



Samantha Silvers
Salem Housing Authority

205 Seventh St
Salem, NJ 08079
Phone: (856) 935-5022

December 17, 2021

I am pleased to present this proposal in response to the RFP for the Salem Housing Authority. This proposal includes utilizing progressive technology measures, provided directly by our local, experienced, highly certified team members.

We understand that technology is an integral part of the the Salem Housing Authority's day to day operation. Our proposed I.T. Management solutions cover these concerns and more. With over 20 years of experience, in I.T. Management, providing services and solutions, I am confident this model will fit well for the Salem Housing Authority.

Additionally, we offer supplemental I.T. related services, outside of the proposed scope, including VoIP (phone service), backup solutions, cloud hosting, camera surveillance, door access, web design and more. Our “one-stop shop” often works well for our customers, providing a single point of contact for all projects relative to technology.

Thank you in advance for reviewing this proposal and I look forward to hearing from you.

Ryan Van Laeys
Chief Technical Officer

(866) 300-0730
(609) 422-5900



rvanlaeys@rivell.com
www.rivell.com



123 Egg Harbor Rd., Suite 507, Sewell, NJ 08080





Proposal Information

The following documents are included within this proposal. If any of the documents listed below are missing from this proposal package, please contact our office at (609) 422-5900 or email us at sales@rivell.com.

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Information Technology Services for the Salem Housing Authority

Proposed Solution

We're confident Rivell can work seamlessly with the Salem Housing Authority to supplement I.T. support, on-site and remotely. We can also explore savings opportunities by revisiting annual agreements, including licensing, Internet, telephones and lease obligations.

Moving forward, our I.T. management services and associated responsibilities are a proven solution offering various benefits including the following:

- Full time employee salary/benefit savings.
- A team of comprehensive, well trained I.T. experts, certified on the latest technology.
- 24/7/365 coverage, so unlike an in-house employee, illnesses, vacations, family issues and holidays won't disrupt the management of your infrastructure
- Progressive, enterprise level, technology solutions including cloud utilization to reduce everything from licensing and hardware costs to monthly power consumption.
- Added security measures to protect against outside network attacks as well as internal virus exposure.

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Fee Schedule Proposal

After reviewing all of the requirements, the Salem Housing Authority would be best served by utilizing our Managed I.T. Support, invoiced monthly.

Monthly support includes 24/7 monitoring, off-site cloud backups and on-site/remote/phone/email support, supplemental support in the following areas:

- Maintaining & implementing all elements of the information technology.
- Assisting with I.T. decisions through communication, coordination & aligned technology resources.
- Ensuring the Salem Housing Authority remains current on relevant changing and emerging technology.
- Long-term I.T. strategy and road map with priority recommendations.
- Analyzing current I.T. issues and recommend technical solutions.
- Ensuring the operational efficiency and integrity for all I.T. infrastructure services are met through established best practices to drive improved efficiency and scalability.
- Reviewing all I.T. infrastructure to track inventory and recommend replacement of equipment.
- Establish, design, implement, administer and maintain policies and procedures dealing with network level access, end-user rights and security issues.
- Ensuring core baseline technology applications and tools supporting the Salem Housing Authority are reliable, stable and efficient and that appropriate and effective contingency plans for these applications and tools are in place.

**** The monthly managed service does not include “special” or “one time” projects including equipment upgrades and/or replacement, wiring infrastructure or overhaul of existing I.T. infrastructure.***

- Total Monthly Cost: \$437.50

- Total Annual Cost: \$5,250.00

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(609) 422-5900



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www.rivell.com



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Professional Information and Qualifications

Business Information:

Rivell, LLC
Office: (609) 422-5900
Fax: (609) 939-3331
Website: www.rivell.com
Email: support@rivell.com

Mailing Address:
P.O. Box 566
Marlton, NJ 08053

Office Location:
123 Egg Harbor Rd, Suite 507
Sewell, NJ 08080

Key Personnel:

Ryan Van Laeys – Chief Technology Officer

Mr. Van Laeys is the founder and CTO for Rivell since it's inception. Ryan has over 25 years experience in the I.T. sector, specifically in education, police and municipal work.

Marc Gold - Technical Project Manager

Mr. Gold has been with Rivell for 5 years and is the point of all technology related projects and initiatives. Marc has a vast knowledge of everything I.T. related and works closely with local municipalities every day.

Jack Dooley – Network Administrator

Mr. Dooley is our primary contact for day to day technical issues. Jack has been working very closely with our municipal clients for over 3 years.

