

23

**RESOLUTION OF THE BOARD OF FREEHOLDERS  
COUNTY OF ESSEX**

**RESOLUTION NO.** \_\_\_\_\_ **AUTHORITY FOR RESOLUTION:** N.J.S.A. 40:41A-38(n)

**PROPOSED BY:** COUNTY EXECUTIVE **AUTHORITY FOR ACTION:** N.J.S.A. 40:41A-36(i)

**SUBJECT: DEPARTMENT OF PUBLIC WORKS, DIVISION OF ENGINEERING - CONTRACT  
AWARD TO TWO BROTHERS CONTRACTING INC., THE LOWEST RESPONSIVE AND  
RESPONSIBLE BIDDER FOR BUILDING DEMOLITION AT 49 9<sup>TH</sup> AVENUE, NEWARK, NJ –  
30 DAY CONTRACT – AMOUNT NOT TO EXCEED \$56,677.00**

**WHEREAS**, the County of Essex has a need for a vendor for Building Demolition at 49 9<sup>th</sup> Avenue, Newark, NJ (the “Services”) for the Department of Public Works; and

**WHEREAS**, the County’s Office of Purchasing has publicly advertised for bids for the Services; and

**WHEREAS**, the County has received from five (5) vendors written responses to the aforesaid advertisement for bids; and

**WHEREAS**, the County’s Office of Purchasing recommends the Board of Chosen Freeholders award a contract for the Services to Two Brothers Contracting Inc., the lowest responsive and responsible bidder; and

**WHEREAS**, the Chief Financial Officer has certified the availability of funds to pay the contract (which certification is attached hereto); and

**WHEREAS**, the New Jersey Public Contracts Law (N.J.S.A. 40a: 11-1 et. seq.) requires that the Board of Chosen Freeholders by resolution approve the awarding of a contract for the provision or performance of any goods or services, the cost of which in the aggregate exceed the statutory bidding threshold; now, therefore, be it.

**RESOLVED**, by the Essex County Board of Chosen Freeholders:

1. That the award of the Contract for the Services at a cost not to exceed \$56,677.00 to Two Brothers Contracting Inc., the lowest responsive and responsible bidder in accordance with the recommendation of the County's Office of Purchasing, be and hereby is approved, and that the County Administrator be and hereby is authorized to enter into and execute said contracts as aforesaid together with such other documents incident thereto as may be necessary.
  
2. That the Clerk of the Board of Chosen Freeholders forward two (2) certified copies of this resolution and agreement to the Office of Purchasing and one copy to the Department of Public Works.

RECEIVED  
CLERK OF THE BOARD  
2017 JAN 24 AM 11:35  
ESSEX COUNTY  
BOARD OF  
CHOSEN FREEHOLDERS

Approved as to form and legality Courtney Greene Date 1/24/18

ESSEX COUNTY COUNSEL

RECORD OF VOTE (X=Vote N.V.=Abstention ABS=Absent)

Moved By Freeholder \_\_\_\_\_  
 Second by Freeholder \_\_\_\_\_

Freeholder	Yes	No	N.V.	ABS	Freeholder	Yes	No	N.V.	ABS
Gill, Pres.					Pomares				
Johnson					Richardson, V.P.				
Jones					Sebold				
Luciano					Timberlake				
Mercado									

It is hereby certified that the foregoing Resolution was ( ) adopted ( ) defeated ( ) tabled by roll call vote at a \_\_\_\_\_ meeting of the Board of Chosen Freeholders of the County of Essex, New Jersey held on \_\_\_\_\_.

