



May 28, 2025

Mr. Larry Gindoff, Executive Director  
Morris County Municipal Utilities Authority  
370 Richard Mine Road  
Wharton, NJ 07885

**RE: MCMUA RFP#2025-VW1 Marketing of Vegetative Waste Recyclable Materials**

Dear Mr. Gindoff,

Naturcycle is pleased to offer a response to the Morris County Municipal Utilities Authority (MCMUA) Request for Proposal related to Marketing of Vegetative Waste Recyclable Materials. Our expertise in compost and organics marketing is second to none.

Over the last ten years, Naturcycle has developed a network of contractors, landscapers and other commercial customers who are strong and consistent users of compost in Northern New Jersey and the New York City area. We consistently seek to sell more materials, achieve higher value, and build end uses that will provide increased sales for our partner sites. Naturcycle is currently partnered with nearly a dozen compost producers throughout the Northeast. Naturcycle sells compost directly to landscape supply yards and construction projects while also manufacturing value-added products using compost, including engineered soils and green roof media. Additionally, earlier this year, Naturcycle added a new team member dedicated exclusively to compost sales to drive higher sales volume. Our multi-pronged approach to drive larger sales volume and revenues has a strong track record of success.

We are seeking to continue the strong working relationship we have built with you and your team over the last six years. Compost is a critical tool to protect our environment, reduce our carbon footprint and expand recycling opportunities. Continuing to work with well-operated compost facilities like those at Parsippany and Mount Olive is an important part of the Naturcycle business model. Thank you for the trust and partnership you have provided us already. Our competed proposal is enclosed with required documents and signatures. We look forward to continuing our relationship with the MCMUA and expanding opportunities to work together.

Sincerely,

Charles Duprey, Founder & President



RFP#2025-VW01

MARKETING OF VEGETATIVE  
WASTE RECYCLABLE MATERIALS



Notice is hereby given by the Morris County Municipal Utilities Authority ("MCMUA") that Request for Quotes will be received by the Morris County Municipal Utilities Authority ("MCMUA") on **June 3, 2025 at 11:00 a.m.** prevailing time in the Morris County Municipal Utilities Authority ("MCMUA") office located at 370 Richard Mine Rd. Wharton, NJ 07885 at which time and place the proposals will be opened publicly and read for the following:

**RFP#2025-VW01 MARKETING OF VEGETATIVE WASTE RECYCLABLE MATERIALS**

**Obtaining Proposal Documents:**

- Proposal Documents shall be made available on May 13, 2025
- Morris County Municipal Utilities Authority  
Shana O'Mara, QPA  
[SOmara@co.morris.nj.us](mailto:SOmara@co.morris.nj.us)

**Submission of Bid:**

- In lieu of submitting proposals in person, proposals may be submitted via certified mail or overnight delivery to the following address, provided that they are received by the MCMUA prior to the scheduled bid opening time:  
  
370 Richard Mine Rd.  
Wharton, NJ 07885  
Attn: Shana O'Mara  
Re: Bid #2025-VW01
- The RFP opening at the MCMUA will be conducted in-person and for vendors choosing not to attend in person, remote meeting software will be made available to the public with both video and audio capability. Members of the public are invited to participate in the bid opening either in person or using the provided video and audio-conferencing services. A telephone number with conference call access number to join the RFP opening as well as a web link to join the live bid opening will be posted on the MCMUA's website at <http://mcmua.com> 48 hours prior to the opening.
- All proposals will be scanned and available for viewing within 24 hours of the bid opening on the MCMUA website; [www.MCMUA.com](http://www.MCMUA.com).
- All proposals must be submitted on the proposal forms approved and provided for by the RFP documents in order to be considered.

**Bidder Requirements:**

- Vendors must comply with the requirements of NJSA 10:5-31 et seq., and NJAC 17:27.
- Other requirements as well as those described above are fully detailed in the RFP document.

**Additional Information:**

- Prospective Vendors are cautioned not to rely solely on this RFP Notice in preparing their Proposals, but to read the RFP Documents in their entirety and comply with all RFP requirements set forth therein. Any questions concerning the RFP Documents should be in writing and forwarded to the MCMUA, Attention: Steve Adams – [SAdams@co.morris.nj.us](mailto:SAdams@co.morris.nj.us).
- In the event that a potential vendor obtains the RFP documents in any manner other than as specified herein, the Morris County Municipal Utilities Authority will not have the contact information of the potential vendor for purposes of issuing bid addenda, if any. The non-receipt of any addenda (in the event that any addenda are issued) and the failure of the vendor to acknowledge the receipt of any and all addenda at the time of receipt of proposals shall be considered a material defect in such bidder's submission and said proposal shall be rejected. Therefore, if a potential vendor obtains the proposal documents in any manner other than as specified herein, said vendor shall promptly provide written notice of their contact information to the Morris County Municipal Utilities Authority.

The MCMUA reserves the right, in accordance with applicable law, to reject any and all proposals that substantially or materially deviate from the specifications and other required proposal documents, and further reserves the right to waive immaterial irregularities and informalities in the proposals in accordance with applicable law.

*This procurement has been advertised in accordance with the "Fair and Open" laws and nothing further shall be required under N.J.S.A. 19:44A-20.4.*

Shana O'Mara, QPA  
Purchasing Agent MCMUA

# MORRIS COUNTY MUA

## *Schedule of Events*

### Schedule of Events

Provided below is the tentative schedule of events related to the Request for Proposals and award of the Contract:

- Publication of Legal Notice: Tuesday, May 13, 2025
- Non-Mandatory Site Visit Friday May, 16, 2025
- Questions Submitted Tuesday, May 20, 2025
- Proposals Due: Tuesday, June 3, 2025

### Date and Place of Proposal Opening

There will be a Non-Mandatory Site Visit on Friday, May 16, 2025 at 10:00 am prevailing time at the Parsippany Compost Facility located at 500 West Hanover Ave. Parsippany, NJ 07054, (located behind the Morris County Public Safety Training Academy). An opportunity for proposers to obtain a small sample of the MCMUA's compost and mulch product will be provided. There will not be a question and answer portion to the site visit.

The MCMUA will accept question regarding the RFP in writing no later than close of business on Tuesday, May 20, 2025. All questions maybe submitted to Steve Adams at [SAdams@co.morris.nj.us](mailto:SAdams@co.morris.nj.us)

# MORRIS COUNTY MUA

---

## *Definitions*

Certain terms are used in the Proposal Documents and shall be defined as follows:

Addenda means supplemental written specifications or drawings issued prior to the bid submission date (as such date may be amended), which modify or interpret the Proposal Documents by addition, deletion, clarification or corrections.

Authority, MCMUA or Owner means the Morris County Municipal Utilities Authority, located in the County of Morris, New Jersey

Contract or Agreement means the written agreement executed by and between the successful Vendor and the MCMUA and shall include the Proposal Documents.

Contractor means the successful Vendor who enters into the Contract or Agreement to provide the Goods and services as described herein as an independent contractor.

County refers to the County of Morris, a municipal corporation of the State of New Jersey.

Goods means Marketing of Vegetative Waste.

MCMUA Facilities mean the two vegetative waste recycling facilities owned and operated by the MCMUA. One facility is located in the Township of Parsippany-Troy Hills and the other is in the Township of Mount Olive. These facilities are approved to accept leaves, grass, and brush/tree parts for recycling into a marketable end product.

Price Proposal Forms means those forms that must be used by all Vendors to set forth the price for the Goods and services to be provided under the Contract.

Proposal means all documents, proposal forms, affidavits, certificates, statements required to be submitted by the Vendor.

Proposal Documents means all documents in the Request for Proposal contained herein (including attached appendices, if any) which may be subsequently supplemented, amended or otherwise modified during the procurement process, which documents become a part of the Contract executed by the Authority and the successful Vendor. Included are Notice to Vendors, Information for Vendors and Requirements of the Proposal, Definitions, Contract (Agreement), General Specifications, Price Proposal, Forms, appendices, if any and Addenda, if any.

Proposal Specifications means the directions, provisions and requirements, contained herein.

Vendor means any person, firm or entity which submits a response (i.e. Proposal) to this Request for Proposals and who are collectively referred to as "Vendors".

RFP means request for proposals.



# MORRIS COUNTY MUA

## *Information to Vendors*

### SECTION I - SUBMISSION OF PROPOSALS

- Morris County Municipal Utilities Authority, The County of Morris, New Jersey (hereinafter referred to as "MCMUA" or "OWNER") invites sealed Proposals pursuant to the Legal Notice. Said Notice to Prospective Vendors is to be attached to and is considered as a part of these Information to Vendors.
- Sealed Proposals will be received by the Purchasing Agent or his/her designee of the MCMUA at the time and place stated in the Notice to Prospective Vendors, and at such time and place will publicly open and read aloud all Proposals received.
- A total of one (1) copy of the Proposal shall be submitted at the time of the Proposal opening and marked original.
- It is the Vendor's responsibility to see that the Proposal is presented to the MCMUA on the hour and at the place designated.
- Proposals received after the designated time and date will be returned unopened
- The Proposal form shall be submitted on the prescribed form with appropriate spaces properly filled in and with all required supporting documentation, in a sealed envelope.
- Proposals may be hand delivered or mailed; however, **the MCMUA disclaims any responsibility for Proposals forwarded by regular or overnight mail.**
- All mailed Proposals must be delivered and signed for by the MCMUA Staff ONLY
- The following must be reflected on the face of the envelope the Proposal documents are submitted in:
  1. Addressed to the Morris County Municipal Utilities Authority ("MCMUA")
  2. Bearing the name and address of the Vendor written on the face of the envelope
  3. Clearly marked "PROPOSAL" with the contract title and/or PROPOSAL # being identified
- Prospective Vendors may collaborate with other firms to submit Proposals for the Contract, however, the MCMUA will enter into a Contract with only one (1) entity and that entity shall have full responsibility to conduct the Work, as that term is defined in the Proposal Documents, in accordance with the Proposal Documents and Applicable Laws.
- Proposals shall be signed by (1) principal executive officer in the case of a corporation, (2) general partners in the case of a partnership or three (3) the proprietor in the case of a sole proprietorship. Proposals may be signed by a duly authorized representative of the Vendor if the authorization is established in writing by the person described in (1), (2) or (3) above, as applicable and said authorization specifies a particular individual or a position having responsibility for overall operations of the business of the Vendor.

