ext. 7822 Kathleen Mandeville, Ext. 7827 Stacy Costa, Ext. 7821

INDEPENDENT CONTRACTOR FILE DOCUMENTATION

NAME: _____

DATE: _____ POSITION: _____

The following items are required to be recommended as an independent contractor with MOESC

Section 1 Independent Contractor Documents

- _____ Independent Contractor Application/Resume
- _____ Statement of Assurance
- _____ MOESC Consulting Services Agreement (signed and witnessed)

Section 2 State Requirements

New applicant or those being archived should E-file at the Department of Criminal History's website at <http://www.nj.gov/education/educators/crimhist/>. If you were fingerprinted after **February 21, 2003** for **Public School Employment**, you are eligible for archive process, follow Step 2.

1. **New Applicant not eligible for archive** – Go to above website click “Criminal History Record Check On-line Fee Payment” and then click into “New Admin. Free Payment Request.” **All the required information necessary to complete the on-line Authorization and Certification application can be found on the attached scanning sheet, i.e., Originating Agency #, Category, District, etc. As a vendor your job category is “other.”** Make an appointment on line with MorphoTrak at www.bioapplicant.com/nj. Read carefully the attached MorphoTrak form regarding the acceptable forms of I.D. This form needs to accompany you at the time of your appointment.
2. **Archive** – Go to above website and click “Criminal History Record Check On-Line Fee Payment” follow to archive process. The archive process only requires that you complete the on-line Authorization and Certification application – **do not make an appointment for scanning.**

- _____ TB Results (within one year)
- _____ Copy of Certification/License
 - _____ Speech Therapist
 - _____ School Social Worker
 - _____ School Psychologist
 - _____ LDTC
 - _____ RN/LPN/School Nurse

Section 3 Independent Contractor Status

- _____ Business Card or Letterhead
- _____ Certificate of Professional Liability Insurance/w MOESC named as Additional Insured

Section 4 Standard Vendor Requirements

- _____ Employee Information Report (AA302) or Certificate of Employee Information
- _____ Business Registration Certificate
- _____ IRS Form W-9
- _____ Ch 271 Political Contribution Disclosure Form

Please contact Stacy Costa when the above documentation has been completed to schedule an appointment to return the completed form.



Monmouth-Ocean Educational Services Commission

Stacy L. Costa
Director of Special Services/CST

FINGERPRINTING PROCEDURES:

It is mandated by the State of New Jersey that you be fingerprinted. New applicants are to E-File their requests through the Department of Criminal History's web site at www.nj.gov/education/educators/crimhist/ If you were fingerprinted after February 21, 2003 for a Public School District, including MOESC, you are eligible for the archive process; follow Step 2.

1. **New Applicant** not eligible for archive – go to the above website click “Criminal History Record Check On-Line Fee Payment” and then click onto “New Admin. Fee Payment Request.” All the required information necessary to complete the on-line Authorization and Certification application can be found on the MorphoTrak scanning sheet (in your packet), i.e., Originating Agency #, Category, District, etc. As a vendor, your job category is “other”. Make an appointment on line with MorphoTrak at www.bioapplicant.com/nj Read the MorpoTrak form carefully regarding the acceptable forms of ID. This form needs to accompany you at the time of your appointment.
2. **Archive Process** – go to the above website and click “Criminal History Record Check On-Line Fee Payment” and follow to archive process. The archive process only requires that you complete the on-line Authorization and Certification application – do not make an appointment for scanning.

Note: When completing the Authorization and Certification form for either a new applicant or for archive, at the drop down for “Public School Selection” select Monmouth and for “Select District” choose Monmouth Ocean Educational Services Commission.

Please send us a copy of your completed Applicant Authorization and Certification for your Independent Contractor packet.

Note: to obtain your PCN Number, log on to the Dept. of Criminal History web site (see above) and choose Approval Date Status. The Dept. keeps the last 5 years files posted. If your records were completed more than 5 years ago, please call (609) 292-0507.

Formerly Sagem Morpho Inc

| | | | | | |
|--|--|--|---|---|-------------|
| (1) Originating Agency Number (ORI #) NJ930100Z | | (2) Category EDK | | (3) Statute Number 18A:6-7.2 | |
| (4) Reason for Fingerprinting PUBLIC SCHOOL EMPLOYMENT | | | (5) Document Type RB1 | (6) Payment Information APPLICANT PAYS FEE OF \$70.25 | |
| (7) Contributor's Case # (Unique Identifier) 25-3255 | | | (8) Miscellaneous | | |
| (9) First Name | | (10) MI | (11) Last Name | | |
| (12) Daytime Phone Number () - | | (13) Social Security Number | (14) Date of Birth | (15) Height | (16) Weight |
| (17) Maiden Name (if married female) | | (18) Place of Birth (U.S. State -for US Citizen; Country for all others) | | (19) Country of Citizenship | |
| (20) Home Address | | | | | |
| Address | | City | | State | Zip |
| (21) Gender (Select one) Male () Female () Both () | (22) Hair Color (Indicate most predominant color, one only) | (23) Eye Color | (24) Race (Select One) A Asian/ Pacific Islander (includes Asian Indian) B Black W White (Includes Hispanic/ Spanish Origin) U Unknown I American Indian / Alaska Native | | |
| (25) Occupation | (26) Employer (Name) MONMOUTH OCEAN EDUCATIONAL SERVICES COMMISSION Employer Address 900 HOPE ROAD City TINTON FALLS State NJ Zip 07712 | | | | |

APPLICANT INFORMATION – READ THIS FORM CAREFULLY AND FOLLOW ALL INSTRUCTIONS TO COMPLETE THE FINGERPRINT PROCESS. You MUST present this completed form at your appointment to be FINGERPRINTED. NO EXCEPTIONS ALLOWED. Applicants without forms or with incomplete forms will not be printed.

IDENTIFICATION IS REQUIRED- ACCEPTABLE ID REQUIREMENTS –ID MUST include Photo, Name, Address (Home/ Employer) and Date of Birth. Acceptable ID MUST be issued by a Federal, State, County or Municipal entity for identification purposes. Examples of acceptable ID are: 1) Valid Photo Drivers License or Valid Photo ID issued by any State DMV or NJ MVC, 2) Passport. Acceptable ID MUST meet all of the underlined requirements above and MUST be present on one (1) ID. Combinations of documents are NOT acceptable. If acceptable ID is not presented you will not be fingerprinted.

