SHA
SECAUCUS HOUSING AUTHORITY
700 COUNTY AVENUE • SECAUCUS, NJ 07094 • (201) 867-2957 • FAX (201) 867-9113
www.secaucusha.org

REQUEST FOR PROPOSALS

Professional Risk Management Services

Proposals Due: October 2, 2026 by 10:00 AM

Legal Advertisement

REQUEST FOR PROPOSALS

The Housing Authority of the Town of Secaucus, New Jersey will accept proposals for the following services:

"Professional Risk Management Services"

It is the Housing Authority's desire to retain a duly qualified, competent and capable Professional Risk Management Services Consultant. All services must be in accordance with the existing laws, rules, orders, directives and regulations governing these services.

The Request for Proposals (RFP) may be obtained at the Housing Authority office 700 County Avenue, Secaucus, New Jersey 07094 or downloaded from the Authority's website at www.secaucusha.org. The RFP specifies the scope of the services and the requirements for submitting proposals.

All proposals must be submitted to the Administrative Office of the Housing Authority of the Town of Secaucus located at 700 County Avenue in Secaucus, New Jersey 07094 on or before October 2, 2026 by 10:00 AM prevailing time.

The Housing Authority reserves the right to reject any and all proposals received for these services. It also reserves the right to terminate the contract, for convenience, at any time during the term of the contract. This solicitation is being made as "Fair and Open" in accordance with N.J.S.A. 40A:19A-20.4 et seq.

Jonathan B. Moore

Executive Director

Date: 8/25/2026

SCOPE OF SERVICES

Professional Risk Management Consultant

The Risk Management Consultant shall provide the following:

a. Assist the AUTHORITY in identifying its insurable Property & Casualty exposures and to recommend professional methods to reduce, assume or transfer the risk or loss.

b. Assist the AUTHORITY in understanding the various coverages available and claims issues.

c. Review with AUTHORITY any additional coverages that the CONSULTANT feels should be obtained but are not available from the Insurance Fund or Program and subject to the AUTHORITY'S authorization, place such coverages.

d. Assist the AUTHORITY in the preparation of applications, statements of values, and similar documents requested it being understood that this Agreement does not include any appraisal work by the CONSULTANT.

e. Review Certificates of Insurance from contractors, vendors and professionals when requested by the AUTHORITY.

f. Review the AUTHORITY'S assessment and assist the AUTHORITY in the preparation of its annual insurance budget.

g. Review the loss and engineering reports and generally assist the safety committee in its loss containment objectives. Assist where needed in the settlement of claims, with the understanding that the scope of the CONSULTANT'S involvement does not include the work normally done by a public adjuster.

h. Perform any other risk management related services required by the FUND'S bylaws.

The services that are requested will be as follows and will encompass all of the Housing Authority's properties with associated Parking lots:

- **KROLL HEIGHTS -700 County Avenue (75 Units-19 0 Bdr & 56 1 Bdr)**
- **R. IMPREVEDUTO TOWERS-600 County Avenue (100 units-100 1 Bdr)**

- **ELMS-777 5th Street (100 Units-25 0 Bdr & 75 1 Bdr)**
- **SHA OFFICE-700 County Avenue**

One (1) original & three (3) copies of the proposal should be delivered to the Secaucus Housing Authority, 700 County Avenue, Secaucus, New Jersey by 10:00 am prevailing time on or before October 2, 2026. The envelop should be sealed and marked as follows: "Proposal for Professional Risk Management Services".

Respectfully,

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Jonathan B. Moore

Jonathan B. Moore
Executive Director
Secaucus Housing Authority (SHA)
700 County Avenue | Secaucus, NJ 07094
(O) 201-867-2957 | (F) 201-867-9113
JMoore@secaucusha.org | www.secaucusha.org

Proposal Document Checklist

1. Proposal Submission Sheet: _____
2. Evaluation Sheet:
3. Certification & Debarment Form: _____
4. Business Registration Certificate: _____
5. Non-Collusion Affidavit: _____
6. Stockholder Disclosure Form: _____
7. Mandatory ADA Language: _____
8. Mandatory Affirmative Action Language: _____

Professional Risk Management Services

PROPOSAL SUBMISSION SHEET

1) Name/Address of Firm:

2) Telephone Number:

3) Contact Person:

4) Amount of Fee:

5) Amount of any expected reimbursables:

6) Number of Calendar days required to complete bidding documents, after execution of a Risk Management Services Contract: _____Days.

7) Other:

COMPETITIVE PROPOSAL EVALUATION SYSTEM

Professional Risk Management Services

Type of Services: Risk Management Services

Name/Address of Respondent:

1) **Demonstrated experience and competence in this type of work (20 Points).**

2) **Familiarity with the Secaucus Housing Authority's Programs in specific and HUD rules and regulation in general (20 Points).**

3) **Capability and capacity to accomplish work within the required time period (15 Points).**

4) **Geographic location of the firm relative to the proximity to the Housing Authority (10 Points).**

5) **Specialized experience of key personnel in Housing Authority Programs (20 Points).**

6) **Firm's Equal Opportunity Policy. Each bidder must ensure that all employees and applicants for employment are not discriminated against because of race, color, religion, sex or national original (5 Points).**

7) **Price (10 Points). $**

Total Point Score (100 Maximum):

Narrative Review of Proposal:

CERTIFICATION
Suspension & Debarment Form

Date: _____
Name of Firm: _____
Address: _____
_____
Telephone #: _____

I, _____ (name), duly appointed_____ (position) of the_____ (name of firm) do hereby certify that I, nor any of principals of our firm are suspended or debarred from doing business with the U.S. Department of Housing & Urban Development.

_____
(signature)

_____
(print name)

Date: _____

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 is cause for automatic rejection of the bid or proposal.

Name of Organization: _____

Organization Address: _____

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

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

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

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 ***<name of contracting unit>*** 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 ***<type of contracting unit>*** to notify the ***<type of contracting unit>*** 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 ***<type of contracting unit>*** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):		Title:	
Signature:		Date:	

STANDARD BID DOCUMENT REFERENCE	
	Reference: VII-H
Name of Form:	**NON-COLLUSION AFFIDAVIT**
Statutory Reference:	No specific statutory reference State Statutory Reference N.J.S.A. 52:34-15
Instructions Reference:	Statutory and Other Requirements VII-H
Description:	The Owner's use of this form is optional. It is used to ensure that the bidder has not participated in any collusion with any other bidder or Owner representative or otherwise taken any action in restraint of free and competitive bidding.

NON-COLLUSION AFFIDAVIT

State of New Jersey
County of _____ ss:

I, _____ residing in _____
(name of affiant) (name of municipality)
in the County of _____ and State of _____ of full age,
being duly sworn according to law on my oath depose and say that:

I am _____ of the firm of _____
(title or position) (name of firm)

_____ the bidder making this Proposal for the bid

entitled _____, and that I executed the said proposal with
(title of bid proposal)
full authority to do so that said bidder 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 above named project; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the _____ _____ relies upon the truth of the statements contained in said Proposal
(name of contracting unit)
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 maintained by _____.

Subscribed and sworn to

before me this day

_____
Signature

_____, 2____

_____
(Type or print name of affiant under signature)

_____
Notary public of

My Commission expires _____

(Seal)