

EDISON HOUSING AUTHORITY

Regular Meeting

June 5, 2017

6:00 P.M.

Robert E. Holmes (North)

Rev. Samuel Carpenter Blvd.,

Edison, NJ 08820

1. **Call to Order**
2. **Pledge of Allegiance**
3. Please note that adequate notice of this meeting, as required by the Open Public Meetings Act of 1975, has been provided by notice sending to the Home News Tribune on and a copy of the notice was published in the Home News Tribune on February 25, 2017. Said notice has been posted in the main lobby of the Municipal Building and the two housing development of the Authority.
4. **Roll Call**
5. **Approval of May 8, 2017 Regular Meeting Minutes**
6. **Resolutions:**
 - 1-6-2017 Resolution to adopt Vouchers for Business, Professional services, Salaries and taxes in the amount of \$105,752.98
 - 2-6-2017 Resolution to support legislation to re-authorize & extend natural flood insurance
 - 3-6-2017 Resolution to Award contract for General Legal services to Breslin and Breslin, P.A.
 - 4-6-2017 Resolution to Smoke Free Policy
7. **Old Business**
 - Obtain Smoke Free Policy
 - Engineering Survey Update: pending cost
 - Tenant Association & Newsletter: Meet and Greet (5/20/17) Next meeting June 10, 2017
8. **New Business:**
 - Landscapers Contractor (EXECUTIVE SESSION)

9. Public Portion

10. Adjournment

**EDISON HOUSING AUTHORITY
REGULAR BOARD MEETING
MAY 8, 2017
MINUTES**

The Regular Meeting of the Board of Commissioners of the Edison Housing Authority was held at the Julius Engel Administration Building Community Room

Those in attendance were: Chairman Carlos Sanchez, Vice Chairman Walter Szoludko, Reinaldo Cruz, Executive Director Madeline Cook and Attorney t4errence Corrison.

Absent: Comm. Kathryn Neal. Absent for Roll Call: Comm. Ray Koperwhats entered meeting at 6:18 PM, Comm. Mazauskas entered meeting at 6:55 PM

Motion to accept minutes of the Board Meeting of April 9, 2017

Motion: Commissioner Telesnick
Second: Commissioner Szoludko

Motion to accept Executive Session Minutes of March 13, 2017

Motion: Commissioner Telesnick
Seconded: C0mmissioner Szoludko

Approved as follows:

| | <u>AYES</u> | <u>NAYS</u> | <u>ABSTAIN</u> | <u>ABSENT</u> |
|-------------------------|-------------|-------------|----------------|---------------|
| Commissioner Koperwhats | | | | X |
| Commissioner Neal | | | | X |
| Commissioner Telesnick | X | | | |
| Commissioner Mazauskas | | | | X |
| Commissioner Szoludko | X | | | |
| Vice Chair Reinaldo | X | | | |
| Chairman Sanchez | X | | | |

Resolution 1-05-17 to authorize payment for Vouchers for Business, Professional Services, Salaries and taxes in the amount of \$82,601.58

Motion: Commissioner Telesnick
Second: Commissioner Cruz

Approved as follows:

| | <u>AYES</u> | <u>NAYS</u> | <u>ABSTAIN</u> | <u>ABSENT</u> |
|-------------------------|-------------|-------------|----------------|---------------|
| Commissioner Koperwhats | | | | X |
| Commissioner Neal | | | | X |

| | | |
|------------------------|---|---|
| Commissioner Mazauskas | | X |
| Commissioner Szoludko | X | |
| Commissioner Telesnick | X | |
| Vice Chair | X | |

Motion: Commissioner Neal
Second: Commissioner Szoludko

Resolution considering Budget for 7/1/2017 to 6/30/2018

Accountants Anthony Polcari and Ralph Polcari were in attendance to review the budget with the Board and if they had any questions. Mr. Polcari said it is good budget, maintenance and utility cost have declined. There was a slight drop in income, but this happens when tenants come in with much less income.
(Unfortunately, the recorder stop recording and I will try to complete the minutes from my notes., however, if anyone has notes to fill in some areas I can add and edit this document.)

Motion by Commissioner Telesnick to approve the Resolution and seconded by Commissioner Szoludko

Approved as follows:

| | <u>AYES</u> | <u>NAYS</u> | <u>ABSTAIN</u> | <u>ABSENT</u> |
|--------------------------|-------------|-------------|----------------|---------------|
| Commissioner Koperwhats | | | | X |
| Commissioner Neal | | | | X |
| Commissioner Mazauskas | | | | X |
| Commissioner Szoludko | X | | | |
| Commissioner r Telesnick | X | | | |
| Vice Chair Cruz | X | | | |
| Chairman Sanchez | X | | | |

A motion to adopt a resolution 3-05-17 to support Building a Thriving New Jersey made by Commissioner Telesnick and seconded by Commissioner Szoludko

Approved as follows:

| | <u>AYES</u> | <u>NAYS</u> | <u>ABSTAIN</u> | <u>ABSENT</u> |
|-------------------------|-------------|-------------|----------------|---------------|
| Commissioner Koperwhats | | | | X |
| Commissioner Neal | | | | X |
| Commissioner Mazauskas | | | | X |
| Commissioner Telesnick | X | | | |

| | |
|-----------------------|---|
| Commissioner Szoludko | X |
| Vice Chair | X |
| Chairman Sanchez | X |

7. Old Business

Smoke Free Policy- Comm. Koperwhats reviewed the progress that has been made with bench locations and a gazebo. Comm. Koperwhats asked for consensus of the Board whether the entire property should be considered smoke free. The Board agree to promote good will with the tenants smoking may happen at designated spots throughout the developments. There are steps in the process to work on a lease amendment, publish the amendment for public comments and then bring the tenancy together to go over the policy.

Engineering services update. Executive Director Cook said each commissioner received a copy of the preliminary report and she expects the estimated cost to be ready for the June meeting.

Tenant Association and Newsletter have come together and plans have been made for meet and greet tenants at the basketball court at Robert E. Holmes Gardens.