# MORRIS COUNTY MUA

## *Information to Vendors*

- Proposals containing any conditions, omissions, unexplained erasures or alterations, items not called for in the Proposal form, attachment of additional information not required by the specifications, or irregularities of any kind, may be rejected by the MCMUA. Any changes, whiteouts, strikeouts, etc. on the Proposal page must be initialed in ink by the person responsible for signing the Proposal.
- Each Proposal form must give the full business address of the Vendor and be signed by an authorized representative. Proposals by partnerships must furnish the full name of all partners and must be signed in the partnership name by one of the members of the partnership or by an authorized representative, followed by the signature and designation of the person signing. Proposals by corporations must be signed in the legal name of the corporation, followed by the name of the State in which incorporated and must contain the signature and designation of the president, secretary or other person authorized to bind the corporation in the matter. When requested, satisfactory evidence of the authority of the officer signing shall be furnished.
- Vendor should be aware of the following statutes that represent "Truth in Contracting" laws:
  - N.J.S.A. 2C:21-34, et seq. governs false claims and representations by Prospective Vendors. It is a serious crime for the Vendor to knowingly submit a false claim and/or knowingly make material misrepresentation.
  - N.J.S.A. 2C:27-10 provides that a person commits a crime if said person offers a benefit to a public servant for an official act performed or to be performed by a public servant, which is a violation of official duty.
  - N.J.S.A. 2C:27-11 provides that a Vendor commits a crime if said person, directly or indirectly, confers or agrees to confer any benefit not allowed by law to a public servant.
  - Vendor should consult the statutes or legal counsel for further information.

## **SECTION II - INTERPRETATION AND ADDENDA - PROSPECTIVE VENDORS RESPONSIBILITIES**

- All interpretations, clarifications and any supplemental instructions will be in the form of written addenda to the specifications and will be distributed to all prospective Vendors. All addenda so issued shall become part of the specification and Proposal documents and shall be acknowledged by the Vendor in the Proposal by completing the Acknowledgement of Receipt of Addenda form. The owner's interpretations or corrections thereof shall be final.
- When issuing addenda, the owner shall provide required written notice prior to the official receipt of Proposals to any person who has submitted a Proposal or who has received a Proposal package. They will be sent from [SOmara@co.morris.nj.us](mailto:SOmara@co.morris.nj.us). It is recommended that the Vendor understands and agrees that its Proposal is submitted on the basis of the specifications prepared by the MCMUA. The Vendor accepts the obligation to become familiar with these specifications.
- Prospective Vendors are expected to examine the specifications and related documents with care and observe all their requirements. Ambiguities, errors or omissions noted by Prospective Vendors should be promptly reported in writing to the appropriate MCMUA official. In the event the Vendor fails to notify the MCMUA of such ambiguities, errors or omissions, the Vendor shall be bound by the Proposal.
- No oral interpretation of the meaning of the specifications will be made to any Vendor. Every request for an interpretation shall be in writing, addressed to the MCMUA's representative stipulated in the Proposal. In order to be given consideration, written requests for interpretation must be received at least seven (7) days prior to the date fixed for the opening of the Proposals. Any and all such interpretations and any



# MORRIS COUNTY MUA

## *Information to Vendors*

supplemental instructions will be in the form of written addenda to the specifications, and will be distributed to all Prospective Vendors, in accordance with N.J.S.A. 40A: 11-23. All addenda so issued shall become part of the contract documents and shall be acknowledged by the Vendor in the Proposal. The MCMUA's interpretations or corrections thereof shall be final.

### **SECTION III - PREPARATION OF PROPOSALS**

- The MCMUA is exempt from any local, state or federal sales, use or excise tax. Exemption certificates will be provided when required
- Estimated Quantities (Open-end Contracts)

The MCMUA has attempted to identify the item(s) and the estimated amounts of each item Proposal to cover its requirements; however, past experience shows that the amount ordered may be different than that submitted for the proposal. The right is reserved to decrease or increase the quantities specified in the specifications pursuant to N.J. A.C.5:34-4.9. NO MINIMUM PURCHASE IS IMPLIED OR GUARANTEED.

- Successful Vendor shall be responsible for obtaining any applicable permits or licenses from any government entity that has jurisdiction to require the same. All Proposals submitted shall include this cost in the Proposal price agreement, unless stated specifically otherwise in the Technical Specifications.

### **SECTION IV - PROPOSAL OPENING / ANALYSIS & EQUIPMENT**

- Acceptance of Proposals

The MCMUA reserves the right to waive any immaterial defect or informality in any Proposal and reserves the right to accept that Proposal or portion thereof which, in its judgment is in the best interest of the MCMUA. The MCMUA also reserves the right to reject any or all Proposals. Any Proposal received after the time and date specified shall not be considered.

- Proposal Opening

No Proposal may be withdrawn after the specified opening time and date. Once opened, all Proposals become the property of the MCMUA, and will not be returned to the Prospective Vendors.

The MCMUA may award the work which is most advantageous to the MCMUA based on Price and Other Factors; Technical, Managerial and Cost. Weighed criteria will be announced at the Request for Proposal opening.

As per N.J.A.C. et. seq., the rating report will be made available at a minimum of 48 hours prior to action by the governing body in any future award for this service.

- Contract Award

Should the MCMUA decide to award the contract, it shall notify the successful Vendor(s) in writing within sixty (60) days of receipt of Proposals. Should a successful Vendor(s) fail or refuse to execute and deliver such contract, certificates of insurance, required stated documentation and bonds within ten (10) days

# MORRIS COUNTY MUA

---

## *Information to Vendors*

after receipt of Notice of Award, or within such other time period as specified in the technical specifications, the MCMUA may revoke the acceptance of his Proposal and the Vendor(s) shall become liable for any difference in the Proposal awarded and the amount of the contract which the MCMUA may be obliged to award to another because of the refusal or omission of a successful Vendor(s) to execute and deliver the contract and bonds aforementioned, together with any sums which the MCMUA may be obliged to spend by reason for the default of the Vendor(s)

The successful Vendor(s) will not assign any interest in this Proposal and shall not transfer any interest in the same without the prior written consent of the MCMUA.

### **SECTION V - REJECTION OF PROPOSALS**

- The MCMUA reserves the right to reject any and all Proposals for any one or more of the following reasons.
  - Proposal substantially exceeds the cost estimates for the goods and services.
  - Proposal substantially exceeds the contracting unit's appropriation for the goods or services
  - The governing body of the contracting unit decides to abandon the project for the provision or performance of the goods or services.
  - The contracting unit wants to substantially revise the specifications for the goods or services
  - The purposes or provisions or both of N.J.S.A. 40A:11-1 et seq. are being violated
  - The governing body of the contracting unit decides to use the State authorized contract.
- If more than one Proposal is received from an individual, firm or partnership, corporation or association under the same name;
- Multiple Proposals from an agent representing competing Prospective Vendors;
- The Proposal is inappropriately unbalanced;
- The Vendor is determined to possess, pursuant to N.J.S.A. 40A:11-4b, Prior Negative Experience; or,
- If the successful Vendor fails to enter into a contract within 21 days, Sundays and holidays excepted, or as otherwise agreed upon by the parties to the contract. In this case at its option, the owner may accept the Proposal of the next lowest responsible Vendor. (N.J.S.A. 40A:11-24b)
- Conditional Proposals will not be accepted.

# MORRIS COUNTY MUA

## *Administrative Documents*

- A. Failure to submit the following documents at the time of proposal opening may be cause for rejection of the proposal.

Owner's Checkmarks		Bidder's Initials
X	Statement of Ownership Disclosure	CDP
X	Acknowledgement of receipt of any notice(s) or revision(s) or addenda to an advertisement, specifications or proposal document(s)	CDP
X	Non-Collusion Affidavit	CDP
X	Disclosure of Investment Activities in Iran	CDP
X	Price Proposal Table	CDP
X	Price Proposal Signature Form	CDP
X	Alternate Pricing Proposal (Optional 2A) if applicable	CDP
X	Experience & Qualification Questionnaire	CDP
X	Affirmative Action Compliance Notice	CDP
X	Mandatory EEO Language	CDP
X	Certificate of Employee Information Report/AA-302	CDP
X	Americans with Disability Act of 1990	CDP
X	Pay to Play Advisory Notice	CDP
X	W-9	CDP
X	New Jersey Anti-Discrimination Form	CDP
X	Affidavit of Non-Debarred Status	CDP
X	Corporate Acknowledgement	CDP
X	Acknowledgement of Contractor, if Bidder is a Partnership	CDP
X	Acknowledgement of Contractor, if Bidder is an Individual	CDP
X	Acknowledgement of Contractor, LLC	CDP

# MORRIS COUNTY MUA

## *Administrative Documents*

B. The following documents are to be submitted prior to contract award.

Owner's Checkmarks		Bidder's Initials
X	New Jersey Business Registration Certificate	CDA
X	Certificate of Insurance	CDA

C. The undersigned hereby acknowledges and has submitted the above required documents.

**Business Name:** Naturcycle LLC

**Representative's Name:** Charles D Duprey President

**Representative's Signature:** [Signature]

**Date:** 5/23/25 **Phone:** 315-707-8955 x4

# MORRIS COUNTY MUA

## *Acknowledgement of Receipt of Addenda*

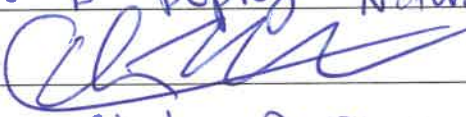
Pursuant to the NJSA 40A:11-23.1a, the undersigned Vendor hereby acknowledges receipt of the following notices, revisions or addenda to the Legal Notice, Proposal Specifications or Proposal Documents. By indicating date of receipt, Vendor acknowledges the submitted Proposal takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of proper notice to Vendors, per NJSA 40A:11-23(c), shall take precedence and Vendor's failure to acknowledge receipt of addenda shall result in rejection of Proposal.

Title of Addendum/Revision	Received Via (email, fax, etc.)	Date Received

☒ No Addenda Issued Initials CD

## ACKNOWLEDGEMENT OF VENDOR

Name of Vendor: Charles D Duprey Networkco LLC

Vendor's Signature: 

Printed Name & Title: Charles D Duprey, President

Date: 5/23/25

# MORRIS COUNTY MUA

## *Experience & Qualifications Questionnaire*

### **Permitting, Approvals and Qualifications**

This questionnaire must be filled out and submitted as a part of the Proposal. Failure to complete this form or to provide any of the requested information will be grounds for the rejection of the proposal. If additional space is required, the respondent shall add additional sheets, which identify the question being answered.

