

BOND No. BB22012301199

KNOW ALL MEN BY THESE PRESENTS, that we the undersigned

Apex Development Incorporated

(NAME OF CONTRACTOR)

as **PRINCIPAL**, and

Bondex Insurance Company

(NAME OF SURETY)

as **SURETY** are held and firmly bound unto the Housing Authority of the City of Jersey City, (hereinafter called JCHA) in the penal sum of 5% of the bid which equal:

Five Percent (5%) of total amount bid Dollars (\$ 5% amount bid)
(WORDS) (DOLLARS)

lawful money of the United States, for the payment of which sum well and truly to be made, we bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these present.

THE CONDITION OF THIS OBLIGATION IS SUCH, that whereas the Principal has submitted the accompanying bid, dated April 19, 2022 for
Asbestos Window and Curtain Wall Replacement at Berry Gardens Building B, 92 Danforth Ave
(SITE & NAME OF JOB)

NOW THEREFORE if the Principal shall not withdraw said bid within the period of sixty (60) days after the said opening, and shall within the period specified therefore enter into a written contract with the JCHA in accordance with the bid as accepted, and give bond with good and sufficient surety or sureties, as may be required, for the faithful performance and proper fulfillment of such contract; or in the event of the withdrawal of said bid within the period specified or the failure to enter into a written contract with the JCHA in accordance with the bid as accepted, and give such bond within the time specified, if the Principal shall pay the JCHA the difference between the amount specified in said bid and the amount for which the JCHA may procure the required work or supplies or both, if the latter amount be in excess of the former, then the above obligation shall be void and of no effect, otherwise to remain in full force and virtue.

NOTES:

- **THE BID BOND MUST BE FROM AN APPROVED SURETY COMPANY. SEE INSTRUCTION TO BIDDERS ARTICLE ON APPROVED SURETY COMPANIES FOR MORE DETAILS.**
- **IN ORDER TO BE EFFECTIVE THIS BID BOND MUST BE PROPERLY EXECUTED, WITNESSED AND ACKNOWLEDGED BY BOTH THE PRINCIPAL (BIDDER) AND THE SURETY WITH POWER OR ATTORNEY ATTACHED (AS APPLICABLE).**
- **A CONSENT OF SURETY IS REQUIRED WITH THE BID WHERE ASSURANCE OF COMPLETION WILL BE BY PERFORMANCE BOND.**

IN WITNESS WHEREOF, the above bounded parties have executed this instrument under their several seals this 19th day of April, 2022, the name and corporate seal of each corporate party being hereto affixed and these presents duly signed by its undersigned representative, pursuant to authority of its governing body.

IN PRESENCE OF:

_____	(SEAL)
_____	(INDIVIDUAL PRINCIPAL)
_____	_____
_____	(BUSINESS ADDRESS)
_____	_____
_____	(INDIVIDUAL PRINCIPAL)
_____	_____
_____	(BUSINESS ADDRESS)

ATTEST:

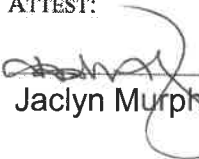
_____	Apex Development Incorporated
_____	(CORPORATE PRINCIPAL)
_____	358 Broadway, Newark, NJ 07104
_____	(BUSINESS ADDRESS)

AFFIX CORPORATE SEAL

By _____



ATTEST:



Jaclyn Murphy, Witness as to Surety

AFFIX CORPORATE SEAL

Bondex Insurance Company

(CORPORATE SURETY)

By 

Brenda Turiello
Attorney-in-Fact

(POWER OF ATTORNEY FOR PERSON SIGNING FOR SURETY COMPANY MUST BE ATTACHED TO BOND)

CONSENT OF SURETY No. _____
BB22012301199

KNOW ALL MEN BY THESE PRESENTS, that we the undersigned _____

Bondex Insurance Company

(NAME OF SURETY)

in consideration of the sum of _____ Amount Bid _____, (\$ _____ Amount Bid _____)
(WORDS) (DOLLARS)

lawful money of the United States, the receipt whereof is hereby acknowledged, and for other
valuable considerations, consents and agrees that if the contract for _____

Asbestos Window and Curtain Wall Replacement

(NAME OF JOB)

at _____ Berry Gardens Building B, 92 Danforth Ave _____

for which the preceding proposal is made be awarded to _____

Apex Development Incorporated

(NAME OF CONTRACTOR)

OF: _____ 358 Broadway, Newark, NJ 07104 _____

(ADDRESS)

hereinafter called the Bidder, the Surety will become bound as surety for its faithful performance and will execute the final bonds required, and if the Bidder shall omit or refuse to execute such contract when notified or awarded then the Surety will pay to **Housing Authority of the City of Jersey City** (hereinafter called the Obligee), the difference between the amount of the Bidder's bid or proposal, and the lowest amount in excess of said bid, or proposal, for which the Obligee may be able to award said contract within a reasonable time but not less than sixty (60) calendar days from receipt of bids, in addition to any other damages suffered by the JCHA as a result of Bidder's default, including but not limited to attorneys fees and cost of suit.

SIGNED, SEALED AND DATED: _____ April 19, 2022 _____

(DATE)
Bondex Insurance Company

(NAME OF SURETY)

By: Brenda Turiello

Brenda Turiello

Attorney-in-Fact

(TITLE)

S E A L

NOTE: THE CONSENT OF SURETY MUST BE FROM AN APPROVED SURETY COMPANY. SEE INSTRUCTIONS TO
BIDDERS ARTICLE ON APPROVED SURETY COMPANIES FOR MORE DETAILS.

ACKNOWLEDGEMENT OF SURETY

State of New Jersey -
County of Morris -]-ss.

On **April 19, 2022** before me personally came **Brenda Turiello** to me known, who, being by me duly sworn, did depose and say that he is an **Attorney-in-Fact** of **Bondex Insurance Company** the corporation described in and which executed the within instrument; that he knows the corporate seal, and that he signed that the said instrument and affixed the said seal as Attorney-in-Fact by authority of the Board of Directors of said corporation and by authority of this office under the Standing Resolutions thereof.

CAROL DeCAPUA
NOTARY PUBLIC OF NEW JERSEY
 My Commission Expires 5/2/2022

My commission expires:

Carol DeCapua
Notary Public

ACKNOWLEDGEMENT OF PRINCIPAL, IF A CORPORATION

STATE OF New Jersey) ss:
COUNTY Essex)

On the 19th day of April in the year 2022,
Before me personally came Chinyelu Okegbunam to me known, who, being by me
duly sworn, did depose and say that (s) he resides at
358 Broadway Newark, NJ 07104, that (s) he is the
Vice President of
Apex Development, Inc., the corporation described in and which
executed the above instrument; and that (s) he signed her/his name thereto by order of the Board of
Directors of said corporation.

INGRID MORGAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/3/2023

My commission expires:

[Signature]
Notary Public

ACKNOWLEDGEMENT OF PRINCIPAL, IF A PARTNERSHIP

STATE OF _____) ss:
COUNTY OF _____)

On the _____ day of _____ in the year 20____,
Before me personally came _____ to me known and known to me to
be a member of the firm _____, described in
and who executed the foregoing instrument; and (s) he duly acknowledged to me that (s) he executed
the same for and in behalf of said firm for the uses and purpose mentioned therein.

My commission expires: _____

Notary Public

ACKNOWLEDGEMENT OF PRINCIPAL, IF AN INDIVIDUAL

STATE OF _____) ss:
COUNTY OF _____)

On the _____ day of _____ in the year 20____,
Before me personally came _____ to me known and known to
me to be the person described in and who executed the foregoing instrument and (s) he duly
acknowledged that (s) he executed the same.

My commission expires: _____

Notary Public

This Power of Attorney is for Bid Bonds and Consents of Surety ONLY.

BOND #: BID

POWER OF ATTORNEY
Bondex Insurance Company

KNOW ALL MEN BY THESE PRESENTS:

That **Bondex Insurance Company**, a corporation duly organized under the laws of the State of New Jersey, and having a principal office in Florham Park, County of Morris, State of New Jersey, does hereby appoint: Claudia Pereira, Brenda Turiello, and Jaclyn Murphy

its true and lawful Attorney(s)-in Fact, with full power and authority to execute on its behalf bid bonds and consents of surety issued in the course of its business and to bind the Company thereby, in an Amount not to exceed Five Million and 00/100 Dollars (\$5,000,000.00)*****

This Power Of Attorney is granted and is signed and sealed by the authority of the following Resolution adopted by the Board of Directors of Bondex Insurance Company at a meeting duly called and held on the 7th day of March, 2007.

**RESOLVED that the Chief Executive Officer, President or a Vice President, Secretary or Assistant Secretary, shall have the power and authority*

1. *To appoint Attorney(s)-in-Fact and to authorize them to execute on behalf of the Company, and attach the seal of the Company thereto, bonds and undertakings, contracts of indemnity and other writing obligatory in the nature thereof and,*

2. *To remove, at any time, any such Attorney-in-Fact and revoke any authority given.*

"RESOLVED FURTHER, that the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney or certificate bearing such facsimile signatures or facsimile seal shall be valid and binding upon the Company and any such power so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with respect to any bond or undertaking to which it is attached as though manually affixed"

IN WITNESS WHEREOF, Bondex Insurance Company has caused its seal to be affixed hereto and executed by its President on the 25th day of October, 2018.



BONDEX INSURANCE COMPANY

BY

Philip S. Tobey, President

State of New Jersey
County of Morris ss.

On this 25th day of October, 2018, before me, a notary public, personally appeared Philip S. Tobey, personally known to me, who being duly sworn did say that he is the President of Bondex Insurance Company, the Corporation described in the foregoing instrument, and that the Seal affixed to said instrument is the said Corporate Seal and that he executed the same in his authorized capacity, and that said instrument was signed and sealed on behalf of said Corporation by authority of its Board of Directors.

In Testimony Whereof I have set my hand and affixed my official Seal, the day and year first written above,



CAROL DeCAPUA
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 5/2/2022

BY

Carol DeCapua
Carol DeCapua, Notary Public

I, Maureen Cupo, Secretary of Bondex Insurance Company, do hereby certify that the Power of Attorney and the resolution adopted by the Board of Directors of said company as set forth above, are true and correct transcripts thereof and that neither the said Power of Attorney nor the resolution have been revoked and they are now in full force and effect.

IN WITNESS HEREOF, I have hereunto set my hand this 19th day of April, 2022.



BY

Maureen Cupo
Maureen Cupo, Secretary

Warning: Any person who knowingly and with intent to defraud any insurance company or other person, files an application for insurance of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties

BONDEX INSURANCE COMPANY**Statutory Financial Statement****December 31, 2020****ASSETS**

Bonds	\$ 2,710,146
Stocks	\$ 1,052,429
Cash	\$ 7,199,865
Interest due and accrued	\$ 24,213
Uncollected premiums & agents' balances	\$ 688,521
Net deferred taxes	\$ 23,596
Net tax asset	\$ -
Fixed Assets	\$ -
Federal Tax Asset	\$ -
Other assets	\$ 322,486

Total Assets**\$ 12,021,256****LIABILITIES & POLICYHOLDERS' SURPLUS****Liabilities**

Loss & Loss Adjustment Expenses	\$ 1,229,381
Commissions Payable	\$ 221,872
Other Expenses (excluding taxes)	\$ 75,000
Unearned premium	\$ 1,920,787
Taxes, Licenses & Fees	\$ 88,668
Amounts withheld for others	\$ -
Ceded Reinsurance Payable	\$ (141)
Aggregate Write-ins for liabilities	\$ 3,357,794

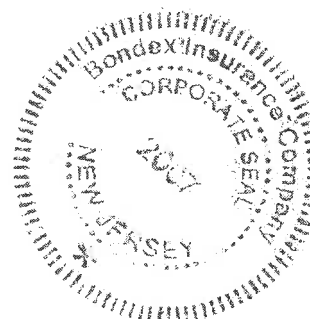
Total Liabilities**\$ 6,893,361****Surplus**

Surplus	
Common Stock	\$ 1,000,000
Unassigned surplus	\$ 2,577,895
Gross paid-in and contributed surplus	\$ 1,550,000

Total Surplus**\$ 5,127,895****Total Liabilities & Policyholders' Surplus****\$ 12,021,256**

I, Philip S. Tobey, President of Bondex Insurance Company, do hereby certify that the foregoing is a true and correct statement of the statutory balance sheet of said Corporation as of December 31st, 2020 to the best of my knowledge and belief.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the seal of said Corporation at Florham Park, New Jersey this the 2nd day of March, 2021.



JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS

GENERAL FORMS
BID DOCUMENT CHECK LIST

BID FOR: Asbestos Abatement Related to the Window & Curtain Wall Replacement at Berry Gardens Building B (92 Danforth Avenue)

A. Failure to submit the following documents is a mandatory cause for the bid to be rejected
(N.J.S.A. 40A:11-23.2)

Required with Submission of this Bid (JCHA's Checkmarks)	Initial Each Item Submitted with Bid (Bidder's Initials)
✓ A bid guarantee in the amount of 5% of the total bid amount via one of the following methods: A Bid Bond OR a Certified Check OR a Cashier's Check (Pursuant to N.J.S.A. 40A:11-21 & 22, see samples on pp. GF 27-34) Note: <u>All methods of bid guarantee must include a Consent of Surety</u>	
✓ A Consent of Surety from a surety company, pursuant to N.J.S.A. 40A:11-22 – OR- a Certified Check / Cashier's Check for 20% of the Contract Award amount.	
✓ A statement of corporate ownership, pursuant to N.J.S.A. 52:25-24.2 - OR- An Affidavit of Ownership (p. GF-35)	
✓ A listing of subcontractors as required by N.J.S.A. 40A:11-16 (p. GF-6) <input type="checkbox"/> Plumbing <input type="checkbox"/> HVAC <input type="checkbox"/> Electrical <input type="checkbox"/> Structural Steel/Ornamental Iron	
✓ If applicable, bidder's acknowledgement of receipt of any notice(s) or revision(s) or addenda to an advertisement, specifications or bid document(s), N.J.S.A. 40A:11-23.1A (p. GF-4)	