For applicants who are required to pay for their own fingerprinting fees, payment is required at the time of scheduling. Payment may be made with a credit card or electronic debit from a checking account. Remember your account will automatically be debited. An \$11 fee is charged to cover the cost of a scheduled appointment for applicants who do not cancel/reschedule by noon on the business day prior to your scheduled appointment (Saturday noon for Monday appointments). All appointments can be canceled/rescheduled via the web without penalty if cancellation requirements are met. The \$11 fee will also apply for applicants who are turned away from the printing sites due to the inability to present proper ID, who fail to present this completed Universal Fingerprint Form provided to you by your requesting agency or employer, or who are turned away because information on this form does not match the information provided during the scheduling process. You will be refunded State and Federal search fees only.

Appointment scheduling is available via the web at www.bioapplicant.com/nj, 24 hours per day, 7 days per week. For applicants who do not have web access, appointments can be made by contacting us toll free at (877) 503-5981 on a first call, first served basis Monday through Friday, 8:00 AM to 5:00 PM EST and Saturday, 8:00 AM to 12 noon EST. English and Spanish speaking operators are available. Hearing impaired scheduling is available at (800) 673-0353. ONLY applicants who schedule through the call center can make payment by money order at the fingerprint site. No other form of payment is accepted at the fingerprint site.

Your APPLICANT ID, Site, Date, Time of your appointment, and payment authorization will be confirmed by the call center agent or web confirmation when scheduling is complete. You must record this information in the appropriate blocks below while speaking with the operator. If you appear for fingerprinting at a site where you are not scheduled or on a different date and time, you will be turned away and not fingerprinted. If applicable, you may incur the \$11 appointment fee.

Your PCN number will be recorded when your fingerprinting has been completed. You MUST retain a copy of the form and a copy of the receipt provided to you by the Fingerprint Technician for your records. **NO RECEIPTS WILL BE PROVIDED AFTER THE DATE OF PRINTING.**

| | | | |
|-----------------------|----------------------------|-----------------------|-----|
| Applicant ID No. | Scheduled Site/ Date/ Time | PYMT Authorization | PCN |
| Agency Information #1 | | Agency Information #2 | |

APPLICANTS MUST NOT ALTER, SHARE, OR REUSE THIS FORM

STATEMENT OF ASSURANCE

I _____, hereby certify, under penalty of perjury, that I
am eligible to work in the United States.

Date

Signature

Notary

INDEPENDENT CONTRACTOR AGREEMENT

This Agreement, made as of this ____ day of _____, 2010, by

and between:

MONMOUTH-OCEAN EDUCATIONAL SERVICES COMMISSION, with offices located at 900 Hope Road, Tinton Falls, New Jersey 07712 (hereinafter referred to as "MOESC");

and

_____, residing at _____, _____ (hereinafter referred to as "Consultant").

RECITALS:

- A. MOESC offers certain educational services to school districts.
- B. The Consultant is an experienced professional in good standing with the requisite licenses and certifications as shown on the attached copy of Consultant's most recent curriculum vitae, which Consultant represents to MOESC to be accurate.
- C. The Consultant, as an independent contractor, is willing to enter into this Agreement with the MOESC to accomplish the services consistent with the terms and conditions set forth herein.
- D. Consultant and MOESC hereto desire to more particularly detail the terms and conditions of this Independent Contractor Agreement.

NOW, THEREFORE, KNOW ALL MEN BY THESE PRESENTS, that MOESC and the Consultant do hereby agree as follows:

- 1. The Recitals are incorporated herein.

2. The Consultant hereby agrees to provide professional educational services as more particularly set forth in the attached on an on-call/as needed basis from July 1, 2010 to June 30, 2011. On _____, this Agreement shall non-renew and will no longer be in full force and effect unless there is a writing executed between the parties granting an extension.

3. MOESC shall assign students to Consultant for Consultant's services. The means and method for the provision of such services shall be as determined by the Consultant.

4. The services provided by the Consultant shall comply with the applicable provisions of the New Jersey Administrative Code, Title 6A, Chapter 14 entitled "Special Education", during the term hereof.

5. The Consultant shall maintain the qualifications necessary to provide the consulting services during the term of this Agreement.

6. The Consultant shall complete and provide the writings/reports as required by law or the MOESC.

7. MOESC agrees to pay for the services provided by the Consultant based on rates established by the MOESC, as more particularly set forth on the attached Schedule.

8. MOESC agrees to make payments to Consultant when all required work has been completed and verified in accordance with this Agreement. Payments shall be based on the MOESC established yearly rates for the services specified in the

Schedule. The payments for such educational services shall be the sole and exclusive amounts paid to Consultant for services herein. No other benefits or compensations of any type shall be provided, except as may be separately provided for in an agreement signed by the MOESC and the Consultant.

9. All payments made to the Consultant pursuant to this Agreement shall be made following the completion of the educational services, provided said services and their completion have been approved by MOESC.

10. This Agreement shall become effective upon the adoption of a resolution by the Consultant, where necessary, approving this Agreement and execution of this Agreement by all parties.

11. (a) MOESC shall have the right to terminate this Agreement on thirty (30) days' notice. The notice of termination under this Paragraph shall be in writing and delivered to the Consultant by a method documenting delivery. This Agreement shall terminate thirty (30) days after the documented delivery of the notice to Consultant.

(b) In the event the MOESC shall fail to make timely payments when due, the Consultant shall have the right to terminate this Agreement upon written notice to the MOESC and to discontinue all consulting services. In such event, the Consultant shall be entitled to the value of services provided up to the date of termination and thereafter shall have no further obligation to provide educational services under the Agreement.

12. The Consultant is retained by MOESC only for the strict purposes set forth in this Agreement and its schedules.

13. The Consultant's services provided hereunder shall be that of an independent contractor. The Consultant is not an agent of MOESC. The Consultant shall have no authority to bind the MOESC by any representation, warranty or agreement unless specifically authorized in writing by the MOESC. The Consultant is an independent contractor under this Agreement, and no employee, officer or director of the Consultant shall have the authority to bind the MOESC by any representation, warranty or agreement unless specifically authorized in writing by the MOESC, and Consultant employees shall not be deemed or treated as employees or agents of the MOESC. The Consultant shall be free to dispose of such portion of entire time, energy and skill during regular business hours as she/he/it is not obligated to devote hereunder to MOESC and in such manner as she/he/it sees fit and to such persons, firms or corporations as she/he/it deems advisable. The Consultant shall not be considered as having an employee status or as being entitled to participate in any MOESC plans, arrangements, benefits or distributions pertaining to or in connection with any pension, employee benefits, bonus, profit or other similar benefits for any regular employee or employees.