Is Publication Required ( ) Yes ( ) No

Date Published \_\_\_\_\_

\_\_\_\_\_  
 Brendan W. Gill, President

**Two Brothers Contracting**  
 db 1/24/18



COUNTY OF ESSEX

DECISION MEMORANDUM

COUNTY EXECUTIVE

BOARD AGENDA ITEM

COUNTY ADMINISTRATOR

Hon. Robert Jackson  
County Administrator

DEPARTMENT: Public Works

Julius N. Coltre, QPA  
Director of Purchasing

DIVISION: Engineering

January 24, 2018

**Subject: Department of Public Works  
Building Demolition of 49 9th Avenue, Newark, NJ  
Bid File #17-202**

**Introduction:**

The Department of Public Works has requested a contract for Demolition of Childcare Building in Cedar Grove, NJ. In accordance with the Local Public Contract Law (N.J.S.A. 40A:11-1 et seq.), the County's Office of Purchasing advertised for bids. In response thereto five (5) bids were received out of a possible forty-one (41) vendors who viewed/received the bid specification. This contract is a formal bid and awarded to the lowest responsive/responsible bidder. The minority status of the vendor cannot be determined.

Contractor:	Price:
<b>Two Brothers Contracting</b>	<b>\$56,677.00</b>
Yannuzzi Group	\$57,600.00
Wild Heart Industries	\$59,050.00
RVTConstruction	\$80,500.00
D S Meyers Enterprise	\$80,750.00

Completed copies of all bid proposals are available in the Office of Purchasing for review. All affirmative action requirements have been met.

**Recommendation:**

Based upon the recommendation of the Department of Public Works Director which is attached hereto and after reviewing the submitted bids, it is recommended that the Board of Chosen Freeholders, authorize by resolution the awarding of this contract to: Two-Brothers Contracting, Inc., 11 Vreeland Avenue, Totowa, NJ 07512

**Reason for Recommendation:**

The County needs to demolish this old building, and this contract fulfills that need.

**Fiscal Impact:**

As noted on attached Certification of Fund Availability, funds for this contract are available. This contract will not exceed \$56,677.00 and the funding source will be account number 70115004418004 B507071 (capital funds). CF

**Alternatives:**

There is no alternative except to bid this contract and award it to the lowest responsive/responsible bidder.

18 JAN 24 AM 10:48



OFFICE OF ACCOUNTS AND CONTROL  
HALL OF RECORDS, ROOM 542  
NEWARK, NEW JERSEY 07102

**CERTIFICATION OF FUNDS**

Vendor Name Two Brothers Contracting, Inc  
Account Name PW-Office of Director -Capital Improvements / Various Bldg/Haz Mat  
Account and Project # 701-1500-441-80-04 B50701  
Contract Period (If Applicable) Thirty (3) Days from Date of Award  
Purpose of Contract To provide for the Building Demolition at 49 9th Avenue in Newark, NJ

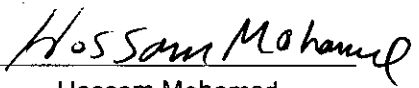
56,677.00 Contract Amount

Funding

Temporary Budget Amount  
Current Fund Budget Amount  
Contingent Current Year Amount  
Grant Funding  
56,677.00 Capital Funding  
Trust Funding  
Contingent Subsequent Years

I, do hereby certify that the funding is legally appropriated per the above information for the purpose specified in the attached contract. Furthermore, it has been represented to me that the contracts have been processed in accordance with the applicable provisions of the Optional County Charter Law, the Essex County Administrative Code and the Essex County Standard Operating Policies and Procedures.

cm Date: 1/24/2018  
Cert: 3214

  
Hossam Mohamed  
Temporary Chief Financial Officer

**STATEMENT OF  
CERTAIN POLITICAL CONTRIBUTIONS  
MADE AFTER JULY 11, 1986**

(This statement is part of the proposal packet)

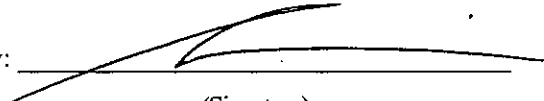
Ordinance Number 0-86-0007, as amended by Ordinance Number 0-95-0003, adopted by the Board of Chosen Freeholders of the County of Essex, requires that all proposals for negotiated contracts submitted by individuals and/or business entities seeking to provide goods or to perform services for the County of Essex shall contain a statement setting forth each political contribution by them of \$500.00 or more made within five years next preceding the date of said contract, either directly or indirectly, to any County elected political official, County political party and/or County official, political organization, or any State political party.