8. New Business

Commissioner Koperwhats was very concerned over the condition of the EHA website. In particular, he pointed out that Agendas and Minutes have not been posted since February 2016. Executive Director Cook said she will have everything posted and she said that all Agenda and Minutes are always available at our annual audit. From now on when Director Cook sends out agenda to the Commissioner she will also send them to our IT guy for posting on the website.

Meeting opened to the public: 7:25 PM

No Public Present

Motion to adjourn: 7:27 PM

RESOLUTION NO. 1-6 2017

A RESOLUTION AUTHRIZING THE PAYMENT OF VOUCHERS FOR BUSINESS INTHE AMOUNT OF \$105,752.98

WHEREAS, the Edison Housing Authority must pay for the goods and services it contracts for, and

WHEREAS, such payment must be authorized by the Board of Commissioners, and

WHEREAS, for the period since vouchers were last approved, the total amount of payment required for business expensed is 105,752.98

NOW THEREFORE, be it resolved by the Board of Commissioner of the Edison Housing Authority, that Resolution Number 1-6-17: authorizing the payment of vouchers for business expenses in the amount of \$105,752.98 hereby passed.

MOVED: Commissioner: _____

SECONDED: Commissioner: _____

VOTE AS FOLLOWS:

| | AYES | NAYS | ABSTAIN | ABSENT |
|-------------------------|------|------|---------|--------|
| Commissioner Szoludko | | | | |
| Commissioner Mazaukas | | | | |
| Commissioner Koperwhats | | | | |
| Commissioner Neal | | | | |
| Commissioner Telesnick | | | | |
| Vice Chairman Cruz | | | | |
| Chairman Sanchez | | | | |

PASSED AND ADOPTED the 5th day of June 2017

I Madeline Cook, Secretary to the Housing Authority of the Township of Edison, hereby certify that the foregoing is a true copy of a resolution of the Authority adopted at a regular meeting June 5, 2017, Madeline Cook, Secretary/E.D.

RESOLUTION 2-6-2017

RESOLUTION TO URGE REPRESENTATIVES FROM THE STATE OF NEW JERSEY TO SUPPORT THE LEGISLATIVE ACTION TO RE-AUTHORIZE AND EXTEND THE NATIONAL FLOOD INSURANCE PROGRAM (“NFIP”)

WHEREAS, floods are the most common and most destructive natural disasters in the United States; and

WHEREAS, the National Flood Insurance Act authorizes a National Flood Insurance Program (“NFIP”); and

WHEREAS, the NFIP is a Federal program created by Congress to mitigate future flood losses nationwide and to provide access to affordable, federally backed flood insurance protection for property owners; and

WHEREAS, the NFIP is designed to provide an insurance alternative to disaster assistance to meet the escalating costs of repairing damage to buildings and their contents caused by floods; and

WHEREAS, New Jersey is fourth in the nation in the number of NFIP policies enforced and third in total value of claims paid; and

WHEREAS, five hundred and fifty-two communities in New Jersey participate as members of the NFIP which amounts to over 230,000 policies enforced throughout the State of New Jersey; and

WHEREAS, the NFIP maintains a significant role in providing financial protection against flood events to New Jersey residents; and

WHEREAS, the NFIP is set to expire on September 30, 2017; and

WHEREAS, the expiration of this program could cause catastrophic loss of insurance coverage against flooding which is the number one cause of loss of property throughout the United States; and

WHEREAS, in the event the program were to expire, the consequences in the form of disruption of coverage and the potential financial burdens to residents throughout the State of New Jersey will be of great economic significance; and

WHEREAS, the purpose of this Resolution is to urge the Edison Housing Authority's Federal Representatives to support the extension of the NFIP which promotes the public health, safety and general welfare and minimizes public and private losses due to flooding events in the State of New Jersey

NOW, THEREFORE, BE IT RESOLVED, that the Edison Housing Authority hereby urges its Federal Legislators and Representatives to take any and all necessary action to insure that the National Flood Insurance Program is extended beyond the September 30, 2017 expiration date.

BE IT FURTHER RESOLVED, that a copy of this Resolution shall be forwarded to the Edison Housing Authority Federal Legislators and Representatives.

Member Representative

Attest

Date

RESOLUTION NO 3-6 2017

Resolution acceting, approving and authorizing the executive of an agreement on behalf of the Edison Housing Authority for General Legal Service for the term July 1, 2016 through June 30, 2017.

WHEREAS, pursuant to N.J.S.A. 40A:11-B (1)(A) any contract, agreement of purchase, the subject matter of which consist of professional services, is an exception to the bidding requirements of the local public contract Law : and

WHEREAS, the Edison Housing Authority (hereinafter "Housing Authority") has determined tht is necessary to engage a duly qualified attorney to act as General Counsel for the Authority in all legal matters which may arise in connection with the business and management of its various housing program and;

WHEREAS, the Housing Authority has advertised in the Home New Tribune on May 21, 2017 Newark Star Ledger.

WHEREAS, the Housing Authority received Request for RFP's from the following firms:

| Firm | Proposal | Score |
|-----------------------|-------------|-------|
| Breslin & Breslin, PA | \$24,000 | 100 |
| Tracy Goldstein, Esq | NO RESPONSE | |

WHEREAS, Breslin & Breslin has submitted a proposal to perform said services at a cost of \$24,000 for the period covering July 1, 2017 through June 30, 2018 and

WHEREAS, the Housing Authority has determine that the said contractor has the professional qualifications to perform said services and accepts his proposal for the performance of same at the state cost; and

WHEREAS, the services provided by the said Contractor are professional services within the definition contained in N.J.S.A. 40A:112 (6) & (7).

NOW THEREFORE BE IT RESOLVED By the Board of Commissioners of the Edison Housing Authority, that the said Contractor is hereby retained to provide the said services at the said cost; and to provide same during the aforementioned period.

NOW THEREFORE, BE IT FURTHER RESOLVED, that the Executive Director of the Edison Housing Authority be and hereby is authorized to execute a mutually satisfactory Agreement on behalf of the Housing Authority with said Contractor for said services at said cost.