14. The Consultant shall be responsible for all wage withholding for income tax, Social Security, unemployment insurance and similar items.

15. The Consultant shall maintain the appropriate Worker's Compensation Insurance or such insurance for employees as may be required by federal or state rules and regulations.

16. The Consultant shall at all times carry sufficient professional and liability insurance to properly cover and protect MOESC, its member and participating school districts, public, non-public and private covering the educational services rendered by the Consultant naming the MOESC as an "additional insured" for any claims arising out of the educational services provided and coverage must be "primary/non-contributory" as evidenced by a Certificate of Insurance or other evidence that such insurance is in full force and effect and that all premiums have been paid therefore. Such insurance shall be maintained with insurance companies qualified to do business in the State of New Jersey and shall provide coverage at least \$150,000.00 for each claim and \$250,000.00 in the aggregate. Consultant shall provide a certificate of insurance to MOESC prior to the commencement of the consulting service evidencing the insurance coverages. The certificate of insurance shall clearly show the names of all insureds, the date of termination, type of coverage and amount of insurance. Upon the termination of the insurance policy, the Consultant shall supply MOESC with evidence that said policy has been renewed or replaced. In the event there are any changes in insurance coverage, the Consultant shall supply MOESC with notice of any such change.

17. Where applicable, the Consultant shall maintain at all times strict discipline among his/her/its employees, and he/she/it agrees not to employ for work on

the project any person who is unfit or without sufficient skill to perform the job for which he/she/it is employed. MOESC shall have the right to demand the removal of any particular employee or employees from the assigned service for whatever reason MOESC deems significant. The Consultant, when demanded by MOESC, shall immediately remove and/or prevent the particular employee or employees from returning to the work.

18. The Consultant shall comply with all laws, rules, regulations, ordinances and/or orders of all public authorities with jurisdiction relating to the performance of the assigned service.

19. The Consultant shall not employ any other contractor (“subcontractor”) without MOESC’s prior written approval. Any contracts entered into between the Consultant and subcontractors shall conform to and incorporate the provisions of this Agreement. MOESC shall have the right to remove the subcontractor(s) from the consulting service for whatever reason MOESC deems significant and in such an event, the Consultant shall be responsible for the enforcement of MOESC’s wishes and shall be responsible for keeping subcontractor(s) from the educational service. The Consultant further agrees that in the event a subcontractor is retained by the Consultant, that it be expressly understood in said contract that the subcontractor is solely associated with the Consultant and not with MOESC. It shall be further understood that the Consultant is solely responsible for payment of the subcontractor.

20. The Consultant further represents that it shall provide and pay for all labor, supplies and equipment including transportation and all other facilities and services necessary for the proper completion of the educational service as required by MOESC.

21. The Consultant represents that it has the requisite skill and experience to perform the educational service.

22. The Consultant is solely responsible for his/her/its own safety and the safety of his/her/its employees and all other persons whom the educational service might affect, including but not limited to, visitors, residents and employees of others. The Consultant has the duty of providing for the reasonable safety of the educational service.

23. The Consultant agrees to indemnify and hold harmless MOESC and any of MOESC's agents and employees from and against all claims, damages, losses and expenses, including reasonable attorney's fees in the event any action is taken to resolve a dispute arising out of Consultant's act, omission or breach of this Agreement, or that of any employee, subcontractor or any other person associated or employed by the Consultant or for other persons whose acts the Consultant may be liable.

24. The Consultant is fully responsible for her/his/its and all acts, negligent or otherwise, or omission, negligent or otherwise, of all of her/his/its employees of her/his/its subcontractors and their employees, and for any other person or persons associated with the Independent Contractor and this Agreement

25. Any notice to the parties under this Agreement shall be sent certified mail, return receipt requested or overnight delivery service addressed as follows:

To the Consultant:

To the MOESC: Monmouth-Ocean Educational Services Commission
900 Hope Road
Tinton Falls, NJ 07712
Attention: Timothy P. Nogueira, Superintendent

26. Affirmative Action - During the performance of this contract, MOESC and the Consultant agree as follows:

a. The MOESC and the Consultant, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. The MOESC and the Consultant will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. Such action shall include, but not be limited to, the following: employment, upgrading, demotion, or transfer, recruitment or recruitment advertising, layoff or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The MOESC and the Consultant agree to post in conspicuous places, available to employees and applicants for

employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

b. The MOESC and the Consultant, where applicable, will in all solicitations or advertisements for employees placed by or on behalf of the MOESC and the Consultant, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation.

c. The MOESC and the Consultant, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the MOESC and the Consultant commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

d. The MOESC and the Consultant, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended, and supplemented from time to time and the Americans with Disabilities Act.

e. The MOESC and the Consultant agree to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by *N.J.A.C. 17:27-5.2* promulgated by the Treasurer pursuant to P.L. 1975, c.127, as amended and supplemented from time to time or in

accordance with a binding determination of the applicable county employment goals determined by the Division of Contract Compliance and EEO Office pursuant to *N.J.A.C. 17:27-5.2* promulgated by the Treasurer pursuant to P.L. 1975, c.127, as amended and supplemented from time to time.

f. The MOESC and the Consultant agree to inform in writing appropriate recruitment agencies in the area, including employment agencies, placement bureaus, colleges, universities, labor unions, that it does not discriminate on the basis of age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

g. The MOESC and the Consultant agree to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job-related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

h. The MOESC and the Consultant agree to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

i. The MOESC and the Consultant shall furnish such reports or other documents to the Division of Contract Compliance and EEO Office as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Contract Compliance and EEO Office for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (*N.J.A.C. 17:27*).

27. In the event any provision of this Agreement shall be held invalid or unenforceable by any Court of competent jurisdiction, such holdings shall not invalidate or render unenforceable any other provision hereof.

28. This Agreement shall be construed in accordance with the laws of the State of New Jersey.

29. Each party to this Agreement acknowledges that it has read and agrees to all terms and conditions stated herein.

30. This Agreement constitutes the entire agreement between the parties with respect to the subject matters herein, and supersedes and integrates any and all prior representations, negotiations, discussions, understandings and agreements, whether oral or written. Each party acknowledges that the other parties, nor any agent or attorney of the other parties, have made any promises, representations or warranty whatsoever, express or implied, not contained in the Agreement to induce it to execute this Agreement.