Set forth name of County elected official, County political party and/or County official, political organization, or State political party to whom a political contribution of \$500.00 or more was made by proposers within five (5) years of the \_\_\_\_\_ date \_\_\_\_\_ hereof.

If none, write "NONE".

Name	Amount
None	

Proposer: Two Brothers Contracting, Inc.

By:   
(Signature)

Name of Signatory: Sava Mladenovic, President  
(Print or Type)

**MEMORANDUM OF AGREEMENT**  
**BETWEEN**

**VENDOR**

NAME: Two Brothers Contracting, Inc  
ADDRESS 11 Vreeland Avenue  
Totowa, NJ 07512

**COUNTY**

County of Essex  
Hall of Records  
465 Dr. Martin Luther King Blvd.  
Newark, New Jersey 07102

BID #: 17-202  
DATE ADVERTISED December 26, 2017  
DATE RECEIVED: January 9, 2017  
CONTRACT PERIOD: Thirty (30) Days from Date of Award  
BASIS OF AWARD: Lowest Responsible and Responsive Bidder  
COMMODITY Building Demolition of 49 9<sup>th</sup> Avenue, Newark, NJ  
DESCRIPTION:

**CONDITIONS:**

The Essex County Chief Financial Officer has certified that funds are available for this expenditure (N.J.S.A. 5:30-5.1 et seq.).

The vendor identified above hereby agrees to comply with the terms and conditions of the bid specifications, advertisement, and vendor's proposal, as submitted by the vendor listed above, under the bid number stated above, which are incorporated herein and made part hereof, and to faithfully perform the obligations therein to furnish and deliver the good or service listed above.

**The award of this contract is subject to the approval of the Essex County Board of Chosen Freeholders by resolution** and such resolution will be prepared and presented to the Board at its regularly scheduled meeting. This contract becomes binding and effective upon adoption by resolution of the Board of Chosen Freeholders, signature of the County Executive and attested to by the Clerk of the Board.

**PAYMENT TERMS:**

CONTRACT PERIOD: Thirty (30) Days from Date of Award  
AWARDED ITEMS: Item #1-#4  
AMOUNT NOT TO EXCEED: \$56,677.00  
MONTHLY PAYMENT: N/A  
ANNUAL PAYMENT: N/A  
TOTAL AWARD TO ALL VENDORS UNDER THIS BID: \$56,677.00

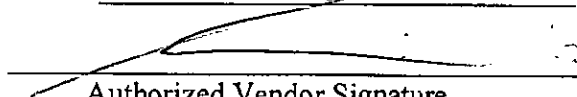
**ESSEX COUNTY**

DATE 1-24-18

  
Joseph N. DiVincenzo Jr.  
Essex County Executive

**VENDOR**

DATE 1/16/2018

  
Authorized Vendor Signature  
Sava Mladenovic, President

ATTEST: \_\_\_\_\_

Deborah Davis Ford -- Clerk of the Board

WITNESS: \_\_\_\_\_

  
Ray Mladenovic



# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)  
01/12/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	Prof. Risk Planners, Inc. 670 Old Willets Path Suite A Hauppauge NY 11788-	CONTACT NAME:		
		PHONE (A/C, No, Ext):	(631)360-8800	FAX (A/C, No): (631)360-8875
INSURED	Two Brothers Contracting, Inc. 11 Vreeland Avenue Totowa NJ 07512	INSURER(S) AFFORDING COVERAGE		NAIC #
		INSURER A:	Ironshore Indemnity Inc	23647
		INSURER B:	Zurich American Insurance Company	16535
		INSURER C:		
		INSURER D:		
		INSURER E:		