**COMPETITIVE PROPOSAL EVALUATION SYSTEM
PROFESSIONAL SERVICES**

Type of Services: General Legal Services

Name/Address of Respondent: Breslin & Breslin, P.A.,
41 Main Street, Hackensack, NJ 07601

| <u>FACTOR</u> | <u>WEIGHT</u> |
|---|---------------|
| 1. Demonstrated experience and competence in this type of work (0-30pts) | 30 |
| 2. Familiarity with Housing Authority Programs specifically and HUD rules & regulations in general. (0-30pts) | 30 |
| 3. Capability and capacity to accomplish work within the required time period (0-20pts) | 20 |
| 4. Price (0-20pts) \$24,000 | 20 |
| TOTAL | 100 |

Narrative Review of Proposal

- | | | |
|----|--|-----------|
| 1. | No experience | 0 points |
| | 1-5 years | 10 points |
| | 5-10 years | 20 points |
| | Over 10 years | 30 points |
| 2. | No Public Housing Authority services | 0 points |
| | 1-2 years Public Housing Authority services | 10 points |
| | 3-5 years Public Housing Authority services | 20 points |
| | Over 5 years Public Housing Authority services | 30 points |
| 3. | All work completed on time | 20 points |
| 4. | Budget or under | 20 points |
| 5. | Exceed Budget | 0 points |

cont'd competitive proposal evaluation system

MOVED: _____

SECOND: _____

COMMISSIONER: AYES NAYS ABSTAIN ABSENT

Commissioner Mazaukas:

Commissioner Koperwhat:

Commissioner Neal:

Commissioner Telesnick:

Commissioner Szoludko:

Vice Chairman Cruz

Chairman Sanchez:

PASSED AND ADOPTED THIS 5TH DAY OF JUNE 2017

I, Madeline Cook, Secretary to the Housing Authority of the Township of Edison, hereby certify that the foregoing is true copy of a resolution of the Authority adopted at a regular meeting held on June 5th 2017.

Madeline Cook, Secretary/E.D.

RESOLUTION 4-6-2017

AUTHORIZING PUBLIC NOTICE OF THE INTENT TO AMEND THE PUBLIC HOUSING ADMISSIONS AND CONTINUED OCCUPANCY POLICY TO ADOPT A SMOKE-FREE POLICY

WHEREAS, the U.S. Department of Housing and Urban Development (“HUD”) has issued a Rule which requires that each public housing authority administering public housing implement a smoke-free policy banning the use of prohibited tobacco products in all public housing living units, indoor common areas in public housing and in administrative office buildings. The smoke-free policy must also extend to all outdoor areas up to 25 feet from the public housing and administrative office buildings; and

WHEREAS, HUD has directed that the implementation of a smoke-free policy constitutes a significant amendment to a public housing authority’s annual plan; and

WHEREAS, the Edison Housing Authority (the “Authority”) proposes to amend its Admissions and Continued Occupancy Policy (ACOP) and its Annual Plan to include the Smoke-Free Policy and Lease Addendum attached hereto and incorporated herein; and

WHEREAS, applicable regulations require that residents be provided with thirty days notice of the proposed amendments to the ACOP and Annual Plan, and provided with the opportunity to comment on said amendments.

NOW THEREFORE, BE IT RESOLVED that the Board of Commissioners of the Edison Housing Authority authorizes giving of notice to public housing residents of the proposed adoption of the Smoke-Free Policy and Smoke-Free Lease Addendum and advising that they may submit written comments regarding same to the Housing Authority’s management office by

MOVED: Commissioner _____
SECOND: Commissioner _____

Commissioner Cruz

Commissioner Koperwhats

Commissioner Mazauskas

Commissioner Neal

Commissioner Szoludko

Commissioner Telesnick

Commissioner Sanchez

Edison Housing Authority Smoke-Free Policy

1. Purpose of Policy and Lease Addendum

In an effort to reduce the increased risk of fire from smoking, the increased maintenance, cleaning and decorating costs from smoking; the irritation and known health effects of secondhand smoke; and to avoid the higher cost of fire insurance charged for non-smoke-free buildings, all of the housing developments of the Edison Housing Authority (hereinafter referred to as the "Housing Authority") have been designated Smoke-free housing developments.

2. Designated Smoke-Free Restricted Areas

Effective _____ smoking will not be permitted in the following Smoke-Free Restricted Areas of the housing developments owned by the Housing Authority: Dwelling units occupied or to be occupied by residents and members of the households and any common areas of the buildings in which such premises are located, including but not limited to community rooms, community bathrooms, laundry rooms, lobbies, foyers, reception areas, hallways, stairwells, day care centers, offices, elevators, mechanical spaces, waste disposal/recycling spaces; administrative office buildings and all outdoor areas within 25 feet of said buildings, including building balconies, entryways, patios, porches, yards and recreation areas or to the Housing Authority's property boundary in situations where the boundary is less than 25 feet.

3. Definitions.

The following definitions apply to this policy:

"Smoking" means inhaling, exhaling, breathing, burning, or carrying or possessing any lighted or heated cigarette, cigar, electronic nicotine delivery system, pipe (including water pipes such as hookahs), or any other tobacco or plant product intended for inhalation, including hookahs and marijuana, whether natural or synthetic, in any manner or in any form.

"Electronic Smoking Device" means any product containing or delivering nicotine or any other substance intended for human consumption that can be used by a person in any manner for the purpose of inhaling vapor or aerosol from the product. The term includes any such device, whether manufactured, distributed, marketed, or sold as an e-cigarette, e-cigar, e-pipe, e-hookah, or vape pen, or under any other product name or descriptor.

4. Smoking on Grounds of Buildings.

Smoking is prohibited anywhere on the grounds adjoining public housing and office buildings, including entryways, patios, and yards or on the grounds adjoining public housing and office buildings, except in designated smoking areas located at least 25 feet from such buildings.

5. Applicability of Policy.

This Policy is applicable to all tenants, guests, Housing Authority employees, visitors, contractors, volunteers, and vendors.

6. Responsibilities of Tenants.

Tenants and members of their household shall be responsible to enforce this Policy as to their guests, invitees, and visitors to their residential units. Further, a Tenant shall promptly give the Housing Authority a written statement of any incident where tobacco or marijuana smoke, or vapor from an electronic cigarette, is migrating into the Tenant's apartment unit from sources outside the Tenant's unit.

7. Housing Authority to Promote Smoke-free Policy.

The Housing Authority shall post no smoking signs at building entrances and exits, common areas and in conspicuous places adjoining grounds of the designated smoke-free buildings.