31. No waiver of any of the provisions of the Agreement shall be deemed or shall constitute a waiver of any other provision whether or not similar, nor shall any waiver constitute a continuing waiver. No waiver shall be binding unless executed in writing by the party making the waiver.

IN WITNESS WHEREOF, Monmouth-Ocean Educational Services Commission has caused this Agreement to be executed in its corporate name, by its authorized representatives, and the Consultant has set his hand and seal as of the date and year first above written.

MONMOUTH-OCEAN EDUCATIONAL SERVICES COMMISSION

By: _____
Kathleen Mandeville,
Board Secretary, School Business
Administrator

By: _____
President

Attest:

By: _____

By: _____
Consultant

CURRICULUM VITAE

PARAGRAPH:

Consultants shall comply with the provisions of the New Jersey “Pay to Play” Law at *N.J.S.A. 19:44A-20, et seq.* to the extent that same may be applicable by submitting the attached Political Contribution Disclosure Form.

MEMO TO: All nursing contractors
FROM: Bruce Quinn, Project Administrator MOESC
DATE: May 25, 2010
RE: Professional Liability Insurance requirement

MOESC will be requiring of all of its Independent Contractors, professional liability insurance coverage. The certificate of insurance must be on file prior to starting any assignment with MOESC after July 1, 2010.

The insurance will provide coverage for you and for MOESC. Please contact the insurance professional of your choice to obtain this coverage. The certificate of insurance must name MOESC as an additional insured, and any other organization from which you believe you may be accepting assignments. The minimum coverage requirement on this insurance is \$150,000 per occurrence and \$250,000 aggregate, which is a fairly low limit in insurance requirements. You may wish to obtain a higher amount.

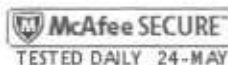
MOESC cannot endorse any specific plan, carrier or broker for this coverage but has gathered sample information which may give you some direction in obtaining your coverage if you do not have a carrier at this time. Using the internet you may find a broker, company or group you believe will serve your needs best.

Three plans for nursing or healthcare professionals came up during an internet search conducted by MOESC and some brief information on these are attached. They are through the Nurses Service Organization, the CM&F Group, and the American Nurses Association.

Individuals

Quick Quote for Individual Professional Liability Insurance

Please select your desired limit of liability (Per Occurrence/Annual Aggregate):



- \$1,000,000 / \$6,000,000
- \$1,000,000 / \$3,000,000
- \$500,000 / \$2,500,000

[Calculate Rate](#)

| | | |
|---|-------------------------------------|--|
| State: | New Jersey | <p>TWO WAYS TO APPLY:</p> <p><input type="radio"/> Online</p> <p>Apply online, using our secure application process.</p> <ul style="list-style-type: none"> • Processing Time: If your application is approved, your policy will be issued within one business day. If you choose our e-billing option on the application that follows, you can receive your Certificate of Insurance (proof of coverage) within one business day of your application approval. • Payment: To use this option, payment via credit or debit card, in your name, is required at the time of the application. (Because this online transmission |
| Profession/Area of study: | LPN/LVN (Coverage N/A for Midwives) | |
| Employment Status: | Self-Employed, Part-Time | |
| Recent Graduate: | No | |
| Limits of Liability: | \$500,000 / \$2,500,000 | |
| Annual Premium: | \$144.00 | |
| Tax/Surcharge (applied by your state): | \$1.30 | |
| Healthcare Providers Service Organization Purchasing Group Membership Fee | \$1.25 | |
| ? | | |

Total Due: **\$146.55**

[Read more about the coverage offered](#)

(This link opens in a new window, so you will not need to re-enter your information if you want to continue to apply.)

does not allow for your actual signature, your credit card acts as your signature. Therefore, the credit or debit card used for payment **MUST** be in your name.)

Print

Complete the application online, then print a copy and submit it to our office via mail or fax.

- **Processing Time:** Your application will be processed within 7 - 10 days of receipt. If you need to receive proof of coverage in a more timely fashion, select the Online option above and e-billing on the application that follows.
- **Payment:** You can submit a check or credit/debit card information with your application, or receive a bill after your application is processed. (Bill Me Later option not available for students.)

Apply Now

Rates, limits and coverage may vary based on state, profession, and employment status.

159 E. County Line Road :: Hatboro, PA 19040
Phone: 1.800.247.1500 :: Fax: 1.800.739.8818
Email: service@nso.com
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FIND YOUR MALPRACTICE INSURANCE RATE

:: Choose your profession ::

:: Select your state ::

Professional Liability Insurance-INDIVIDUAL

- AAPA Physician Assistants
- Allied Healthcare Professionals
- Certified Registered Nurse Anesthetists
- Clinical Research Professionals
- Dental Hygienists & Assistants
- Dietitians & Nutritionists
- First Year Graduate Nurses
- Home Healthcare Professionals
- International Board Certified Lactation Consultants
- Nurses [RN/LPNs]
- Nurses Aides
- Nurse Practitioners
- Pathologists' Assistants
- Perfusionists
- Physical Therapists and PT Assistants
- Postpartum Care Providers
- Student Nurses/Student Dental Hygienists

INFORMATION CENTER

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800.221.4904

By Mail
Find CM&F contact names & addresses



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New York, New York 10013
1-800-221-4904 info@cmfgroup.com



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Get the medical protection which your pet deserves TODAY!



Supplemental Insurance
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Auto
CM&F offers a complete range of competitive auto insurance.

Professional Liability Insurance

A must have for every nurse. Protect your career by purchasing your own coverage at a reasonable price. Every nurse today should carry their own professional nursing liability insurance to protect themselves from the costs of legal and board of nursing action -- even if they are covered by their employer. Apply today on-line (see link below) or call 800-503-9230.

Get Liability Insurance



Discounts for Members

[Professional Liability Insurance Web site](#)

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Monmouth-Ocean Educational Services Commission

Kathleen Mandeville
School Business Administrator

900 Hope Road
Tinton Falls, NJ 07712

(732) 695-7827 Fax: (732) 493-4515
kmandeville@moesc.org

February 24, 2010

To Whom It May Concern:

Effective September 1, 2004 state regulations were implemented for school districts to follow in order to do business with vendors and consultants. We are required to receive the following forms, which I request you forward to us immediately in order to execute purchasing with our organization.