Gabe Stanton – I Support Specialist

Mr. Stanton is one of our technicians available for day-to-day technical issues.

Kevin Hinson – I.Support Specialist

Mr. Hinson is one of our technicians available for day-to-day technical issues.

Experience/References:

We offer managed I.T. services and phone service for several townships and police departments in the area including Cinnaminson, Medford, Mount Laurel, Palmyra, Riverside, Riverton and Washington Township.

Successes/Achievements:

Rivell prides itself on our 100% retention rate with our municipal clients. Our firm has grown at a rate of at over 150% per year since 2016.

Response Times:

Our response times include 1 hour for phone, remote service and 4 hours for emergency on-site visits. We're located within 30 minutes of The City.

Vendor References

Current Clients of Rivell

Rivell, prides itself on maintaining a 100% client retention rate with our state and local government clients. We believe it's a testament to the level of service we provide along with the positive, professional relationships we've built with our clients, over the past 20+ years.

Below, you'll find a list of a few of our current clients along with their contact information. We welcome and even encourage any of our potential customers to reach out to any of our current clients to ask them about their experience with Rivell. We're confident you'll hear nothing but positive feedback, which we hope reassures your selection for a solid I.T. service provider.

Municipal Clients:



Washington Township

Jason Gonter – Business Administrator
(856) 589-0520 ext. 239
jgonter@twp.washington.nj.us



City of Millville

Regina Burke - Township Clerk
(856) 825-7000
regina.burke@millvillenj.gov



Medford Township

Kathy Burger - Township Manager/Clerk
(609) 654-2608 ext. 333
kburger@medfordtownship.com



Mount Laurel Township

Meredith Tomczyk - Township Manager/Clerk
(856) 234-0001 ext. 1233
mtomczyk@mountlaurel.com



Cinnaminson Township

Eric Schubiger - Township Manager
(856) 735-2397
eschubiger@cinnaminsonnj.org

Police Departments:



Washington Township Police

Patrick Gurcsik – Chief of Police
(856) 589-6664
pmgurcsik@pd.twp.washington.nj.us



City of Millville Police

Jody Farabella – Chief of Police
(856) 825-7000
jody.farabella@pd.millvillenj.gov



Medford Township Police

Richard Meder – Chief of Police
(609) 654-7805
rmeder@medfordpolice.org



Mount Laurel Township Police

Stephen Riedener – Chief of Police
(856) 234-1414 ext. 1550
sriedener@mountlaurelpolice.org



Cinnaminson Township Police

Richard Calabrese – Chief of Police
(856) 735-2360
rcalabrese@cinnaminsonpolice.org

Educational Institutions



Delsea Regional School District

Dr. Piera Gravenor - Superintendent
(856) 881-4551
pgravenor@delsearegional.us



Pine Hill School District

Melissa Williams, Ed.D. - Superintendent
(856) 783-6900 ext. 1114
mwilliams@pinehillschools.org



Franklin Township School District

Troy Walton - Superintendent
(856) 825-7000
twalton@franklin.k12.nj.us



Elk Township School District

Joe Collins – Business Administrator
(856) 697-3345
jcollins@auraelementary.us



— Cooperative Purchasing

Rivell's Partnership with SHI allows for participating public sectors to purchase eligible services through SHI's cooperative purchasing vehicles including (but not limited to Omnia Partners contract (formerly National IPA) and the Sourcewell contract (formerly NJPA).



— The SHI/Rivell Partnership

- » Rivell, LLC is a proud partner of SHI. Whether it's streamlining the business of IT with innovative e-commerce, fulfillment and IT asset management solutions, helping you build hybrid data center and storage solutions, securing your growing diversity of data and assets or building a truly collaborative digital workplace, SHI and Rivell have got your back at every stage of the changing technology lifecycle.
- » Together, our experts will help you select, deploy and manage the very best solutions that our 15,000 technology partners have to offer, complemented with a growing portfolio of consultancy and managed services.

* Rivell does not have a direct contract with Omnia or Sourcewell.
 ** Eligible public sectors must be a member (or become a member) of the purchasing vehicles to participate.