Number of years in business under present name & address:

2015 / 10 years

If less than 5 years, list previous names and address:

Within the last 5 years has the business or any officer/partner failed to complete a contract awarded to them: NO. If yes, provide the details in on a separate page.

Have any liens and lawsuits been filed against the company in the past 5 years:

NO

If yes, please provide details:

### **SUBMITTALS:**

1. Vendor shall provide three (3) referral projects similar in scope to the within project as proposed by the MCMUA and shall give a description of services provided, detailed costs for said services, dates the services were provided, contact person at the site, and reference telephone number.
2. Vendor shall provide a list of all subcontractors and transporters to be used during the scope of services to be provided to the MCMUA, including subcontractors and/or transporters role(s), company name, contact person, address, telephone and fax numbers, years in business, and nature of business/ responsibility and all appropriate licenses and permit numbers.



## MORRIS COUNTY MUA

---

### *Experience & Qualifications Questionnaire*

3. Vendor shall provide a list of all permit numbers, license identification numbers, including any granted by the EPA and/or any state, at the time of submission of this proposal. Vendor shall identify all appropriate state and federal contact people along with telephone numbers.
4. Vendor shall provide a copy of its Business Registration Certification and copies of all subcontractor's Business Registration Certificates as required by the New Jersey Department of Treasury.

see next three pages

## **RFP #2025-VW01 Marketing of Vegetative Waste Recyclable Materials**

### **Experience & Qualifications Questionnaire Submittals**

#### **Submittal #1**

*Vendor shall provide three (3) referral projects similar in scope to the within project as proposed by the MCMUA and shall give a description of services provided, detailed costs for said services, dates the services were provided, contact person at the site, and reference telephone number.*

1. Onondaga County Resource Recovery Agency (OCRRA), Jamesville, NY, and Amboy, NY
  - 20,000 cubic yards of compost produced annually between two locations
  - In partnership since 2022
  - Naturcycle acts as marketing agent for finished compost
  - 50/50 Revenue share on FOB compost sales under current agreement
  - Naturcycle manages enrollment in USCC Seal of Testing Assurance Program at both sites
    - Contact: Kevin Spillane, Executive Director
    - Phone: (315) 453-2866, ext. 1212
    - Email: [kspillane@ocrra.org](mailto:kspillane@ocrra.org)
2. Village of Endicott Wastewater Treatment Plant Compost Facility, Endicott, NY
  - 5,000-7,500 cubic yards of compost produced annually
  - In partnership since 2016
  - Naturcycle acts as marketing agent for finished compost
  - 50/50 revenue share on FOB compost sales under current agreement
  - Naturcycle manages enrollment in USCC Seal of Testing Assurance Program
    - Contact: Philip Grayson, Chief Operator
    - Phone: (607) 757-5352, Mobile: (607) 761-4759
    - Email: [graysonpb@hotmail.com](mailto:graysonpb@hotmail.com)
3. Tri-Municipal Wastewater Treatment Plant Compost Facility, Poughkeepsie, NY
  - 3,000-4,500 cubic yards of compost produced annually
  - In partnership since 2016
  - Naturcycle acts as marketing agent for finished compost
  - Naturcycle supports current enrollment in USCC Seal of Testing Assurance Program
    - Contact: Marcin "Marty" Mazurkiewicz, Project Manager
    - Phone: (845) 297-5622
    - Email: [marcin.mazurkiewicz@inframark.com](mailto:marcin.mazurkiewicz@inframark.com)

## Submittal #2

*Vendor shall provide a list of all subcontractors and transporters to be used during the scope of services to be provided to the MCMUA, including subcontractors and/or transporters role(s), company name, contact person, address, telephone and fax numbers, years in business, and nature of business / responsibility and all appropriate licenses and permit numbers.*

Naturcycle reserves the right to subcontract transporters as needed to distribute compost and mulch products for the MCMUA. These haulers vary depending on project needs and location. Additionally, some customers use their own vehicles or subcontract haulers to transport material on their own. Naturcycle will submit all necessary documentation as required by the MCMUA Vegetative Waste Facility Application Packet before haulers arrive on site, as required. Listed below are two haulers likely to be utilized by Naturcycle during the contract period, though others may be used as well.

1. RKB Materials, LLC  
333 Mamaroneck Ave, Ste 339  
White Plains, NY 10605
  - Contact: Richard Barros
  - Phone: (914) 424-1760
  - Email: [richard@rkbmaterails.com](mailto:richard@rkbmaterails.com)
2. MSB Hauling Incorporated  
PO Box 4271  
New Windsor, NY 12553
  - Contact: Mohamed Baksh
  - Phone: (718) 598-6359
  - Email: [office@msbhauling.com](mailto:office@msbhauling.com)

Naturcycle also works with several scientific laboratories for compost testing and analysis, including, but not limited to, the following.

1. Control Laboratories Inc.  
42 Hangar Way  
Watsonville, CA 95076
  - Contact: Assaf Sadeh
  - Phone: (831) 724-5422
  - Email: [asadeh@controllabs.com](mailto:asadeh@controllabs.com)
2. Penn State Agricultural Analytical Services Lab  
111 Ag Analytical Svcs Lab  
University Park, PA 16802
  - Contact: John Spargo
  - Phone: (814) 863-0841
  - Email: [jts29@psu.edu](mailto:jts29@psu.edu)

**Submittal #3**

*Vendor shall provide a list of all permit numbers, license identification numbers, including any granted by the EPA and/or any state, at the time of submission of this proposal. Vendor shall identify all appropriate state and federal contact people along with telephone numbers.*

Not applicable.

**Submittal #4**

*Vendor shall provide a copy of its Business Registration Certification and copies of all subcontractor's Business Registration Certificates as required by the New Jersey Department of Treasury.*

See attached copy of New Jersey Business Registration Certificate for Naturcycle LLC.

# MORRIS COUNTY MUA

## *Mandatory EEO Language*

### EXHIBIT A

#### MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L.1975, c.127)

N.J.A.C. 17:27 et seq.

#### GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship.

The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

# MORRIS COUNTY MUA

## *Mandatory EEO Language*

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions. The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

**Letter of Federal Affirmative Action Plan Approval;**

**Certificate of Employee Information Report; or**

**Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: [http://www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance).**

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq

**Business Name:** Naturecycle LLC

**Representative's Name (print):** Charles D. Pappas President

**Representative's Signature:** 

**Date:** 5/23/25



# MORRIS COUNTY MUA

## *Affirmative Action Compliance Notice*

### EXHIBIT A

#### GOODS, GENERAL SERVICES, AND PROFESSIONAL SERVICES CONTRACTS

This form is a summary of the successful vendor's requirement to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

The successful respondent shall submit to the public agency, after notification of award but prior to execution of the contract, one of the following three documents as forms of evidence:

1. Letter of Federal Affirmative Action Plan Approval
2. Certificate of Employee Information Report
3. A photocopy of an Employee Information Report (AA302) provided by the Division and distributed to the public agency to be completed by the vendor in accordance with N.J.A.C. 17:27-4.

The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor further understands that his/her proposal shall be rejected as non-responsive if said vendor fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27.

Business Name: Notorcycle LLC

Representative's Name (print): Charles D Duprey, President

Representative's Signature: 

Date: 5/23/25 Phone: 315-707-8959

# MORRIS COUNTY MUA

## *Affirmative Action Evidence*

### Sample Federal Letter of Approval

### Attachment 5

U.S. Department of Labor

Employment Standards Administration  
Office of Federal Contract Compliance Programs  
Newark Area Office  
124 Evergreen Place, Fourth Floor  
East Orange, NJ 07108



February 27, 20\_

Dear

Our recent compliance review of your establishment's equal employment opportunity policies and practices was completed on February 27, 20\_.

We found no apparent deficiencies or violations of Executive Order 11266, as amended, Section 503 of the Rehabilitation Act of 1973 or 38 USC 2012 (the Vietnam Era Veterans Readjustment Assistance Act). Accordingly, your establishment is deemed to be in compliance with these laws based on the material reviewed.

The Office of Federal Contract Compliance Programs sincerely appreciates the cooperation and courtesies extended by you and your staff during the conduct of the compliance review.

Sincerely,

Area Office Director.

# MORRIS COUNTY MUA

## *Affirmative Action Evidence*

Attachment # 6

### SAMPLE CERTIFICATE OF EMPLOYEE INFORMATION REPORT



# MORRIS COUNTY MUA

## Affirmative Action Evidence

Attachment 7

Form AA302  
Rev. 11/11

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

#### EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT LEO-1 REPORT FOR SECTION B, ITEM 11. For instructions on completing the form, go to: <http://www.state.nj.us/purchase/contracts/eeo/aa302.pdf>

#### SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY
4. COMPANY NAME		
5. STREET	CITY	COUNTY STATE ZIP CODE
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT		
10. PUBLIC AGENCY AWARDED CONTRACT		
CITY COUNTY STATE ZIP CODE		

Official Use Only	DATE RECEIVED	INAG DATE	ASSIGNED CERTIFICATION NUMBER
-------------------	---------------	-----------	-------------------------------

#### SECTION B - EMPLOYMENT DATA

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

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN									
	COL. 1 TOTAL (Cols 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	MALE					FEMALE				
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.
Officials/Managers													
Professionals													
Technicians													
Sales Workers													
Office & Clerical													
Craftworkers (Skilled)													
Operatives (Semi-skilled)													
Laborers (Unskilled)													
Service Workers													
TOTAL													
Total employment from previous Report (if any)													
Temporary & Part-Time Employees													

The data below shall NOT be included in the figures for the appropriate categories above.