- NJ Business Registration Certificate. Registration information can be obtained from the following website:
<http://www.state.nj.us/treasury/revenue/gettingregistered.htm#busentity>
- Affirmative Action Form AA302 with correct language provided in the contract. You can obtain the form at the following website:
http://www.state.nj.us/treasury/contract_compliance/pdf/aa302.pdf
- IRS Form W-9
- C.271 Political Contribution Disclosure Form (applicable to purchases in excess of \$17,500). Disclosure information can be obtained from the following website: <http://www.nj.gov/dca/lgs/p2p/#forms>

If you have any questions, please do not hesitate to contact my office at 732-695-7827. Please keep in mind that we must have this documentation on file in order to purchase goods and/or services from your company.

Thank you for your consideration in this matter.

Sincerely,

Kathleen Mandeville
Board Secretary/School
Business Administrator

KM:ca

NJ-REG

(04-10)

STATE OF NEW JERSEY
DIVISION OF REVENUE
BUSINESS REGISTRATION APPLICATION

Please read instructions carefully before filling out this form
ALL SECTIONS MUST BE FULLY COMPLETED

MAIL TO:
CLIENT REGISTRATION
PO BOX 252
TRENTON, NJ 08646-0252

OVERNIGHT DELIVERY:
CLIENT REGISTRATION
33 WEST STATE ST 3rd FL
TRENTON, NJ 08608

HOTLINE:
(609) 292-9292

*** NO FEE REQUIRED ***

REGISTRATION DETAIL

A. Please indicate the reason for your filing this application:

- Original application for a new business
- Moved previously registered business to new location (REG-C-L can be used in lieu of NJ-REG)
- Amended application for an existing business
Reason(s) for amending application: _____
- Application for an additional location of an existing registered business
- Applying for a Business Registration Certificate

B. FEIN # OR Soc. Sec. # of Owner

Check Box if "Applied for"

C. Name _____
(If your business entity is a Corporation, LLC, LLP, LP or Non-Profit Organization, give entity name. IF NOT, give Name of Owner or Partners)

D. Trade Name _____

E. Business Location: (Do not use P.O. Box for Location Address)

Street _____
City _____ State
Zip Code
(Give 9-digit Zip)

(See instructions for providing alternate addresses)

F. Mailing Name and Address: (if different from business address)

Name _____
Street _____
City _____ State
Zip Code
(Give 9-digit Zip)

BUSINESS DETAIL

G. Beginning date for this business: _____ / _____ / _____ (see instructions)

O/C _____

H. Type of ownership (check one):

- NJ Corporation Sole Proprietor Partnership Out-of-State Corporation LLP Other _____
- Limited Partnership LLC (1065 Filer) LLC (1120 Filer) LLC (Single Member) S Corporation (You must complete page 41)

I. New Jersey Business Code (see instructions)

J. County / Municipality Code (see instructions) K. County _____
(New Jersey only)H

FOR OFFICIAL USE ONLY
DLN _____

L. Will this business be SEASONAL? Yes No

If YES - Circle months business will be open:

JAN FEB MAR APR MAY JUN JUL AUG SEPT OCT NOV DEC

M. If an ENTITY (Item C) complete the following:

Date of Incorporation: _____ / _____ / _____
month day year

State of Incorporation Fiscal month

NJ Business/Corp. #

Is this a Subsidiary of another corporation? YES NO

If YES, give name and Federal ID# of parent: _____

N. Standard Industrial Code (If known)

O. NAICS (If known)

P. Provide the following information for the owner, partners or responsible corporate officers. (If more space is needed, attach rider)

OWNERSHIP DETAIL

| NAME <small>(Last Name, First, MI)</small> | SOCIAL SECURITY NUMBER TITLE | HOME ADDRESS <small>(Street, City, State, Zip)</small> | PERCENT OF OWNERSHIP |
|---|---------------------------------|---|----------------------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

BE SURE TO COMPLETE NEXT PAGE

FEIN#:

NAME:

NAICS

Month Day Year

c. Date cumulative gross payroll exceeds \$1000

Month / Day / Year

Yes No

d. Will you be paying wages, salaries or commissions to New Jersey residents working outside New Jersey?

Yes No

e. Will you be the payer of pension or annuity income to New Jersey residents?

Yes No

f. Will you be holding legalized games of chance in New Jersey (as defined in Chapter 47 Rules of Legalized Games of Chance) where proceeds from any one prize exceed \$1,000?

Yes No

g. Is this business a PEO (Employee Leasing Company)?(If yes, see page 6)

Yes No

2. Did you acquire Substantially all the assets; Trade or business; Employees; of any previous employing units?

If answer is "No", go to question 4.

If answer is "Yes", indicate by a check whether in whole or part, and list business name, address and registration number of predecessor or acquired unit and the date business was acquired by you. (If more than one, list separately. Continue on separate sheet if necessary.)

Name of Acquired Unit _____

NJ Employee ID _____

ACQUIRED

Assets

Trade or Business

Employees

PERCENTAGE ACQUIRED

_____ %

_____ %

_____ %

Address _____

Date Acquired _____

3. Subject to certain regulations, the law provides for the transfer of the predecessor's employment experience to a successor where the whole of a business is acquired from a subject predecessor employer. The transfer of the employment experience is required by law.

Are the predecessor and successor units owned or controlled by the same interests?

Yes No

4. Is your employment agricultural?

Yes No

5. Is your employment household?

Yes No

a. If yes, please indicate the date in the calendar quarter in which gross cash wages totaled \$1,000 or more _____ / _____ / _____
Month Day Year

6. Are you a 501(c)(3) organization?

If "Yes," to apply for sales tax exemption, obtain form REG-1E at www.state.nj.us/treasury/taxation/exemption.htm.

Yes No

7. Were you subject to the Federal Unemployment Tax Act (FUTA) in the current or preceding calendar year?

(See instruction sheet for explanation of FUTA) If "Yes", indicate year _____

Yes No

8. a. Does this employing unit claim exemption from liability for contributions under the Unemployment Compensation Law of New Jersey? ..

Yes No

If "Yes," please state reason. (Use additional sheets if necessary.) _____

b. If exemption from the mandatory provisions of the Unemployment Compensation Law of New Jersey is claimed, does this employing unit wish to voluntarily elect to become subject to its provisions for a period of not less than two complete calendar years?