Services Portfolio

Client Services

- Managed IT Services
- Phone Services (VoIP)
- Client/Desktop Management
- Configuration and Imaging
- Virtual Desktop
- Infrastructure Deployment
- Planning Services
- Managed Print Services

Security Services

- Cyber-security Protection
- Video Surveillance
- Door Access
- Access Control Systems
- Alarm Building Security

Cloud Services

- Software as a Service
- Platform as a Service
- Infrastructure as a Service
- Cloud
- Consulting
- Backup as a Service

Data Center Services

- Server Migration
- Virtualization
- Storage and SAN
- Design and Installation
- Server Installation and Configuration
- Network Installation and Configuration
- Backup and Recovery
- Custom Projects



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
6/28/2021

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

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

PRODUCER CoverWallet, Inc. 25 W 45th Street, Floor 15 New York NY 10036	CONTACT NAME: Adam Thompson PHONE (A/C. No. Ext): (646) 844-9933 E-MAIL ADDRESS: customer.service@coverwallet.com FAX (A/C. No):
	INSURER(S) AFFORDING COVERAGE INSURER A: Chubb National Insurance Company (SCI) INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:
INSURED Rivell, LLC 123 Egg Harbor Road Unit 507 Sewell, NJ 08080 United States	

COVERAGES**CERTIFICATE NUMBER:****REVISION NUMBER:**

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

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						COMBINED SINGLE LIMIT (Ea accident) \$ BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N <input type="checkbox"/>	N/A	7179-74-69	06/22/2021	06/22/2022	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000

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

CERTIFICATE HOLDER**CANCELLATION**

Proof of Coverage	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 <i>Margaret M. Reff</i>

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BUSINESS REGISTRATION & VENDOR'S CERTIFICATION

State of: New Jersey EIN: 81-4760674
County of: Gloucester

The undersigned, having knowledge of and authority to bind Rivell, LLC to the information herein, hereby swears, upon his oath, according to law,

1. I am the undersigned, who, on behalf of Rivell, LLC and with full authority to do so, has executed this Certification in connection with its submission;
2. Rivell, LLC is registered with the State of New Jersey, Department of the Treasury, Division of Revenue;

BUSINESS REGISTRATION CERTIFICATE

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE		DEPARTMENT OF TREASURY/ DIVISION OF REVENUE PO BOX 252 TRENTON, N J 08646-0252
TAXPAYER NAME: RIVELL LLC	TRADE NAME:	
ADDRESS: 525 RT 73 NORTH SUITE 104 MARLTON NJ 08053	SEQUENCE NUMBER: 2114663	
EFFECTIVE DATE: 02/24/17	ISSUANCE DATE: 02/24/17	 Director New Jersey Division of Revenue

3. Rivell, LLC has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free competitive bidding in connection with the submission;
4. 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 employee or bona fide established commercial or selling agencies identified as follows:

FORM 3 CONTINUES ↓

5. Rivell, LLC is not, as of this date, and has not been at any time within three (3) years immediately preceding the date on which submissions were received, included on the New Jersey State Treasurer's List of Debarred, Suspended or Disqualified Vendors; Rivell, LLC hereby acknowledges that it may be debarred, suspended or disqualified from contracting with the OWNER if it commits any of the acts listed in N.J.A.C. 17:19-4.1 and further acknowledges its obligation to notify the OWNER immediately if it appears that Rivell, LLC may be added to any such list.

6. All statements and representations contained in Rivell, LLC's submission are true, complete and correct, and made with full knowledge that the OWNER shall rely upon same in awarding a public contract for the work as defined in the contract documents.

Rivell LLC's Authorized Representative

Signature: 

Print or Type Name Ryan Van Laeys

Title Chief Technology Officer

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

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE 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, where applicable, will send to each labor union or representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the contractor's commitments under this act 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 afford equal employment opportunities to minority and women workers consistent with Good faith efforts to meet targeted Borough employment goals established in accordance with N.J.A.C. 17:27-5.2, or Good faith efforts to meet targeted Borough employment goals determined by the Division, pursuant to N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, Page 11

universities, labor unions, that it does not discriminate on the basis of age, 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, 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

Employee Information Report Form AA302

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.**

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: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY 81-4760674	2. TYPE OF BUSINESS <input type="checkbox"/> 1. MFG <input checked="" 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 7		
4. COMPANY NAME Rivell, LLC				
5. STREET 123 Egg Harbor Rd. Suite 507	CITY Sewell	COUNTY Gloucester	STATE NJ	ZIP CODE 08080
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) NONE		CITY N/A	STATE NA	ZIP CODE N/A
7. CHECK ONE: IS THE COMPANY: <input checked="" 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			0	
10. PUBLIC AGENCY AWARDED CONTRACT				
N/A				
Official Use Only		DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

