

Philip D. Murphy, Governor  
Sheila Y. Oliver, Lieutenant Governor  
Diane Gutierrez-Scaccetti, Commissioner  
Kevin S. Corbett, President & CEO



One Penn Plaza East  
Newark, NJ 07105-2246  
973-491-7000

May 6, 2020

Mr. Shawn Dahl  
RSM US LLP  
1185 Avenue of the Americas,  
New York, New York 10036  
Sent via email –Shawn.Dahl@rsmus.com

**Re: NJ TRANSIT Contract No. 14-033C**  
RSM US LLP

**Subject: Work Authorization No. 1, Rev. 1**  
Hoboken Projects  
Wayside Power Repair Project (Design and Construction phases) and  
Construction Management Services

Dear Mr. Dahl

NJ TRANSIT requests that your firm respond to the attached Request for Proposal for the revision to the above task order assignment.

Please forward one (1) electronic copy via email to [REDACTED] of your Technical and Cost Proposal to my attention no later than 3:00 p.m., on Thursday, May 28, 2020.

NJ TRANSIT has set an 10% DBE goal for this Contract. **Please submit DBE Forms A, A1, A2 and B (attached) with the Cost Proposal or within five (5) calendar days of the proposal due date.** If 10% DBE participation is not met on this task order assignment, please give explanation as to why and how RSM plans to work towards meeting this goal.

Should you have any questions, please do not hesitate to contact me via email at [REDACTED]

[REDACTED]  
Senior Contract Specialist  
Contracts Unit/Division of Procurement

cc: [REDACTED]  
[REDACTED]

## **SCOPE OF WORK**

In September 2019, NJ TRANSIT issued Work Authorization No. 1 to RSM to perform IOM Services for the:

- Design Phase for PRINTS ID 850 - Hoboken Boiler and Terminal Repairs and PRINTS ID 851 – Hoboken Yard – Signal Power Repair, Task Order Contract awarded to STV in the amount of \$6,912,909;
- Construction: PRINTS ID 850 Hoboken Boiler and Terminal Repairs – Contract awarded to DMR in the amount of \$10,354,455; and,
- Construction: PRINTS ID 851 – Hoboken Yard – Signal Power Repair. This contract was estimated to be completed by June 2023 in the January 25, 2018 Work Authorization Request. However, according to NJT's December 31, 2019 quarterly report to the FTA, the expected completion date is September 2026, with full close-out by April 2027. The extension of time of 46 months stems from the push-back of the construction start date and a scheduling modification to much of the work being performed on weekends due to needed track outages.

IA now requests that RSM's Work Authorization No. 1 be revised to include the respective additional contracts related to the Hoboken Yard – Wayside Power Repair Project (Design and Construction phases) under PRINTS ID 849 and the Construction Management Services (CM) contract for the Hoboken Yard Signal Power Repair Project under PRINTS ID 851. Regarding the CM Services, the Work Authorization Request dated January 25, 2018 did not include the work in the scope because it was not contemplated that a CM contract would be part of the project and if it were, it would exceed the \$5 million threshold requiring IOM services.

Scope of work added subsequent to the January 25, 2018 Work Authorization Request for Hoboken Projects:

- CM Services for PRINTS ID 849 and PRINTS ID 851 – Hoboken Yard – Wayside Power Repair Project and Hoboken Yard – Signal Power Repair. This contract has not yet been advertised but is anticipated to be approximately \$5.2 million and will be identified as Contract No. 19-048.
- PRINTS ID 849 - Hoboken Yard – Wayside Power Repair Project:

This Project includes the assessment, design and construction of repairs, restoration and resiliency work for power distribution systems and equipment located in the Hoboken Rail Yard that were damaged by Superstorm Sandy. The work includes new transmission poles, feeder cables and the associated hardware to distribute 13.2 kV power from the Henderson Street substation to the Depot Terminal substation and Wayside power:

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- Design Phase: Task Order Assignment awarded to STV in the amount of \$2,610,777. Designs are 100% complete according to NJT's December 31, 2019 quarterly report to the FTA.
- Construction Phase: The construction contract has not yet been advertised. It is estimated to be approximately \$16,000,000 with an anticipated completion date of September 2026 with full close-out by April 2027.

Tasks and services to be performed by the selected IOM at minimum include:

**Task A – Monitoring Contractor/Vendor Compliance with Applicable Laws and Contract Requirements**

1. Monitoring the Contractors, subcontractors, Consultants and subconsultants to ensure their compliance with applicable laws, regulations, codes, programs and contractual requirements.
2. Satisfying applicable FTA Federal Procurement Requirements and FTA Federal Register Notice Requirements for Oversight Monitoring Federal Register May 29, 2013 pages 32301- 32302, State of New Jersey Department of the Treasury Requirements under N.J.S.A.52:15D-2 and providing necessary investigative services as required by NJT Internal Audit Department.

**Task B – Developing and Implementing Integrity Programs**

1. Programs and procedures to prevent and deter fraud, corruption, conflicts of interest and illegal activity by entities doing, or seeking to do, business with NJT. Procedures shall include methods to remediate or mitigate fraud, waste, corruption and abuse.
2. Assisting with a program for facilitating the reporting of illegal and improper conduct by employees, Consultants, Contractors, customers, etc. through measures such as education and awareness, posters, leaflets, hotlines, etc.
3. Training (If Applicable) -The IOM firm shall provide fraud, waste and abuse awareness or other training as may be required by NJT.