8. Housing Authority Not Guarantor of Smoke-free Environment.

Neither the Housing Authority nor any of its officers, employees, or agents, shall be the guarantor of the health of any Tenant or of the smoke-free condition of the portions of its properties in which smoking is prohibited under the Smoke-Free Policy. However, the Housing Authority will take reasonable steps to enforce the Policy. The Housing Authority is not required to take steps in response to smoking in violation of this Policy unless the Housing Authority either has actual knowledge of the smoking and the identity of the responsible Tenant or has been given written notice of the smoking.

9. Effect of Violation or Breach of Smoke-Free Lease Provisions

The tenant leases shall be revised to include the Addendum attached hereto as Exhibit A which provides as follows for violations of this policy:

1st Offense— The first documented occurrence will result in the issuance of a notice to cease and an apartment inspection to ensure all activities deemed lease violations have completely ceased and the tenant has cleaned the apartment and surrounding area and removed all policy violating items covered under this policy's definition of "Smoking".

This inspection will be conducted within fourteen (14) days of the date of the notice. If the tenant fails this inspection it shall be considered a Second Offense.

2nd Offense - The second documented occurrence will result in a notice to cease and an apartment inspection to ensure all activities deemed lease violations have completely ceased and the tenant has cleaned the apartment and surrounding area and removed all policy violating items covered under this policy's definition of "Smoking". This inspection will be conducted within fourteen (14) days of the date of the notice. If the tenant fails this inspection it shall be considered a Third Offense and an assessment of \$100.00 being assessed against the tenant to cover the cost of post tenancy cleaning.

3rd Offense - The third documented occurrence will result in the issuance of a notice to quit and lease termination.

The landlord will have the discretion to perform inspections as the landlord deems necessary to confirm policy compliance.

The Housing Authority shall provide copies of this Policy to all Tenants and prospective Tenants.

10. Violations of Policy.

A violation of this smoke-free Policy shall be considered a material breach of the Tenant's Lease and grounds for enforcement actions, including eviction, by the Housing Authority. A Tenant who violates the Policy shall also be liable to the Housing Authority for the costs of repair to the Tenant's apartment unit due to damage from smoke odors or residue.

11. Housing Authority Disclaimer.

The Housing Authority's adoption and implementation of this smoke-free policy does not in any way change the standard of care that the Housing Authority or any of its officers, agents or employees would have to render buildings and premises designated as smoke-free any safer, more habitable, or improved in terms of air quality standards than any other rental premises. The Housing Authority specifically disclaims any implied or express warranties that the building, common areas, or Tenants' premises will have any higher or improved air quality standards than any other rental property. The Housing Authority cannot and does not warranty or promise that the rental premises or common areas will be free from secondhand smoke or vapor. The Housing Authority's ability to police, monitor, or enforce the provisions of this policy is dependent in significant part on voluntary compliance by Tenants and their guests and visitors. Tenants with respiratory ailments, allergies, or any other physical or mental condition relating to smoke are put on notice that the Housing Authority does not assume any higher duty of care to enforce this Policy than any other Housing Authority obligation under the Tenants' Lease Agreement.

EDISON HOUSING AUTHORITY
SMOKE-FREE HOUSING POLICY LEASE ADDENDUM AND HOUSE RULES
AMENDMENT

I, _____, acknowledge receipt of Edison Housing Authority's Smoke Free Housing Policy which will become effective on _____ 2017.

I acknowledge that I have read and agree to abide by the Smoke Free Housing Policy and understand that it is included and has become a binding and enforceable part of my lease with Edison Housing Authority as well as the House Rules and that any violations of said policy will result in the following:

1st Offense– The first documented occurrence will result in the issuance of a notice to cease and an apartment inspection to ensure all activities deemed lease violations have completely ceased and the tenant has cleaned the apartment and surrounding area and removed all policy violating items covered under this policy's definition of "Smoking".

This inspection will be conducted within fourteen (14) days of the date of the notice. If the tenant fails this inspection it shall be considered a Second Offense.

2nd Offense - The second documented occurrence will result in a notice to cease and an apartment inspection to ensure all activities deemed lease violations have completely ceased and the tenant has cleaned the apartment and surrounding area and removed all policy violating items covered under this policy's definition of "Smoking". This inspection will be conducted within fourteen (14) days of the date of the notice. If the tenant fails this inspection it shall be considered a Third Offense and an assessment of \$100.00 being assessed against the tenant to cover the cost of post tenancy cleaning.

3rd Offense - The third documented occurrence will result in the issuance of a notice to quit and lease termination.

The landlord will have the discretion to perform inspections as the landlord deems necessary to confirm policy compliance.

DISCLAIMER

I acknowledge that the Housing Authority's adoption of a smoke-free policy does not make the Housing Authority or any of its officers, employees or agents the guarantor of the health of any tenant or resident or of the non-smoking condition of the resident's dwelling unit and the other designated smoke-free restricted areas of the premises. However the Housing Authority shall take reasonable steps to enforce the terms of its lease and to make the designated smoke-free restricted areas, as smoke free as is reasonably possible. The Housing Authority is not required to take steps in response to smoking unless it knows of said smoking or has been given notice of said smoking.

The Housing Authority's adoption and implementation of this policy does not in any way change the standard of care that the Housing Authority or its officers, agents, or employees would have to a tenant to render the buildings and premises designated as smoke-free restricted areas any safer, more habitable, or improved in terms of air quality standards than any other rental premises. The Housing Authority specifically disclaims any implied or express warranties that the buildings, common areas, premises, or other designated smoke-free restricted areas will have any higher or improved air quality standards than any other rental property. The Housing Authority cannot and does not warrant or promise that the rental premises or the designated smoke-free restricted areas will be free from secondhand smoke. The Housing Authority's ability to police, monitor or enforce this policy is dependent in significant part on voluntary compliance by the Authority's residents and their guests and visitors.

Tenants with respiratory ailments, allergies, or any other physical or mental condition relating to smoke are put on notice that the Housing Authority does not assume any duty of care to enforce the Smoke-free policy than any other Housing Authority obligation under the dwelling lease.