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

#### SECTION C - SIGNATURE AND IDENTIFICATION

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

## MORRIS COUNTY MUA

---

### *Employee Information Report Instructions – Form AA302*

**If you have a current Certificate of Employee Information Report, please submit with your Bid Proposal.**

For forms or more information: [www.state.nj.us/treasury/contract\\_compliance](http://www.state.nj.us/treasury/contract_compliance)

*see next page*

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

**EMPLOYEE INFORMATION REPORT**

**IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: [https://www.state.nj.us/treasury/contract\\_compliance/documents/pdf/forms/aa302ins.pdf](https://www.state.nj.us/treasury/contract_compliance/documents/pdf/forms/aa302ins.pdf)**

**SECTION A - COMPANY IDENTIFICATION**

1. FID. NO. OR SOCIAL SECURITY 47-4723912	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input type="checkbox"/> 2. SERVICE <input type="checkbox"/> 3. WHOLESALE <input type="checkbox"/> 4. RETAIL <input checked="" type="checkbox"/> 5. OTHER	3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY 4
4. COMPANY NAME Naturcycle LLC		
5. STREET 3 Meadow St	CITY Marcellus	COUNTY Onondaga
STATE NY		ZIP CODE 13108
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) None		CITY STATE ZIP CODE
7. CHECK ONE: IS THE COMPANY: <input type="checkbox"/> SINGLE-ESTABLISHMENT EMPLOYER <input checked="" type="checkbox"/> MULTI-ESTABLISHMENT EMPLOYER		
8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ 0		
9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT 0		
10. PUBLIC AGENCY AWARDING CONTRACT CITY COUNTY STATE ZIP CODE		

Official Use Only	DATE RECEIVED	INAG. DATE	ASSIGNED CERTIFICATION NUMBER

**SECTION B - EMPLOYMENT DATA**

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

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

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED? <input checked="" type="checkbox"/> 1. Visual Survey <input type="checkbox"/> 2. Employment Record <input type="checkbox"/> 3. Other (Specify)	14. IS THIS THE FIRST Employee Information Report Submitted? 1. YES <input type="checkbox"/> 2. NO <input checked="" type="checkbox"/>	15. IF NO, DATE LAST REPORT SUBMITTED MO. DAY YEAR 
13. DATES OF PAYROLL PERIOD USED From: 03/1/2025 To: 05/22/2025		

**SECTION C - SIGNATURE AND IDENTIFICATION**

16. NAME OF PERSON COMPLETING FORM (Print or Type) Charles D Duprey	SIGNATURE 	TITLE President	DATE MO DAY YEAR 05 23 25
17. ADDRESS NO. & STREET PO Box 97	CITY Plainville	COUNTY NY	STATE NY
ZIP CODE 13137	PHONE (AREA CODE, NO., EXTENSION) 315 - 707 - 8955		



# MORRIS COUNTY MUA

## *Americans with Disabilities Act of 1990*

The CONTRACTOR and the OWNER do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "ACT") (42 U.S.C. §12101 et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant thereto, are made a part of this contract. In providing any act benefit, or service on behalf of the OWNER pursuant to this contract, the CONTRACTOR agrees that the performance shall be in strict compliance with the Act. In the event that the Contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the CONTRACTOR shall defend the OWNER in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless the OWNER, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The CONTRACTOR shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the OWNER grievance procedure, the CONTRACTOR agrees to abide by any decision of the OWNER which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the OWNER or if the OWNER must any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the CONTRACTOR shall satisfy and discharge the same at its OWN expense.

The OWNER shall, as soon as practicable after a claim has been made against it, give written notice thereof to the CONTRACTOR along with full and complete particulars of the claim. If any action or administrative proceedings is brought against the OWNER or any of its agents, servants, and employees, the OWNER shall expeditiously forward or have forwarded to the CONTRACTOR every demand, complaint, notice, summons, pleading, or other process received by the OWNER or its representatives.

It is expressly agreed and understood that any approval by the OWNER of the services provided by the CONTRACTOR pursuant to this contract will not relieve the CONTRACTOR of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the OWNER pursuant to this paragraph.

It is further agreed and understood that the OWNER assumes no obligation to indemnify or save harmless the CONTRACTOR, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the CONTRACTOR expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the CONTRACTOR'S obligations assumed in this Agreement, nor shall they be construed to relieve the CONTRACTOR from any liability, nor preclude the OWNER from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

**Business Name (Print):** Naturecycle LLC

**Representative's Name (Print):** Charles D Dupray

**Representative's Title:** President

**Representative's Signature:** 

**Phone:** 315-707-8155 **Date:** 5/23/25

# MORRIS COUNTY MUA

## *New Jersey Anti-Discrimination*

Pursuant to N.J.S.A. 10:2-1:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$ 50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract.

**Business Name (Print):**

Naturcycle, LLC

**Representative's Name (Print):**

Charles Dupray

**Representative's Title:**

President

**Representative's Signature:**



**Phone:**

315-707-8955x4

**Date:**

5/23/25

# MORRIS COUNTY MUA

## Statement of Ownership Disclosure

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information with the bid is cause for automatic rejection of the bid or proposal.

Name of Organization: Naturecycle LLC

Organization Address: 3 meadow st marcellus NY 13106 / PO Box 97  
Plainville, NY 13137

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

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

### Part II

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

OR

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

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

Name of Individual or Business Entity	Address
Gary M Kent	3 meadow st marcellus, NY 13106
Charles D Pypny	8560 County Line Rd Coto, NY 13033

# MORRIS COUNTY MUA

## Statement of Ownership Disclosure

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

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

Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s
N/A	

**Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II other than for any publicly traded parent entities referenced above. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Address
N/A	

### **Part IV Certification**

I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder/proposer; that the **Morris County Municipal Utilities Authority** is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with **Morris County Municipal Utilities Authority** to notify the **Morris County Municipal Utilities Authority** in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the, permitting the **Morris County Municipal Utilities Authority** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Charles D. Rapp	Title:	President
Signature:		Date:	5/23/25

# MORRIS COUNTY MUA

## Corporate Acknowledgement

STATE OF \_\_\_\_\_ ) ) SS:  
COUNTY OF \_\_\_\_\_ )

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally came  
and appeared \_\_\_\_\_

to me known, who, being by me duly sworn, did depose and say, that he resides at  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_;

That he is the \_\_\_\_\_

*(principle executive officer or duly authorized representative)*

of \_\_\_\_\_,

the Corporation described in and which executed the foregoing instrument; that he knows the seal of  
said Corporation; that one of the impressions affixed to said instrument in an impression of such  
seal, that it was so affixed by order of the Board of Directors of said Corporation, and he signed his  
name thereto by like order.

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County, State

N/A

# MORRIS COUNTY MUA

## *Acknowledgement of Contractor, if a Partnership or LLP*

STATE OF )  
COUNTY OF ) SS:  
)

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally came

and \_\_\_\_\_ appeared

to me known, who, being by me duly sworn, did depose and say, that he is the:

\_\_\_\_\_ of the  
(general partner or duly authorized representative)

firm of: \_\_\_\_\_

described in and which executed the foregoing instrument by and with the consent of all partners and he acknowledged to me that he executed the same as and for the act and deed of said firm.

(Seal)

\_\_\_\_\_  
Notary Public  
\_\_\_\_\_ County, State

N/A



# MORRIS COUNTY MUA

## *Acknowledgement of Contractor, if an Individual*

STATE OF )  
 ) SS:  
COUNTY OF )

On this \_\_\_\_\_ day of \_\_\_\_\_ in the year 20\_\_\_\_, before me personally  
came and appeared \_\_\_\_\_

to me known, who, being by me duly sworn, did depose and say, that he is the person described in  
and who executed the foregoing instrument and acknowledged to me that he executed the same.

(Seal)

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County, State

N/A

# MORRIS COUNTY MUA

## Acknowledgement of Contractor, if a Limited Liability Company

STATE OF New York )  
 ) SS:  
COUNTY OF Onondaga )

On this 28<sup>th</sup> day of May in the year 20 25, before me personally came

and Charles D Dupray appeared

to me known, who, being by me duly sworn, did depose and say, that he is the:

President & Managing Member of the  
(Managing Member of LLC or duly authorized representative)

firm of: Naturcycle LLC 

described in and which executed the foregoing instrument by and with the consent of all partners and he acknowledged to me that he executed the same as and for the act and deed of said firm.

(Seal)

Brian J Clifford  
01CL6321170  
Notary Public, State of New York  
Qualified in Onondaga County  
My commission expires MARCH 16th, 20 27

  
Notary Public Onondaga County, State

# MORRIS COUNTY MUA

## *Certified Copy of Resolution of Board of Directors*

\_\_\_\_\_  
(Name of Corporation)

RESOLVED that \_\_\_\_\_,  
(Person Authorized to Sign) (Title)

of \_\_\_\_\_ be authorized to sign and submit the Proposal of this  
(Name of Corporation)

Corporation for the following project:

*Marketing of Vegetative Waste Recyclable Materials*

The foregoing is a true and correct copy of the Resolution adopted by

\_\_\_\_\_ at a meeting of its Board of Directors

held on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

By \_\_\_\_\_

Title \_\_\_\_\_

(SEAL)

*This form must be completed if the Proposer is a Corporation.*

N/A

# MORRIS COUNTY MUA

---

## *New Jersey Business Registration Certification*

Pursuant to N.J.S.A. 52:32-44, the Morris County Municipal Utilities Authority is prohibited from entering into a contract with an entity unless the bidder/proposer/contractor, and each subcontractor that is required by law to be named in a bid/proposal/contract has a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services within the Department of the Treasury.

Prior to contract award or authorization, the contractor shall provide the Morris County Municipal Utilities Authority with its proof of business registration and that of any named subcontractor(s).

Subcontractors named in a bid or other proposal shall provide proof of business registration to the bidder, who in turn, shall provide it to the Morris County Municipal Utilities Authority prior to the time a contract, purchase order, or other contracting document is awarded or authorized.

During the course of contract performance:

- (1) the contractor shall not enter into a contract with a subcontractor unless the subcontractor first provides the contractor with a valid proof of business registration.
- (2) the contractor shall maintain and submit to the Morris County Municipal Utilities Authority a list of subcontractors and their addresses that may be updated from time to time.
- (3) the contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall collect and remit to the Director of the Division of Taxation in the Department of the Treasury, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into the State. Any questions in this regard can be directed to the Division of Taxation at (609)292-6400. Form NJ-REG can be filed online at <http://www.state.nj.us/treasury/revenue/busregcert.shtml>.

Before final payment is made under the contract, the contractor shall submit to the Morris County Municipal Utilities Authority a complete and accurate list of all subcontractors used and their addresses.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration as required, or that provides false business registration information, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000, for each proof of business registration not properly provided under a contract with a contracting agency.