Yes No

9. Types of Business 1. Manufacturer 2. Service 3. Wholesale
 4. Construction 5. Retail 6. Government

Principal product or service in New Jersey only _____

Type of Activity in New Jersey only _____

10. List below each place of business and each class of industry in New Jersey, even though you may have only one place of business or engage in only one class of industry.

a. Do you have more than one employing facility in New Jersey

Yes No

| NJ WORK LOCATIONS (Physical location, not mailing address) | | NATURE OF BUSINESS (See Instructions) | | | No. of Workers at Each Location and/in Each Class of Industry |
|--|--------|---------------------------------------|---|---|---|
| Street Address, City, Zip Code | County | NAICS Code | Principal Product or Service Complete Description | % | |
| | | | | | |

(Continue on separate sheet, if necessary)
BE SURE TO COMPLETE NEXT PAGE

INSTRUCTIONS FOR COMPLETING THE EMPLOYEE INFORMATION REPORT (FORM AA302)

IMPORTANT: READ THE FOLLOWING INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. PRINT OR TYPE ALL INFORMATION. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM **AND TO SUBMIT THE REQUIRED \$150.00 NON-REFUNDABLE FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE.** IF YOU HAVE A CURRENT CERTIFICATE OF EMPLOYEE INFORMATION REPORT, DO NOT COMPLETE THIS FORM UNLESS YOU ARE RENEWING A CERTIFICATE THAT IS DUE FOR EXPIRATION. DO NOT COMPLETE THIS FORM FOR CONSTRUCTION CONTRACT AWARDS.

ITEM 1 - Enter the Federal Identification Number assigned by the Internal Revenue Service, or if a Federal Employer Identification Number has been applied for, or if your business is such that you have not or will not receive a Federal Employer Identification Number, enter the Social Security Number of the owner or of one partner, in the case of a partnership.

ITEM 2 - Check the box appropriate to your TYPE OF BUSINESS. If you are engaged in more than one type of business check the predominate one. If you are a manufacturer deriving more than 50% of your receipts from your own retail outlets, check "Retail".

ITEM 3 - Enter the total "number" of employees in the entire company, including part-time employees. This number shall include all facilities in the entire firm or corporation.

ITEM 4 - Enter the name by which the company is identified. If there is more than one company name, enter the predominate one.

ITEM 5 - Enter the physical location of the company. Include City, County, State and Zip Code.

ITEM 6 - Enter the name of any parent or affiliated company including the City, County, State and Zip Code. If there is none, so indicate by entering "None" or N/A.

ITEM 7 - Check the box appropriate to your type of company establishment. "Single-establishment Employer" shall include an employer whose business is conducted at only one physical location. "Multi-establishment Employer" shall include an employer whose business is conducted at more than one location.

ITEM 8 - If "Multi-establishment" was entered in item 8, enter the number of establishments within the State of New Jersey.

ITEM 9 - Enter the total number of employees at the establishment being awarded the contract.

ITEM 10 - Enter the name of the Public Agency awarding the contract. Include City, County, State and Zip Code. This is not applicable if you are renewing a current Certificate.

ITEM 11 - Enter the appropriate figures on all lines and in all columns. THIS SHALL ONLY INCLUDE EMPLOYMENT DATA FROM THE FACILITY THAT IS BEING AWARDED THE CONTRACT. DO NOT list the same employee in more than one job category. **DO NOT attach an EEO-1 Report.**

Racial/Ethnic Groups will be defined:

Black: Not of Hispanic origin. Persons having origin in any of the Black racial groups of Africa.

Hispanic: Persons of Mexican, Puerto Rican, Cuban, or Central or South American or other Spanish culture or origin, regardless of race.

American Indian or Alaskan Native: Persons having origins in any of the original peoples of North America, and who maintain cultural identification through tribal affiliation or community recognition.

Asian or Pacific Islander: Persons having origin in any of the original peoples of the Far East, Southeast Asia, the Indian Sub-continent or the Pacific Islands. This area includes for example, China, Japan, Korea, the Phillippine Islands and Samoa.

Non-Minority: Any Persons not identified in any of the aforementioned Racial/Ethnic Groups.

ITEM 12 - Check the appropriate box. If the race or ethnic group information was not obtained by 1 or 2, specify by what other means this was done in 3.

ITEM 13 - Enter the dates of the payroll period used to prepare the employment data presented in Item 12.

ITEM 14 - If this is the first time an Employee Information Report has been submitted for this company, check block "Yes".

ITEM 15 - If the answer to Item 15 is "No", enter the date when the last Employee Information Report was submitted by this company.

ITEM 16 - Print or type the name of the person completing the form. Include the signature, title and date.

ITEM 17 - Enter the physical location where the form is being completed. Include City, State, Zip Code and Phone Number.

TYPE OR PRINT IN SHARP BALL POINT PEN

THE VENDOR IS TO COMPLETE THE EMPLOYEE INFORMATION REPORT FORM (AA302) AND RETAIN A COPY FOR THE VENDOR'S OWN FILES. THE VENDOR SHOULD ALSO SUBMIT A COPY TO THE PUBLIC AGENCY AWARDED THE CONTRACT IF THIS IS YOUR FIRST REPORT; AND FORWARD ONE COPY **WITH A CHECK IN THE AMOUNT OF \$150.00 PAYABLE TO THE TREASURER, STATE OF NEW JERSEY(FEE IS NON-REFUNDABLE)** TO:

**NJ Department of the Treasury
Division of Public Contracts
Equal Employment Opportunity Compliance
P.O. Box 206**

Trenton, New Jersey 08625-0206

Telephone No. (609) 292-5473

STATE OF NEW JERSEY
Division of Contract Compliance & Equal Employment Opportunity

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/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

| | | | | |
|--|--|--|-------|----------|
| 1. FID. NO. OR SOCIAL SECURITY | 2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input 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 | | |
| 4. COMPANY NAME | | | | |
| 5. STREET | CITY | COUNTY | STATE | ZIP CODE |
| 6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) | | CITY | STATE | ZIP CODE |
| 7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER | | | | |
| 8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ <input style="width:50px;" type="text"/> | | | | |
| 9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT <input style="width:50px;" type="text"/> | | | | |
| 10. PUBLIC AGENCY AWARDED CONTRACT | | | | |
| | CITY | COUNTY | STATE | ZIP CODE |

| | | | |
|--------------------------|---------------|------------|-------------------------------|
| Official Use Only | DATE RECEIVED | INAUG.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 | | | | | | | | | | | | | | |
| Professionals | | | | | | | | | | | | | | |
| Technicians | | | | | | | | | | | | | | |
| Sales Workers | | | | | | | | | | | | | | |
| Office & Clerical | | | | | | | | | | | | | | |
| Craftworkers (Skilled) | | | | | | | | | | | | | | |
| Operatives (Semi-skilled) | | | | | | | | | | | | | | |
| Laborers (Unskilled) | | | | | | | | | | | | | | |
| Service Workers | | | | | | | | | | | | | | |
| TOTAL | | | | | | | | | | | | | | |
| Total employment From previous Report (if any) | | | | | | | | | | | | | | |
| Temporary & Part-Time Employees | The data below shall NOT be included in the figures for the appropriate categories above. | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |

| | | |
|--|--|---|
| 12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input type="checkbox"/> 1. Visual Survey <input 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 type="checkbox"/> | 15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR |
| 13. DATES OF PAYROLL PERIOD USED From: _____ To: _____ | | |