B. Failure to submit the following documents may be a cause for the bid to be rejected
(N.J.S.A. 40A:11-23.1b.)

Required with Submission of Bid (JCHA's Checkmarks)	Initial Each Item Submitted with Bid (Bidder's Initials)	Required with Submission of Bid (JCHA's Checkmarks)	Initial Each Item Submitted with Bid (Bidder's Initials)
✓ Bid Forms (pp. GF-2-6)		✓ Disclosure of Lobbying Activities (pp. GF-35-37)	
✓ Submission of a Non-Collusion Affidavit (this form must be notarized) (p. GF-7)		✓ Representations, Certifications & Other Statements of Bidders (pp. GF 38-40)	
✓ Section 3 (Housing Act) Forms (pp. GF-8-10)		✓ Previous Participation Certification, HUD 2530 (pp. GF 41-44)	
✓ Minority Business Enterprise (MBE) Forms (pp. GF 11-12)		✓ Disclosure of Investment Activities in Iran Form (p. GF-45)	
✓ Affirmative Action Plan (AAP) Forms (pp. GF 13-14)		✓ Statement of compliance with N.J.S.A. 45:14C-12(h) (licensed master plumber)	
✓ Qualification Questionnaire (pp. GF 15-24)		✓ Certification of Bidder showing that Bidder owns, leases or controls any necessary equipment	
✓ Consent of Surety as to a Labor and Material Payment Bond (p. GF-27)		✓ State of New Jersey Business Registration Certificate issued by the Division of Revenue (p. SC-21)	
✓ Wage Rate Statement of Compliance (p. GF-34)		✓ EPA's Lead; Renovation, Repair and Painting Program (RRP) Certificate (p. SC-21)	

C. SIGNATURE: The undersigned hereby acknowledges and has submitted the above listed requirements.

Name of Bidder: Chinyelu Okegburn
Name of Company: Apex Development, Inc.
Address, City, State, Zip: 358 Broadway Newark, NJ 07104
Telephone #: 973-350-0101 Fax #: 973-350-0123
Email Address: Apexdevelopmentinc@aol.com

By Authorized Representative:
Signature: Chinyelu Okegburn
Print Name and Title: Chinyelu Okegburn - Vice President
Date: 4/19/22

BID FOR: Window & Curtain Wall Replacement at
Berry Gardens Building B (92 Danforth Avenue)

SUBMITTED TO
THE HOUSING AUTHORITY OF THE CITY OF JERSEY CITY
400 U.S. HIGHWAY #1, JERSEY CITY, NEW JERSEY

Contractors:

1. The undersigned, having
familiarized Chingchi Orceglaman
(himself/herself/themselves)

with the local conditions affecting the cost of the work, and with the Terms and Conditions of the Plans, Technical Specifications, Addenda (if any) and other bid documents including General Conditions, Instructions to Bidders, Invitation for Bid (including General Forms), Employment and Contracting Opportunity Requirements (Section 3, Affirmative Action Plan & Minority Business Enterprise), Form of Contract, Special Conditions, Affirmative Action Plan and attachments for Prevailing Wage Rates and List of Acceptable Sureties-Circular 570) thereto, and with the form and requirements of the Non-Collusive Affidavit, Bid Bond, Consent of Surety, Performance and Payment Bond and Certificate as to Corporate Principal of Contractor, as prepared by:

Kitchen & Associates Services, Inc.
Architect/Engineer

Siemens Industry, Inc.
Project Manager

and on file in the office of the Purchasing Division of the JCHA hereby propose to furnish all labor, materials, equipment services, etc. required to construct and complete the work for the bid identified above.

☐ YES ☒ NO CONSTRUCTION PROJECT SIGN required per the description in the **Special Conditions**. If required, include cost in base contract. (Contract #1 in the case of multiple contracts).

BASIS OF AWARD

The Bidder shall state the **LUMP SUM BID** amount required to furnish the labor, materials, general conditions, overhead, fee and profit, etc. to complete the scope of work as described in these bid documents (including all Alternates and Asbestos Abatement), for the **Window & Curtain Wall Replacement at Berry Gardens Building B (92 Danforth Avenue)**.

If the bid amount exceeds the JCHA's budget, the JCHA reserves the right to use the Deduct Alternates to determine the lowest LUMP SUM BID amount as the basis of award prioritized in the numerical sequence (Deduct Alternate #1, #2 and #3).

LUMP SUM BID

Three million five hundred forty thousand (\$ 3,540,000)
(in words) (in figures)

Apex Development Inc
Bidder's Name

a.) **BASE BID**

The following Base Bid Amount proposed for furnishing the labor, materials, mobilization, overhead, fee and profit, etc. indicated on the bid drawings and specifications, **except for the Deduct Alternates** listed below in (c), (d) and (e). **Reference scope of work in Drawings and Technical Specifications.**

BASE BID

Three million five hundred forty thousand
(in words) (\$ 3,540,000)
(in figures)

b.) **ASBESTOS ABATEMENT WORK**

The following Asbestos Abatement Work Amount proposed for furnishing the labor, materials, mobilization, overhead, fee and profit, etc. indicated on the bid drawings and specifications. **Reference scope of work in Drawings and Technical Specifications in the Asbestos Abatement booklet.**

ASBESTOS ABATEMENT WORK

Three hundred thousand
(in words) (\$ 300,000)
(in figures) c.o

c.) **DEDUCT ALTERNATE #1 – BEDROOM WINDOWS**

Delete the replacement of the bedroom windows, indicated as Window Type Z on the drawings. Base Bid INCLUDES the replacement of all windows as indicated in drawings and technical specifications.

DEDUCT ALTERNATE #1 AMOUNT

One hundred sixty thousand
(in words) (\$ 160,000)
(in figures)

Apex Development Inc
Bidder's Name

d.) **DEDUCT ALTERNATE #2 – POWERWASHING**

Delete power washing of the residential floors, 1-10. Base Bid INCLUDES the power washing of all brick surfaces of the entire building as indicated in drawings and technical specifications.

DEDUCT ALTERNATE #2 AMOUNT

(Two hundred thousand) (\$ 200,000)
(in words) (in figures)

e.) **DEDUCT ALTERNATE #3 – GROUND FLOOR STOREFRONT**

Provide street-facing ground floor storefront in the Community Room and Office Suite from slab to ceiling. Utilize glazed-in insulated metal panels where the stem wall would be. Base Bid INCLUDES street-facing ground floor storefront in the Community Room and Office Suite on a new stud stem wall as indicated in drawings and technical specifications (Window types J and H).

DEDUCT ALTERNATE #3 AMOUNT

(Forty five thousand) (\$ 45,000)
(in words) (in figures)

e.) **ALLOWANCES**

Not Applicable

Apex Development
Bidder's Name

2. ACKNOWLEDGEMENT OF RECEIPT OF CHANGES TO
BID DOCUMENTS FORM

BID FOR: Asbestos Abatement Related to the Window & Curtain Wall Replacement at
Berry Gardens Building B (92 Danforth Avenue)

Pursuant to N.J.S.A. 40A:11-23.1a., the undersigned bidder hereby acknowledges receipt of the following notices, revisions, or addenda to the bid advertisement, specifications or bid documents. By indicating date of receipt, bidder acknowledges the submitted bid takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of notice to bidders shall take precedence and that failure to include provisions of changes in a bid proposal may be subject for rejection of the bid.

Local Unit Reference Number or Title of Addendum/Revision	Method of Receipt (mail, fax, pick-up, etc.)	Date Received
Window & Curtain Wall Replacement at	Email	3-22-2022
Berry Gardens Building B		
(92 Danforth Avenue)		

Acknowledgement by bidder:

Name of Bidder: Apex Development, Inc.

By Authorized Representative:

Signature: Chinyelu

Printed Name and Title: Chinyelu Oraegbunam - Vice President

Date: 4/19/22

3. In submitting this bid it is understood that the right is reserved by the HOUSING AUTHORITY OF THE CITY OF JERSEY CITY to reject any and all bids. If written notice (Contract Award Letter) of the acceptance of this bid is mailed, telegraphed or delivered to the undersigned within sixty (60) days after the opening thereof, or at any time thereafter before this bid is withdrawn, the undersigned agrees that within ten (10) working days after receipt of the Contract Award Letter from the JCHA the undersigned shall execute and deliver to the JCHA proper performance and payment bonds and insurance certificates in such number as the JCHA may require.
4. Security in the amount of five percent (5%) of the Total Not To Exceed Contract Amount, in the sum of
\$ 200,000.00 and 00/100 (Dollars) (\$ 200,000)
(Words) (Numbers)
- in the form of Bid Bond.
(Bid Bond, Certified Check, Cashier's Check, Etc.)
- is submitted herewith in accordance with the **Instructions to Bidders.**
5. Attached hereto is a Non-Collusive Affidavit in proof that the undersigned has not entered into any collusion with any person in respect to this proposal or the submitting of proposals for the contract for which this proposal is submitted.

**JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS**

**GENERAL FORMS
NON-COLLUSIVE AFFIDAVIT**

State of New Jersey

County of Essex

Chinyelu Oraegbunam being first duly sworn, deposes and says:
(NAME)

That he/she is Vice President of the
(Individual, Partner or Officer)

Apex Development, Inc.
(Firm of)

the party making the foregoing proposal or bid, that such proposal or bid is genuine and not collusive or sham, that said Bidder has not colluded, conspired, connived or agreed, directly or indirectly, sought by agreement or collusion, or communication or conference with any person, firm or corporation, to fix the bid price of affiant or of any Bidder, or to fix any overhead, profit or cost element of said bid price, or of that of any other, or to secure any advantage against the **HOUSING AUTHORITY OF THE CITY OF JERSEY CITY** or any person interested in the proposed contract; and that all statements in said proposal or bid are true.

Signature of:

Bidder, if the Bidder is an individual;

Partner, if the Bidder is a partnership;

CHINYELU ORAEGBUNAM
Officer, if the Bidder is a corporation;

Subscribed and sworn to me this 19th day of April, 2022.

[Signature]
(NOTARY PUBLIC)

My commission expires 12/3, 2023.

INGRID MORGAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/3/2023

S E A L

JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS

GENERAL FORMS
AFFIDAVIT FOR
SECTION 3 OF HOUSING ACT

STATE OF New Jersey

SS.

COUNTY OF Essex

Chingels Obueghunam being first duly sworn deposes and says:
(NAME)

THAT he/she is Vice President of the
(INDIVIDUAL, PARTNER OR OFFICER)

Apex Development, Inc.
(FIRM OF)

party making a certain proposal or bid dated April 19, 2022 for work in connection

with the construction of Asbestos Abatement Related to Window & Curtain Wall

(INDICATE JOB NAME)

Replacement at Berry Gardens Building B (92 Danforth Ave.) located in Jersey City, New
(NAME OF SITE)

Jersey that such proposal or bid is submitted with full knowledge and understanding of Section 3 of the Housing Act regarding requirements for **25% training and employment of Section 3 workers, and for 5% training and employment of Targeted Section 3 workers** as contained in the **Employment and Contracting Opportunity** section of the Contract. In submitting such proposal or bid the Bidder acknowledges that he/she must and will fulfill these requirements and that all statements in said proposal or bid are true.

SIGNATURE OF:

Chingels Obueghunam
BIDDER, IF THE BIDDER IS AN INDIVIDUAL; PARTNER, IF
THE BIDDER IS A PARTNERSHIP; OFFICER, IF THE BIDDER
IS A CORPORATION (CIRCLE ONE).

SUBSCRIBED AND SWORN TO ME THIS 19th DAY OF April, 2022.

[Signature]
(NOTARY PUBLIC)

MY COMMISSION EXPIRES 12-3, 2023.

INGRID MORGAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/3/2023

S E A L

JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS

GENERAL FORMS
SECTION 3 - ESTIMATED PROJECT
WORK FORCE BREAKDOWN

CONTRACT FOR: Asbestos Abatement Related to the Window & Curtain Wall Replacement
 SITE(S): Berry Gardens Building B (92 Danforth Avenue)
 NAME OF: ☒ CONTRACTOR: Apex Development, Inc
☐ SUB-CONTRACTOR: _____
 SUB-CONTRACT FOR: _____

Job Category	Total Estimated Positions Needed for Project	# Positions to be Filled with NON-Section 3 Workers	# of Positions to be Filled with Section 3 Workers		
			Targeted	Other	Total
Officers/Supervisors*	3		10		
Professionals*		8			
Technical*	4				
Office/Clerical*	2				
Other*					
<i>*DO NOT list current employees. Complete these items only if NEW employees are to be hired for this contract.</i>					
TRADE:					
Journeyman					
Apprentices					
Laborers	5				
TRADE:					
Journeyman					
Apprentices					
Laborers					
TRADE:					
Journeyman					
Apprentices					
Laborers					
SUB-TOTALS (this sheet):					
TOTALS:	14	8	10		

~IF ADDITIONAL SPACE IS REQUIRED, COPY AND ATTACH ADDITIONAL SHEETS~

Section 3 Worker:

A goal of 25% of the total workforce labor hours shall be performed by Section 3 Workers and 5% of the total workforce labor hours shall be performed by Targeted Section 3 Workers.

NAME: Chingela Olaegbo TITLE: Vice President DATE: 4/19/22
 OF INDIVIDUAL, PARTNER OR OFFICER OF CORPORATION (CIRCLE ONE) SHEET ___ OF ___

**JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS**

**GENERAL FORMS
SECTION 3 - DESCRIPTION OF PROCESS AND
STEPS TO CARRY OUT ACTION PLAN**

CONTRACT FOR: Asbestos Abatement Related to Window & Curtain Wall Replacement
SITE(S) Berry Gardens Building B (92 Danforth Avenue)
NAME OF: ☒ CONTRACTOR: Apex Development Inc.
☐ SUBCONTRACTOR: _____
SUBCONTRACT FOR: _____

[In this space please detail the steps that have been or will be taken by the Contractor to carry out the Section 3 plan as approved, including but not limited to telephone and mail communication with residents, associations, and the housing authority, training activities conducted or planned, etc.]

Chinyelu Okegburen
NAME
4/19/22
DATE

Vice President
TITLE
OF INDIVIDUAL, PARTNER OR OFFICER OF CORPORATION DATE
(CIRCLE ONE)

JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS

GENERAL FORMS
AFFIDAVIT FOR MINORITY
BUSINESS ENTERPRISES (MBE)

STATE OF New Jersey)
)SS
COUNTY OF Essex)

Chinyelu Okeghuran being first duly sworn deposes and says:
(NAME)

THAT he/she is Vice President of the
(INDIVIDUAL, PARTNER OR OFFICER)

Apex Development, Inc. the party making a certain
(FIRM OF)

proposal or bid dated April 19, 2022 for work in connection with the
construction of Asbestos Abatement Related to Window & Curtain Wall Replacement
(INDICATE JOB NAME)

at Berry Gardens Building B (92 Danforth Avenue), located in
(NAME OF SITE[S])

Jersey City, New Jersey that such proposal or bid is submitted with full knowledge and understanding of the **20% Minority Business Enterprise (MBE)** Requirements contained in the contract section on **Equal and Contracting Opportunity Requirements**; that in submitting such proposal or bid the Bidder acknowledges that he/she must and will fulfill these requirements and that all statements in said proposal or bid are true.

SIGNATURE OF:

Chinyelu Okeghuran
BIDDER, IF THE BIDDER IS AN INDIVIDUAL; PARTNER, IF
THE BIDDER IS A PARTNERSHIP; OFFICER, IF THE BIDDER
IS A CORPORATION (CIRCLE ONE).

SUBSCRIBED AND SWORN TO ME THIS 19th DAY OF April, 2022.

[Signature]
(NOTARY PUBLIC)

MY COMMISSION EXPIRES _____, _____.