# MORRIS COUNTY MUA

## State of New Jersey Business Registration Certificate

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAX REGISTRATION TEST ACCOUNT	CLIENT REGISTRATION:	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
970-097-362/500	0107330	
ADDRESS:	ISSUANCE DATE:	
847 ROEBLING AVE TRENTON NJ 08611	07/14/04	
EFFECTIVE DATE:		
07/01/01		
FORM-BRC(08-01)		

*John S. Tully*  
Acting Director

This Certificate is NOT ass-garanteed or transferrable. It must be conspicuously displayed at above address.

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004
For Office Use Only:	
20041014112823533	

see next two pages

02/25/19

Taxpayer Identification# 474-723-912/000

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.


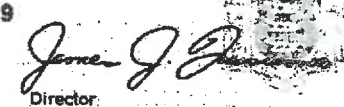
If you have any questions or require more information, feel free to call our Registration Hotline at (800) 202-8282.

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, NJ 08646-0252
TAXPAYER NAME: <b>NATURCYCLE LLC</b>	TRADE NAME: <b>NATURCYCLE</b>	
ADDRESS: <b>3 MEADOW ST MARCELLUS NY 13108</b>	SEQUENCE NUMBER: <b>2319736</b>	
EFFECTIVE DATE: <b>02/25/19</b>	ISSUANCE DATE: <b>02/25/19</b>	
 Director New Jersey Division of Revenue		
FORM BRC (04-08) D205848V		



## STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

<b>Taxpayer Name:</b>	NATURCYCLE LLC
<b>Trade Name:</b>	NATURCYCLE
<b>Address:</b>	3 MEADOW ST MARCELLUS, NY 13108
<b>Certificate Number:</b>	2319736
<b>Effective Date:</b>	February 25, 2019
<b>Date of Issuance:</b>	May 22, 2025

**For Office Use Only:**  
20250522110646887

[Return](#)



# MORRIS COUNTY MUA

---

## *Pay to Play Advisory*

### **PAY TO PLAY ADVISORY**

#### **Disclosure Requirement**

**P.L. 2005, Chapter 271, Section 3 Reporting  
(N.J.S.A. 19:44A – 20.27)**

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year will be required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at [www.elec.state.nj.us](http://www.elec.state.nj.us).

If you have any questions please contact ELEC at:  
1-888-313-ELEC (toll free in NJ) or  
609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

Initials \_\_\_\_\_

# MORRIS COUNTY MUA

## Certification of Non-Involvement in Prohibited Activities in Russia or Belarus

Pursuant to N.J.S.A. 52:32-60.1, et seq. and N.J.S.A.40A:11-2.2 (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a local contracting unit subject to the Local Public Contracts Law for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any 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.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify

(Check the Appropriate Box)



- A. That the Vendor is not identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus](#).

OR



- B. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus](#).

OR



- C. That I am unable to certify as to "A" above, because the Vendor is identified on the [OFAC Specially Designated Nationals and Blocked Persons list](#). However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

---

---

---

---

---

(Attach Additional Sheets If Necessary.)

Signature of Vendor's Authorized Representative

Charles D Duprey, President

Print Name and Title of Vendor's Authorized Representative

Naturcycle LLC

Vendor's Name

3 Meadow St

Vendor's Address (Street Address)

Morcellus, NY 13106

Vendor's Address (City/State/Zip Code)

Date

5/23/25

Vendor's FEIN

47-4723912

Vendor's Phone Number

315-707-8955

Vendor's Fax Number

N/A

Vendor's Email Address

CDUPREY@NATURCYCLE.COM


<sup>i</sup> Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

# MORRIS COUNTY MUA

## *Disclosure of Investment Activities in Iran*

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 the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this 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 person or entity.

**I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed for which I am authorized to bid/renew:**

Bidder/Officer: Naturycle LLC 

- ☒ is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran; is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

**In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above-referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Division of Purchase under penalty of perjury. Failure to provide such will result in the proposal being rendered as non-responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.**

### **PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: \_\_\_\_\_ Relationship to Bidder/Officer: \_\_\_\_\_

Description of Activities: \_\_\_\_\_

Duration of Engagement: \_\_\_\_\_ Anticipated Cessation Date: \_\_\_\_\_

Bidder/Officer Contact Name: \_\_\_\_\_ Contact Phone Number: \_\_\_\_\_

**Certification:** I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity. I acknowledge that Town/ Township/ Borough/Government Agency is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the MCMUA to notify the MCMUA in writing of any changes to the answers of information contained herein. I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with Morris County Municipal Utilities Authority, New Jersey and that the MCMUA at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Date: \_\_\_\_\_

# MORRIS COUNTY MUA

## Non-Collusion Affidavit

STATE OF NEW JERSEY

MORRIS COUNTY MUNICIPAL UTILITIES AUTHORITY ss:

I certify that I am Charles D Duprey President  
of the firm of Naturexco LLC

the Respondent making this proposal for the Marketing of Vegetative Waste Recyclables (Compost & Mulch), that I executed the said proposal with full authority to do so; that said vendor has not, directly or indirectly entered into any agreement, participated in any collusion in connection with the above named project; and that all statements contained in said proposal and this affidavit are true, correct, and made with full knowledge that the Morris County Municipal Utilities Authority relies upon the truth of the statements contained in said proposals and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies.

Signature of Representative:



Subscribed and sworn to before me this 28<sup>th</sup> day of May, 2025

Print Name of Affiant: Charles Duprey

Notary Public of 

My commission expires 3/16/27

Brian J Clifford  
01CL6321170  
Notary Public, State of New York  
Qualified in Onondaga County  
My commission expires MARCH 16th, 2027

# MORRIS COUNTY MUA

## Affidavit of Non-Debarred Status

### AFFIDAVIT OF NON-DEBARRED STATUS

STATE OF NEW JERSEY )

) SS:

COUNTY OF )

I, Charles D Dupray of the City/Town of Lyonsdale, in the County of Onondaga and the State of NEW YORK, of full age, being duly sworn according to law on my oath depose and say that:

I am Charles D Dupray, a President  
(Name) (Title, Position, etc.)

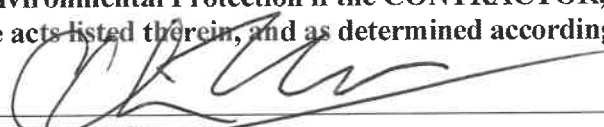
of Naturcycle LLC, the Proposer  
(Name of Firm, Company or Corporation)

making the Proposal for the Morris County Municipal Utilities Authority and that I executed the said Proposal with full authority so to do; that said Proposer at the time of making this Proposal is not included on the State of New Jersey, State Treasurer's List of Debarred, Suspended and Disqualified Proposers; and all statements contained in said Proposal and in this affidavit are true and correct and made with the full knowledge that the Morris County Municipal Utilities Authority relies upon the truth of the statements contained in said Proposal and in the Statements contained in this affidavit in awarding Contract for said project.

The undersigned further warrants that should the name of the firm, company or corporation making this Proposal appear on the State Treasurer's List of Debarred, Suspended and Disqualified Proposers at anytime prior to, and during the life of the Contract, including the Guarantee Period, that the Morris County Municipal Utilities Authority shall be immediately so notified by the signatory to this Eligibility Affidavit.

The undersigned understands that the firm, company or corporation making the Proposal as a CONTRACTOR is subject to debarment, suspension and/or disqualification in contracting with the State of New Jersey and the Department of Environmental Protection if the CONTRACTOR, pursuant to NJAC 7:1-5.2, commits any of the acts listed therein, and as determined according to applicable law and regulation.

(Seal if Corporation)

  
(Signature of Proposer)

Charles D Dupray President  
(Printed or Typed Name & Title of Proposer)

8850 County Line Rd Cato NY 130  
(Address of Proposer)



# MORRIS COUNTY MUA

W-9

Form **W-9**  
(Rev. November 2017)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

<sup>a</sup> Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Print or type.  
See Specific Instructions on page 3.

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

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

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. 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) <sup>a</sup>

☐ **Note:** Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) <sup>a</sup>

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.) See instructions.

Requester's name and address (optional)

6 City, state, and ZIP code

7 List account number(s) here (optional)

### 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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

--	--	--	--	--	--	--	--	--	--

Social security number

or

--	--	--	--	--	--	--	--	--	--

Employer identification number

### 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 for Part II, later.

Sign  
Here

Signature of  
U.S. person <sup>a</sup>

Date <sup>a</sup>

### General Instructions

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

# MORRIS COUNTY MUA

---

## W-9

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### 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, later.*



By signing the filled-out form, you:

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

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

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

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

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, *Withholding of Tax on Nonresident Aliens and Foreign Entities*).

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

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

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

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

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

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

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

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the instructions for Part II for details),
3. The IRS tells the requester that you furnished an incorrect TIN,
4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code*, later, and the separate Instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships*, earlier.

## What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code*, later, and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

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

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

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

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

## Specific Instructions

### Line 1

You must enter one of the following on this line; **do not** leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note: ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C corporation, or S corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

IF the entity/person on line 1 is a(n) . . .	THEN check the box for . . .
• Corporation	Corporation
• Individual • Sole proprietorship, or • Single-member limited liability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.	Individual/sole proprietor or single-member LLC
• LLC treated as a partnership for U.S. federal tax purposes, • LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or • LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
• Partnership	Partnership
• Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

#### Exempt payee code.

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

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

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)

B—The United States or any of its agencies or instrumentalities

C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities

D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)

E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)

F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state

G—A real estate investment trust

H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940

I—A common trust fund as defined in section 584(a) J—

A bank as defined in section 581

K—A broker

L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note:** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

## Line 5

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester already has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

## Line 6

Enter your city, state, and ZIP code.

## Part I. Taxpayer Identification Number (TIN)

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

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

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

**Note:** See *What Name and Number To Give the Requester*, later, for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.SSA.gov](http://www.SSA.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/Businesses](http://www.irs.gov/Businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. Go to [www.irs.gov/Forms](http://www.irs.gov/Forms) to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to [www.irs.gov/OrderForms](http://www.irs.gov/OrderForms) to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

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

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

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

## Part II. Certification

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

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code*, earlier.

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

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

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

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

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

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

## What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account
4. Custodial account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
5. a. The usual revocable savings trust (grantor is also trustee) b. So-called trust account that is not a legal or valid trust under state law	The grantor-trustee <sup>1</sup> The actual owner <sup>1</sup>
6. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>3</sup>
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>*</sup>
For this type of account:	Give name and EIN of:
8. Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
11. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of:
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
15. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

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

<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

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

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

**\*Note:** The grantor also must provide a Form W-9 to trustee of trust.

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

## Secure Your Tax Records From Identity Theft

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

To reduce your risk:

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

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft Information for Taxpayers.