SECTION C - SIGNATURE AND IDENTIFICATION

| | | | |
|--|-----------|--------|---|
| 16. NAME OF PERSON COMPLETING FORM (Print or Type) | SIGNATURE | TITLE | DATE MO. DAY YEAR |
| 17. ADDRESS NO. & STREET | CITY | COUNTY | STATE ZIP CODE PHONE (AREA CODE, NO.,EXTENSION) |

Request for Taxpayer Identification Number and Certification

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

| | | |
|---|--|---|
| Print or type See Specific Instructions on page 2. | Name (as shown on your income tax return) | |
| | Business name, if different from above | |
| | Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) | Requester's name and address (optional) |
| | City, state, and ZIP code | |
| 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 your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

| |
|--------------------------------|
| Social security number |
| : : : : |
| OR |
| Employer identification number |
| : : : : |

Part II Certification

Under penalties of perjury, I certify that:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below).

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 on page 4.

Sign Here

Signature of
U.S. person ▶

Date ▶

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

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

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

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

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

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,

- The U.S. grantor or other owner of a grantor trust and not the trust, and
- The U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person, do not use Form W-9. Instead, use the appropriate Form W-8 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

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

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

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

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

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

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

Payments you receive will be subject to backup withholding if:

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),
3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the instructions below and the separate Instructions for the Requester of Form W-9.

Also see *Special rules for partnerships* on page 1.

Penalties

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

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

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

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

Specific Instructions

Name

If you are an individual, you must generally enter the name shown on your income tax return. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first, and then circle, the name of the person or entity whose number you entered in Part I of the form.

Sole proprietor. Enter your individual name as shown on your income tax return on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). Check the "Limited liability company" box only and enter the appropriate code for the tax classification ("D" for disregarded entity, "C" for corporation, "P" for partnership) in the space provided.

For a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Regulations section 301.7701-3, enter the owner's name on the "Name" line. Enter the LLC's name on the "Business name" line.

For an LLC classified as a partnership or a corporation, enter the LLC's name on the "Name" line and any business, trade, or DBA name on the "Business name" line.

Other entities. Enter your business name as shown on required federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Note. You are requested to check the appropriate box for your status (individual/sole proprietor, corporation, etc.).

Exempt Payee

If you are exempt from backup withholding, enter your name as described above and check the appropriate box for your status, then check the "Exempt payee" box in the line following the business name, sign and date the form.

Generally, individuals (including sole proprietors) are not exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends.

Note. If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding.

The following payees are exempt from backup withholding:

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

The chart below shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 15.

| IF the payment is for . . . | THEN the payment is exempt for . . . |
|--|--|
| Interest and dividend payments | All exempt payees except for 9 |
| Broker transactions | Exempt payees 1 through 13. Also, a person registered under the Investment Advisers Act of 1940 who regularly acts as a broker |
| Barter exchange transactions and patronage dividends | Exempt payees 1 through 5 |
| Payments over \$600 required to be reported and direct sales over \$5,000 ¹ | Generally, exempt payees 1 through 7 ² |

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

Part I. Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited liability company (LLC)* on page 2), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note. See the chart on page 4 for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local Social Security Administration office or get this form online at www.ssa.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.irs.gov/businesses and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting www.irs.gov or by calling 1-800-TAX-FORM (1-800-829-3676).

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

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

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

Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). Exempt payees, see *Exempt Payee* on page 2.

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

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

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

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

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

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

What Name and Number To Give the Requester

| For this type of account: | Give name and SSN of: |
|---|---|
| 1. Individual | The individual |
| 2. Two or more individuals (joint account) | The actual owner of the account or, if combined funds, the first individual on the account ¹ |
| 3. Custodian account of a minor (Uniform Gift to Minors Act) | The minor ² |
| 4. a. The usual revocable savings trust (grantor is also trustee) | The grantor-trustee ³ |
| b. So-called trust account that is not a legal or valid trust under state law | The actual owner ³ |
| 5. Sole proprietorship or disregarded entity owned by an individual | The owner ³ |
| For this type of account: | Give name and EIN of: |
| 6. Disregarded entity not owned by an individual | The owner |
| 7. A valid trust, estate, or pension trust | Legal entity ⁴ |
| 8. Corporate or LLC electing corporate status on Form 8832 | The corporation |
| 9. Association, club, religious, charitable, educational, or other tax-exempt organization | The organization |
| 10. Partnership or multi-member LLC | The partnership |
| 11. A broker or registered nominee | The broker or nominee |
| 12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments | The public entity |

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

² Circle the minor's name and furnish the minor's SSN.

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

⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 1.

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

Secure Your Tax Records from Identity Theft

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

To reduce your risk:

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

Call the IRS at 1-800-829-1040 if you think your identity has been used inappropriately for tax purposes.

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

Protect yourself from suspicious emails or phishing schemes.

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

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

If you receive an unsolicited email claiming to be from the IRS, forward this message to phishing@irs.gov. You may also report misuse of the IRS name, logo, or other IRS personal property to the Treasury Inspector General for Tax Administration at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: spam@uce.gov or contact them at www.consumer.gov/idtheft or 1-877-IDTHEFT(438-4338).

Visit the IRS website at www.irs.gov to learn more about identity theft and how to reduce your risk.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons who must file information returns with the IRS to report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA, or Archer MSA or HSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, the District of Columbia, and U.S. possessions to carry out their tax laws. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 28% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Public Agency Instructions

This page provides guidance to public agencies entering into contracts with business entities that are required to file Political Contribution Disclosure forms with the agency. **It is not intended to be provided to contractors.** What follows are instructions on the use of form local units can provide to contractors that are required to disclose political contributions pursuant to N.J.S.A. 19:44A-20.26 (P.L. 2005, c. 271, s.2). Additional information on the process is available in Local Finance Notice 2006-1 (www.nj.gov/dca/lgs/lfns/lfnmenu.shtml).

