

RESOLUTION NO. 2023-092

**RESOLUTION OF THE TOWNSHIP OF LITTLE
EGG HARBOR, COUNTY OF OCEAN, STATE OF
NEW JERSEY, APPOINTING STEVEN SECARE,
ESQ. AS CONFLICT HEARING OFFICER**

WHEREAS, there exists a need for the appointment of a Conflict Hearing Officer in the Township of Little Egg Harbor; and

WHEREAS, Steven Secare, Esq has submitted a proposal and is qualified for the appointment as Conflict Hearing Officer in the Township of Little Egg Harbor; and

WHEREAS, the Township Committee desires to appoint Steven Secare, Esq, as Conflict Hearing Officer and authorize the execution of a professional service contract for an amount not to exceed \$17,500.00.

NOW, THEREFORE, BE IT RESOLVED, by the governing body of the Township of Little Egg Harbor, County of Ocean, State of New Jersey:

1. That Steven Secare, Esq is appointed as a Conflict Hearing Officer for the Township of Little Egg Harbor.
2. That the Mayor is hereby authorized to execute and the Township Clerk to attest to the agreement between the Township and Mr. Steven Secare, Esq for his services as a Conflict Hearing Officer in an amount not to exceed \$17,500.00.
3. That this contract is awarded as a "Professional Service" in accordance with N.J.S.A. 40A:11-5(1)(a)(i) of the Local Public Contracts Law because it is for services to be performed by a person(s) authorized by law to practice a recognized profession.
4. That a notice of this action shall be printed once in the official newspaper of the Township of Little Egg Harbor.
5. That a certified copy of this Resolution shall be forwarded by the Township Clerk to the Township Administrator, Chief of Police and Mr. Steven Secare, Esq.

CERTIFICATION

I, **KELLY LETTERA, RMC**, Municipal Clerk of the Township of Little Egg Harbor do hereby certify that the foregoing resolution was duly adopted by the Township of Little Egg Harbor Township Committee at a meeting held on the 9th day of February, 2023.



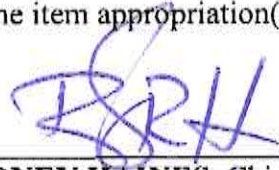
KELLY LETTERA, RMC
Township Clerk
Little Egg Harbor Township

CERTIFICATE OF AVAILABILITY OF FUNDS

I, **RODNEY HAINES**, Chief Financial Officer for the Township of Little Egg Harbor, do hereby certify that adequate funds are available for an open-ended contract with Steven Secare, Esq. as Conflict Hearing Officer for the Township of Little Egg Harbor.

The amount of the contract to be awarded under this resolution is determined not to exceed \$17,500 which sum is based upon a reasonable estimate of Conflict Hearing Officer services required over the contract term. The Township of Little Egg Harbor is not obligated to spend this amount and is permitted to exceed this amount during the course of performance of this contract.

The funds which are available for this open-ended contract are found in the following line item appropriation(s): 01-20-712-027



RODNEY HAINES, Chief Financial Officer
Township of Little Egg Harbor

AGREEMENT FOR PROFESSIONAL SERVICES

THIS AGREEMENT, dated the 10th day of FEB 2023

BETWEEN: Little Egg Harbor
665 Radio Road
Little Egg Harbor, NJ 08087
(hereinafter referred to as LEH);

AND: **STEVEN SECARE, ESQ.**
Secare & Hensel
16 Madison Avenue
Toms River, NJ 08753
(hereinafter referred to as ATTORNEY).

WHEREAS, pursuant to law, the parties hereto wish to enter into an agreement for professional services.

NOW, THEREFORE, the parties hereunder do agree as follows:

1. The Attorney is hereby retained to serve in the capacity as Hearing Officer (Conflict) for such term as is provided for by this contract and statute.
2. The Attorney shall provide all general legal services required as Hearing Officer.(Conflict).
3. The Attorney shall be paid at the rate of \$175.00 per hour. The total amount charged by Attorney shall not exceed the amount appropriated in the budget for the year 2023.

4. The Attorney shall perform all normal legal services as determined and authorized by LEH or other authorized officials in accordance with the terms of this Agreement which shall be provided for by separate agreements with such Attorney, as may be determined.