INGRID MORGAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/3/2023

S E A L

JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS

GENERAL FORMS
MBE PROPOSED CONTRACTS/
SUBCONTRACTS BREAKDOWN

CONTRACT FOR: Asbestos Abatement Related to Window & Curtain Wall Replacement
 SITE(S) Berry Gardens Building B (92 Danforth Avenue)
 NAME OF: ☒ CONTRACTOR: Apex Development, Inc.
☐ SUBCONTRACTOR:
 SUBCONTRACT FOR:

Item #	Description of Work To Be Performed	For: (✓)			Total Approx. Amount of Work To Be Performed	Estimated Amount of Total to MBE Businesses
		Labor	Mater	Both		
	Asbestos abatement	10			25% c-o	600,000
	Demolition				c-o	
TOTALS:						600,000
PERCENTAGE OF TOTAL CONTRACT:						25,000

MINORITY BUSINESS ENTERPRISE:

A Minority Business Enterprise (MBE) refers to the contract goal of **20%** of the contract amount to be done utilizing business enterprises that are 51% or more owned, controlled and actively operated by one or more persons who are classified as part of a socially and economically disadvantaged group. **Such socially disadvantaged persons include Black Americans, Hispanic Americans, Native Americans, Eskimos, Aleuts, Hasidic-Jewish Americans, Asian Pacific Americans and Asian Indian Americans.** A female-owned business is NOT considered an MBE, however, under Executive Order #12138, the Contractor is encouraged to take affirmative action to assist women-owned enterprises.

The Contractor shall identify the general area(s) where it anticipates utilizing MINORITY BUSINESS ENTERPRISE (MBE) firms and the approximate dollar value. The area of work, type of materials/suppliers or nature of service shall be sufficient for this purpose. Some examples of what the JCHA intends by 'general areas' might be: "painting", "plumbing", "electric material supplier", "surveyor". The specific firm name is NOT required at this time although it may be listed at the contractor's option.

Identify by an asterisk (*) any MBE firm which is a "pass-through" business. "Pass-through" MBE firms only receive credit of 25% of the MBE contract amount.

Chinyelu Okeghuan
 NAME

Vice President 4/19/22
 TITLE DATE
 OF INDIVIDUAL, PARTNER OR OFFICER OF CORPORATION
 (CIRCLE ONE)

**JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS**

**GENERAL FORMS
AFFIDAVIT FOR AFFIRMATIVE
ACTION PLAN (AAP)**

STATE OF New Jersey)
)SS
COUNTY OF Essex)

Chingelu Olaughun being first duly sworn deposes and says:
(NAME)

THAT he/she is Vice President of the
(INDIVIDUAL, PARTNER OR OFFICER)

Apex Development, Inc. the party making a certain
(FIRM OF)

proposal or bid dated April 19, 2022 for work in connection with the
construction of Asbestos Abatement Related to Window & Curtain Wall Replacement
(INDICATE JOB NAME)

at Berry Gardens Building B (92 Danforth Avenue), located in
(NAME OF SITE[S])

Jersey City, New Jersey that such proposal or bid is submitted with full knowledge and understanding of the **28% Affirmative Action Plan (AAP)** requirements for hiring minority persons contained in the Contract section on **Employment and Contracting Opportunity Requirements** pursuant to NJSA 10:5-31 etc. that in submitting such proposal or bid the Bidder acknowledges that he/she must and will fulfill these requirements and that all statements in said proposal or bid are true.

SIGNATURE OF:

Chingelu
BIDDER, IF THE BIDDER IS AN INDIVIDUAL; **PARTNER**, IF THE BIDDER IS A PARTNERSHIP; **OFFICER**, IF THE BIDDER IS A CORPORATION (CIRCLE ONE).

SUBSCRIBED AND SWORN TO ME THIS 19th DAY OF April, 2022.

[Signature]
(NOTARY PUBLIC)

MY COMMISSION EXPIRES 12-3, 2023
INGRID MORGAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/3/2023

S E A L

JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS AND SPECIFICATIONS

GENERAL FORMS
AFFIRMATIVE ACTION
PLAN (AAP) STATEMENT

The employment policies and practices of the:

Apex Development Inc
(Name of Bidder)

The Bidder stated above agrees to recruit and hire employees without discrimination because of race, sex, creed, color, or national origin, and to treat them equally with respect to compensation and opportunities for advancement, including upgrading, promotion, and transfer.

This company submits this plan to assure compliance with Executive Order No. 11246 and/or subsequent orders that may pertain to this program and to reaffirm its continued commitment to a program of affirmative action and equal employment opportunity and merit employment policies.

It agrees to assert leadership with the community and to put forth the maximum effort to achieve full employment and utilization of the capabilities and productivity of all our citizens without regard to race, sex, color, creed, or national origin.

The Bidder further recognizes that the effective application of a policy of merit employment involves more than just a policy statement and will, therefore, undertake a program of affirmative action to make known that equal employment opportunities are available on the basis of individual merit and to encourage all persons to seek employment with the Bidder and to strive for advancement of this basis.

The Bidder also agrees to abide by this plan, and will maintain its committed goals with a good faith procedure until the completion of this contract.

The Bidder's minimum minority goal utilization is: (Fill in below for years covered by the Contract Time for Completion):

2021	<u>30</u>	%	2024	<u>40</u>	%
2022	<u>35</u>	%	2025	<u>40</u>	%
2023	<u>40</u>	%	2026	<u>40</u>	%

SIGNATURE OF:

Chengche

BIDDER, IF THE BIDDER IS AN INDIVIDUAL; **PARTNER**, IF THE BIDDER IS A PARTNERSHIP; **OFFICER**, IF THE BIDDER IS A CORPORATION (CIRCLE ONE).

Vice President

TITLE

SIGNATURE OF BIDDER'S EEO REPRESENTATIVE (IF ANY)

Qualification Questionnaire

BID FOR: Asbestos Abatement Related to Window & Curtain Wall Replacement
SITE(S) Berry Gardens Building B (92 Danforth Avenue)
NAME OF BIDDER: Apex Development, Inc
ADDRESS: 358 Broadway
Newark, NJ 07104

Qualifications enclosed are for:

- ☒ GENERAL CONTRACTOR/BIDDER
- ☐ SUBCONTRACTOR (*Important Note: If this box is checked, make additional copies of pp. 13-22 and fill out for each sub-contractor*)

NAME: _____

ADDRESS: _____

In accordance with the **Instructions to Bidders** under article on **Qualifications and Listing of Subcontractors**, the Bidder and his/her subcontractor(s) in the four (4) categories listed below shall complete the enclosed Qualification Questionnaire and **submit with the bid**:

- Plumbing and Gas Fitting of all kindred work.
- Steam and Hot Water Heating and Ventilating apparatus and all kindred work.
- Electrical Work.
- Structural Steel and Ornamental Iron Work.

REQUIREMENTS FOR SUBMITTED PROPOSALS IF QUALIFIED

1. Each proposal or bid must be accompanied by a Bid Guarantee as described in the article **Bid Guarantee** of the **Instructions to Bidders**. The successful bidder shall also be required to provide an Assurance of Completion as described in the article **Assurance of Completion** of the **Instructions to Bidders**. Where a surety company is to provide the Bid Guarantee and/or an Assurance of Completion, the surety company must be qualified to do business in the State of New Jersey as described in the article **Approved Surety Companies** of the **Instructions to Bidders**.

Qualification Questionnaire - Page 2

2. It shall be necessary for the Bidder to present evidence that he/she is the contractor and that the Bidder's company or firm has been in business for at least:

5 YEARS

in this particular field, and can submit a suitable record of satisfactorily completing similar projects. In addition to the above he/she shall submit evidence that his/her company has the necessary equipment to carry out this type of operation.

*Important Note: It is the intent of the JCHA to absolutely prohibit general construction contracts to a firm or person that brokers out all of the work to subcontractors. General Contractors must perform at least **20% or more** of the work with their own in-house work force (exclusive of administrative or supervisory work). Furthermore, contractors are to provide complete and responsive answers to Question #2h of the JCHA Qualification Questionnaire as to the percentage of the work that they will specifically perform with their own work force and the general characteristics of such work.*

Subcontractors for Plumbing, Heating, Electrical and Structural Steel and Ornamental Ironwork work shall likewise comply with the above except that they shall have been in business for at least:

5 YEARS

- a. How many years have you been or engaged in construction under your present firm or trade name?

9 years

- b. Is your firm licensed in its trade in New Jersey? yes
If Yes, attach copy of license.

- c. What equipment do you own that is available and intended to be used on this contract? Provide a description as to the quantity, size, type and capacity of this equipment along with its present condition.

Equipment Name	Quantity	Size	Type	Capacity	Present Condition
Dust Control machine	10			good	✓
Dema Sew	20			good	✓
Saw saw	20			good	✓

~Attach additional sheets if necessary~

Qualification Questionnaire - Page 3

- d. What equipment do you intend to purchase or lease for use on this contract should the contract be awarded to you? Provide a description of the quantity, size, type and capacity of the equipment you intend to lease or purchase.

In-house

- e. How many years has your organization been in business performing the work required under this contract?

9 years

- f. If a corporation or limited liability company, answer the following:

f.1. - Date of incorporation 12-11-2012

f.2. - State of incorporation New Jersey

f.3. - President's name(s) Sylvester Okeghuram

f.4. - Vice President's name(s) Shingeh Okeghuram

f.5. - Name any corporation, limited liability company, partnership, limited partnership, sole proprietorship, or any other business entity, of which greater than thirty (30%) percent is beneficially or legally owned by the bidder or any of the bidder's owners, shareholders, members, director, officers or employees.

NONE

- f.6. - Name any and all trade names under which the bidder, all related entities or any of the owners of more than a 10% beneficial or legal interest have operated in the last five years.

Apex Development, Inc.

Qualification Questionnaire - Page 4

g. If individual or partnership, answer the following:

g.1. - Date of organization

N/A

g.2. - Name and address of all partners (state whether general or limited partnership):

N/A

g.3. - Name any corporation, limited liability company, partnership, limited partnership, sole proprietorship, or any other business entity, of which greater than thirty (30%) percent is beneficially or legally owned by the bidder or any of the bidder's owners, partners, members, directors, officers or employees.

N/A

g.4. - Name any and all trade names under which the bidder, any related entities or any of the owners of more than a 10% beneficial or legal interest have operated in the last five years.

N/A

h. We normally perform 100 % of the work with our own forces. General character of work performed by our company. (See important note in the "Requirements for Submitted Proposals If Qualified" section, #2).

i. Have you or any entity controlled by you ever failed to complete any work awarded to you? NO. If Yes, state circumstances.

Qualification Questionnaire - Page 5

- j. Has any officer or partner of your organization or any entity controlled by any officer or partner of your organization ever failed to complete a construction contract handled in his/her own name? NO. *If Yes, state name of individual, name of owner and reason therefore.*
- _____
- _____
- _____
- k. Has any other officer or partner of your organization or any entity controlled by any officer or partner of your organization ever been an officer or partner of some other organization that failed to complete a construction contract? NO. *If Yes, state name of individual, name of owner and reason therefore.*
- _____
- _____
- _____
- l. Have you or any principal owner of your organization or any entity controlled by you or any principal owner of your organization been the subject of an investigation by any Federal, State or Local Governmental agency or quasi-governmental agency within the past five (5) years? NO. *If Yes, then state the complete particularity, the name of the Agency, the date and nature of the investigation and the disposition thereof.*
- _____
- _____
- _____
- m. Has your organization or any related entity, within the past five (5) years ever had a license, permit or certificate to do business revoked, suspended or voided? NO. *If Yes, state the name of the Agency, date and nature of the revocation, suspension, etc., and the reason for same.*
- _____
- _____
- _____
- n. Are there any liens, of any character, filed against your company or any related entity at this time? NO. *If Yes, specify the nature and amount of lien.*
- _____
- _____
- _____

Qualification Questionnaire - Page 6

- o. In what manner have you inspected the proposed project? *Explain in detail.*

By attending the Pre-bid Meeting

- p. The work, if awarded to you, will have the personal supervision of whom:

William Mawryin

- q. Do you intend to subcontract any portion of the work: *If so, state which portion is to be subcontracted. (See important note in the "Requirements for Submitted Proposals If Qualified" section, #2)*

Steel work only

- r. Have you made contracts or received firm offers for all materials with price in preparing your proposal. Do not give names of dealers or manufacturers.

yes

- s. Give trade references:

*Newark public school Asbestos
Exclusive Testing Labs
Piller Group*

*973-391-4331
914-469-5040
914-290-8362*

- t. Give Bank references:

Chase Bank

- u. The Contractor shall complete the attached charts on the Status of Contracts on Hand and Contracts Completed in Last Five (5) years. All information requested is to be provided particularly the telephone numbers of parties to contact for references.

Qualification Questionnaire - Page 7

v. Each bidder shall furnish the following information by filling the appropriate blocks:

(a) Is the bidder owned or controlled by a parent company as described below?

Yes ☐

No ☒

(For the purpose of this bid, a parent company is defined as one that either owns or controls the activities and basic business policies of the bidder. To own another company means the parent company must own at least a majority (fifty percent (50%) of the voting rights in that company. To control another company, such ownership is not required; if another company is able to formulate, determine, or veto basic business policy decisions of the bidder, such other company is considered the parent company of the bidder. This control may be exercised through the use of dominant minority voting rights, use of proxy voting, contractual arrangements or otherwise).

(b) If the answer to (a) above is "YES", bidder shall insert in the space below the name and main office address of the parent company.

N/A

NAME

ADDRESS

(c) Bidder shall insert in the applicable space below, if he/she has no parent company, his/her own employer's identification number (E.I. No.) (Federal Social Security Number or Employer's Quarterly Federal Tax Return, U.S. Treasury Department Form 941), or, of the parent company.

Bidder's E.I. No. 46-1553662

Parent Company's E.I. No. N/A

JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS & SPECIFICATIONS

GENERAL FORMS
STATUS OF CONTRACTS ON HAND

Give full information about all of your contractors, whether private or government contracts, whether prime or subcontract; whether in progress or awarded but not yet begun, or whether you are low bidder pending formal award of contract.

Owner's Name, Address, Telephone # (1)	Owner's A/E Name, Address, Telephone # (2)	Name and Location of Work (3)	Description of Work (4)	% of Work Performed by Bidder's Work Force (5)	Adjusted Contract Amount (6)	Balance To Be Completed (7)	Date Work Started (8)	Estimated Date of Completion (9)
()	()	See attached						
()	()							
()	()							
()	()							

List the more important contracts completed by you in the last five years, stating approximate gross cost for each and the month and year completed.

Owner's Name, Address, Telephone # (1)	Owner's A/E Name, Address, Telephone # (2)	Name and Location of Work (3)	Description of Work (4)	% of Work Performed by Bidder's Work Force (5)	Date of Contract Start (6)	Date of Contract Completion (7)	Gross Amount of Contract (8)
()	()	See attached		()	()	()	()
()	()			()	()	()	()
()	()			()	()	()	()
()	()			()	()	()	()
()	()			()	()	()	()

Qualification Questionnaire - Page 8

The undersigned hereby certifies that the Qualification answers presented herein are a true, correct and accurate statement of fact.