1. The disclosure is required for all contracts in excess of \$17,500 that are **not awarded** pursuant to a "fair and open" process (N.J.S.A. 19:44A-20.7).
2. Due to the potential length of some contractor submissions, the public agency should consider allowing data to be submitted in electronic form (i.e., spreadsheet, pdf file, etc.). Submissions must be kept with the contract documents or in an appropriate computer file and be available for public access. **The form is worded to accept this alternate submission.** The text should be amended if electronic submission will not be allowed.
3. The submission must be **received from the contractor and** on file at least 10 days prior to award of the contract. Resolutions of award should reflect that the disclosure has been received and is on file.
4. The contractor must disclose contributions made to candidate and party committees covering a wide range of public agencies, including all public agencies that have elected officials in the county of the public agency, state legislative positions, and various state entities. The Division of Local Government Services recommends that contractors be provided a list of the affected agencies. This will assist contractors in determining the campaign and political committees of the officials and candidates affected by the disclosure.
 - a. The Division has prepared model disclosure forms for each county. They can be downloaded from the "County PCD Forms" link on the Pay-to-Play web site at www.nj.gov/dca/lgs/p2p. They will be updated from time-to-time as necessary.
 - b. A public agency using these forms **should edit them to properly reflect the correct legislative district(s)**. As the forms are county-based, **they list all legislative districts in each county. Districts that do not represent the public agency should be removed from the lists.**
 - c. Some contractors may find it easier to provide a single list that covers all contributions, regardless of the county. These submissions are appropriate and should be accepted.
 - d. The form may be used "as-is", subject to edits as described herein.
 - e. The "Contractor Instructions" sheet is intended to be provided with the form. It is recommended that the Instructions and the form be printed on the same piece of paper. The form notes that the Instructions are printed on the back of the form; where that is not the case, the text should be edited accordingly.
 - f. The form is a Word document and can be edited to meet local needs, and posted for download on web sites, used as an e-mail attachment, or provided as a printed document.
5. It is recommended that the contractor also complete a "Stockholder Disclosure Certification." This will assist the local unit in its obligation to ensure that contractor did not make any prohibited contributions to the committees listed on the Business Entity Disclosure Certification in the 12 months prior to the contract. (See Local Finance Notice 2006-7 for additional information on this obligation) A sample Certification form is part of this package and the instruction to complete it is included in the Contractor Instructions. **NOTE: This section is not applicable to Boards of Education.**

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Contractor Instructions

Business entities (contractors) receiving contracts from a public agency that are NOT awarded pursuant to a "fair and open" process (defined at N.J.S.A. 19:44A-20.7) are subject to the provisions of P.L. 2005, c. 271, s.2 (N.J.S.A. 19:44A-20.26). This law provides that 10 days prior to the award of such a contract, the contractor shall disclose contributions to:

- any State, county, or municipal committee of a political party
- any legislative leadership committee*
- any continuing political committee (a.k.a., political action committee)
- any candidate committee of a candidate for, or holder of, an elective office:
 - of the public entity awarding the contract
 - of that county in which that public entity is located
 - of another public entity within that county
 - or of a legislative district in which that public entity is located or, when the public entity is a county, of any legislative district which includes all or part of the county

The disclosure must list reportable contributions to any of the committees that exceed \$300 per election cycle that were made during the 12 months prior to award of the contract. See N.J.S.A. 19:44A-8 and 19:44A-16 for more details on reportable contributions.

N.J.S.A. 19:44A-20.26 itemizes the parties from whom contributions must be disclosed when a business entity is not a natural person. This includes the following:

- individuals with an "interest" ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit
- all principals, partners, officers, or directors of the business entity or their spouses
- any subsidiaries directly or indirectly controlled by the business entity
- IRS Code Section 527 New Jersey based organizations, directly or indirectly controlled by the business entity and filing as continuing political committees, (PACs).

When the business entity is a natural person, "a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity." [N.J.S.A. 19:44A-20.26(b)] The contributor must be listed on the disclosure.

Any business entity that fails to comply with the disclosure provisions shall be subject to a fine imposed by ELEC in an amount to be determined by the Commission which may be based upon the amount that the business entity failed to report.

The enclosed list of agencies is provided to assist the contractor in identifying those public agencies whose elected official and/or candidate campaign committees are affected by the disclosure requirement. It is the contractor's responsibility to identify the specific committees to which contributions may have been made and need to be disclosed. The disclosed information may exceed the minimum requirement.

The enclosed form, a content-consistent facsimile, or an electronic data file containing the required details (along with a signed cover sheet) may be used as the contractor's submission and is disclosable to the public under the Open Public Records Act.

The contractor must also complete the attached Stockholder Disclosure Certification. This will assist the agency in meeting its obligations under the law. **NOTE: This section does not apply to Board of Education contracts.**

* N.J.S.A. 19:44A-3(s): "The term "legislative leadership committee" means a committee established, authorized to be established, or designated by the President of the Senate, the Minority Leader of the Senate, the Speaker of the General Assembly or the Minority Leader of the General Assembly pursuant to section 16 of P.L.1993, c.65 (C.19:44A-10.1) for the purpose of receiving contributions and making expenditures."

I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

Partnership

Corporation

Sole Proprietorship

Limited Partnership

Limited Liability Corporation

Limited Liability Partnership

Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

| | |
|---------------|---------------|
| Name: | Name: |
| Home Address: | Home Address: |
| Name: | Name: |
| Home Address: | Home Address: |
| Name: | Name: |
| Home Address: | Home Address: |

| | |
|--|--|
| Subscribed and sworn before me this ___ day of _____, 2 ___ | _____ (Affiant) |
| (Notary Public) | _____ (Print name & title of affiant) |
| My Commission expires: | (Corporate Seal) |

List of Agencies with Elected Officials Required for Political Contribution Disclosure
N.J.S.A. 19:44A-20.26

County Name:

State: Governor, and Legislative Leadership Committees

Legislative District #s:

State Senator and two members of the General Assembly per district.

County:

Freeholders

{County Executive}

County Clerk

Surrogate

Sheriff

Municipalities (Mayor and members of governing body, regardless of title):

**USERS SHOULD CREATE THEIR OWN FORM, OR DOWNLOAD
FROM WWW.NJ.GOV/DCA/LGS/P2P A COUNTY-BASED,
CUSTOMIZABLE FORM.**