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

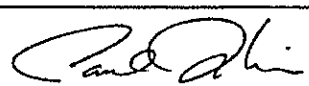
THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSD WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> ASBESTOS/LEAD POLLUT <input checked="" type="checkbox"/> CONTRACTUAL LIABILITY GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X X	003226800	07/08/2017	01/01/2019	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 500,000 MED EXP. (Any one person) \$ 25,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> ALL OWNED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> MCS-90 <input checked="" type="checkbox"/> CA9948	X X	BAP0126154-01	01/01/2018	01/01/2019	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$	X X	003226900 Follow Form Over	07/08/2017	01/01/2019 GL/POLL AUTO/WC	EACH OCCURRENCE \$ 10,000,000 AGGREGATE \$ 10,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below.	Y/N Y N/A	WC0126155-01	01/01/2018	01/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)  
Project: Bid # 17-202, Building Demolition at 49 9th Avenue, Newark, NJ

County of Essex is included as Additional Insured including products and completed operations on a primary and non-contributory basis per written, signed, executed contract. Waiver of subrogation applies. 30 days notice of cancellation applies. General aggregate limit applies on a per project basis.

Coverage provided as required by written, executed contract per the terms, conditions and exclusions of the policies listed above.

CERTIFICATE HOLDER	CANCELLATION	A1 030577
County of Essex Attn: Risk Management Hall of Records - Room 510 465 Dr. Martin Luther King Blvd Newark NJ 07102-	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.	
	AUTHORIZED REPRESENTATIVE 	

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Workers' Compensation Board

CERTIFICATE OF NYS WORKERS' COMPENSATION INSURANCE COVERAGE

<p>1a. Legal Name &amp; Address of Insured (use street address only)</p> <p>Two Brothers Contracting, Inc. 11 Vreeland Avenue Totowa, NJ 07512</p> <p><i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i></p>	<p>1b. Business Telephone Number of Insured</p> <p>(315) 736-5288</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number</p> <p>22-3261192</p>
<p>2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>New York State Office of General Services Design &amp; Construction Group Division of Contract Administration 35th Floor, Corning Tower, GNARESP Albany, NY 12242</p>	<p>3a. Name of Insurance Carrier</p> <p>Zurich American Insurance Co.</p> <p>3b. Policy Number of Entity Listed in Box "1a"</p> <p>WC0126155-01</p> <p>3c. Policy effective period</p> <p>1/08/2018 to 1/01/2019</p> <p>3d. The Proprietor, Partners or Executive Officers are</p> <p><input type="checkbox"/> Included. (Only check box if all partners/officers included)</p> <p><input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.</p>

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. (To use this form, New York (NY) must be listed under Item 3A on the INFORMATION PAGE of the workers' compensation insurance policy). The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period?  YES  NO

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Paul DeMasi (Print name of authorized representative or licensed agent of insurance carrier)

Approved by: [Signature] 1/12/2018 (Signature) (Date)

Title: President

Telephone Number of authorized representative or licensed agent of insurance carrier: (631) 360-8800

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are NOT authorized to issue it.

## **Workers' Compensation Law**

### **Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.**

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.



**Workers' Compensation Board**

**CERTIFICATE OF INSURANCE COVERAGE UNDER THE NYS DISABILITY BENEFITS LAW**

**PART 1. To be completed by Disability Benefits Carrier or Licensed Insurance Agent of that Carrier**

<p>1a. Legal Name and Address of Insured (Use street address only)</p> <p>TWO BROTHERS CONTRACTING INC 11 VREELAND AVENUE  TOTOWA NJ 07512</p> <p><small>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</small></p>	<p>1b. Business Telephone Number of Insured 973-956-8700</p> <p>1c. NYS Unemployment Insurance Employer Registration Number of Insured 7134489</p> <p>1d. Federal Employer Identification Number of Insured or Social Security Number 223261192</p>
<p>2. Name and Address of the Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder)</p> <p>COUNTY OF ESSEX ATTN: RISK MANAGEMENT HALL OF RECORDS - ROOM 510 465 DR. MARTIN LUTHER KING BLVD NEWARK, NJ 07102</p>	<p>3a. Name of Insurance Carrier HARTFORD LIFE AND ACCIDENT</p> <p>3b. Policy Number of entity listed in box "1a": LNY-324714002</p> <p>3c. Policy effective period: 07/01/2017 to 06/30/2018</p>

4. Policy covers:
- a.  All of the employer's employees eligible under the New York Disability Benefits Law
  - b.  Only the following class or classes of the employer's employees:

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability Benefits insurance coverage as described above.