DATED AT: April 19, 2022 THIS 19th

DAY OF April 2022

NAME OF ORGANIZATION: Apex Development, Inc

BY: Chinyelu

TITLE: Vice President

STATE OF New Jersey

SS:

COUNTY OF: Essex

Chinyelu Okegbunam, BEING DULY SWORN, DEPOSES AND SAYS THAT HE/SHE IS
(NAME)

Vice President
(TITLE)

OF THE ABOVE Apex Development, Inc AND THAT THE ANSWERS TO THE FOREGOING
(NAME OF ORGANIZATION)

QUESTIONS AND ALL STATEMENTS THEREIN CONTAINED ARE TRUE, CORRECT AND ACCURATE.

SUBSCRIBED AND SWORN TO ME THIS 19th DAY OF April, 2022.

Dy
(NOTARY PUBLIC)

MY COMMISSION EXPIRES 12-3-2023.

INGRID MORGAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/3/2023

S E A L

I, Chingelu Oraegbanam for Apex Development, Inc.
(NAME OF SECRETARY) (NAME OF CONTRACTOR)

certify that I am the secretary of the corporation named as Principal in the within bond; that

I, Chingelu Oraegbanam
(NAME)

who signed the said bond on behalf of the Principal, was then secretary
and vice president of Apex Development Inc
(TITLE)

of said corporation; that I know this, his/her signature, and his/her signature thereto is genuine;
and that said bond was duly signed, sealed and attested for and in behalf of said corporation
by authority of its governing body.

(CORPORATE SEAL)

Chingelu
(SIGNATURE OF SECRETARY)

BID FOR: Apex Development Inc

BID DATED: April 19, 2022

STATE OF NEW JERSEY

N.J.S.A. 52:25-24.2

"No corporation or partnership shall be awarded any contract nor shall any agreement be entered into for the performance of any work or the furnishing of any materials or supplies, the cost of which is to be paid with or out of any public funds, unless prior to the receipt of the bid or accompanying the bid, of said corporation or said partnership, there is submitted a statement setting forth the names and addresses of all stockholders in the corporation or partnership who own 10% or more of its stock, of any class or of all individual partners in the partnership who own a 10% or greater interest therein, as the case may be. If one or more such stockholder or partner is itself a corporation or partnership, the stockholders holding 10% or more of that corporation's stock, or the individual partners owning 10% or greater interest in that partnership, as the case may be, shall also be listed. The disclosure shall be continued until names and addresses of every non-corporate stockholder and individual partner, exceeding the 10% ownership criteria established in this act, has been listed."

TO: THE HOUSING AUTHORITY OF THE CITY OF JERSEY CITY

NAME OF BIDDER Apex Development Inc

ADDRESS 358 Broadway Newark NJ 07104

The above firm states that the following is a complete listing of stockholders/individual partners who own ten percent (10%) or more interest in the above named firm.

☐ Partnership

☒ Corporation

<u>NAME/ADDRESS</u>	<u>SIGNATURE</u>	<u>SS#</u>	<u>% OF STOCK OR INTEREST</u>
<u>Sylvester Oloeghin</u> [REDACTED]	<u>Chung</u>	[REDACTED]	<u>100%</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

SUBSCRIBED AND SWORN TO before me, this 19th DAY OF April, 2022.

NOTARY PUBLIC INGRID MORGAN
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires 12/3/2023 2023 . S E A L

This is to certify that all persons employed by the undersigned and its subcontractors will be paid full weekly wages earned, less permissible deductions for income taxes, social security, etc., and that no rebates have been or will be made either directly or indirectly to the undersigned from the full weekly wages earned by any person in its employ, and further that all employees will be paid as defined in Regulations, Part 3 (29 CFR Part 3) issued by the Secretary of Labor under the Copeland Act, as amended (48 Stat. 948, 63 Stat. 108, 72 Stat. 967, 40 U.S.C. 276C), and described on said payroll; that said payroll is correct and complete; that the wage rates, as set forth in the General Wage Determinations issued under the Davis-Bacon and Related Acts, U.S. Department of Labor, Employment Standards Administration, Wage and Hour Division, (unless otherwise specified as HUD-Determined wage rates per Article 48 Labor Standards-Non-Routine Maintenance of the General Conditions), contained in said payroll for laborers, and mechanics, are not less than those applicable to such laborers and mechanics pursuant to the contract under which such work was performed; and that the classification set forth for each laborer or mechanic conforms with the work he/she performed.

BIDDER'S SIGNATURE: _____

Chavez

TITLE: _____

Vice President

BID FOR: Asbestos Abatement Related to Window & Curtain Wall Replacement at
Berry Gardens Building B (92 Danforth Avenue)

(SITE AND NAME OF JOB)

BID DATED: April 19, 2022.

JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS & SPECIFICATIONS

GENERAL FORMS
DISCLOSURE OF LOBBYING ACTIVITIES

Note to Bidders: This form is only to be filled out if you currently have any lobbying activities ongoing before any legislative body. IF NOT, just write "N/A" on the form and sign in the space provided below.

FEDERAL REGISTER/VOL. 54, NO. 243/WEDNESDAY, DECEMBER 20, 1989/NOTICES
 (Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352
 (See reverse for public burden disclosure)

1. Type of Federal Action: <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	2. Status of Federal Action: <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award <div style="text-align: center; font-size: 1.5em;">N/A</div>	3. Report Type: <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <div style="text-align: right; font-size: 1.5em;">N/A</div> For Material Change Only: Year _____ Quarter _____ Date of Last Report _____
4. Name and Address of Reporting Entity: <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if known: Congressional District, if known:	5. If Reporting Entity in No 4 is Subawardee, Enter Name and Address of Prime: <div style="text-align: center; font-size: 1.5em;">N/A</div> Congressional District, if known:	
6. Federal Department/Agency: <div style="text-align: center; font-size: 1.5em;">N/A</div>	7. Federal Program Name/Description: <div style="text-align: center; font-size: 1.5em;">N/A</div> CFDA Number, if applicable:	
8. Federal Action Number, if known: <div style="text-align: center; font-size: 1.5em;">N/A</div>	9. Award Amount, if known: \$ <div style="text-align: center; font-size: 1.5em;">N/A</div>	
10. a. Name and Address of Lobbying Entity (if individual, last name, first name, MI): <div style="text-align: center; font-size: 1.5em;">N/A</div>	b. Individual Performing Services (including address if different from No. 10a) - (last name, first name, MI): <div style="text-align: center; font-size: 1.5em;">N/A</div>	
(Attach Continuation Sheet(s) SF-LLL-A if necessary)		
11. Amount of Payment (check all that apply) \$ <div style="text-align: center; font-size: 1.5em;">N/A</div> <input type="checkbox"/> actual <input type="checkbox"/> planned	13. Type of Payment (check all that apply) <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify:	
12. Form of Payment (check all that apply): <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature: <div style="text-align: center; font-size: 1.5em;">N/A</div> value:	<div style="text-align: center; font-size: 1.5em;">N/A</div>	
14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11: <div style="text-align: center; font-size: 1.5em;">N/A</div> (Attach Continuation Sheet(s) SF-LLL-A if necessary)		
15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> Yes <input type="checkbox"/> No		
16. Information requested through this form is authorized by title 31 U.S.C. Section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance is placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.		Signature: <div style="text-align: center; font-size: 1.5em;">CHINWEKE DAEGBUNAN</div> Print Name: <div style="text-align: center; font-size: 1.5em;">CHINWEKE DAEGBUNAN</div> Title: <div style="text-align: center; font-size: 1.5em;">vice president</div> Telephone #: <div style="text-align: center; font-size: 1.5em;">973-350-0104</div> Date: <div style="text-align: center; font-size: 1.5em;">4/18/22</div>
Federal Use Only:		

Note: See also Invitation for Bid section entitled "Representation, Certifications and Other Statements of Bidders", Article 3, Certification and Disclosure Regarding Payments to Influence Certain Federal Transactions.

FEDERAL REGISTER/VOL. 54, NO. 243/WEDNESDAY, DECEMBER 20, 1989/NOTICES

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

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee", then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal Agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) or Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is/are attached.
16. The certifying official shall sign and date the form, print his/her/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

FEDERAL REGISTER/VOL. 54, NO. 243/WEDNESDAY, DECEMBER 20, 1989/NOTICES

REPORTING ENTITY: Apex Development Inc PAGE ____ OF ____
Chicago

Standard Form LLL-A

JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS & SPECIFICATIONS

GENERAL FORMS
REPRESENTATIONS, CERTIFICATIONS, AND
OTHER STATEMENTS OF BIDDERS

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**1. CERTIFICATE OF INDEPENDENT PRICE
DETERMINATION**

(a) The bidder certifies that--

(1) The prices in this bid have been arrived at independently, without, for the purpose of restricting competition, any consultation, communication, or agreement with any other bidder or competitor relating to (i) those prices, (ii) the intention to submit a bid, or (iii) the methods or factors used to calculate the prices offered;

(2) The prices in this bid have not been and will not be knowingly disclosed by the bidder, directly or indirectly, to any other bidder or competitor before bid opening (in the case of a sealed bid solicitation) or contract award (in the case of a competitive proposal solicitation) unless otherwise required by law; and

(3) No attempt has been made or will be made by the bidder to induce any other concern to submit or not to submit a bid for the purpose of restricting competition.

(b) Each signature on the bid is considered to be a certification by the signatory that the signatory--

(1) Is the person in the bidder's organization responsible for determining the prices being offered in this bid or proposal, and that the signatory has not participated and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above; or

(2) (i) Has been authorized, in writing, to act as agent for the following principals in certifying that those principals have not participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

→ Chayela Olasbun [Insert full name of person(s) in the bidder's organization responsible for determining the prices offered in this bid or proposal, and the title of his or her position in the bidder's organization];

(ii) As an authorized agent, does certify that the principals named in subdivision (b)(2)(i) above have not participated, and will not participate, in any action contrary to subparagraphs (a)(1) through (a)(3) above; and

(iii) As an agent, has not personally participated, and will not participate in any action contrary to subparagraphs (a)(1) through (a)(3) above.

→ Identifies items to be completed by Bidder.

(c) If the bidder deletes or modifies subparagraph (a)2 above, the bidder must furnish with its bid a signed statement setting forth in detail the circumstances of the disclosure.

☐ Contracting Officer: check if following paragraph is applicable] ←

(d) Non-collusive affidavit (applicable to contracts for construction and equipment exceeding \$50,000).

(1) Each bidder shall execute, in the form provided by the JCHA/IHA, an affidavit to the effect that he/she has not colluded with any other person, firm or corporation in regard to any bid submitted in response to this solicitation. If the successful bidder did not submit the affidavit with his/her bid, he/she must submit it within three (3) working days of bid opening. Failure to submit the affidavit by that date may render the bid non-responsive. No contract award will be made without a properly executed affidavit.

(2) A fully executed "Non-collusive Affidavit" ☐ is, ☐ is ← not included with the bid. (Pg. GF-3 contains Affidavit).

2. CONTINGENT FEE REPRESENTATION & AGREEMENT

(a) Definitions. As used in this provision:

"Bona fide employee" means a person, employed by a bidder and subject to the bidder's supervision and control as to time, place, and manner of performance, who neither exerts, nor proposes to exert improper influence to solicit or obtain contracts nor holds out as being able to obtain any contract(s) through improper influence.

"Improper influence" means any influence that induces or tends to induce a JCHA/IHA employee or officer to give consideration or to act regarding a JCHA/IHA contract on any basis other than the merits of the matter.

(b) The bidder represents and certifies as part of its bid that, except for full-time bona fide employees working solely for the bidder, the bidder:

(1) ☐ has, ☒ has not employed or retained any person or company to solicit or obtain this contract; and ←

(2) ☐ has, ☒ has not paid or agreed to pay to any person or company employed or retained to solicit or obtain this contract any commission, percentage, brokerage, or other fee contingent upon or resulting from the award of this contract. ←

(c) If the answer to either (a)(1) or (a)(2) above is affirmative, the bidder shall make an immediate and full written disclosure to the JCHA/IHA Contracting Officer.

(d) Any misrepresentation by the bidder shall give the JCHA/IHA the right to (1) terminate the contract; (2) at its discretion, deduct from contract payments the amount of any commission, percentage, brokerage, or other contingent fee; or (3) take other remedy pursuant to the contract.

**3. CERTIFICATION & DISCLOSURE REGARDING
PAYMENTS TO INFLUENCE CERTAIN FEDERAL
TRANSACTIONS (applicable to contracts exceeding
\$100,000)**

(a) The definitions and prohibitions contained in Section 1352 of title 31, United States Code, are hereby incorporated by reference in paragraph (b) of this certification.

**JERSEY CITY HOUSING AUTHORITY
CONTRACT DOCUMENTS & SPECIFICATIONS**

**GENERAL FORMS
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(b) The bidder, by signing its bid, hereby certifies to the best of his or her knowledge and belief as of December 23, 1989 that:

(1) No Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with the awarding of a contract resulting from this solicitation;

(2) If any funds other than Federal appropriated funds (including profit or fee received under a covered Federal transaction) have been paid, or will be paid, to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress on his or her behalf in connection with this solicitation, the bidder shall complete and submit, with its bid, OMB standard form LLL, "Disclosure of Lobbying Activities" (Pgs. GF38 and GF39 contain form LLL); and

(3) He or she will include the language of this certification in all subcontracts at any tier and require that all recipients of subcontract awards in excess of \$100,000 shall certify and disclose accordingly.

(c) Submission of this certification and disclosure is a prerequisite for making or entering into this contract imposed by section 1352, title 31, United States Code. Any person who makes an expenditure prohibited under this provision or who fails to file or amend the disclosure form to be filed or amended by this provision, shall be subject to a civil penalty of not less than \$10,000, and not more than \$100,000 for each such failure.

(d) Indian tribes (except those chartered by States) and Indian organizations as defined in section 4 of the Indian Self-Determination and Education Assistance Act (25 U.S.C. 450B) are exempt from the requirements of this provision.

4. ORGANIZATIONAL CONFLICTS OF INTEREST CERTIFICATION

The bidder certifies that to the best of its knowledge and belief and except as otherwise disclosed, he or she does not have any organizational conflict of interest which is defined as a situation in which the nature of work to be performed under this proposed contract and the bidder's organizational, financial, contractual, or other interests may, without some restriction on future activities:

(a) Result in an unfair competitive advantage to the bidder; or,
(b) Impair the bidder's objectivity in performing the contract work.

☒ In the absence of any actual or apparent conflict, I hereby certify that to the best of my knowledge and belief, no actual or apparent conflict of interest exists with regard to my possible performance of this procurement.