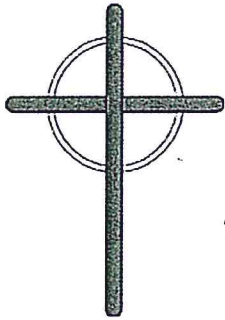
I hereby acknowledge the foregoing policy and disclaimer.

Tenant Signature: _____

Apartment Number: _____

Date: _____

FAILURE TO SIGN THE ATTACHED LEASE ADDENDUM/HOUSE RULES AMENDMENT AND/OR RETURN IT TO THE PROPERTY MANAGEMENT OFFICE IN A TIMELY MANNER WILL BE CONSIDERED A LEASE VIOLATION AND PUT YOU AT RISK OF EVICTION.



Mount Pleasant Baptist Church

1087 Grove Avenue
Rev. Tom J. Culley, Senior Pastor
Edison, New Jersey 08820
Telephone (908) 756-8288 Fax (908) 756-8284 Email mpbc1087@aol.com
www.mpbcedison.com

May 24, 2017

Mrs. Madeline Cook, Executive Director
Edison Housing Authority
14 Rev. Samuel Carpenter Boulevard
2136 Woodbridge Avenue
Edison, New Jersey 08820

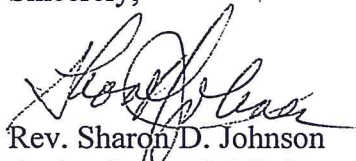
Dear Mrs. Cook:

On Sunday, June 25, 2017, the Mount Pleasant Baptist Church would like to recognize you and our other partners for your faithful commitment and dedication to the partnership between the community and the Mount Pleasant Baptist Church in providing quality of life resources and services to the elderly and disabled residents of the Robert E. Holmes Housing Complex.

On that day we would also like to express our gratitude and appreciation to Bridges, Hands of Hope, the Edison Housing Authority for including us as a partner in a successful model of how community, government and church can work together to make a difference in our community.

We hope that you and your family will be able to join us on June 25, 2017 at 3:30pm as we celebrate our 5th Anniversary. Please let us know if you will be able to attend.

Sincerely,



Rev. Sharon D. Johnson
Senior Outreach Ministry



Rev. Tom J. Culley
Pastor

Total Lawn Care & Landscape
Services, LLC.

471 Elizabeth Avenue
Somerset, NJ 08873
Office (732) 302-0303
Fax (732) 356-2427

Number E2081
Date 3/28/2017

Bill To
The Edison Housing Authority
14 Rev. Samuel Carpenter Blvd.
Edison, NJ, 08820

Ship To
The Edison Housing Authority
14 Rev. Samuel Carpenter Blvd.
Edison, NJ, 08820

PO Number Terms Project

| Date | Description | Quant/Hours | Price/Rate | Tax | Amount |
|------|------------------------------------|-------------|------------|-----|-------------|
| 2017 | Ground Maintenance Request for Bid | | | | |
| | \$10,200.00 for season | 8.00 | \$1,275.00 | | \$10,200.00 |
| | Mulch Black \$ 48.00 per yard | | | | |
| | Mulch Brown \$ 38.00 per yard | | | | |

Amount Paid \$0.00

Amount Due \$10,200.00

Sub Total \$10,200.00

Sales Tax 7.00% o \$0.00

Total \$10,200.00

HOME NEWS TRIBUNE ^{my} Central Jersey .com

A GANNETT COMPANY

Agency:

EDISON TWP - HOUSING AUTH
 EDISON TWP - HOUSING AUTH
 14 REV SAMUEL CARPENTER BLVD
 EDISON, NJ 08820
 ATTN: MADELINE

Client:

EDISON TWP - HOUSING AUTH
 14 REV SAMUEL CARPENTER BLVD,
 EDISON, NJ 08820

Acct No: ASB-075897

Acct:ASB-075897

| Order # | Advertisement/Description | # Col x # Lines | Rate Per Line | Cost |
|------------|--|---------------------------------|---------------|---------|
| 0002009196 | TOWNSHIPOFEDISONHOUSINGAUTHORITYREQU ESTFORPROPOSALSTHEEDISONHOUSINGAITHC | 2 col x 14 lines | \$0.44 | \$12.32 |
| | | Affidavit of Publication Charge | 1 | \$35.00 |
| | | Tearsheet Charge | 0 | \$0.00 |
| | | Net Total Due: | | 47.32 |

Run Dates: 03/22/17

Check #: _____

Date: _____

CERTIFICATION BY RECEIVING AGENCY
 I, HAVING KNOWLEDGE OF THE FACTS, CERTIFY AND DECLARE THAT THE GOODS HAVE BEEN RECEIVED OR THE SERVICES RENDERED AND ARE IN COMPLIANCE WITH THE SPECIFICATIONS OR OTHER REQUIREMENTS, AND SAID CERTIFICATION IS BASED ON SIGNED DELIVERY SLIPS OR OTHER REASONABLE PROCEDURES OR VERIFIABLE INFORMATION.

SIGNATURE: _____

TITLE: _____ DATE: _____

CERTIFICATION BY APPROVAL OFFICIAL
 I CERTIFY AND DECLARE THAT THIS BILL OR INVOICE IS CORRECT, AND THAT SUFFICIENT FUNDS ARE AVAILABLE TO SATISFY THIS CLAIM. THE PAYMENT SHALL BE CHARGEABLE TO:

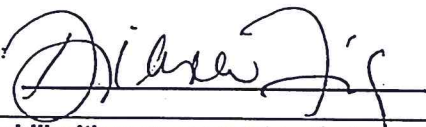
APPROPRIATION ACCOUNT(S) AND AMOUNTS CHARGED: P.O. # _____

SIGNATURE: _____

TITLE: _____ DATE: _____

CLAIMANT'S CERTIFICATION AND DECLARATION:
 I DO SOLEMNLY DECLARE AND CERTIFY UNDER THE PENALTIES OF THE LAW THAT THIS BILL OR INVOICE IS CORRECT. IN ALL ITS PARTICULARS; THAT THE GOODS HAVE BEEN FURNISHED OR SERVICES HAVE BEEN RENDERED AS STATED HEREIN; THAT NO BONUS HAS BEEN GIVEN OR RECEIVED BY ANY PERSON OR PERSONS WITHIN THE KNOWLEDGE OF THIS CLAIMANT IN CONNECTION WITH THE ABOVE CLAIM; THAT THE AMOUNT HEREIN STATED IS JUSTLY DUE AND OWING AND THAT THE AMOUNT CHARGED IS A REASONABLE ONE.