Date Signed 01/12/2018 By *Keri Miller*  
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (800) 454-7020 Title Manager

**IMPORTANT:** If box "4a" is checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.  
If box "4b" is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the Disability Benefits Law. It must be mailed for completion to the Workers' Compensation Board, DB Plans Acceptance Unit, 20 Park Street, Albany, New York 12207.

**PART 2. To be completed by NYS Workers' Compensation Board (Only if box "4b" of Part 1 has been checked)**

**State Of New York  
Workers' Compensation Board**

According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability Benefits Law with respect to all of his/her employees.

Date Signed \_\_\_\_\_ By \_\_\_\_\_  
(Signature of NYS Workers' Compensation Board Employee)

Telephone Number \_\_\_\_\_ Title \_\_\_\_\_

*Please Note: Only insurance carriers licensed to write NYS disability benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.*  
DB-120.1 (9-15)

## Additional Instructions for Form DB-120.1

By signing this form, the insurance carrier identified in box "3" on this form is certifying that it is insuring the business referenced in box "1a" for disability benefits under the New York State Disability Benefits Law. The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed as the certificate holder in box "2".

Will the carrier notify the certificate holder within 10 days of a policy being cancelled for non-payment of premium or within 30 days if cancelled for any other reason or if the insured is otherwise eliminated from the coverage indicated on this certificate prior to the end of the policy effective period?      YES / NO

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Disability Benefits contract of insurance only while the underlying policy is in effect.

**Please Note:** Upon the cancellation of the disability benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability Benefits Law.

### DISABILITY BENEFITS LAW

#### §220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in employment as defined in this article, and notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits for all employees has been secured as provided by this article.



# OFFICE OF PURCHASING

## ASPIRATIONAL GOAL ACKNOWLEDGEMENT FORM

Name of Organization: Two Brothers Contracting, Inc.

Print Name of Vendor Representative: Sava Mladenovic

Title of Vendor Representative: President

I have reviewed the Essex County Board of Chosen Freeholders **Resolution No. R-2017-00834**, where it explains the economic disadvantages in Essex County, including above average unemployment rates, high home foreclosures rates and higher rates on ALICE households (Asset Limited, Income Constraint, Employed) and poverty households.


I understand that the Board of Chosen Freeholders believes potential vendors should be informed of Essex County's economic disadvantages that effects the well-being of Essex communities. I acknowledge this legislative body intent to *encourage* awarded vendors to actively pursue in their hiring efforts and practices to seek potential candidates from the vast, diverse, qualified and experienced talent that exists in Essex County's unemployed and underemployed residents.

By signing this acknowledgement form, I hereby confirm that I have read **Resolution No. R-2017-00834** and acknowledge the encouraged efforts of the County of Essex **Aspirational Goal to establish a total workforce for each contract comprised of a minimum of 35% Essex County residents**. I acknowledge that my organization will make good faith efforts in seeking talent from Essex County unemployed and underemployed qualified residents when fulfilling job opening(s).

Furthermore, I understand that for the term of each contract, I have been requested to complete an annual report of employee status, by filing a Vendor **Employee Disclosure Form**.

I also understand that the Board of Chosen Freeholders may review my responses to the Vendor Employee Disclosure Form to monitor my continued efforts and commitment.

Sava Mladenovic  
Print Full Name

 1/16/2018  
Signature and Date

\_\_\_\_\_  
Print Full Name

\_\_\_\_\_  
Signature and Date

*Putting Essex County First*



**VENDOR EMPLOYEE DISCLOSURE FORM**

DATE: 1/16/2018

VENDOR NAME: Two Brothers Contracting, Inc.