5. BIDDER'S CERTIFICATION OF ELIGIBILITY

(a) By the submission of this bid, the bidder certifies that to the best of its knowledge and belief, neither it, nor any person or firm which has an interest in the bidder's firm, nor any of the bidder's subcontractors, is ineligible to:

(1) Be awarded contracts by any agency of the United States Government, HUD, or the State in which this contract is to be performed; or,

(2) Participate in HUD programs pursuant to 24 CFR Part 24

(b) The certification in paragraph (a) above is a material representation of fact upon which reliance was placed when making award. If it is later determined that the bidder knowingly rendered an erroneous certification, the contract may be terminated for default, and the bidder may be debarred or suspended from participation in HUD programs and other Federal contract programs.

6. MINIMUM BID ACCEPTANCE PERIOD

(a) "Acceptance period," as used in this provision, means the number of calendar days available to the JCHA/IHA for awarding a contract from the date specified in this solicitation for receipt of bids.

(b) This provision supercedes any language pertaining to the acceptance period that may appear elsewhere in this solicitation.

(c) The JCHA/IHA requires a minimum acceptance period of sixty (60) calendar days.

(d) In the space provided immediately below, bidders may specify a longer acceptance period than the JCHA's/IHA's minimum requirement. The bidder allows the following acceptance period: _____ calendar days.

(e) A bid allowing less than the JCHA's/IHA's minimum acceptance period will be rejected.

(f) The bidder agrees to execute all that it has undertaken to do, in compliance with its bid, if that bid is accepted in writing within (1) the acceptance period stated in paragraph (c) above or (2) any longer acceptance period stated in paragraph (d) above.

7. SMALL, MINORITY, WOMEN-OWNED BUSINESS CONCERN REPRESENTATION

The bidder represents and certifies as part of its bid offer that it--

(a) ☒ is, ☐ is not a small business concern. "Small business concern," as used in this provision, means a concerning, including its affiliates, that is independently owned and operated, not dominant in the field of operation in which it is bidding, and qualified as a small business under the criteria and size standards in 13 CFR 121.

(b) ☐ is, ☒ is not a women-owned business enterprise. "Women owned business enterprise," as used in this provision, means a business that is at least 51 percent owned by a women or women who are U.S. citizens and who also control and operate the business.

(c) ☒ is, ☐ is not a minority business enterprise. "Minority business enterprise," as used in this provision, means a business which is at least 51 percent owned or controlled by one or more minority group members or, in the case of a publicly owned business, at least 51 percent of its voting stock is owned by one or more minority group members, and whose management and daily operations are controlled by one or more such individuals. For the purpose of this definition, minority group members are:

(Check the box applicable to you):

<input type="checkbox"/> Eskimo	<input type="checkbox"/> Aleuts
<input checked="" type="checkbox"/> Black Americans	<input type="checkbox"/> Asian Pacific Americans
<input type="checkbox"/> Hispanic Americans	<input type="checkbox"/> Asian Indian Americans
<input type="checkbox"/> Native Americans	<input type="checkbox"/> Hasidic Jewish Americans

8. ~~INDIAN-OWNED ECONOMIC ENTERPRISE AND INDIAN ORGANIZATION REPRESENTATION~~ (applicable only if this solicitation is for a contract to be performed on a project for an Indian Housing Authority)

The bidder represents and certifies that it:

(a) ☐ is, ☒ is not an Indian-owned economic enterprise. "Economic enterprise," as used in this provision, means any commercial, industrial, or business activity established or organized for the purpose of profit, which is at least 51 percent Indian-owned. "Indian," as used in this provision, means any person who is a member of any tribe, band, group, pueblo, or community which is recognized by the Federal Government as eligible for services from the Bureau of Indian Affairs and any "Native," as defined in the Alaska Native Claims Settlement Act.

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(b) ☐ is, ☐ is not an Indian organization. "Indian organization," as used in this provision, means the governing body of any Indian tribe or entity established or recognized by such governing body. Indian "tribe" means any Indian tribe, band, group, pueblo, or community including Native villages and Native groups (including corporations organized by Kenai, Juneau, Sitka and Kodiak) as defined in the Alaska Native Claims Settlement Act, which is recognized by the Federal Government as eligible for services from the Bureau of Indian Affairs.

9. CERTIFICATION OF ELIGIBILITY UNDER THE DAVIS-BACON ACT (applicable to construction contracts exceeding \$2,000)

(a) By submission of this bid, the bidder certifies that neither it nor any person or firm who has an interest in the bidder's firm is a person or firm ineligible to be awarded contracts by the United States Government by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).

(b) No part of the contract resulting from this solicitation shall be subcontracted to any person or firm ineligible to be awarded contracts by the United States Government by virtue of section 3(a) of the Davis-Bacon Act or 29 CFR 5.12(a)(1).

(c) The penalty for making false statements is prescribed in the U.S. Criminal Code, 18 U.S.C. 1001.

10. CERTIFICATION OF NON-SEGREGATED FACILITIES (applicable to contracts exceeding \$10,000)

(a) The bidder's attention is called to the clause entitled Equal Employment Opportunity of the General Conditions of the Contract for Construction.

(b) "Segregated facilities," as used in this provision, means any waiting rooms, work areas, rest rooms and wash rooms, restaurants and other eating areas, time clocks, locker rooms and other storage or dressing areas, parking lots, drinking fountains, recreation or entertainment areas, transportation, and housing facilities provided for employees, that are segregated by explicit directive or are in fact segregated on the basis of race, color, religion, or national origin because of habit, local custom, or otherwise.

(c) By the submission of this bid, the bidder certifies that it does not and will not maintain or provide for its employees any segregated facilities at any of its establishments, and that it does not and will not permit its employees to perform their services at any location under its control where segregated facilities are maintained. The bidder agrees that a breach of this certification is a violation of the Equal Employment Opportunity clause in the contract.

(d) The bidder further agrees that (except where it has obtained identical certifications from proposed subcontractors for specific time periods) prior to entering into subcontracts which exceed \$10,000 and are not exempt from the requirements of the Equal Employment Opportunity clause, it will--

(1) Obtain identical certifications from the proposed subcontractors;

(2) Retain the certifications in its files; and

(3) Forward the following notice to the proposed subcontractors (except if the proposed subcontractors have submitted identical certifications for specific time periods):

NOTICE TO PROSPECTIVE SUBCONTRACTORS OF REQUIREMENTS FOR CERTIFICATIONS OF NON-SEGREGATED FACILITIES

A Certification of Non-segregated Facilities must be submitted before the award of a subcontract exceeding \$10,000 which is not exempt from the provisions of the Equal Employment Opportunity clause of the prime contract. The certification may be submitted either for each subcontract or for all subcontracts during a period (i.e., quarterly, semiannually, or annually).

Note: The penalty for making false statements in bids is prescribed in 18 U.S.C. 1001

11. CLEAN AIR AND WATER CERTIFICATION (applicable to contracts exceeding \$100,000)

The bidder certifies that:

(a) Any facility to be used in the performance of this contract ☐ is, ☒ is not listed on the Environmental Protection Agency List of Violating Facilities;

(b) The bidder will immediately notify the JCHA/IHA Contracting Officer, before award, of the receipt of any communication from the Administrator, or a designee, of the Environmental Protection Agency, indicating that any facility that the bidder proposes to use for the performance of the contract is under consideration to be listed on the EPA List of Violating Facilities; and

(c) The bidder will include a certification substantially the same as this certification, including this paragraph (c), in every nonexempt subcontract.

12. PREVIOUS PARTICIPATION CERTIFICATE (applicable to construction and equipment contracts exceeding \$50,000)

(a) The bidder shall complete and submit with his/her bid the Form HUD-2530, "Previous Participation Certificate." If the successful bidder does not submit the certificate with his/her bid, he/she must submit it within three (3) working days of bid opening. Failure to submit the certificate by that date may render the bid nonresponsive. No contract award will be made without a properly executed certificate.

(b) A fully executed "Previous Participation Certificate" ☐ is, ☒ is not included with the bid.

13. BIDDER'S SIGNATURE

The bidder hereby certifies that the information contained in these certifications and representations is accurate, complete, and current.

Chingela
(Signature and Date)

Chingela Oregbona
(Typed or Printed Name)

Vice President
(Title)

Apex Development, Inc.
(Company Name)

Previous Participation Certification

OMB Approval No. 2502-0118
(Exp. 11/30/2022)

U.S. Department of Housing and Urban Development
Office of Housing/Federal Housing Commissioner

U.S. Department of Agriculture
Farmers Home Administration

Part I to be completed by Controlling Participant(s) of Covered Projects (See instructions)		For HUD HQ/FmHA use only	
Reason for submission:		2. Project Name, Project Number, City and Zip Code	
1. Agency name and City where the application is filed N/A		5. Section of Act	
3. Loan or Contract amount \$	4. Number of Units or Beds	6. Type of Project (check one) <input type="checkbox"/> Existing <input type="checkbox"/> Rehabilitation <input type="checkbox"/> Proposed (New)	
7. List all proposed Controlling Participants and attach complete organization chart for all organizations showing ownership %		8. Role of Each Principal in Project	
Name and address (Last, First, Middle Initial) of controlling participant(s) proposing to participate Sylvester Dreegkman Chingela Dreegkman		9. SSN or IRS Employer Number (TIN)	
		Vice president	

Certifications: The controlling participant(s) listed above hereby apply to HUD or USDA FmHA, as the case may be, for approval to participate as controlling participant(s) in the role(s) and project listed above. The controlling participant(s) certify that the information provided on this form and in any accompanying documentation is true and accurate. I/we acknowledge that making, presenting, or submitting a false, fictitious, or fraudulent statement, representation, or certification may result in criminal, civil, and/or administrative sanctions, including fines, penalties, and imprisonment. The controlling participant(s) further certify to the truth and accuracy of the following:

- Schedule A contains a listing, for the last ten years, of every project assisted or insured by HUD, USDA FmHA and/or State and local government housing finance agencies in which the controlling participant(s) have participated or are now participating.
- For the period beginning 10 years prior to the date of this certification, and except as shown on the certification:
 - No mortgage on a project listed has ever been in default, assigned to the Government or foreclosed, nor has it received mortgage relief from the mortgagee;
 - The controlling participants have no defaults or noncompliance under any Conventional Contract or Turnkey Contract of Sale in connection with a public housing project;
 - There are no known unresolved findings as a result of HUD audits, management reviews or other Governmental investigations concerning the controlling participants or their projects;
 - There has not been a suspension or termination of payments under any HUD assistance contract due to the controlling participant's fault or negligence;
 - The controlling participants have not been convicted of a felony and are not presently the subject of a complaint or indictment charging a felony. (A felony is defined as any offense punishable by imprisonment for a term exceeding one year, but does not include any offense classified as a misdemeanor under the laws of a State and punishable by imprisonment of two years or less);
 - The controlling participants have not been suspended, debarred or otherwise restricted by any Department or Agency of the Federal Government or of a State Government from doing business with such Department or Agency;
 - The controlling participants have not defaulted on an obligation covered by a surety or performance bond and have not been the subject of a claim under an employee fidelity bond.
- All the names of the controlling participants who propose to participate in this project are listed above.
- None of the controlling participants is a HUD/FmHA employee or a member of a HUD/FmHA employee's immediate household as defined in Standards of Ethical Conduct for Employees of the Executive Branch in 5 C.F.R. Part 2635 (57 FR 35006) and HUD's Standard of Conduct in 24 C.F.R. Part O and USDA's Standard of Conduct in 7 C.F.R. Part O Subpart B.
- None of the controlling participants is a participant in an assisted or insured project as of this date on which construction has stopped for a period in excess of 20 days or which has been substantially completed for more than 90 days and documents for closing, including final cost certification, have not been filed with HUD or FmHA.
- None of the controlling participants have been found by HUD or FmHA to be in noncompliance with any applicable fair housing and civil rights requirements in 24 CFR 5.105(a). (If any controlling participants have been found to be in noncompliance with any requirements, attach a signed statement explaining the relevant facts, circumstances, and resolution, if any).
- None of the controlling participants is a Member of Congress or a Resident Commissioner nor otherwise prohibited or limited by law from contracting with the Government of the United States of America.
- Statements above (if any) to which the controlling participant(s) cannot certify have been deleted by striking through the words with a pen, and the controlling participant(s) have initialed each deletion (if any) and have attached a true and accurate signed statement (if applicable) to explain the facts and circumstances.

Name of Controlling Participant Sylvester Dreegkman	Signature of Controlling Participant Chingela	Certification Date (mm/dd/yyyy) 4/18/20	Area Code and Telephone No. 973-350-0101
This form prepared by (print name)		Area Code and Telephone No.	

Previous Participation Certification

OMB Approval No. 2502-0118
(Exp. 11/30/2022)

Schedule A: List of Previous Projects and Section 8 Contracts. Below is a complete list of the controlling participants' previous participation projects and participation history in covered projects as per 24 CFR, part 200 §200.214 and multifamily Housing programs of FmHA, State and local Housing Finance Agencies, if applicable. **Note:** Read and follow the instruction sheet carefully. Make full disclosure. Add extra sheets if you need more space. Double check for accuracy. If no previous projects, write by your name, **"No previous participation, First Experience."**

1. Controlling participant's Name (Last, First)	2. List of previous projects (Project name, project ID and, Gov't agency involved)	3. List Participants' Role(s) (Indicate dates participated, and if fee or identity of interest participant)	4. Status of Loan (current, defaulted, assigned, foreclosed)	5. Was the Project ever in default during your participation?		6. Last MOR rating and Physical Insp. Score and date
				Yes	No If 'Yes', explain	

Part II -- For HUD Internal Processing Only			
Received and checked by me for accuracy and completeness; recommend approval or refer to Headquarters after checking appropriate box:			
Date (mm/dd/yyyy)	Area Code/Telephone Number		
Staff	Processing and Control	<input type="checkbox"/> A. No adverse information; form HUD-2530 approval recommended <input type="checkbox"/> B. Name match in system	<input type="checkbox"/> C. Disclosure or Certification problem <input type="checkbox"/> D. Other (attach memorandum)
Supervisor of authorized reviewer	Signature of authorized reviewer	Approved <input type="checkbox"/> Yes	Date (mm/dd/yyyy) <input type="checkbox"/> No

Instructions for Completing the Previous Participation Certificate, form HUD-2530

Carefully read these instructions and the applicable regulations. A copy of the regulations published at 24 C.F.R. part 200, subpart H, § 200.210-200.222 can be obtained on-line at www.gpo.gov and from the Account Executive at any HUD Office. Type or print neatly in ink when filling out this form. Incomplete form will be returned to the applicant.

Attach extra sheets as you need them. Be sure to indicate "Continued on Attachments" wherever appropriate. Sign each additional page that you attach if it refers to you or your record. **Carefully read the certification before you sign it.** Any questions regarding the form or how to complete it can be answered by your HUD Account Executive.