Date: 03/22/2017

Signature: 

Federal ID #: 061032273

Official Position: Clerk

Kindly return a copy of this bill with your payment so that we can assure you proper credit.

Home News Tribune
 New Jersey Press Media Solutions
 P.O. Box 677599
 Dallas, TX 75267-7599

State of New Jersey } SS.
Middlesex County

Personally appeared *Diana Figueroa*

Of the **Home News Tribune**, a newspaper printed in Freehold, New Jersey and published in East Brunswick, in said County and State, and of general circulation in said county, who being duly sworn, depose and saith that the advertisement of which the annexed is a true copy, has been published in the said newspaper 1 times, once in each issue as follows:

03/22/17 A.D 2017

Diana Figueroa

Ad Number: 0002009196

Melanie C Altz
Sworn and subscribed before me, this 22 day of March 2017



TOWNSHIP OF EDISON HOUSING AUTHORITY

REQUEST FOR PROPOSALS

The Edison Housing Authority is seeking a proposal for landscaping services at its two public housing developments.

For: Spec Sheet call 908-561-2525
Contact Madeline Cook, Executive Director

Proposals due April 7, 2017 at 12 NOON
Mail or drop off proposals at Edison Housing Authority
14 Rev. Samuel Carpenter Boulevard
Edison, NJ 08820

(\$12.32)

0002009196-01

HOME NEWS TRIBUNE ^{my}CentralJersey.com

A GANNETT COMPANY

Classified Ad Receipt (For Info Only - NOT A BILL)

Customer: EDISON TWP - HOUSING AUTH

Ad No.: 0002009196

Address: 14 REV SAMUEL CARPENTER BLVD
EDISON NJ 08820
USA

Pymt Method: Invoice

Net Amt: \$47.32

Run Times: 1

No. of Affidavits: 1

Run Dates: 03/22/17

Text of Ad:

TOWNSHIP OF EDISON HOUSING AUTHORITY

REQUEST FOR PROPOSALS

The Edison Housing Authority is seeking a proposal for landscaping services at its two public housing developments.

For: Spec Sheet call 908-561-2525
Contact Madeline Cook, Executive Director

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14 Rev. Samuel Carpenter Boulevard
Edison, NJ 08820

(\$12.32)

0002009196-01

GROUNDS MAINTENANCE REQUEST FOR BIDS

The Edison Housing Authority is accepting proposals for the maintenance of the grounds at Robert E. Holmes Gardens, 14 Rev. Samuel Carpenter Blvd, Edison, NJ and Julius Engel Gardens, Williard Durham Drive, Edison, NJ. The contractor shall provide all labor, materials and equipment necessary.

The work involved in the contract includes the cutting and trimming of grass, weed control, raking, removal of seasonal leaves, the application of fertilizer and planting of seasonal annuals. **Approximate dates are: Shall begin April 30, 2017. Fall cutting ends November 15th. Second Year shall begin April 30, 2018, Fall cutting ends November 15th. This is a two year contract beginning April 30, 2017; to March 31, 2019**

The Authority understands any mulching around trees and beds will be done at an additional cost; and should be quoted as a separate line item – cost per yard.

The Authority understands any additional seeding or reseeding, which may include hydroseeding, will be done at the Authority's request and shall be considered a separate line item.

The contractor will be required to provide grass cutting services at the facilities once every seven (7) days or once per week as required. In general, grass shall be cut when it exceeds a height of three (3) inches. A minimum cutting height of one and one-half inches is recommended.

Prior to proceeding with any grass cutting work, the contractor will be required to have all debris removed from the grass area to be mowed. This clean-up is to consist of the removal of all debris, trash, limbs, etc. and any and all material foreign to the natural vegetation.

Special care should be taken to avoid throwing grass cuttings on building walls, automobiles in the designated parking areas, and directing grass clippings into mulched shrub beds.

Upon completing of the grass cutting, trimming and edging work, the contractor will be required to sweep and remove all grass cuttings from sidewalks, driveways and roadway areas. The facility shall be left in a neat and presentable condition.

The following is a sample schedule of services:

Basic services to include normal site clean up, cutting of grass, edging all walkways, trimming around all trees & fences, etc., Also to include:

1. Spring and fall clean up (leaves, twigs, etc)
2. Pruning of shrubs & normal low tree branches as needed
3. Spring weed control.
4. Summer fertilizer
5. Fall/Winter fertilizer
6. Insect Control
7. Fertilizing to include all trees, shrubs, plantings

The Authority will pay the Contractor monthly by the 15th day of the succeeding month. The Contractor must prepare and file a request for each month's payment in sufficient time to permit its proper review by the Authority's officials and the maintenance of this payment schedule.

The contractor shall maintain liability and workers' compensation insurance. A copy of which shall be provided before work can commence.

Site plans of the two properties are available at each location for review during the hours between 9:00 am and 4:00 pm, Monday thru Friday, except on holidays.

Proposals are due by 12:00 Noon, April 7, 2017 at the Edison Housing Authority, 14 Rev. Samuel Carpenter Boulevard, Edison, NJ.

For questions please call (908)561-2525 ask for Madeline Cook, Executive Director

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) TOTAL LAWN CARE & LANDSCAPE SERVICES, LLC. | |
| | Business name/disregarded entity name, if different from above | |
| | Check appropriate box for federal tax classification: <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input checked="" type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ C <input type="checkbox"/> Exempt payee <input type="checkbox"/> Other (see instructions) ▶ | |
| | Address (number, street, and apt. or suite no.) 471 ELIZABETH AVE | Requester's name and address (optional) |
| | City, state, and ZIP code SOMERSET, NJ 08873 | |
| 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 the "Name" line 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.