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

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
	COL. 1 TOTAL (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE *****					***** FEMALE *****					
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	
Officials/ Managers	2	1						1	1					
Professionals								1						
Technicians	5	5						5						
Sales Workers														
Office & Clerical	1		1											1
Craftworkers (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL	8	6	1					7	1					1
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 11 15 2020
13. DATES OF PAYROLL PERIOD USED From: 11/1/21 To: 11/15/21		

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type) Ryan Van Laeys	SIGNATURE 	TITLE Chief Technology Officer	DATE MO DAY YEAR 11 15 21		
17. ADDRESS NO. & STREET 123 Egg Harbor Rd, Suite 507	CITY Sewell	COUNTY Gloucester	STATE NJ	ZIP CODE 08080	PHONE (AREA CODE, NO., EXTENSION) 609 - 422 - 5900

AMERICANS WITH DISABILITIES ACT
Equal Opportunities for Individuals with Disabilities

The Contractor and the Salem Housing Authority do hereby agree that the provision of Title II of the Americans With Disabilities Act of 1990 (the "ADA") (42 U.S.C. Section 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 thereunto, are made a part of this contract. In providing any aid, benefit or service on behalf of the Township pursuant to this contract, the Contractor agrees that the performance shall be in strict compliance with the ADA. In the event that the Contractor, its agents, servants, employees or subcontractors violate or are alleged to have violated the ADA during the performance of this contract, the Contractor shall defend the Borough in any action or administrative proceeding commenced pursuant to this ADA. The Contractor shall indemnify, protect and save harmless the Borough, 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 Borough grievance procedure, the Contractor agrees to abide by any decision of the Borough which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Borough or if the Borough incurs 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 Borough 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 proceeding is brought against the Borough or any of its agents, servants, and employees, the Township shall expeditiously forward or have forwarded to the Contractor every demand, complaint, notice, summons, pleading or other process received by the Township or its representatives.

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

It is further agreed and understood that the Borough 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 Borough from taking any other actions available to it under any other provisions of this agreement or otherwise by law.

Name of Proposer: Rivell, LLC Date: 12/02/2021

(Person, Firm or Corporation)

By:  Chief Technical Officer
(NAME) (Title)

NEW JERSEY ANTI-DISCRIMINATION PROVISIONS
N.J.S.A. 10:2-1 ET SEQ.

Pursuant to N.J.S.A. 102-1, if awarded a contract, Rivell, LLC agrees that:

- 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 Rivell, LLC 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 Rivell, LLC from the contracting public agency of any prior violation of this section of the contract.

Signature:  _____

Print Name: Ryan Van Laeys

Title: Chief Technology Officer

Request for Taxpayer Identification Number and Certification

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

▶ Go to www.irs.gov/FormW9 for instructions and the latest information.

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. Ryan Van Laeys			
	2 Business name/disregarded entity name, if different from above Rivell, LLC			
	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.		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):	
	<input checked="" type="checkbox"/> Individual/sole proprietor or single-member LLC	<input type="checkbox"/> C Corporation	<input type="checkbox"/> S Corporation	Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
	<input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____	<input type="checkbox"/> Partnership		
	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.			
	<input type="checkbox"/> Other (see instructions) ▶ _____			
5 Address (number, street, and apt. or suite no.) See instructions. P.O. Box 566		Requester's name and address (optional)		
6 City, state, and ZIP code Marlton NJ, 08053				
7 List account number(s) here (optional)				

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is 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								
8	1	-	4	7	6	0	6	7

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 ▶	Date ▶
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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.

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.

Vendor Payable Information Form

Purchasing and Payables



MAILING ADDRESS FOR PURCHASE ORDERS

Company Name (as recorded with IRS): Rivell, LLC

Mailing Name: Rivell, LLC

Mailing Address: PO Box: 566, Marlton, NJ 08053

PHYSICAL OFFICE LOCATION (different from above)

Street Address: 123 Egg Harbor Rd., Suite 507, Sewell, NJ 08080

Taxpayer Identification Number (TIN): 81-4760674

SALES CONTACT INFORMATION

Name: Ryan Van Laeys _____

Title: Chief Technology Officer _____

Phone: (609) 422-5900 _____

Fax: (609) 939-3331 _____

Email: sales@rivell.com _____

ACCOUNTS RECEIVABLE CONTACT INFORMATION

Name: Isis Collier _____

Title: Office Manager _____

Phone: (609) 422-5900 _____

Fax: (609) 939-3331 _____

Email: accounting@rivell.com _____