Purpose: This form provides HUD/USDA FmHA with a certified report of all previous participation in relevant HUD/USDA programs by those parties submitting the application. The information requested in this form is used by HUD/USDA to determine if you meet the standards established to ensure that all controlling participants in HUD/USDA projects will honor their legal, financial and contractual obligations and are of acceptable risks from the underwriting standpoint of an insurer, lender or governmental agency. HUD requires that you certify and submit your record of previous participation, in relevant projects, by completing and signing this form, before your participation can be approved.

HUD approval of your certification is a necessary precondition for your participation in the project and in the capacity that you propose. If you do not file this certification, do not furnish the information requested accurately, or do not meet established standards, HUD will not approve your certification.

Note that approval of your certification does not obligate HUD to approve your project application, and it does not satisfy all other HUD program requirements relative to your qualifications.

Who Must Sign and File Form HUD-2530: Form HUD-2530 must be completed and signed by all Controlling Participants of Covered Projects, as such terms are defined in 24 CFR part 200 §200.212, and as further clarified by the Processing Guide (HUD notice H 2016-15) referenced in 24 CFR §200.210(b) and available on the HUD website at: http://portal.hud.gov/hudportal/HUD?src=/program_offices/housing/mfh/prevparticipation.

Where and When Form HUD-2530 Must Be Filed: The original of this form must be submitted to the HUD Office where your project application will be processed at the same time you file your initial project application. This form must be filed with applications for projects listed in 24 CFR §200.214 and for the Triggering Events listed at 24 CFR §200.218.

Review of Adverse Determination: If approval of your participation in a HUD project is denied, withheld, or conditionally granted on the basis of your record of previous participation, you will be notified by the HUD Office. You may request reconsideration in accordance with 24 CFR §200.222 and further clarified by the Processing Guide. Request must be made in writing within 30 days from your receipt of the notice of determination.

The Department of Housing and Urban Development (HUD) is authorized to collect this information by law 42 U.S.C. 3535(d) and by regulation at 24 CFR 200.210. This information is needed so that principals applying to participate in multifamily programs can become HUD-approved controlling participants. The information you provide will enable HUD to evaluate your record with respect to established standards of performance, responsibility and eligibility. Without prior approval, a controlling participant may not participate in a proposed or existing multifamily or healthcare project. HUD uses this information to evaluate whether or not controlling participants pose an unsatisfactory underwriting risk. The information is used to evaluate the potential controlling participants and approve only individuals and organizations that will honor their legal, financial and contractual obligations.

Privacy Act Statement: The Housing and Community Development Act of 1987, 42 U.S.C. 3543 requires persons applying for a Federally-insured or guaranteed loan to furnish his/her Social Security Number (SSN). HUD must have your SSN for identification of your records. HUD may use your SSN for automated processing of your records and to make requests for information about you and your previous records with other public agencies and private sector sources. HUD may disclose certain information to Federal, State and local agencies when relevant to civil, criminal, or regulatory investigations and prosecutions. It will not be otherwise disclosed or released outside of HUD, except as required and permitted by law. You must provide all of the information requested in this application, including your SSN.

Public reporting burden for this collection of information is estimated to average three hour per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. This agency may not collect this information, and you are not required to complete this form, unless it displays a currently valid OMB control number.

A response is mandatory. Failure to provide any of the information will result in your disapproval of participation in this HUD program.



STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY

33 WEST STATE STREET, P.O. BOX 230
TRENTON, NEW JERSEY 08625-0230

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

BID SOLICITATION #:

VENDOR/BIDDER:

Apex Development, Inc.

PART 1

CERTIFICATION

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES

FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

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

CHECK THE APPROPRIATE BOX

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

OR

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

PART 2

PLEASE PROVIDE ADDITIONAL INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

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

ENTITY NAME:

RELATIONSHIP TO VENDOR/BIDDER:

DESCRIPTION OF ACTIVITIES:

DURATION OF ENGAGEMENT:

ANTICIPATED CESSATION DATE:

VENDOR/BIDDER CONTACT NAME:

VENDOR/BIDDER CONTACT PHONE No.:

Attach Additional Sheets If Necessary.

N/A

CERTIFICATION

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

Signature

Print Name and Title

Chingely Pragasman V.P.

Date

4-19-22

6. In addition, in accordance with the **Instructions to Bidders** article on **Qualifications and Listing of Subcontractors**, the following subcontractors are to be used on this contract in the **four (4)** areas of work noted below (*Note: contractor is required to submit license for each field of expertise checked below*):
- If the scope of work does not involve any of the trades below mark "**NONE**" in each of the appropriate spaces.
 - If the scope of work does involve the trades below but will be done in-house by qualified licensed employees on the contractor's payroll mark "**IN-HOUSE**" in each of the appropriate spaces.

CERTIFICATION

(DO NOT LEAVE ANY SPACE BLANK)

- (a) **Plumbing and Gas fitting of all kindred work:**

Name: FRED B VAN
Address: 490 N 13th Street
Newark, NJ 07107

In - House

Use of "In-House" plumber requires the "In-House" plumber own 10% or more of the stock or capital of the company submitting the Bid. See **Instructions to Bidders** article on **Qualification and Listing of Subcontractors**.

- (b) **Steam and hot water heating and ventilating apparatus and all kindred work:**

Name: _____
Address: _____

- (c) **Electrical Work:**

Name: _____
Address: _____

- (d) **Structural Steel and Ornamental Iron Work:**

Name: _____
Address: _____

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

DATE: 4/18/22, _____

Apex Development Inc
(Name of Bidder)

OFFICIAL ADDRESS:

358 Broadway
Newark, NJ 07104

By: Chingela Onegbunan
(Printed Name)

Chingela
(Signature)

Title: Vice President

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

THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers

HAS LICENSED

FRED B. VAN
496 N. 15th St
Newark NJ 07107

FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

05/14/2021 TO 05/13/2023
VALID

Signature of Licensee/Registration Certificate Holder

36B100967800
LICENSE/REGISTRATION CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Exam. of Master Plumbers
HAS LICENSED
FRED B. VAN
Master Plumber

05/14/2021 TO 05/13/2023
VALID

36B100967800
License/Registration Certificate #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Exam. of Master Plumbers
P.O. Box 45000
Newark, NJ 07101

PLEASE DETACH HERE

6. In addition, in accordance with the Instructions to Bidders article on Qualifications and Listing of Subcontractors, the following subcontractors are to be used on this contract in the **four (4)** areas of work noted below (*Note: contractor is required to submit license for each field of expertise checked below*):
- If the scope of work does not involve any of the trades below mark "NONE" in each of the appropriate spaces.
 - If the scope of work does involve the trades below but will be done in-house by qualified licensed employees on the contractor's payroll mark "IN-HOUSE" in each of the appropriate spaces.

CERTIFICATION

(DO NOT LEAVE ANY SPACE BLANK)

- (a) Plumbing and Gas fitting of all kindred work:

Name: _____

Address: _____

Use of "In-House" plumber requires the "In-House" plumber own 10% or more of the stock or capital of the company submitting the Bid. See Instructions to Bidders article on Qualification and Listing of Subcontractors.

- (b) Steam and hot water heating and ventilating apparatus and all kindred work:

Name: _____

Address: _____

- (c) Electrical Work:

Name: _____

Address: _____

John H. Crooms In-House
49 Rhode Island Avenue
East Orange, New Jersey 0701-2715

- (d) Structural Steel and Ornamental Iron Work:

Name: _____

Address: _____

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

DATE: 4/18/22, _____

Apex Development Inc
(Name of Bidder)

OFFICIAL ADDRESS: _____

By: Chingela Oraegbun
(Printed Name)

Chingela
(Signature)

Title: Vice president

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

JOHN H. CROOKS
49 RHODE ISLAND AVE
East Orange, NJ 0701-2715

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Contractor

03/20/2021 TO 03/31/2024
VALID


Signature of Licensee/Registrant/Certificate Holder

34E100790700
LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR

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


THIS IS TO CERTIFY THAT THE
Board of Examiners of Electrical Contractors

HAS LICENSED

D C EL CONTRS
JOHN H CROOKS
49 RHODE ISLAND AVE
EAST ORANGE NJ 07018-2715

FOR PRACTICE IN NEW JERSEY AS A(N): Electrical Business Permit

03/20/2021 TO 03/31/2024
VALID


Signature of Licensee/Registrant/Certificate Holder

34EB00790700
LICENSE/REGISTRATION/CERTIFICATION #


ACTING DIRECTOR

6. In addition, in accordance with the **Instructions to Bidders** article on **Qualifications and Listing of Subcontractors**, the following subcontractors are to be used on this contract in the **four (4)** areas of work noted below (*Note: contractor is required to submit license for each field of expertise checked below*):
- If the scope of work does not involve any of the trades below mark "**NONE**" in each of the appropriate spaces.
 - If the scope of work does involve the trades below but will be done in-house by qualified licensed employees on the contractor's payroll mark "**IN-HOUSE**" in each of the appropriate spaces.

CERTIFICATION

(DO NOT LEAVE ANY SPACE BLANK)

- (a) **Plumbing and Gas fitting of all kindred work:**

Name: _____

Address: _____

Use of "In-House" plumber requires the "In-House" plumber own 10% or more of the stock or capital of the company submitting the Bid. See Instructions to Bidders article on **Qualification and Listing of Subcontractors**.

- (b) **Steam and hot water heating and ventilating apparatus and all kindred work:**

Name: Ussiel R. Casey

Address: 357 Lincoln Avenue Le
Orange 07050

- (c) **Electrical Work:**

Name: _____

Address: _____

- (d) **Structural Steel and Ornamental Iron Work:**

Name: _____

Address: _____

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

DATE: 4/18/22

Apex Development Inc
(Name of Bidder)

OFFICIAL ADDRESS:

358 Broadway
Newark, NJ 07104

By: CHINYELU BRARGBUNAM
(Printed Name)

Chinyelu
(Signature)
Title: Vice President

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

THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors

HAS LICENSED

Ussief R. Casey
357 Lincoln ave 1a
Orange NJ 07050

FOR PRACTICE IN NEW JERSEY AS A(N): Master HVACR Contractor

06/21/2020 TO 06/30/2022
VALID

Signature of Licensee/Registrant/Certificate Holder

19HC00156200
LICENSE/REGISTRATION/CERTIFICATION #

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Board of Examiners of HVACR Contractors
HAS LICENSED
Ussief R. Casey
Master HVACR Contractor

06/21/2020 TO 06/30/2022
VALID

19HC00156200
License/Registration/Certificate #

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Board of Examiners of HVACR Contractors
P.O. Box 47031
Newark, NJ 07101

PLEASE DETACH HERE

Certificate Number
723406

Registration Date: 03/04/2021
Expiration Date: 03/03/2023



State of New Jersey

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

Public Works Contractor Registration Act

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

Responsible Representative(s):

Santosh Salvi, Director

Salvi Steel Fabricators LLC
2021

Handwritten signature of Robert Asaro-Angelo in black ink.

Robert Asaro-Angelo, 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
DIVISION OF TAXATION
SALES TAX COLLECTION SCHEDULE
RATE 6.625% EFFECTIVE JANUARY 1, 2018

Amount of Sale	Tax to be Collected	Amount of Sale	Tax to be Collected
\$0.01 to \$0.07	None	\$5.82 to \$5.96	.39
0.08 to 0.22	\$0.01	5.97 to 6.11	.40
0.23 to 0.37	.02	6.12 to 6.26	.41
0.38 to 0.52	.03	6.27 to 6.41	.42
0.53 to 0.67	.04	6.42 to 6.56	.43
0.68 to 0.83	.05	6.57 to 6.71	.44
0.84 to 0.98	.06	6.72 to 6.86	.45
0.99 to 1.13	.07	6.87 to 7.01	.46
1.14 to 1.28	.08	7.02 to 7.16	.47
1.29 to 1.43	.09	7.17 to 7.32	.48
1.44 to 1.58	.10	7.33 to 7.47	.49
1.59 to 1.73	.11	7.48 to 7.62	.50
1.74 to 1.88	.12	7.63 to 7.77	.51
1.89 to 2.03	.13	7.78 to 7.92	.52
2.04 to 2.18	.14	7.93 to 8.07	.53
2.19 to 2.33	.15	8.08 to 8.22	.54
2.34 to 2.49	.16	8.23 to 8.37	.55
2.50 to 2.64	.17	8.38 to 8.52	.56
2.65 to 2.79	.18	8.53 to 8.67	.57
2.80 to 2.94	.19	8.68 to 8.83	.58
2.95 to 3.09	.20	8.84 to 8.98	.59
3.10 to 3.24	.21	8.99 to 9.13	.60
3.25 to 3.39	.22	9.14 to 9.28	.61
3.40 to 3.54	.23	9.29 to 9.43	.62
3.55 to 3.69	.24	9.44 to 9.58	.63
3.70 to 3.84	.25	9.59 to 9.73	.64
3.85 to 3.99	.26	9.74 to 9.88	.65
4.00 to 4.15	.27	9.89 to 10.00	.66
4.16 to 4.30	.28	Over \$10	.85+
4.31 to 4.45	.29	Over \$20	1.33+
4.46 to 4.60	.30	Over \$30	1.99+
4.61 to 4.75	.31	Over \$40	2.65+
4.76 to 4.90	.32	Over \$50	3.31+
4.91 to 5.05	.33	Over \$60	3.98+
5.06 to 5.20	.34	Over \$70	4.64+
5.21 to 5.35	.35	Over \$80	5.30+
5.36 to 5.50	.36	Over \$90	5.96+
5.51 to 5.65	.37	Over \$100	6.63+
5.67 to 5.81	.38	Over \$200	13.25+

* On amounts above \$10, the tax shall be \$0.6625 on each full dollar of the amount of sale, plus the tax on each part of a dollar in excess of a full dollar in accordance with the above formula.
 ST-75 (1-18)

NOTICE: The enclosed N.J. State Sales Tax Certificate of Authority (CA-1) is a permit to:

- Collect N.J. State Sales Tax
- Issue N.J. Resale Certificates (ST-3)
- Issue N.J. Exempt Use Certificates (ST-4)

The Resale and Exempt Use Certificates can be found at: <http://www.nj.gov/treasury/taxation/prmtsale.shtml>
 You must have a valid N.J. Sales Tax Certificate to collect Sales Tax or issue certificates.

If you are not subject to collect N.J. Sales Tax but need to issue Resale or Exempt Use Certificates, you can request to be placed on a "Non-reporting Basis." To be placed on a "Non-reporting Basis" you must complete Form ST-6205. This form can be obtained by downloading it at:
http://www.nj.gov/treasury/taxation/pdf/other_forms/sales/c6205st.pdf or by calling (609) 292-9292.

This Certificate of Authority (CA-1) must be displayed at your place of business.

