

**WILLINGBORO MUA IS SEEKING LOCAL QUALIFIED VENDORS**

**FOR**

**THE CREATION OF A LOCAL VENDOR PROFILE LIST**



**433 JOHN F. KENNEDY WAY**

**WILLINGBORO, NEW JERSEY 08046-2119**

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# NOTICE TO RESIDENT

The Willingboro Municipal Utilities Authority will conduct a local vendor fair for the acceptance of vendor information leading to the purchase of goods and/or services from residents of Willingboro Township and/or the Willingboro MUA service area. The objective is for the Authority to reinvest in the community and progress the local economy through supporting local professionals through contractual endeavors and agreements. The WMUA is seeking the following, but not limited to:

- Material Suppliers
- Hauling Professionals
- Local Vendors
- Local Professionals
- Power/Electrical Professionals
- General Contractors
- Etc.

Fair will be held at the office of the Willingboro Municipal Utilities Authority, 433 John F. Kennedy Way, Willingboro, New Jersey on November 20, 2018 from 12:00 pm to 4:00 pm, prevailing time.

Local vendor data forms may be obtained at the office of the Willingboro Municipal Utilities Authority, 433 John F. Kennedy Way, Willingboro, New Jersey 08046-2119, 9:00 am - 4:30 pm (M-F) or by visiting the Authority's website at [www.wmua.info](http://www.wmua.info).

Data must be on the standard form attached, in the manner designated therein.

The standard form may be delivered to the place and on or before the hour named above. If unable to present all requested information, the Authority encourages all interested to submit as soon as possible.

BY ORDER OF THE WILLINGBORO MUNICIPAL UTILITIES AUTHORITY

# INSTRUCTIONS TO RESIDENT

1. RESIDENTS QUALIFICATIONS. The resident shall submit a statement of facts in detail as to previous experience in performing work that will be beneficial to the Authority.
2. SUBMISSION OF QUALIFICATIONS
  - A. Qualifications shall be submitted as directed on the standard form and be delivered to the place indicated in the Notice to Residents.
  - B. Business registration required (P.L. 2004, c.57)
  - C. Proof of Insurance
  - D. I-9, Employment Eligibility Verification
  - E. Proof of Residency
  - F. Licensing

# LOCAL VENDOR FORM

1. Business Name: \_\_\_\_\_

2. Business Address: \_\_\_\_\_

3. Business Number: \_\_\_\_\_

4. Business Email: \_\_\_\_\_

a. May we contact you during future contractual agreements? \_\_\_\_\_ *yes* \_\_\_\_\_ *no*

5. Contact Name: \_\_\_\_\_

6. Contact Number *(if different from above)*: \_\_\_\_\_

7. Description of Service(s):


8. Owner: \_\_\_\_\_ *yes* \_\_\_\_\_ *no*

9. Resident: \_\_\_\_\_ *yes* \_\_\_\_\_ *no*

10. Submitted the following:

- |   |                                     |                                    |
|---|-------------------------------------|------------------------------------|
| a. Business registration                    | <input type="checkbox"/> <i>yes</i> | <input type="checkbox"/> <i>no</i> |
| b. Proof of Insurance                       | <input type="checkbox"/> <i>yes</i> | <input type="checkbox"/> <i>no</i> |
| c. I-9, Employment Eligibility Verification | <input type="checkbox"/> <i>yes</i> | <input type="checkbox"/> <i>no</i> |
| d. Proof of Residency                       | <input type="checkbox"/> <i>yes</i> | <input type="checkbox"/> <i>no</i> |
| e. License                                  | <input type="checkbox"/> <i>yes</i> | <input type="checkbox"/> <i>no</i> |