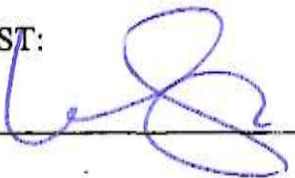
5. The Attorney shall bill the LEH for all services rendered, including travel time. This includes telephone calls (minimum charge of .2 of an hour), dictating letters (minimum charge of .3 of an hour) and reviewing letters (minimum charge of .2 of an hour). Cancellation less than 48 hours prior to the hearing will result in a fee of \$500.00 assessed to the cancelling party or equally shared if cancelled by mutual agreement .

6. The Attorney shall execute the Affirmative Action Agreement, Exhibit A attached hereto, which shall be incorporated herein by reference.

7. Political Contribution Disclosure. This contract has been awarded in a non-open and fair process as a professional service contract.

IN WITNESS WHEREOF, the parties hereto have caused this Agreement to be executed the day and year first above written.

ATTEST:



LITTLE EGG HARBOR

By:



WITNESS:


Ali Pepe

SECARE & HENSEL

By:

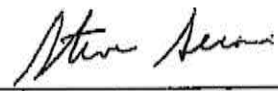

Steven Secare, Esq.

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 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.

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.

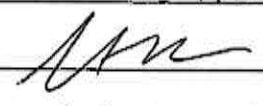
The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval

Certificate of Employee Information Report

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at 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 Subchapter 10 of the Administrative Code at N.J.A.C. 17:27.

Company	<u>SECARE AND HENSEL</u>
Signature	<u></u>
Title	<u>ATTORNEY</u>
Date	<u>6 Feb 23</u>



Preferred Professional Insurance Company

Preferred Professional Insurance Company

11605 Miracle Hills Drive, Ste. 200
Omaha, NE 68154-4467

Administrative Offices: Coverys Insurance

One Financial Center

Boston, MA 02111

800-225-6168

**LAWYERS PROFESSIONAL LIABILITY INSURANCE
POLICY DECLARATIONS**

THIS IS A CLAIMS MADE AND REPORTED POLICY. PLEASE REVIEW THE POLICY CAREFULLY.

NOTICE: EXCEPT AS MAY BE OTHERWISE PROVIDED HEREIN, THE COVERAGE OF THIS POLICY IS LIMITED TO LIABILITY FOR COVERED ACTS COMMITTED SUBSEQUENT TO THE RETROACTIVE DATE, IF APPLICABLE, FOR WHICH CLAIMS ARE FIRST MADE AGAINST YOU WHILE THE POLICY IS IN FORCE AND WHICH ARE REPORTED TO US NO LATER THAN SIXTY (60) DAYS AFTER THE TERMINATION OF THIS POLICY. THE COVERAGE OF THIS POLICY DOES NOT APPLY TO CLAIMS FIRST MADE AGAINST YOU AFTER THE TERMINATION OF THIS POLICY UNLESS, AND IN SUCH EVENT ONLY TO THE EXTENT, AN EXTENDED REPORTING PERIOD OPTION APPLIES.

POLICY NUMBER: PPIC-LPL0000453-01

Replacing:
PPIC-LPL0000453-00
Producer Code: 2

1. NAMED INSURED: Secare & Hensel Attorneys At law
ADDRESS: 16 Madison Avenue, Suite 1A, Toms River NJ 08753
2. PERIOD OF INSURANCE: FROM: 12/19/2022 TO: 12/19/2023
12.01AM STANDARD TIME AT THE ADDRESS SHOWN IN ITEM 1 ABOVE.
3. LIMITS OF LIABILITY
(a) \$2,000,000 EACH CLAIM
(b) \$2,000,000 in the AGGREGATE
4. DEDUCTIBLE
(a) \$5,000 EACH CLAIM
(b) \$ in the AGGREGATE
5. PREMIUM US \$4,402.00
6. RETROACTIVE DATE: SEE FORM
7. Notice to Insurer:
Preferred Professionals Insurance Company
One Financial Center
675 Atlantic Avenue
Boston, MA 02111
us.speciallycomplexclaims@sedgwick.com
800-225-6168



Preferred Professional Insurance Company

8. Notice of Claim or Potential Claim:
Preferred Professionals Insurance Company
One Financial Center
675 Atlantic Avenue
Boston, MA 02111
us.specialtycomplexclaims@sedgwick.com
800-225-6168
9. Forms and endorsements attached at inception of coverage. Refer to schedule of forms.
PPIC LPL 20 28 04 20

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY
DIVISION OF REVENUE
PO BOX 282
TRENTON, NJ 08646-0252

TAXPAYER NAME:

SECARE LAW FIRM, A PROFESSIONAL ASSOCIATE

TRADE NAME:

ADDRESS:

16 MADISON AVENUE, SUITE 1A
TOMS RIVER, NJ 08753-7574

EFFECTIVE DATE:

03/09/72

SEQUENCE NUMBER:

014527

ISSUANCE DATE:

01/15/14

James J. [Signature]
Director
New Jersey Division of Revenue

FORM BPC

10-7-00, 02050407

Certification 6050

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of 15-DEC-2019 to 15-DEC-2026

SECARE LAW FIRM
16 MADISON AVE., STE. 1A
TOMS RIVER NJ 08753



Elizabeth Maher Muoio

ELIZABETH MAHER MUOIO
State Treasurer

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/diversity/contract_compliance/pdf/aa302aa.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY 22-1951103	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 5
4. COMPANY NAME SECARE LAW FIRM		
5. STREET 16 MADISON AVENUE, SUITE 1A	CITY TOMS RIVER	COUNTY OCEAN
STATE NJ		ZIP CODE 08753
6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE)		CITY
STATE		ZIP CODE
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.		
10. PUBLIC AGENCY AWARDED CONTRACT		
CITY		COUNTY
STATE		ZIP CODE

Official Use Only	DATE RECEIVED	IN ADO. 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	0	0	0	0	0	1	0	0	0	0	0
Professionals	1	1	0	0	0	0	0	1	0	0	0	0	0
Technicians	0	0	0	0	0	0	0	0	0	0	0	0	0
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0
Office & Clerical	3	0	3	0	0	0	0	0	0	0	0	0	3
Craftworkers (Skilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Operatives (Semi-skilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Laborers (Unskilled)	0	0	0	0	0	0	0	0	0	0	0	0	0
Service Workers	0	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	5	2	3	0	0	0	0	2	0	0	0	0	3
Total employment from previous report (if any)	8	3	5	0	0	0	0	3	0	0	0	0	5
Temporary & Part-Time Employees	The data below shall NOT be included in the figures for the appropriate categories above.												
	1	1	0	0	0	0	0	1	0	0	0	0	0

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 12 15 12
13. DATES OF PAYROLL PERIOD USED From: 09/01/2018 To: 09/01/2019		

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type) MARILYN HUSCHAK	SIGNATURE <i>Marilyn Huschak</i>	TITLE BOOKKEEPER	DATE MO. DAY YEAR 09 09 19
17. ADDRESS NO. & STREET 16 MADISON AVE, STE 1A	CITY TOMS RIVER	COUNTY OCEAN	STATE NJ
ZIP CODE 08753		PHONE (AREA CODE, NO. EXTENSION) 732 - 349 - 2800	

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

VENDOR ACTIVITY SUMMARY REPORT

☒ NEW HIRES ☐ PROMOTIONS ☐ TRANSFERS ☐ TERMINATIONS (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO. 6050

DATES OF PAYROLL PERIOD USED: FROM 12/15/2012

TO 09/01/2019

NAME OF FACILITY:

SECARE LAW FIRM

Street 16 MADISON AVE, SITE 1A City TOMS RIVER County OCEAN State NJ Zip Code 08753

JOB CATEGORIES	MALE						FEMALE					
	Total	Black	Hispanic	Am. Indian	Asian	Non-Win.	Total	Black	Hispanic	Am. Indian	Asian	Non-Win.
OFFICIALS & MANAGERS	0	0	0	0	0	0	0	0	0	0	0	0
PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0
OFFICE & CLERICAL	0	0	0	0	0	0	5	0	0	0	0	5
CRAFTWORKERS	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	5	0	0	0	0	5

I certify that the information on this form is true and correct.

NAME OF PERSON COMPLETING FORM (Print or Type) SIGNATURE

LAST FIRST MI

DATE SUBMITTED

HUSCHAK MARILYN

ADDRESS (NO. & STREET)

(CITY)

(STATE)

(ZIP)

PHONE (AREA CODE, NO., EXTENSION)

16 MADISON AVE, SITE 1A

TOMS RIVER

NJ

08753

732-349-2800

Marilyn Huschak
09/09/19

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

VENDOR ACTIVITY SUMMARY REPORT

☐ NEW HIRES ☒ PROMOTIONS ☐ TRANSFERS ☐ TERMINATIONS (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO. 6050

DATES OF PAYROLL PERIOD USED: FROM 12/15/2012

TO 09/01/2015

NAME OF FACILITY:

SECARE LAW FIRM

Street City County State Zip Code
16 MADISON AVE. SUITE 1A TOMS RIVER OCEAN NJ 08753

JOB CATEGORIES	MALE						FEMALE					
	Total	Black	Hispanic	Am. Indian	Asian	Non-Min.	Total	Black	Hispanic	Am. Indian	Asian	Non-Min.
OFFICIALS & MANAGERS	0	0	0	0	0	0	0	0	0	0	0	0
PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0
OFFICE & CLERICAL	0	0	0	0	0	0	0	0	0	0	0	0
CRAFTWORKERS	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

I certify that the information on this form is true and correct.