STATE OF NEW JERSEY
Certificate of Authority

DIVISION OF TAXATION
 TRENTON, NJ 08695

The person, partnership or corporation named below is hereby authorized to collect:

NEW JERSEY SALES AND USE TAX

pursuant to **N.J.S.A. 54:32B-1 ET SEQ.**

This authorization is good **ONLY** for the named person at the location specified herein.
 This authorization is null and void if there is any change in ownership or address.

John J. Ficars
 Acting Director, Division of Taxation

SALVI STEEL FABRICATORS LLC
 161 LAKESHORE DR
 P.O BOX 520
 OAKLAND, NJ
 07436

Tax Registration No: XXX-XXX-219/000

Tax Effective Date: 11/15/2018

Document Locator No: N0000237973

Date Issued: 11/14/2018

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

SALVI STEEL FABRICATORS, LLC
161 LAKESHORE DR
OAKLAND, NJ 07436



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION
33 WEST STATE STREET - P.O. BOX 034
TRENTON, NEW JERSEY 08625-0034



NOTICE OF CLASSIFICATION

In accordance with N.J.S.A. 18A:18A-27 et seq (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department (s) as previously noted.

Aggregate Amount	Trade(s) & License(s)	Effective Date	Expiration Date
\$8,000,000	C029 -STRUCTURAL STEEL & ORNAMENTAL IRON	02/09/2021	07/28/2022

- Licenses associated with certain trades are on file with the Division of Property Management & Construction (DPMC).
- Current license information must be verified prior to bid award.
- A copy of the DPMC 701 Form (Total Amount of Uncompleted Projects) may be accessed from the DPMC website at http://www.state.nj.us/treasury/dpmc/Assets/Files/dpmc-27_03_07.pdf.

ANY ATTEMPT BY A CONTRACTOR TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS FORM MAY RESULT IN PROSECUTION AND/OR DEBARMENT, SUSPENSION OR DISQUALIFICATION. INFORMATION ON AGGREGATE AMOUNTS CAN BE VERIFIED ON THE DPMC WEB SITE.

11/15/18

Taxpayer Identification# 831-109-219/000

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:

SALVI STEEL FABRICATORS LLC

ADDRESS:

161 LAKESHORE DR P.O BOX 520
OAKLAND NJ 07436

EFFECTIVE DATE:

11/15/18

TRADE NAME:

SEQUENCE NUMBER:

2286213

ISSUANCE DATE:

11/15/18



Director
New Jersey Division of Revenue

FORM-BRC

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



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: SALVI STEEL FABRICATORS LLC

Trade Name:

Address: 161 LAKESHORE DR P.O BOX 520
OAKLAND, NJ 07436

Certificate Number: 2286213

Effective Date: November 15, 2018

Date of Issuance: July 26, 2019

For Office Use Only:

20190726165256566



State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION
33 W. STATE STREET
PO BOX 034
TRENTON, NEW JERSEY 08625-0034

REPLY TO:
TEL: (609) 943-3400
FAX: (609) 292-7651

**TOTAL AMOUNT OF
UNCOMPLETED CONTRACTS**

(This form is to be used with the NOTICE OF CLASSIFICATION when submitting bids to the Department of Education.)

I Certify that the amount of uncompleted work on contracts is \$ 4,100,000.00

The amount claimed includes uncompleted portions of all currently held contracts from all sources (public and private) in accordance with N.J.A.C. 17:19-2.13.

I further certify that the amount of this bid proposal, including all outstanding incomplete contracts does not exceed my prequalification dollar limit.



Respectfully submitted,

By Salvi Steel Fabricators, LLC.

Name of Firm

Santosh Salvi
Signature

Santosh Salvi

Director of Operations

Title

PO Box 520

Business Address

Oakland, NJ 07436

Sworn to and
subscribed before me
This 7th day of April
20 22

Notary Public

Susan Carletta

SUSAN CARLETTA
NOTARY PUBLIC
STATE OF NEW JERSEY
ID #50119400

MY COMMISSION EXPIRES JAN. 2, 2025

DPMC 701 (3/15)

973-204-0309

Phone

6. In addition, in accordance with the **Instructions to Bidders** article on **Qualifications and Listing of Subcontractors**, the following subcontractors are to be used on this contract in the **four (4)** areas of work noted below (*Note: contractor is required to submit license for each field of expertise checked below*):
- If the scope of work does not involve any of the trades below mark "**NONE**" in each of the appropriate spaces.
 - If the scope of work does involve the trades below but will be done in-house by qualified licensed employees on the contractor's payroll mark "**IN-HOUSE**" in each of the appropriate spaces.

CERTIFICATION

(DO NOT LEAVE ANY SPACE BLANK)

- (a) **Plumbing and Gas fitting of all kindred work:**

Name: _____
Address: _____

Use of "In-House" plumber requires the "In-House" plumber own 10% or more of the stock or capital of the company submitting the Bid. See Instructions to Bidders article on **Qualification and Listing of Subcontractors**.

- (b) **Steam and hot water heating and ventilating apparatus and all kindred work:**

Name: _____
Address: _____

- (c) **Electrical Work:**

Name: _____
Address: _____

- (d) **Structural Steel and Ornamental Iron Work:**

Name: Salvi Steel Fabricators
Address: P.O. Box 520
Oakland, NJ 07436

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

DATE: April 14, 2022

Salvi Steel Fabricators, LLC
(Name of Bidder)

OFFICIAL ADDRESS:

PO Box 520
Oakland, NJ 07436

By: Santosh Salvi
(Printed Name)

(Signature)
(Signature)

Title: Director of Operations



State of New Jersey

PHIL MURPHY
Governor

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE & ENTERPRISE SERVICES
P.O. BOX 026

SHEILA OLIVER
Lt. Governor

TRENTON, NJ 08625-034
PHONE: 609-292-2146 FAX: 609-984-6679

ELIZABETH MAHER MUOIO
State Treasurer

APPROVED

under the
Small Business Set-Aside Act

This certificate acknowledges APEX DEVELOPMENT INCORPORATED as a Category 3 & 5 approved Small Business (SBE) that has met the criteria established by N.J.A.C. 17:13 and/or 17:14..

This registration will remain in effect for three years. Annually the business must submit, not more than 60 days prior to the anniversary of the registration notice, an annual verification statement in which it shall attest that there is no change in the ownership, revenue eligibility or control of that business.

If the business fails to submit the annual verification statement by the anniversary date, the SBE registration will lapse and the business SBE status will be revoked in the New Jersey Selective Assistance Vendor information (NJSAVI) database that lists registered Small businesses. If the business seeks to be registered again, it will have to reapply and complete a new application.



Peter Lowicki
Deputy Director

Issued: 11/16/2021

Certification Number: A0187-91

Expiration: 11/16/2024

The expiration date is contingent on the proper and on-time filing of all Annual Verifications. Please see above for more detail.



PHILIP D. MURPHY

Governor

LOCATION

101 S BROAD ST
TRENTON NJ 08608

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
LEAD HAZARD UNIT

LT. GOVERNOR SHEILA Y. OLIVER

Commissioner

MAILING ADDRESS

101 S BROAD ST
TRENTON NJ 08618

Certificate - Lead Abatement Contractor

RECERTIFIED

This is to certify that the Department of Community Affairs has certified

APEX DEVELOPMENT INC
358 BROADWAY
NEWARK NJ 07104

To act as a Lead Abatement Contractor on the following Projects

Residential
Public Buildings

Cert #: 00565-A
Effective Date: 3/1/2022
Expiration Date: 2/29/2024
Certificate Type: 2 YEAR



KLACERT (Rev. 04/30/2019)

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF PUBLIC SAFETY & OCCUPATIONAL SAFETY & HEALTH
ASBESTOS CONTROL & LICENSING SECTION



Asbestos License

License Number: 01215

THIS LICENSE has been issued in accordance with and is subject to the provisions of the Asbestos Control and Licensing Act,
N.J.S.A. 34:5A - 32 et seq.

Employer: Apex Development Inc

Address: 358 Broadway

Newark, NJ 07104-6001

Responsible Individual: Sylvester Oraegbunam

Type: Type "A" LICENSE to perform any type of asbestos work

This license is VALID ONLY FOR THE EMPLOYER NAMED HEREIN and must be readily available at the work site for inspections by the Commissioners of Labor and Workforce Development and Health & Senior Services and the contracting agency.

Issue Date: 09/30/2018

Expiration Date: 10/01/2022

Commissioner

Certificate Number
693142

Registration Date: 01/17/2022
Expiration Date: 01/16/2024



State of New Jersey

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

Public Works Contractor Registration Act

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

Responsible Representative(s):
Sylvester Oraegbunam, President

Apex Development, Inc.
2022

A handwritten signature in black ink, appearing to read "R. Asaro-Angelo".

Robert Asaro-Angelo, 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.

From: CClass@treas.state.nj.us,
To: apexdevelopmentinc@aol.com,
Subject: Notice of Classification
Date: Wed, Nov 17, 2021 8:12 am

Attachments:

APEX DEVELOPMENT INC
358 BROADWAY
NEWARK, NJ 07104

State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION
33 WEST STATE STREET - P.O. BOX 034
TRENTON, NEW JERSEY 08625-0034

NOTICE OF CLASSIFICATION

In accordance with N.J.S.A. 18A:18A-27 et seq (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department (s) as previously noted.

Aggregate Amount	Trade(s) & License(s)	Effective Date	Expiration Date
\$5,000,000	C092 -ASBESTOS REMOVAL/TREATMENT license #: 01215	12/20/2021	12/19/2023
	C009 -GENERAL CONSTRUCTION/ALTER.& ADDITIONS	12/20/2021	
	C096 -LEAD PAINT ABATEMENT license #: 00565A	12/20/2021	
	C103 -MICROBIAL REMEDIATION	12/20/2021	

- Licenses associated with certain trades are on file with the Division of Property Management & Construction (DPMC).
- Current license information must be verified prior to bid award.
- A copy of the DPMC 701 Form (Total Amount of Uncompleted Projects) may be accessed from the DPMC website at http://www.state.nj.us/treasury/dpmc/Assets/Files/dpmc-27_03_07.pdf.

ANY ATTEMPT BY A CONTRACTOR TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS FORM MAY RESULT IN PROSECUTION AND/OR DEBARMENT, SUSPENSION OR DISQUALIFICATION. INFORMATION ON AGGREGATE AMOUNTS CAN BE VERIFIED ON THE DPMC WEB SITE.

James J. Fruscione

James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, NJ 08646-0252

TAXPAYER NAME:

APEX DEVELOPMENT INCORPORATED

TRADE NAME:

ADDRESS:

658 RUTGERS PL
PARAMUS NJ 07652

SEQUENCE NUMBER:

1760617

EFFECTIVE DATE:

12/19/12

ISSUANCE DATE:

12/19/12

James J. Fruscione

Director
New Jersey Division of Revenue

FORM-BRC

(04-06), D205840V

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

Request for Taxpayer
Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
APEX DEVELOPMENT, INC.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
358 BROADWAY

6 City, state, and ZIP code
NEWARK, NJ 07104

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					
or								
Employer identification number								
4	6	-	1	5	5	3	6	2

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here Signature of U.S. person ▶  Date ▶ 12/19/17

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.
Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

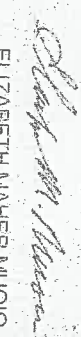
- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Certification 51826

CERTIFICATE OF EMPLOYEE INFORMATION REPORT RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-NOV-2020 to 15-NOV-2027

APEX DEVELOPMENT INC.
358 BROADWAY
NEWARK NJ 07104


ELIZABETH MAHER MUOIO
State Treasurer

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

APEX DEVELOPMENT INCORPORATED
Sylvester Oraegbunan
358 Broadway
Newark NJ 07104

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

01/21/2022 TO 03/31/2023
VALID

13VH07998700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
APEX DEVELOPMENT INCORPORATED
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
01/21/2022 TO 03/31/2023
VALID
SIGNATURE
13VH07998700

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/28/2022

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 an endorsement(s).

PRODUCER NONE P O BOX 5600 HARTFORD, CT 061025600	CONTACT NAME: PHONE (A/C. No. Ext.): FAX (A/C. No. Ext.): E-MAIL ADDRESS:																					
INSURED APEX DEVELOPMENT INC 358 BROADWAY NEWARK, NJ 07104	<table border="1"><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr><tr><td>INSURER A :</td><td>HARTFORD UNDERWRITERS INSURANCE COMPANY</td><td></td></tr><tr><td>INSURER B :</td><td></td><td></td></tr><tr><td>INSURER C :</td><td></td><td></td></tr><tr><td>INSURER D :</td><td></td><td></td></tr><tr><td>INSURER E :</td><td></td><td></td></tr><tr><td>INSURER F :</td><td></td><td></td></tr></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A :	HARTFORD UNDERWRITERS INSURANCE COMPANY		INSURER B :			INSURER C :			INSURER D :			INSURER E :			INSURER F :		
INSURER(S) AFFORDING COVERAGE		NAIC #																				
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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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER						EACH OCCURRENCE	\$
							DAMAGE TO RENTED PREMISES (Ea Occurrence)	\$
							MED EXP (Any one person)	\$
							PERSONAL & ADV INJURY	\$
							GENERAL AGGREGATE	\$
							PRODUCTS - COMP/OP AGG	\$
	AUTOMOBILE LIABILITY ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident)	\$
							BODILY INJURY (Per person)	\$
							BODILY INJURY (Per accident)	\$
							PROPERTY DAMAGE (Per accident)	\$
								\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE	\$
							AGGREGATE	\$
								\$
A	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	UB-1K89549-2-22	02/20/2022	02/20/2023	X PER STATUTE <input type="checkbox"/> OTH -ER	
							E.I. EACH ACCIDENT	\$500000
							E.I. DISEASE- EA EMPLOYEE	\$500000
							E.I. DISEASE - POLICY LIMIT	\$500000
								\$
								\$
								\$

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

CERTIFICATE HOLDER**CANCELLATION**APEX DEVELOPMENT INC
358 BROADWAY
NEWARK, NJ 07104

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2021

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 Allen Freeman 135 Green Street Woodbridge, NJ 07095 INSURED Apex Development Incorporated 358 Broadway Newark, NJ 07104 apexdevelopmentinc@aol.com	732-634-7114 732-634-2583	CONTACT NAME: Allen Freeman PHONE (A/C, No, Ext): 732-634-7114 FAX (A/C, No): 732-634-2583 E-MAIL: awfins8@gmail.com ADDRESS: awfins8@gmail.com
INSURER(S) AFFORDING COVERAGE		NAIC #
INSURER A: Underwriters at Lloyds, London		32727
INSURER B: Underwriters at Lloyds, London		32727
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 INSD	SUBR 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"/> Transportation <input checked="" type="checkbox"/> Non-Owned Disposal Site Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: Asbestos	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ENC 0003851-03	11/22/2021	11/22/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
B	<input type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ENX0005253-02	11/22/2021	11/22/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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 <input type="checkbox"/>	N/A				PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/> E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

PROOF OF COVERAGE*****

For information purposes only*****

CERTIFICATE HOLDER PROOF OF COVERAGE ***** ***** *****	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. AUTHORIZED REPRESENTATIVE
---------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Apex Development, Inc.