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

### Protect yourself from suspicious emails or phishing schemes.

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

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

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at [spam@uce.gov](mailto:spam@uce.gov) or report them at [www.ftc.gov/complaint](http://www.ftc.gov/complaint). You can contact the FTC at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 877-IDTHEFT (877-438-4338). If you have been the victim of identity theft, see [www.IdentityTheft.gov](http://www.IdentityTheft.gov) and Pub. 5027.

Visit [www.irs.gov/IdentityTheft](http://www.irs.gov/IdentityTheft) to learn more about identity theft and how to reduce your risk.

## Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

see next page

# Request for Taxpayer Identification Number and Certification

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

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

Before you begin. For guidance related to the purpose of Form W-9, see *Purpose of Form*, below.

1 Name of entity/individual. An entry is required. (For a sole proprietor or disregarded entity, enter the owner's name on line 1, and enter the business/disregarded entity's name on line 2.)

Naturcycle, LLC

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

3a Check the appropriate box for federal tax classification of the entity/individual whose name is entered on line 1. Check only one of the following seven boxes.

☐ Individual/sole proprietor ☐ C corporation ☐ S corporation ☐ Partnership ☐ Trust/estate

☒ LLC. Enter the tax classification (C = C corporation, S = S corporation, P = Partnership) P  
Note: Check the "LLC" box above and, in the entry space, enter the appropriate code (C, S, or P) for the tax classification of the LLC, unless it is a disregarded entity. A disregarded entity should instead check the appropriate box for the tax classification of its 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 Foreign Account Tax Compliance Act (FATCA) reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the United States.)

3b If on line 3a you checked "Partnership" or "Trust/estate," or checked "LLC" and entered "P" as its tax classification, and you are providing this form to a partnership, trust, or estate in which you have an ownership interest, check this box if you have any foreign partners, owners, or beneficiaries. See instructions ☐

5 Address (number, street, and apt. or suite no.). See instructions.

PO Box 97

6 City, state, and ZIP code

Plainville, NY 13137

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 instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. See also *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

\_\_\_\_ - \_\_\_\_ - \_\_\_\_

or

Employer identification number

4 7 - 4 7 2 3 9 1 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 for Part II, later.

Sign  
Here

Signature of  
U.S. person

 1050

Date

12.3.24

## General Instructions

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

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## What's New

Line 3a has been modified to clarify how a disregarded entity completes this line. An LLC that is a disregarded entity should check the appropriate box for the tax classification of its owner. Otherwise, it should check the "LLC" box and enter its appropriate tax classification.

New line 3b has been added to this form. A flow-through entity is required to complete this line to indicate that it has direct or indirect foreign partners, owners, or beneficiaries when it provides the Form W-9 to another flow-through entity in which it has an ownership interest. This change is intended to provide a flow-through entity with information regarding the status of its indirect foreign partners, owners, or beneficiaries, so that it can satisfy any applicable reporting requirements. For example, a partnership that has any indirect foreign partners may be required to complete Schedules K-2 and K-3. See the Partnership Instructions for Schedules K-2 and K-3 (Form 1065).

## Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS is giving you this form because they

# MORRIS COUNTY MUA

---

## *Technical Specifications*

### **Program Scope**

The MCMUA owns and operates two vegetative waste recycling facilities, one in the Township of Parsippany-Troy Hills and the other in the Township of Mount Olive for the recycling of leaves, grass, and brush/tree parts. These facilities accept natural vegetative waste from local municipalities, contractors, and landscapers. The resulting compost and wood mulch is sold to residents, landscapers, and commercial companies.

This request for proposals is seeking proposals for the marketing of vegetative waste recyclables, specifically compost and mulch produced by the MCMUA.

The contract term is for one (1) year, commencing on June 10, 2025, with the MCMUA reserving the right to exercise, in its sole discretion, the option to extend the contract term by two (2) one-year extensions. Proposals are due on the date and at the location provided in the legal notice advertising this RFP.

### **General Requirements**

1. The Proposer shall provide marketing support to the MCMUA in order to generate a revenue sharing model from the Contractor's sales of end product generated at the MCMUA Facilities. In addition, and in consideration of the marketing of such end product, the Proposer shall assist in and/or provide for the transportation of those sales of vegetative waste produced at the MCMUA Facilities to end markets.
2. Proposer shall provide marketing support for the MCMUA to promote sales of materials brought into and out of MCMUA Facilities through a variety of advertising avenues.
3. The Proposer shall enroll in or bring MCMUA Facilities' operations and/or end product up to certifications and/or criteria needed to effectively market end products to end users. As part of this responsibility, the Proposer shall provide all sampling testing requirements as required.
4. The Proposer shall propose a revenue share model for all outbound commercial sales.



# MORRIS COUNTY MUA

## *Technical Specifications*

5. The Proposer shall put into effect an efficient and approved system for measuring and documenting all material marketed by the Contractor.
6. Materials purchased by the Proposer shall be paid for at a fair market rate comparable to existing sales of compost or mulch at the time of sale.
7. The Proposer shall also assist in building an end user client base to market end product.
8. Proposer must specify all marketing services to be provided to the MCMUA and shall include but not be limited to promoting, sales, research, and advertising. Proposal must include prices for all services rendered on behalf of the owner. If the Proposer and MCMUA agree to enter into a shared rental of a screener with the intention of generating additional finished compost for the sole purpose of commercial sales (not to be used for residential deliveries), then the Proposer shall be beholden to a specific revenue split schedule for whatever material is generated by that rental agreement. Any screened compost generated in the Spring or Summer of a given calendar year via a shared screener rental that is sold on or before September 30<sup>th</sup> of that same year shall be shared with a FOB (Freight on Board) revenue split of 75%/25% for each sale, with the 75% awarded to the Proposer, 25% to the MCMUA. Any material from the same rental that is sold on or after October 1<sup>st</sup> of that calendar year shall be shared with an FOB revenue split of 25%/75%, with the 75% awarded to the MCMUA, 25% to the Proposer. Any material from the same rental that is still on site after a full calendar has passed from the time of the shared Proposer rental, shall be eligible for auction by the MCMUA with no revenue share awarded to the Proposer.

Any unscreened compost still on site at any point after September 30<sup>th</sup> that has not been earmarked for screening for the purposes of residential deliveries or commercial sales shall be eligible for auction by the MCMUA with no revenue share awarded to the Proposer.

In order to be deemed responsive, all Proposals shall be submitted in accordance with, and accompanied by, any other information and documents specified in or required by the Request for Proposals.

# MORRIS COUNTY MUA

## *Technical Specifications*

### **Alternate Price Proposal (Optional)**

Instructions: This form shall be used by the Proposer to provide and describe an alternate marketing proposal which is at the Proposer's option and is in addition to submission of the required per cubic yard per material based pricing proposal using Form 2. Proposer's may attached additional pages of information to this Form 2A to supplement its response.

See attached Alternate Price Proposal.

## **RFP#2025-VW01 Marketing of Vegetative Waste Recyclable Materials**

### **Alternate Price Proposal**

#### **Compost & Mulch Sales**

- Naturcycle proposes a revenue share model for compost and mulch sales, splitting FOB (freight on board) revenue 50/50 for each sale.
  - *Example: If Naturcycle sells one yard of screened compost for \$20.00, Naturcycle would receive \$10.00 in revenue and the MCMUA would receive \$10.00 in revenue.*
- Naturcycle would require all commercial compost sales to go through our firm. Any commercial landscaper, contractor, non-MCMUA purchase by a municipality or other user would be required to buy MCMUA compost from Naturcycle.
  - Naturcycle added a dedicated compost salesperson to our staff earlier this year to drive higher compost sales volume
  - Naturcycle will market compost under our brand name and build a client base around the MCMUA compost and mulch products.
  - Naturcycle will provide a bill of lading for MCMUA operators to use with each load, as well as detailed information on product use.
  - *These requirements would not apply to any homeowner or resident taking less than ten (10) cubic yards of compost or mulch total at any one time.*
- Compost purchased by Naturcycle for internal use would be paid for at a fair market rate comparable to existing sales of compost or mulch at the time of purchase, subject to the 50/50 revenue share. For 2025, the rates for compost purchased by Naturcycle for internal use are:
  - Screened compost:     \$25 per yard from Parsippany     \$22 per yard from Mt. Olive
  - Unscreened compost:     \$12 per yard from Parsippany     \$10 per yard from Mt. Olive
- Naturcycle would make semi-annual payments and reports to the MCMUA for all compost and mulch sold on mutually agreed upon dates.
- Naturcycle will be financially responsible for all commercial sales and would report any delinquent payments in writing to the MCMUA. Any delinquency of \$2,500.00 or more owed to Naturcycle related to MCMUA compost or mulch sales may be put into forbearance by Naturcycle, then paid to the MCMUA when collected upon, reflective of any reduced payment received by Naturcycle due to collection efforts.
- Naturcycle will provide marketing support for the MCMUA on a case-by-case basis. This includes outreach, events, and other communications with potential customers and the public.

## Engineered Soil & Green Roof Media

- Naturcycle may use compost or mulch produced by the MCMUA in engineered soil blends manufactured at one of our facilities. If an individual order for an engineered soil using MCMUA compost or mulch exceeds 500 cubic yards, the MCMUA will receive 1% of the FOB revenue from the sale of engineered soil in addition to the 50/50 revenue split from the original purchase of the MCMUA compost or mulch by Naturcycle. This entitles the MCMUA to share in the success of our engineered soil and green roof media sales for high volume projects.
  - *Example, if 500 cubic yards of engineered soil using 100 cubic yards of MCMUA compost purchased by Naturcycle for \$20.00 per yard, is sold for \$100.00 per yard for a single project, the MCMUA is entitled to \$1,000.00 for the compost (100 cubic yards of compost x \$20.00 per yard x 50%), plus an additional \$500 dollars from the engineered soil sale (500 cubic yards of engineered soil x \$100.00 per yard x 1%), for a total of \$1,500.00 due to the MCMUA.*

## Food Waste Composting

- Naturcycle will seek to implement a food waste composting operation at the MCMUA Mount Olive facility as an RD&D project.
  - Naturcycle will manage the RD&D application process with the NJ DEP in consultation with the MCMUA.
  - Naturcycle will produce a budget for consideration by the MCMUA, including costs and proposed tipping fees
  - If the RD&D application is approved by the NJ DEP, Naturcycle will procure clean, pre-consumer food waste from generators and arrange delivery to the MCMUA Mount Olive facility for composting, develop processing procedures, serve in an administrative role overseeing the project, provide periodic reporting, and support MCMUA staff implementation of the project.