REPRESENTATIVE NAME: Sava Mladenovic PHONE: 973-956-8700 EMAIL: sal@tbcdemo.com

COMPANY LOCATION: 11 Vreeland Avenue, Totowa, NJ 07512

Complete current year ONLY if this is your first time working with the County of Essex.

If previously awarded contracts with the County, please complete each contract year, up to the last 6 years. Failure to complete this form will not result in the loss or any diminution of this contract.

YEAR	YEAR	YEAR	YEAR	YEAR	YEAR
TOTAL EMPLOYEES	TOTAL EMPLOYEES	ESSEX COUNTY EMPLOYEES ONLY	ESSEX COUNTY EMPLOYEES ONLY	TOTAL EMPLOYEES	ESSEX EMPLOYEES ONLY
<b>Total</b>					

1. What are your efforts to employ Essex County residents?

2. Do you hire Union labor?  Y  N If so, please provide Union Affiliation(s):

*Putting Essex County First*

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

# STATE OF NEW JERSEY

DIVISION OF CONTRACT COMPLIANCE  
EQUAL EMPLOYMENT OPPORTUNITY IN PUBLIC CONTRACTS

FORM AA-201

Revised 10/03

INITIAL PROJECT WORKFORCE REPORT CONSTRUCTION

**Official Use Only**

Assignment

Code

For instructions on completing the form, go to: [http://www.state.nj.us/treasury/contract\\_compliance/pdf/aa201ins.pdf](http://www.state.nj.us/treasury/contract_compliance/pdf/aa201ins.pdf)

<b>1. FID NUMBER</b> 22-3261192	<b>2. CONTRACTOR ID NUMBER</b> 9296	<b>5. NAME AND ADDRESS OF PUBLIC AGENCY AWARDED CONTRACT</b> Name: County of Essex Address: 465 Martin Luther King Blvd Newark, NJ 07102	
<b>3. NAME AND ADDRESS OF PRIME CONTRACTOR</b> Two Brothers Contracting, Inc. (Name) 11 Vreeland Avenue (Street Address) Tptowa NJ 07512 (City) (State) (Zip Code)		<b>CONTRACT NUMBER</b> 17-202	<b>DATE OF AWARD</b> 1/11/2018
		<b>DOLLAR AMOUNT OF AWARD</b> \$56,677.00	<b>6. NAME AND ADDRESS OF PROJECT</b> Name: 49 9th Avenue Address: Newark, NJ 07105
<b>4. IS THIS COMPANY MINORITY OWNED [ ] OR WOMAN OWNED [ ]</b>		<b>COUNTY</b> Essex	<b>7. PROJECT NUMBER</b>
		<b>8. IS THIS PROJECT COVERED BY A PROJECT LABOR AGREEMENT (PLA)?</b> YES NO <input checked="" type="checkbox"/>	

9. TRADE OR CRAFT	PROJECTED TOTAL EMPLOYEES				PROJECTED MINORITY EMPLOYEES				PROJECTED PHASE - IN DATE	PROJECTED COMPLETION DATE
	MALE		FEMALE		MALE		FEMALE			
	J	AP	J	AP	J	AP	J	AP		
1. ASBESTOS WORKER	5	0	0	0	2	0	0	0	2/20/2018	3/2/2018
2. BRICKLAYER OR MASON										
3. CARPENTER										
4. ELECTRICIAN										
5. GLAZIER										
6. HVAC MECHANIC										
7. IRONWORKER										
8. OPERATING ENGINEER										
9. PAINTER										
10. PLUMBER										
11. ROOFER										
12. SHEET METAL WORKER										
13. SPRINKLER FITTER										
14. STEAMFITTER										
15. SURVEYOR										
16. TILER										
17. TRUCK DRIVER										
18. LABORER										
19. OTHER										
20. OTHER	2	0	0	0	1	0	0	0	3/8/2018	3/22/2018

I hereby certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements are willfully false, I am subject to punishment.