Social security number

| | | | | | | | | | | | |
|--|--|--|--|---|--|--|---|--|--|--|--|
| | | | | - | | | - | | | | |
|--|--|--|--|---|--|--|---|--|--|--|--|

Employer identification number

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| 2 | 0 | - | 1 | 6 | 0 | 8 | 3 | 8 | 7 |
|---|---|---|---|---|---|---|---|---|---|

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

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and
- I am a U.S. citizen or other U.S. person (defined below).

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 ▶ 3-23-17 |
|------------------|----------------------------|-----------------------|

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:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- 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.



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: TOTAL LAWN CARE & LANDSCAPE SERVICES, LLC
 Trade Name:
 Address: 471 ELIZABETH AVENUE
 SOMERSET, NJ 08873-1205
 Certificate Number: 1394428
 Effective Date: August 25, 2004
 Date of Issuance: October 16, 2014

is this renewable

For Office Use Only:
 20141016111539136

Certification 46529

CERTIFICATE OF EMPLOYEE INFORMATION REPORT INITIAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-APR-2011 to 15-APR-2018

TOTAL LAWN CARE & LANDSCAPE SERVICES
 471 ELIZABETH AVENUE
 SOMERSET NJ 08873



Andrew P. Sidamon-Eristoff
State Treasurer

*Update
needed*



State of New Jersey

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

Public Works Contractor Registration Act

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

Total LawnCare & Landscapes Services LLC
2016

Responsible Representative(s):
Kevin Kraft, Owner

Harold J. Wirths

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

NON TRANSFERABLE

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

TOTAL LAWN CARE & LANDSCAPE SERVICES, LLC.

471 Elizabeth Avenue
Somerset, NJ 08873
Phone: (732) 302-0303
Fax: (732) 356-2427

REFERENCES 2017

John Wiley & Sons, Inc.
One Wiley Drive
Somerset, NJ 08873
(732) 469-4400
Robert Jankowski
Manager of Maintenance

House Foods America Corp
801 Randolph Road
Somerset, NJ 08873
(732) 537-9500 ext 110
Buildings & Grounds

Township of Pohatcong
50 Municipal Drive
Phillipsburg, NJ 08865
(908) 454 6121
Wanda Kutz

Green Township
150 Kennedy Rd
Tranquility NJ 07879
Watson Pergio
(862)-268-0824

Warren County Community College
475 NJ-57
Washington NJ 07882
Dennis Florentine
(908)-403-2804

Sussex County Community College
1 College Hill Rd
Newton NJ 07860
Tony Salimo
(973)-271-8917

Wayne Board of Education
50 Nellis Drive
Wayne, NJ 07470
(201) 697-2446
John Masco

Robbinsville Board of Education
155 Robbinsville Edinsburg RD
Robbinsville NJ 08201
(609)-632-0910
Kimberly



**STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE**

Taxpayer Name:

TRUGREEN LP

Trade Name:

Address:

855 RIDGE LAKE BLVD
MEMPHIS, TN 38120-9438

Certificate Number:

0092413

Effective Date:

February 19, 1991

Date of Issuance:

February 23, 2015

For Office Use Only:

20150223100914947



State of New Jersey
Department of Labor and Workforce Development
Division of Wage and Hour Compliance
Public Works Contractor Registration Act

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

TruGreen
2016
Unlimited Partnership

Responsible Representative(s):
R. David Alexander Jr., President
Michael D. Itby, Vice-President
Eric Minks, Vice-President
M. Kate Oliver, Vice-President
Martin Click, Vice-President

Responsible Representative(s):
Kevin Mann, Vice-President
Jamey Jones, Vice-President
Carol Pearson, Vice-President
Roy Cohen, Vice-President
Mark Allen, Vice-President

Harold J. Wirths

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

NON TRANSFERABLE

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



STATE OF NEW JERSEY
 DEPARTMENT OF ENVIRONMENTAL PROTECTION
 Licensing and Pesticide Operations
 PO Box 420, Mail Code 401-04E
 Trenton, NJ 08625-0420

You must notify the Bureau of Licensing and Pesticide Operations within 30 days of any changes to information contained on this license. Please send any changes to the address shown above. For further information, please visit our website at www.pcpnj.org



Hereby Certifies the Goodstanding of:

TRUGREEN CHEMLAWN
 117 CORPORATE BLVD
 SOUTH PLAINFIELD NJ 07080
 SCOTT HEIST

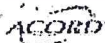
as a licensed:
 PESTICIDE APPLICATOR BUSINESS

Issued : 10/31/2016 License# : 90992A
 Expires: 10/31/2017 Document#: 162098290

TRUGREEN CHEMLAWN
 ATTN: SCOTT HEIST
 117 CORPORATE BLVD
 SOUTH PLAINFIELD NJ 07080-2409

Document #: 162098290

- Sign back of license where indicated.
Retain at place of business



CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)
03/27/2017

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).

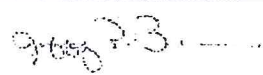
| | | |
|--|---|------------------------------------|
| PRODUCER PAYCHEX INSURANCE AGENCY, INC. 150 SAWGRASS DRIVE ROCHESTER, NY 14620 | CONTACT NAME: Paychex Insurance Agency Inc | |
| | PHONE (A/C, NO. EXT): 877-266-6850 | FAX (A/C, No): 585-389-7426 |
| E-MAIL ADDRESS: Certs@paychex.com | | |
| INSURER(S) AFFORDING COVERAGE | | NAIC # |
| INSURED TOTAL LAWN CARE & LANDSCAPE SERVICES LLC 471 ELIZABETH AVE SOMERSET, NJ 08873 | INSURER A: NorGUARD Insurance Company | |
| | INSURER B: | |
| | INSURER C: | |
| | INSURER D: | |
| | INSURER E: | |
| | INSURER F: | |