## Bagged Products

- Naturcycle is currently exploring the possibility of blending material for a bagged product that may contain MCMUA compost. If Naturcycle proceeds with this option, the MCMUA will receive an extra revenue share in addition to the 50/50 revenue split from the original purchase of the MCMUA compost by Naturcycle, similar to the revenue enhancement described above for engineered soil and green roof media. The parameters of this additional revenue share will be determined if Naturcycle pursues the option to bag a blended product for sale.

## Enrollment in OMRI & STA Programs

- Naturcycle will manage the enrollment of compost from the Parsippany site in the United States Composting Council Seal of Testing Assurance (STA) program. Naturcycle will handle the paperwork, enrollment fee and any associated compost testing. Naturcycle will deduct costs associated with program enrollment and testing from the revenue generated by compost and mulch sales.

- Naturcycle will manage the listing of compost from the Mount Olive site by the Organics Materials Review Institute (OMRI). Naturcycle will handle the paperwork, enrollment fee and any associated compost testing. Naturcycle will deduct costs associated with program enrollment and testing from the revenue generated by compost and mulch sales.
- Under the terms of this agreement, the MCMUA will continue to produce high quality screened compost that can meet the standards of both the STA program and OMRI listing.


### **Professional Consultation**

- For any consultation services outside the scope of this agreement regarding compost operations, regulations, etc., Naturcycle's hourly rate is \$200.00. Any consultation services will be authorized in advance with a budget and agreement by both parties.

# MORRIS COUNTY MUA

## *Technical Specifications*

We, the undersigned, hereby declare that we have carefully examined the attached Marketing of Vegetative Waste Recyclables (Compost & Mulch) Request for Proposals documents attached hereto and provide a proposal with the pricing provided above in Form 2.

Signature:  Date: 5/23/25

Name Printed: Charles Duprey

Title/Position: President

# MORRIS COUNTY MUA

## Proposal Form

From:

Naturecycle LLC  
PO Box 97  
Plainville, NY 13132

Vendor:

The undersigned has reviewed the proposal submitted in response and in connection with the need for the following:

### RFP#2025 – VW01 Marketing of Vegetative Waste Recyclables Materials

We affirm that the contents of the proposal (which proposal is incorporated herein by reference) is accurate, factual and complete to the best of our knowledge and belief and that the proposal is submitted in good faith upon express understanding that any false statements may result in the disqualification of our proposal.

The undersigned hereby agrees to furnish all labor, materials, supplies, supervision, equipment and other means as necessary to perform all the work and furnish all the materials in accordance with the Specifications at the following prices within the time constraints of General conditions:

<u>Product</u>	<u>Marketing Description</u>	<u>Price in Words/Cubic Yard</u>
Wood Mulch	<u>Revenue per cubic yard to MCMUA from sale of Wood Mulch</u>	N/A
Wood Chips	<u>Revenue per cubic yard to MCMUA from sale of wood chips</u>	N/A
Screened Compost	<u>Revenue per cubic yard to MCMUA from sale of compost</u>	N/A
Unscreened Compost	<u>Revenue per cubic yard to MCMUA from sale of compost</u>	N/A
Other Material		N/A

Business Name:

Naturecycle LLC

Representative's Name (print):

Charles D. Dupray

Representative's Signature:





# MORRIS COUNTY MUA

## Price Proposal Signature Form

From: Naturcycle LLC  
PO Box 97  
Plainville, NY 13132

**Vendor:** The undersigned has reviewed the proposal submitted in response issued by the MCMUA in connection with the need for the following:

### RFP#2025-VW01 MARKETING OF VEGETATIVE WASTE RECYCLABLE MATERIALS

We affirm that the contents of the proposal (which proposal is incorporated herein by reference) is accurate, factual and complete to the best of our knowledge and belief, and that the proposal is submitted in good faith upon express understanding that any false statements may result in the disqualification of our proposal.

The undersigned hereby agrees to furnish all labor, materials, supplies, supervision, equipment and other means as necessary to perform all the work and furnish all the materials in accordance with the Specifications at the proposed prices within the time constraints of Specifications:

See attached proposal (Alt price proposal)

Business Name: Naturcycle LLC

Representative's Name (print): Charles D Duprey

Representative's Signature: 

Title: President

Complete Address: registered address  
3 Meadow St. Marcellus, NY 13108

Affix Seal if Corporation:

# MORRIS COUNTY MUA

## *Technical Specifications*

### **REQUIRED INSURANCE FOR VEHICLES COMING ONTO MCMUA PROPERTY**

#### (a) Protection of Persons and Property

The Company shall protect all materials and equipment for which he is responsible, which is stored at the project site for incorporation in the work, or which has been incorporated into the work. He shall replace all materials and equipment which may be lost, stolen or damaged at his expense, whether or not such materials or equipment have entirely or partially been paid for by the County/Morris County Municipal Utilities Authority (MCMUA).

#### (b) Insurance

(1) The Company, prior to commencing work, shall provide at his own cost and expense, the following insurance to the County of Morris/MCMUA with insurance companies licensed to provide insurance in the State of New Jersey. Ensure that policies are underwritten by companies with a current A.M. Best rating of A- with a Financial Size Category of VII or better. Insurance shall be evidenced by Certificates and/or Policies as determined by the County of Morris. Each Certificate or Policy shall require that thirty (30) days prior to cancellation or material change in the policies, notice thereof shall be given to the Purchasing Agent, County of Morris, by registered mail, return receipt requested and for all of the following stated insurance policies. All such notices shall name the Company and identify the contract number. Certificates of Insurance, with required endorsements attached, shall be delivered to the Purchasing Agent, County of Morris, prior to the commencement of the project. All Certificates of Insurance shall state that the County of Morris and the MCMUA be carried as additional insured for this contract.

#### (2) General Liability

The Company shall provide Comprehensive General Liability Insurance with a combined single limit of \$1,000,000/\$2,000,000 aggregate for bodily injury and property damage. A "claims made" policy is not acceptable. This insurance shall indicate on the Certificate of Insurance the following coverages.

- Premises
- Operations
- Use of Independent Contractors and Subcontractors
- Products and Completed Operations
- Broad Form Contractual
- Broad Form Property Endorsement
- Fire Legal Liability, \$100,000

The insurance required under this section shall protect the Company and his Subcontractor(s), respectively, against damage claims which may arise from operations under this contract whether such operations are by the Insured or by anyone directly or indirectly employed by the Company and also against any of the special hazards which may be encountered in the performance of this contract. When such special hazards are encountered, the

# MORRIS COUNTY MUA

## *Technical Specifications*

above coverages shall be provided with the elimination of the XCU exclusion from the policy or otherwise submit proof that XCU is covered. The General Liability policy cannot contain an Absolute Employers Liability Exclusion (a/k/a Action Over Exclusion).

### (3) Workers Compensation and Employer's Liability Insurance

The Company shall provide proof of Workers Compensation insurance and be in compliance with the Compensation Law of the State of New Jersey. In the event any work is sublet, the Company shall require the Subcontractor similarly to provide Workers Compensation insurance for all of the latter's employees to be engaged in such work unless such employees are covered by the protection afforded by the Company's Workers Compensation insurance. Employer's Liability: Limit of liability shall be a minimum of \$500,000. As part of this agreement, the Company shall also include and provide proof of Form WC290308 – New Jersey Alternate Employer Endorsement, that has been issued by their insurance carrier based on the exposures as provided by the County of Morris.

### (4) Automobile Liability

Automobile liability insurance, with a combined single limit of liability per occurrence of \$1,000,000 for bodily injury, property damage.

This insurance shall include bodily injury and property damage with the following coverage.

- Owned Automobiles
- Hired Automobiles
- Non-owned Automobiles

### (5) Additional Insurance Requirements

All policies (to include General Liability, Automobile Liability, Excess Umbrella Liability and Worker's Compensation Policies) and Certificates of Insurance shall be forwarded and approved by the County of Morris, Division of Risk Management prior to the inception of any work and shall contain the following:

- Insurers shall have no right of recovery or subrogation against the County of Morris/MCMUA, including its Agents and Agencies, it being the intention of the parties that the insurance policies so affected shall protect the parties and be primary coverage for any and all losses covered by the above described insurance.
- The insurance companies issuing the policy or policies shall have no recourse against the County of Morris/MCMUA including their Agents and Agencies as aforesaid for payment of any premiums or for assessments under any form of policy.
- The Company shall assume all responsibility for loss or damage to Company's materials, equipment and machinery involved under the contract.
- The Company shall assume all responsibility to save the County of Morris/MCMUA harmless from any loss or damage to all materials, equipment and machinery involved under this contract

# MORRIS COUNTY MUA

## *Technical Specifications*

- All Certificates of Insurance shall state that the County of Morris and the MCMUA are carried as “an additional insured” for the purposes of the contract, and shall include Form CG 20100704 & CG 20370704 attached, or their equivalent (a blanket additional insured endorsement is not considered an equivalent), as determined solely by the Morris County Risk Manager.

### (6) Maintenance

The Company shall submit an updated Certificate of Insurance to demonstrate continued renewal of insurance. During any period when the required insurance is not in effect, the County of Morris/MCMUA may suspend the work. The County/MCMUA may refuse to make payments due under this Contract or any other contracts with the County/MCMUA until the required insurance coverage is in effect. The County may use monies withheld to renew the insurance for the periods and amounts referred to above.

### (7) Indemnification

The Company shall defend, indemnify and hold harmless the County of Morris, MCMUA, the Board of Chosen Freeholders, their employees, agents, representatives and servants (collectively the “County”) from and against any and all losses, penalties, claims, damages, settlements, judgments, verdicts, costs, charges, professional fees (including attorneys’ fees and other expenses or liabilities including, but not limited to, the investigation and defense of any claims, arising out of or resulting from the performance of the Company’s work or the completed operations provided that any such claim, damage, loss, or expense (a) is attributable to bodily injury, sickness, disease or death, or to injury or to destruction of tangible property including the loss of the use resulting therefrom, and (b) is caused in whole or in part by any negligent act or omission of the Company, or anyone directly or indirectly employed by them or anyone for whose acts they may be liable (including a claim by an employee of the Company) regardless of whether it is caused in part by a party indemnified hereunder, and (c) is caused in whole or in part by Company’s breach of any term evidencing an agreement between Company and the County or anyone directly or indirectly employed by Company for whose acts the Company may be liable.