*Viveca Ramos*

(Signature)

<b>10. Viveca Ramos</b> (Please Print Your Name)	<b>Project Coordinator</b> (Title)
973                      956-8700	1/16/2018
(Area Code)                      (Telephone Number)                      (Ext.)	(Date)







**COUNTY OF ESSEX  
DEPARTMENT OF PUBLIC WORKS**

**900 BLOOMFIELD AVENUE  
VERONA, NEW JERSEY 07044-1393**

**(973) 226-8500  
(973) 226-7469**

**JOSEPH N. DIVINCENZO, JR.  
COUNTY EXECUTIVE**

**Sanjeev Varghese, P.E., P.P.  
Director & County Engineer**

**Dennis R. Sedaille  
Assistant County Engineer**

**MEMORANDUM**

**TO: JULIUS N. COLTRE, DIRECTOR  
OFFICE OF PURCHASING**

**FROM: SANJEEV VARGHESE, P.E., P.P.,  
COUNTY ENGINEER**

**DATE: JANUARY 11, 2018**

**RE: BUILDING DEMOLITION AT 49 9<sup>TH</sup> AVENUE IN NEWARK, NJ  
BID #17-202**

RECEIVED  
COUNTY OF ESSEX  
OFFICE OF PURCHASING  
2018 JAN 12 PM 11 02

We have reviewed the five (5) bids received for the above referenced project. There was a mathematical error found on the bid received by RVT Construction. Below is a summary for all corrected bid totals:

1. Two-Brothers Contracting, Inc.	\$ 56,677.00
2. Yannuzzi Group, Inc.	\$ 57,600.00
3. Wild Heart Industries, LLC	\$ 59,050.00
4. RVT Construction	\$ 80,500.00
5. D.S. Meyers Enterprises, L.L.C.	\$ 80,750.00

Bids have been reviewed from an engineering perspective and award is recommended to the lowest responsive and responsible bidder, Two-Brothers Contracting, Inc., located at 11 Vreeland Avenue, Totowa, New Jersey 07512, in the amount of \$56,677.00.

This project will be funded by the Essex County Department of Public Works- Capital Improvements Program under Account Code 701-1500-441.80-04, Project Number B50701.

Attached is Purchase Requisition No. EN-18-0005. Should you have any questions concerning the above, please do not hesitate to contact this office.

*To: L. Savelle  
for Present  
JNV  
1/12/18*

SV/LER/AB

L:\PROJECTS-S\BUILDINGS\SHERIFF BUILDING\HOUSES DEMOLITION\49 9th AVE\Award  
BD 49-9th Ave.doc

cc: Rasheed Yusuf, ECDPW  
Robert Masino, Sr. Program Analyst

*Putting Essex County First*

ESSEX COUNTY IS AN EQUAL OPPORTUNITY EMPLOYER

**BID PROPOSAL PRICING PAGE P-1**

For the purpose of: **CONTRACT NO. 17-202**  
**BUILDING DEMOLITION AT 49 9<sup>TH</sup> AVENUE, CITY OF NEWARK**

In the **COUNTY OF ESSEX**

To the Governing Body of **COUNTY OF ESSEX**.

The Undersigned hereby declares that he has carefully examined the Advertisement, Standard Specifications, Supplementary Specifications, Plans and Form of Contract and Bond for the Project named above; that he carefully examined the site of the Project; and that he will carry out and complete said project as specified and delineated at the price per unit of measure for each scheduled item of work stated in the Schedule of Prices sheet following.

It is understood that the TOTAL PRICE stated by the undersigned is based on the estimated quantities and will control in the awarding of the Contract. It is further understood that the quantities stated in this Bid Pricing Worksheet sheets 53 and 54, for the various items are estimated only and may be increased or decreased as provided in the Specifications.