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 INSR | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|----------|--|-----------|----------|---------------|-------------------------|-------------------------|--|---|
| | GENERAL LIABILITY <input type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GENL AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | DAMAGE TO RENTED PREMISES (Ea occurrence) | \$ |
| | | | | | | | MED EXP (Any one person) | \$ |
| | | | | | | | PERSONAL & ADV INJURY | \$ |
| | | | | | | | GENERAL AGGREGATE | \$ |
| | | | | | | | PRODUCTS - COMP/OP AGG | \$ |
| | | | | | | | | \$ |
| | AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS | | | | | | COMBINED SINGLE LIMIT (Ea accident) | \$ |
| | | | | | | | BODILY INJURY (Per person) | \$ |
| | | | | | | | BODILY INJURY (Per accident) | \$ |
| | | | | | | | PROPERTY DAMAGE (Per accident) | \$ |
| | | | | | | | | \$ |
| | <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ | | | | | | EACH OCCURRENCE | \$ |
| | | | | | | | AGGREGATE | \$ |
| | | | | | | | | \$ |
| A | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory In NH) <input type="checkbox"/> Y/N <input checked="" type="checkbox"/> Y If yes, describe under DESCRIPTION OF OPERATIONS below | | | TOWC824776 | 03/24/2017 | 03/24/2018 | <input checked="" type="checkbox"/> WC STATU- TORY LIMITS <input type="checkbox"/> OTH- ER | E.L. EACH ACCIDENT \$ 1,000,000.00 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000.00 E.L. DISEASE - POLICY LIMIT \$ 1,000,000.00 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

| | |
|---|--|
| CERTIFICATE HOLDER Edison Housing Authority 14 Rev Samuel Carpenter Blvd Edison, NJ 00820 | CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS, BUT FAILURE TO MAIL SUCH NOTICE SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE COMPANY, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE  |
|---|--|



CERTIFICATE OF LIABILITY INSURANCE

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 have ADDITIONAL INSURED provisions or 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 | | CONTRACT | |
| Friedlander Associates Inc. | | PHONE (908) 730-6443 | FAX (808) 735-0203 |
| 56 Payne Road, Suite 8 | | E-MAIL becky@friedlanderinsurance.com | |
| Lebanon, NJ 08833 | | INSURER(S) AFFORDING COVERAGE | |
| Phone (908) 730-6443 Fax (908) 735-0203 | | INSURER A: Merchants Insurance Group | INAC # |
| INSURED | | INSURER B: Merchants Insurance Group | |
| Total Lawn Care & Landscape Services, LLC | | INSURER C: | |
| 471 Elizabeth Avenue | | INSURER D: | |
| Somerset NJ 08873 | | INSURER E: | |
| | | INSURER F: Cumberland Insurance Company | |

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.

| INSTR LTR | TYPE OF INSURANCE | ADD. BURR. (Y/N) | POLICY NUMBER | POLICY EFF. (MM/DD/YYYY) | POLICY EXP. (MM/DD/YYYY) | LISTS |
|-----------|--|------------------|---------------|--------------------------|--------------------------|--|
| A | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLASSES-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER _____ AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY <input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input type="checkbox"/> RETENTION \$ WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N <input type="checkbox"/> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N/A (Mandatory in NJ) If yes, describe under DESCRIPTION OF OPERATIONS below | | BOP1093383 | 12/29/2016 | 12/29/2017 | EACH OCCURRENCE \$ 2,000,000.00 DAMAGE TO RENTED PREMISES (Co-Occurrence) \$ 500,000.00 MED EXP (Any one person) \$ 15,000.00 PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ 4,000,000.00 PRODUCTS - COMP/OP AGG \$ 4,000,000.00 \$ COMBINED SINGLE LIMIT (Per accident) \$ 1,000,000.00 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ EACH OCCURRENCE \$ AGGREGATE \$ \$ PER STATUTE <input type="checkbox"/> <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$ |
| F | Automobile Liability / Scheduled Auto | | CA7301349-01 | 01/19/2017 | 01/19/2018 | Combined Single Limit \$1,000,000.00 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)

Proof of Insurance

| | |
|--|---|
| <p>CERTIFICATE HOLDER</p> <p>Edison Housing Authority 14 Rev. Samuel Carpenter Blvd. Edison, NJ 08820</p> | <p>CANCELLATION</p> <p>SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.</p> <p>AUTHORIZED REPRESENTATIVE</p> |
|--|---|

Total Lawn Care & Landscape Services, LLC.

471 Elizabeth Avenue
Somerset, NJ 08873
Office (732) 302-0303
Fax (732) 356-2427

Number 3805
Date 5/7/2017

Bill To
The Edison Housing Authority
14 Rev. Samuel Carpenter Blvd.
Edison, NJ, 08820

Ship To
The Edison Housing Authority
14 Rev. Samuel Carpenter Blvd.
Edison, NJ, 08820

PO Number Terms Project
 Net 10

| Date | Description | Quant/Hours | Price/Rate | Tax | Amount |
|--------|-------------------------------------|-------------|------------|-----|------------|
| 5/2017 | Lawn Maintenance Month of May, 2017 | 1.00 | \$1,637.50 | | \$1,637.50 |

| | |
|-------------------|--------------|
| Location _____ | P.O. # _____ |
| Account _____ | Amount _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total _____ | |
| Date _____ | |
| Check # _____ | |
| Approved By _____ | |
| Reviewed By _____ | |

Amount Paid \$0.00
Amount Due \$1,637.50

Sub Total \$1,637.50
Sales Tax 6.88% o \$0.00

Total \$1,637.50

Total Lawn Care & Landscape Services, LLC.

471 Elizabeth Avenue
Somerset, NJ 08873
Office (732) 302-0303
Fax (732) 356-2427

Number 3789
Date 4/17/2017

Bill To
The Edison Housing Authority
14 Rev. Samuel Carpenter Blvd.
Edison, NJ, 08820

Ship To
The Edison Housing Authority
14 Rev. Samuel Carpenter Blvd.
Edison, NJ, 08820

PO Number Terms Project
 Net 10

| Date | Description | Quant/Hours | Price/Rate | Tax | Amount |
|--------|---------------------------------------|-------------|------------|-----|------------|
| 4/2017 | Lawn Maintenance Month of April, 2017 | 1.00 | \$1,637.50 | | \$1,637.50 |

| | |
|-------------------|--------------|
| Location _____ | P.O. # _____ |
| Account _____ | Amount _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |
| Total _____ | |
| Date _____ | |
| Check # _____ | |
| Approved By _____ | |
| Reviewed By _____ | |

Amount Paid \$0.00
Amount Due \$1,637.50

Sub Total \$1,637.50
Sales Tax 6.88% o \$0.00

Total \$1,637.50