In any and all claims against the County of Morris, MCMUA, the Board of Chosen Freeholders, their Employees, Agents and Servants by any employees of the Company, anyone directly or indirectly employed by them or anyone for whose acts they may be liable, the indemnification obligation under this agreement shall not be limited in any way by any limitation on the amount or type of damages, compensation or benefits payable by or for the Company under worker’s compensation acts, disability benefit acts or other employee benefit acts.

### (8) Application

All businesses that will but utilizing the MCMUA Vegetative Waste sites must complete the appropriate application prior to use.

# MORRIS COUNTY MUA

---

## *Technical Specifications*

### Insurance/Indemnification Forms:

- Form CG 20 10 07 04
- Form CG 20 37 07 04
- Form WC 29 03 08

# MORRIS COUNTY MUA

## Technical Specifications

**POLICY NUMBER:**

**COMMERCIAL GENERAL LIABILITY  
CG 20 10 07 04**

**THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.**

### **ADDITIONAL INSURED - OWNERS, LESSEES OR CONTRACTORS SCHEDULED PERSON OR ORGANIZATION**

*This endorsement modifies insurance provided under the following:*

#### **COMMERCIAL GENERAL LIABILITY COVERAGE PART SCHEDULE**

<b>Name of Additional Insured Person (s) Or Organization (s):</b>	<b>Locations of Covered Operations</b>
Information required to complete this Schedule, if not shown above, will be shown in the Declarations.	

A. Section II — **Who Is An Insured** is amended to include as an additional insured the person(s) or organization(s) shown in the Schedule, but only with respect to liability for “bodily injury”, “property damage” or “personal and advertising injury” caused, in whole or in part, by:

1. Your acts or omissions; or
2. The acts or omissions of those acting on your behalf; in the performance of your ongoing operations for the additional insured(s) at the location(s) designated above.

B. With respect to the insurance afforded to these additional insured’s, the following additional exclusions apply:

This insurance does not apply to “bodily injury” or “property damage” occurring after:

1. All work, including materials, parts or equipment furnished in connection with such work, on the project (other than service, maintenance or repairs) to be performed by or on behalf of the additional insured(s) at the location of the covered operations has been completed; or
2. That portion of “your work” out of which the injury or damage arises has been put to its intended use by any person or organization other than another Contractor or Subcontractor engaged in performing operations for a principal as a part of the same project.

**NEW JERSEY  
ALTERNATE EMPLOYER ENDORSEMENT**



# MORRIS COUNTY MUA

## *Technical Specifications*

This endorsement applies only with respect to bodily injury to your employees while in the course of special or temporary employment by the alternate employer in the state named in Item 2 of the Schedule. Part One (Workers Compensation Insurance) and Part Two (Employers Liability Insurance) will apply as though the alternate employer is insured. If an entry is shown in Item 3 of the Schedule, the insurance afforded by this endorsement applies only to work you perform under the contract or at the project named in the Schedule.

Under Part One (Workers Compensation Insurance) we will reimburse the alternate employer for the benefits required by the workers compensation law if we are not permitted to pay the benefits directly to the persons entitled to them.

The insurance afforded by this endorsement is not intended to satisfy the alternate employer's duty to secure its obligations under the workers compensation law. We will not file evidence of this insurance on behalf of the alternate employer with any government agency.

We will not ask any other insurer of the alternate employer to share with us a loss covered by this endorsement.

Premium will be charged for your employees while in the course of special or temporary employment by the alternate employer.

The policy may be canceled according to its terms without sending notice to the alternate employer.

Part Four (Your Duties If Injury Occurs) applies to you and the alternate employer. The alternate employer will recognize our right to defend under Parts One and Two and our right to inspect under Part Six.

### **Schedule**

1. Alternate Employer Address
2. State of Special or Temporary Employment
3. Contract or Project

This endorsement changes the policy to which it is attached and is effective on the date issued unless otherwise stated.

**(The information below is required only when this endorsement is issued subsequent to preparation of the policy.)**

Endorsement Effective

Policy No.

Endorsement No.

Insured

Premium \$

Insurance Company

Countersigned By

WC 29 03 08 (7-02)

*see next three pages*





NATUR-1

OP ID: JM

## CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

05/23/2025

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).

<b>PRODUCER</b> Sinclair & Andrews, Inc. 308 Hawley Avenue Syracuse, NY 13203 Shopiro Agency Inc	<b>315-913-3722</b>	<b>CONTACT NAME:</b> Judy Macomber	<b>PHONE (A/C, No, Ext):</b> 315-913-3722	<b>FAX (A/C, No):</b> 315-472-5463
		<b>E-MAIL ADDRESS:</b> judy@sinclairandandrews.com		
		<b>INSURER(S) AFFORDING COVERAGE</b>		<b>NAIC #</b>
		<b>INSURER A:</b> Dryden Mutual Insurance Co.		13919
		<b>INSURER B:</b> The Hartford		27120
		<b>INSURER C:</b> Beazley Insurance		
		<b>INSURER D:</b>		
		<b>INSURER E:</b>		
		<b>INSURER F:</b>		

**INSURED**  
Naturcycle, LLC  
P O Box 97  
Plainville, NY 13137

## 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	ADOL 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  GEN'L AGGREGATE LIMIT APPLIES PER <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC <input type="checkbox"/> OTHER	X	X	CFL00086139	03/07/1925	03/07/2026	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ NA MED EXP (Any one person) \$ 1,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 Fire Lega \$ 50,000
A	<input type="checkbox"/> AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X	CFL00086139	03/07/2025	03/07/2026	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$ \$
	<input type="checkbox"/> UMBRELLA LIAB <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> DED <input type="checkbox"/> RETENTIONS						EACH OCCURRENCE \$ AGGREGATE \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	01WECAD0FKY	03/01/2025	03/01/2026	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	Professional Liab Incl Pollution			ENP-0004305-04	03/20/2025	03/20/2026	Per Occur \$ 1,000,000 Aggregate \$ 1,000,000

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

The Certificate holder is listed as additional insured to extent of coverage provided by attached endorsement LS22, Waiver of Subrogation applies per attached endorsement LS12

## CERTIFICATE HOLDER

MCMUACO

Morris County Municipal  
Utilities Authority  
370 Richard Mine Rd  
Wharton, NJ 07885

## 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

David Shopiro



### **ADDITIONAL *INSURED***

Refer to the Supplemental Declarations if information is not shown on this form.

*We* provide coverage under this endorsement subject to the *terms* contained in the Liability coverage.

The definition of *insured* in the Liability coverage is amended to include the person(s) or entity named as an *insured* below. This endorsement limits coverage for additional *insured(s)* to their vicarious liability arising from the hazards covered by this policy. *We* do not provide coverage for any liability arising out of any acts or omissions of any additional *insured(s)*, their *employees* or any other person or organization with which the additional *insured* has a contract or other relationship.

NAME OF PERSON(S) OR ENTITY:      Morris County Municipal Utilities Authority  
370 Richard Mine Rd  
Wharton, NJ 07885



## WAIVER OF SUBROGATION

Refer to Supplemental Declarations if information is not shown on this form.

The Condition contained in this endorsement is subject to the *terms* contained in *your* policy.

This endorsement forms a part of the policy identified below:

Policy No.: CFL00086139

Named Insured: Naturcycle LLC

Name of Person or Organization: Morris County Municipal Utilities Authority

The following is added to the Subrogation provision of *your* policy:

*We* shall waive any right of recovery *we* may have against the person or organization shown above for payments *we* make on *your* behalf that result from *bodily injury* or *property damage* to a third party arising out of *your* continuing operations, or *your work* done under a written contract requiring such a waiver with that person or organization and included in the products/completed operations hazard.

*Our* right of recovery shall only be waived prior to the happening of the *occurrence* that results in *bodily injury* or *property damage* for which *we* make payment under this policy. The *insured* has a duty to do nothing to impair *our* rights. The *insured* must cooperate fully with *us* and bring suit or transfer their rights to *us* and help *us* to enforce such rights.

This Waiver of Subrogation applies only to the person or organization listed above.

All other *terms* and conditions remain unchanged.

# MORRIS COUNTY MUA

## *Rating Criteria*

All responses will be rated based on **PRICE and OTHER FACTORS:**

- Technical
- Managerial
- Cost

As per N.J.S.A. 40A:11-1. et. Seq., the rating report will be made available at a minimum of 48 hours **PRIOR** to action by the governing body in any future award for this service.

The Rating sheet below is the matrix the MCMUA will be utilizing to rate respondents. Weighed criteria will be announced at the Request for Proposals Opening

<b><u>Technical criteria:</u></b>
(1) Does the vendor's proposal demonstrate a clear understanding of the scope of work and related objectives?
(2) Is the vendor's proposal complete and responsive to the specific RFP requirements?
(3) Has the past performance of the vendor's proposed methodology been documented?
(4) Does the vendor's proposal use innovative technology and techniques?
<b><u>Management criteria:</u></b>
(1)How well does the proposed scheduling timeline meet the contracting unit's needs?
(2)Is there a project management plan?
(3)Does the vendor document a record of reliability of timely delivery and on-time and on-budget implementation?
(4)Does the vendor demonstrate a track record of service as evidenced by on- time, on-budget, and contract compliance performance?
(5)Does the vendor document industry or program experience?
(6)To what extent does the vendor rely on in-house resources vs. contracted resources?
(7)Are the availability of in- house and contract resources documented?
(8)Documentation of experience in performing similar work by employees and when appropriate, sub- contractors?
(9)Does the vendor make use of business capabilities or initiatives that involve women, the disadvantaged, small and/or minority owned business establishments?
(10)Does the vendor demonstrate cultural sensitivity in hiring and training staff?
<b><u>Cost criteria:</u></b>
(1)Relative cost: How does the cost compare to other similarly scored proposals?
(2)Full explanation: Is the price and its component charges, fees, etc. adequately explained or documented?
(3)If required, are suitable bonds, warranties, or guarantees provided?
(4)Does the proposal include quality control and assurance programs?