**Bidders shall submit a price for each and every bid item shown on the following Bid Pricing Worksheet. Failure to do so shall be cause for automatic disqualification of the Bid.**

The undersigned proposes to furnish and deliver the above project pursuant to the bid specification in the following total amount (base bid and allowances from the following proposal pages/worksheets):

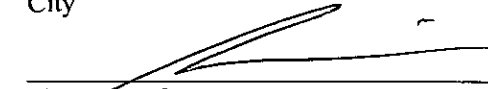
\$ 56,677.00  
Total Amount in numbers  
Fifty six thousand six hundred seventy seven dollars and zero cents  
Total Amount written

Two Brothers Contracting, Inc.  
Company Name

11 Vreeland Avenue  
Address

Totowa  
City

NJ                      07512  
State                      Zip Code

  
Signature of Authorized Agent

1/9/2018  
Date

Sava Mladenovic  
Type or Print Name

President  
Title

973-956-8700  
Telephone Number

973-956-8811  
Fax Number

sal@tbcdemo.com  
E-Mail Address

**Corporate Seal**

**MUST BE COMPLETED AND CORPORATE SEAL**

**ESSEX COUNTY BID PROPOSAL  
BUILDING DEMOLITION AT #49 9<sup>TH</sup> AVENUE  
CITY OF NEWARK - ESSEX COUNTY**

**BID #17-202**

**To** Purchasing Director, Room 325, Hall of Records, County of Essex, New Jersey  
**:** The undersigned proposes to furnish all labor, equipment and material required to comply in every detail indicated and/or outlined in the specifications herein for the Building Demolition at #49 9th. Avenue and all related site work.

ITEM No.	ITEM	PAY UNIT	QUANTITY	UNIT PRICE		AMOUNT	
				Dollars	Cents	Dollars	Cents
1	Demolition of existing house at #49-9th Avenue	Lump Sum	1	XXXX	xx	\$ 37,677	00
2	Asbestos Abatement for #49-9th Avenue	Lump Sum	1	XXXX	xx	\$ 4,000	00
3	Unsuitable Material Allowance	Lump Sum	1	XXXX	xx	\$ 10,000	00
4	Laboratory Testing/Material Testing Allowance	Lump Sum	1	XXXX	xx	\$ 5,000	00
<b>TOTAL BID: (BASE BID PLUS ALLOWANCES)</b>						\$ 56,677	00

\_\_\_\_\_  
 SIGNATURE

\_\_\_\_\_  
 Sava Mladenovic, President  
 NAME AND TITLE

PI310I01

COUNTY OF ESSEX  
Purchase Order Inquiry

1/24/18  
10:35:08

P.O. Number :	329091				
Change nbr :		Date :		Ordered . . :	56677.00
Status :	H HELD FROM PRINTING			Invoiced :	.00
Type :	P PURCHASE ORDER			Liquidated :	.00
Date :	1/19/18			Balance . . :	56677.00
Vendor :	26415 TWO*BROTHERS CONTRACTING INC			Last rec :	0/00/00
Ship to . . :	P2 PW/ENGINEERING			Last inv :	0/00/00
Invoice to . :	EC COUNTY OF ESSEX - C/O			Freight amt :	
Buyer . . . :	SIGN & RETURN FOR PAYMENT			Adjustment :	
Confirm by :				Sales tax :	0.00%
Ship via . . :					
F.O.B. . . . :				Addt'l tax :	0.00%
Freight . . . :				Retainage % :	0.00%
Contract nbr :				Deliver by :	2/11/18
	Payment Discount :	0.00%	Order Discount :	0.00%	
Terms :	Nbr days disc due :		Net :	User ID . . :	SORGE
Requisition Nbr :	0000339551	Date :	1/12/18	Date posted :	1/19/18
By :	LS LER EN-18-005			Acct nbr :	70115004418004
				Project :	B50701

**F2=Items**    **F3=Exit**    **F8=Remarks**    **F9=Invoices**    **F12=Cancel**    **F13=Vendor inquiry**  
**F16=Rec/Inv Comments**    **F18=Receipt Inq**    **F24=More Keys**