NAME OF PERSON COMPLETING FORM (Print or Type) SIGNATURE

LAST FIRST MI

HUSCHAK MARILYN

ADDRESS (NO. & STREET)

16 MADISON AVE. STE 1A

(CITY)

TOMS RIVER

(STATE)

NJ

(ZIP)

08753

PHONE (AREA CODE, NO., EXTENSION)

732-349-2800

DATE SUBMITTED

09/09/19

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY
 Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program
 VENDOR ACTIVITY SUMMARY REPORT
 NEW HIRES ☐ PROMOTIONS ☐ TRANSFERS ☒ TERMINATIONS (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO. 6050
 NAME OF FACILITY: SECARE LAW FIRM
 DATES OF PAYROLL PERIOD USED: FROM 12/15/2012 TO 09/01/2015

Street 16 MADISON AVE. SUITE 1A City TOMS RIVER County OCEAN State NJ Zip Code 08753

JOB CATEGORIES	MALE						FEMALE					
	Total	Black	Hispanic	M. Indian	Asian	Non-Min.	Total	Black	Hispanic	M. Indian	Asian	Non-Min.
OFFICIALS & MANAGERS	0	0	0	0	0	0	0	0	0	0	0	0
PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0
OFFICE & CLERICAL	0	0	0	0	0	0	0	0	0	0	0	0
CRAFTWORKERS	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	0	0	0	0	0	0	0	0	0	0	0	0

I certify that the information on this Form is true and correct.
 NAME OF PERSON COMPLETING FORM (Print or Type) HUSCHAK MARILYN
 LAST FIRST MI SIGNATURE DATE SUBMITTED

ADDRESS (NO. & STREET) 16 MADISON AVE. STE 1A (CITY) TOMS RIVER (STATE) NJ (ZIP) 08753
 PHONE (AREA CODE, NO., EXTENSION) 732-349-2800

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY

Division of Purchase & Property Contract Compliance Audit Unit EEO Monitoring Program

VENDOR ACTIVITY SUMMARY REPORT

☐ NEW HIRES ☐ PROMOTIONS ☐ TRANSFERS ☒ TERMINATIONS (CHECK (X) APPROPRIATE ACTIVITY)

CERTIFICATE NO. 6050

DATES OF PAYROLL PERIOD USED: FROM 12/15/2012 TO 09/01/2019

NAME OF FACILITY:

SECARE LAW FIRM

Street City County State Zip Code

16 MADISON AVE, STE 1A TOMS RIVER OCEAN NJ 08753

JOB CATEGORIES	MALE						FEMALE					
	Total	Black	Hispanic	Am. Indian	Asian	Non-His.	Total	Black	Hispanic	Am. Indian	Asian	Non-His.
OFFICIALS & MANAGERS	1	0	0	0	0	1	0	0	0	0	0	0
PROFESSIONALS	0	0	0	0	0	0	0	0	0	0	0	0
TECHNICIANS	0	0	0	0	0	0	0	0	0	0	0	0
SALES WORKERS	0	0	0	0	0	0	0	0	0	0	0	0
OFFICE & CLERICAL	0	0	0	0	0	0	7	0	0	0	0	7
CRAFTWORKERS	0	0	0	0	0	0	0	0	0	0	0	0
OPERATIVES	0	0	0	0	0	0	0	0	0	0	0	0
LABORERS	0	0	0	0	0	0	0	0	0	0	0	0
SERVICE WORKERS	0	0	0	0	0	0	0	0	0	0	0	0
TOTAL	1	0	0	0	0	1	7	0	0	0	0	7

I certify that the information on this form is true and correct.

NAME OF PERSON COMPLETING FORM (Print or Type) SIGNATURE

LAST FIRST MI

HUSCHAK MARILYN

ADDRESS (NO. & STREET) (CITY) (STATE) (ZIP) PHONE (AREA CODE, NO., EXTENSION)

16 MADISON AVE, STE 1A TOMS RIVER NJ 08753 732-349-2800

DATE SUBMITTED

09/09/19