358 Broadway
Newark, NJ 07104
TEL: (973) 350-0101 FAX: (973) 350-0123

Job References

Project Owner:	Newark Board of Education
Address:	765 Broad Street Newark, NJ 07102
Phone #:	973-391-4331
Contact Person:	Mr. Benjamin Olagadeyo
Project Type:	Asbestos Abatement
Location:	Various Newark Public Schools
Completion date:	8/2020
Contract amount	\$3 Million

Project Owner:	NYS Office of General Services
Address:	35th Floor Corning Tower, Albany, NY 12242
Phone #:	718-776-4441
Contact Person:	Thomas Wakefield
Project Type:	Lead Mitigation and Asbestos Abatement
Location:	Whitestone Armory, Whitestone, NY
Completion date:	5/2020
Contract amount:	\$1.6 Million

Project Owner:	NYS Office of Genera Services
Address:	35th Floor Corning Tower, Albany, NY 12242
Phone #:	631-601-3834
Contact Person:	Anthony Negron
Project Type:	Crawl Space Asbestos Abatement
Location:	998 Crooked Hill Road, West Brentwood, NY
Completion date:	10/18
Contract amount	\$156,000.00

Project Owner: Valley Stream Central School District
Address: One Kent Road Valley Stream NY
Phone #: 631-549-9800 Ex 23
Contact Person: Garry Gonzalez
Project Type: Crawl Space Asbestos Abatement
Location: Memorial Jr. High School, 320 Fletcher Ave Valley Stream, NY
Completion date: 11/18
Contract amount: \$214,500.00

Project Owner: William Floyd Union Free School District
Address: 240 Mastic Beach Road, Mastic Beach, NY
Phone #: 631-871-2095
Contact Person: Ron Phillipbar
Project Type: Crawl Space Asbestos Abatement
Location: 6 Francis Landau Place Shirley, NY 11967
Completion date: 2/19
Contract amount: \$150,400.00

Project Owner: Stawski Partners
Address: 1212 Avenue of the Americas
Phone #: 212-697-8601
Contact Person: Tony Sela
Project Type: Asbestos Abatement
Location: 579 5th Avenue & 1212 Avenue of the Americas
Completion date: 02/2019
Contract amount: \$200,500.00



State of New Jersey

PHIL MURPHY
Governor

DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE & ENTERPRISE SERVICES
P.O. BOX 026

SHEILA OLIVER
Lt. Governor

TRENTON, NJ 08625-034
PHONE: 609-292-2146 FAX: 609-984-6679

ELIZABETH MAHER MUOIO
State Treasurer

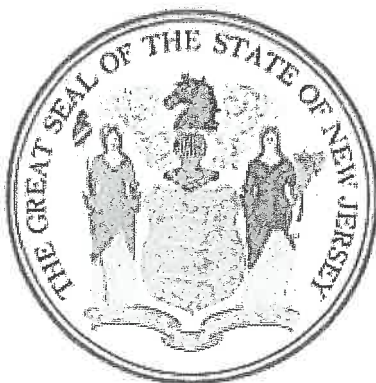
APPROVED

under the
Small Business Set-Aside Act

This certificate acknowledges APEX DEVELOPMENT INCORPORATED as a Category 3 & 5 approved Small Business (SBE) that has met the criteria established by N.J.A.C. 17:13 and/or 17:14..

This registration will remain in effect for three years. Annually the business must submit, not more than 60 days prior to the anniversary of the registration notice, an annual verification statement in which it shall attest that there is no change in the ownership, revenue eligibility or control of that business.

If the business fails to submit the annual verification statement by the anniversary date, the SBE registration will lapse and the business SBE status will be revoked in the New Jersey Selective Assistance Vendor information (NJSAVI) database that lists registered Small businesses. If the business seeks to be registered again, it will have to reapply and complete a new application.



Peter Lowicki
Deputy Director

Issued: 11/16/2021

Certification Number: A0187-91

Expiration: 11/16/2024

The expiration date is contingent on the proper and on-time filing of all Annual Verifications. Please see above for more detail.



PHILIP D. MURPHY

Governor
LOCATION
101 S BROAD ST
TRENTON NJ 08608

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF CODES AND STANDARDS
LEAD HAZARD UNIT

LT. GOVERNOR SHEILA Y. OLIVER

Commissioner
MAILING ADDRESS
101 S BROAD ST
TRENTON NJ 08618

Certificate - Lead Abatement Contractor

RECERTIFIED

This is to certify that the Department of Community Affairs has certified

APEX DEVELOPMENT INC
358 BROADWAY
NEWARK NJ 07104

To act as a Lead Abatement Contractor on the following Projects

Residential
Public Buildings

Cert #: 00565-A
Effective Date: 3/1/2022
Expiration Date: 2/29/2024
Certificate Type: 2 YEAR



KLACERT (Rev 04/30/2019)

STATE OF NEW JERSEY
DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
DIVISION OF PUBLIC SAFETY & OCCUPATIONAL SAFETY & HEALTH
ASBESTOS CONTROL & LICENSING SECTION



Asbestos License

License Number: 01215

THIS LICENSE has been issued in accordance with and is subject to the provisions of the Asbestos Control and Licensing Act,
N.J.S.A. 34:5A - 32 et seq.

Employer: Apex Development Inc

Address: 358 Broadway

Newark, NJ 07104-6001

Responsible Individual: Sylvester Oragbunain

Type: Type "A" LICENSE to perform any type of asbestos work

This license is VALID ONLY FOR THE EMPLOYER NAMED HEREIN and must be readily available at the work site for inspections by the Commissioners of Labor and Workforce Development and Health & Senior Services and the contracting agency.

Issue Date:

09/30/2018

Expiration Date: 10/01/2022

Commissioner

A handwritten signature in dark ink, appearing to read "M. H. Hedges", written over a horizontal line.

Certificate Number
693142

Registration Date: 01/17/2022
Expiration Date: 01/16/2024



State of New Jersey

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

Public Works Contractor Registration Act

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

Responsible Representative(s):
Sylvester Oraegbunam, President

Apex Development, Inc.
2022

A handwritten signature in black ink, appearing to read "R. Asaro-Angelo".

Robert Asaro-Angelo, 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.

From: CClass@treas.state.nj.us,
To: apexdevelopmentinc@aol.com,
Subject: Notice of Classification
Date: Wed, Nov 17, 2021 8:12 am

Attachments:

APEX DEVELOPMENT INC
358 BROADWAY
NEWARK, NJ 07104

State of New Jersey

DEPARTMENT OF THE TREASURY
DIVISION OF PROPERTY MANAGEMENT AND CONSTRUCTION
33 WEST STATE STREET - P.O. BOX 034
TRENTON, NEW JERSEY 08625-0034

NOTICE OF CLASSIFICATION

In accordance with N.J.S.A. 18A:18A-27 et seq (Department of Education) and N.J.S.A. 52:35-1 (Department of the Treasury) and any rules and regulations issued pursuant hereto, you are hereby notified of your classification to do State work for the Department (s) as previously noted.

Aggregate Amount	Trade(s) & License(s)	Effective Date	Expiration Date
\$5,000,000	C092 -ASBESTOS REMOVAL/TREATMENT license #: 01215	12/20/2021	12/19/2023
	C009 -GENERAL CONSTRUCTION/ALTER.& ADDITIONS	12/20/2021	
	C096 -LEAD PAINT ABATEMENT license #: 00565A	12/20/2021	
	C103 -MICROBIAL REMEDIATION	12/20/2021	

- Licenses associated with certain trades are on file with the Division of Property Management & Construction (DPMC).
- Current license information must be verified prior to bid award.
- A copy of the DPMC 701 Form (Total Amount of Uncompleted Projects) may be accessed from the DPMC website at http://www.state.nj.us/treasury/dpmc/Assets/Files/dpmc-27_03_07.pdf.

ANY ATTEMPT BY A CONTRACTOR TO ALTER OR MISREPRESENT ANY INFORMATION CONTAINED IN THIS FORM MAY RESULT IN PROSECUTION AND/OR DEBARMENT, SUSPENSION OR DISQUALIFICATION. INFORMATION ON AGGREGATE AMOUNTS CAN BE VERIFIED ON THE DPMC WEB SITE.

James J. Fruscione

James J. Fruscione
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 252
TRENTON, N.J. 08646-0252

TAXPAYER NAME:

APEX DEVELOPMENT INCORPORATED

TRADE NAME:

ADDRESS:

658 RUTGERS PL
PARAMUS NJ 07652

SEQUENCE NUMBER:

1760617

EFFECTIVE DATE:

12/19/12

ISSUANCE DATE:

12/19/12

James J. Fruscione

Director
New Jersey Division of Revenue

FORM-BRC

(04-08), D205840V

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

Request for Taxpayer Identification Number and Certification

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

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
APEX DEVELOPMENT, INC.

2 Business name/disregarded entity name, if different from above

3 Check appropriate box for federal tax classification; check only **one** of the following seven boxes:
☐ Individual/sole proprietor or single-member LLC
☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate
☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶
Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.
☐ Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
358 BROADWAY

6 City, state, and ZIP code
NEWARK, NJ 07104

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-					

or

Employer identification number								
4	6	-	1	5	5	3	6	2

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); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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 3.

Sign Here	Signature of U.S. person ▶ 	Date ▶ 12/19/17
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General Instructions

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

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

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

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:


- 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, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

Certification 51826

CERTIFICATE OF EMPLOYEE INFORMATION REPORT RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-NOV-2020 to 15-NOV-2027

APEX DEVELOPMENT INC.
358 BROADWAY
NEWARK NJ 07104


ELIZABETH MAHER MUOIO
State Treasurer

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

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

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

APEX DEVELOPMENT INCORPORATED
Sylvester Oraegbunan
358 Broadway
Newark NJ 07104

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

01/21/2022 TO 03/31/2023
VALID

13VH07998700
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
APEX DEVELOPMENT INCORPORATED
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
01/21/2022 TO 03/31/2023
VALID
SIGNATURE

13VH07998700

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
2/28/2022

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 an endorsement(s).

PRODUCER NONE P O BOX 5600 HARTFORD, CT 061025600	CONTACT NAME:	
	PHONE (A/C. No. Ext.):	FAX (A/C. No. Ext.):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	
INSURED APEX DEVELOPMENT INC 358 BROADWAY NEWARK, NJ 07104	INSURER A : HARTFORD UNDERWRITERS 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 INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	<input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea Occurrence) \$
							MED EXP (Any one person) \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						PERSONAL & ADV INJURY \$
	<input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC						GENERAL AGGREGATE \$
	<input type="checkbox"/> OTHER						PRODUCTS - COMP/OP AGG \$
	AUTOMOBILE LIABILITY						
	ANY AUTO						COMBINED SINGLE LIMIT (Ea accident) \$
	OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						PROPERTY DAMAGE (Per accident) \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						
	DED <input type="checkbox"/> RETENTION \$						EACH OCCURRENCE \$
							AGGREGATE \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY	Y/N	N/A	UB-1K89549-2-22	02/20/2022	02/20/2023	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	Y					<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH -ER
	If yes, describe under DESCRIPTION OF OPERATIONS BELOW						E.I. EACH ACCIDENT \$500000
							E.I. DISEASE - EA EMPLOYEE \$500000
							E.I. DISEASE - POLICY LIMIT \$500000
							\$
							\$
							\$

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

CERTIFICATE HOLDER**CANCELLATION**APEX DEVELOPMENT INC
358 BROADWAY
NEWARK, NJ 07104

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
11/02/2021

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 Allen Freeman 135 Green Street Woodbridge, NJ 07095	732-634-7114 732-634-2583	CONTACT NAME: Allen Freeman PHONE (A/C, No, Ext): 732-634-7114 E-MAIL ADDRESS: awfins8@gmail.com	FAX (A/C, No): 732-634-2583
INSURED Apex Development Incorporated 358 Broadway Newark, NJ 07104 apexdevelopmentinc@aol.com		INSURER(S) AFFORDING COVERAGE INSURER A: Underwriters at Lloyds, London 32727 INSURER B: Underwriters at Lloyds, London 32727 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 INSD	SUBR 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"/> Transportation <input checked="" type="checkbox"/> Non-Owned Disposal Site Liab. GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER: Asbestos	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ENC 0003851-03	11/22/2021	11/22/2022	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Pollution \$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	ENX0005253-02	11/22/2021	11/22/2022	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$
	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 <input type="checkbox"/>	N/A				PER STATUTE E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

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

PROOF OF COVERAGE

CERTIFICATE HOLDER

PROOF OF COVERAGE ***** ***** *****	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. AUTHORIZED REPRESENTATIVE
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ACORD 25 (2016/03)

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Apex Development, Inc.

358 Broadway
Newark, NJ 07104
TEL: (973) 350-0101 FAX: (973) 350-0123

Job References

Project Owner:	Newark Board of Education
Address:	765 Broad Street Newark, NJ 07102
Phone #:	973-391-4331
Contact Person:	Mr. Benjamin Olagadeyo
Project Type:	Asbestos Abatement
Location:	Various Newark Public Schools
Completion date:	8/2020
Contract amount	\$3 Million

Project Owner:	NYS Office of General Services
Address:	35 th Floor Corning Tower, Albany, NY 12242
Phone #:	718-776-4441
Contact Person:	Thomas Wakefield
Project Type:	Lead Mitigation and Asbestos Abatement
Location:	Whitestone Armory, Whitestone, NY
Completion date:	5/2020
Contract amount:	\$1.6 Million

Project Owner:	NYS Office of Genera Services
Address:	35 th Floor Corning Tower, Albany, NY 12242
Phone #:	631-601-3834
Contact Person:	Anthony Negron
Project Type:	Crawl Space Asbestos Abatement
Location:	998 Crooked Hill Road, West Brentwood, NY
Completion date:	10/18
Contract amount	\$156,000.00

Project Owner: Valley Stream Central School District
Address: One Kent Road Valley Stream NY
Phone #: 631-549-9800 Ex 23
Contact Person: Garry Gonzalez
Project Type: Crawl Space Asbestos Abatement
Location: Memorial Jr. High School, 320 Fletcher Ave Valley Stream, NY
Completion date: 11/18
Contract amount: \$214,500.00

Project Owner: William Floyd Union Free School District
Address: 240 Mastic Beach Road, Mastic Beach, NY
Phone #: 631-871-2095
Contact Person: Ron Phillipbar
Project Type: Crawl Space Asbestos Abatement
Location: 6 Francis Landau Place Shirley, NY 11967
Completion date: 2/19
Contract amount: \$150,400.00

Project Owner: Stawski Partners
Address: 1212 Avenue of the Americas
Phone #: 212-697-8601
Contact Person: Tony Sela
Project Type: Asbestos Abatement
Location: 579 5th Avenue & 1212 Avenue of the Americas
Completion date: 02/2019
Contract amount: \$200,500.00