**Task C – Conducting Background Checks, Reviews of Documents and Investigations**

1. Background checks of businesses, principals, officials, employees and other individuals by utilizing research of public records, databases, interviews, or other appropriate methods.
2. Review of documents, including disclosure forms, payment requests, Change Orders, invoices, certified payrolls, manifests, etc., submitted by vendors for honesty and accuracy;

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3. Investigations and inquiries; including interviews, site visits, surveillances, field activities and head counts, as well as research into public records and databases, for the prevention and detection of violations, fraudulent and/or illegal acts.

**Task D – Reporting**

1. Report quarterly to the State Treasurer utilizing prescribed forms as to the Project noted in Section B above under a Work Authorization in a timely manner as to activities performed in accordance with N.J.S.A.52:15D-2.
2. Report integrity monitoring activities and results periodically to NJT as required by Section D. Deliverables, below, and as may be requested by NJT.
3. Be in compliance with malfeasance and inefficiency reporting protocols developed by the State Treasurer.
4. Immediately upon making finding of a likely criminal violation or lesser degree of waste, fraud or abuse, report to New Jersey Attorney General and New Jersey Office of the State Comptroller.

**Task E – Preparing and Maintaining a Fraud Risk Assessment.**

Provide a fraud risk assessment of the contract activities for the Project noted in Section B above including at a minimum:

- a) The identification of potential fraud, waste, abuse and/or potential criminal activity risks/ scenarios/schemes including prioritization and probability and potential impact.
  1. The IOM firm shall review all applicable design contract, construction contract(s) and construction management contract requirements and processes for susceptibility to fraud, waste, abuse and/or potential criminal activity.
- b) Specific methodology and detailed work programs/audit programs/other procedures that will be employed by the IOM firm to mitigate, minimize and/or identify fraud, waste, abuse and/or potential criminal activity for each risk/scenario/scheme identified for NJT.
- c) A detailed plan for key fraud, waste, abuse and/or potential criminal activity risks. This plan must include but not be limited to:
  - i. Prioritized fraud, waste, abuse and/or potential criminal activity risk/scenario/schemes identified in the fraud risk assessment.
  - ii. Detailed strategy for the life of the project for how each risk will be addressed.
  - iii. Deliverables for each risk.
  - iv. Level of effort (hours) needed for each risk by personnel category.

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- v. Other relevant data.
- d) Strategy and deliverables that the IOM firm will utilize to assess Consultants and Contractors compliance with DBE requirements as specified in Section F below.
- e) Specific deliverables for each work program/audit program/other procedures.

**Task F – Project-wide Activities**

Provide any activity that pertains to the overall conduct of IOM project initiative and may include:

1. Provide periodic project status updates to the NJT Internal Audit Department (“IAD”).
2. Attend required safety and other training as needed.
3. Preparing invoices and supporting documentation.
4. Any other project-wide activity that is directed by IAD.

**Additional activities to be conducted by the IOM firm, may include, but not be limited to the following in coordination with NJT Internal Audit Department:**

1. Visiting sites as to ongoing design and construction work where warranted.
2. Attending design review meetings and construction contract meetings as needed, in consultation with IAD.
3. Attending scope reviews and meetings with prospective contractors and vendors in order to ensure procurements are conducted in accordance with NJT Rules and Regulations and that a level playing field is maintained.
4. Reviewing information and activities in relation to the Long Slip Project noted in Section B above.
5. Auditing to ensure procurement compliance.
6. Taking actions to detect, investigate, prevent and remediate, waste, fraud, and abuse.
7. Making unannounced periodic headcounts of construction site workers in order to deter no-show jobs.
8. Other activities that may be defined or required by IAD.

**DELIVERABLES**

All deliverables must be in sufficient detail to allow:

1. NJT to verify and evaluate the conclusions, recommendations, plans, documentation, etc. provided.

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2. NJT to assess, in its sole judgment, the quality and acceptance of deliverables provided.
3. The IOM firm, NJT or a third party to execute the detailed monitoring workplan.

The IOM firm must ensure compliance with the following:

**A. Work Authorization Deliverables**

At a minimum, the following deliverables will be provided to the NJT IAD Project Manager based on the approved workplan in accordance with the required timeline set forth by IAD based on the workplan. All work plans **MUST** be in the format provided in Attachment 7 of the original Request for Work Authorization for this project. Deliverables to support work will include, but not be limited to, the following:

1. Fraud Risk Mitigation Strategy and Detailed Monitoring Work Plan
2. Work papers, reports and other required documentation in the format and content required by NJT to support all work.
3. Presenting reports, findings and other results of audits, reviews, investigations and other assigned tasks, and incorporating comments provided by NJT as appropriate and resubmitting the reports as final.
4. Audits as required under the Work Authorization.
5. Other deliverables that may be defined or required.

**B. Required Reports and Documents**

1. Findings of potential fraud, malfeasance, or criminal activity:

Upon a finding of a likely criminal violation or lesser degree of any malfeasance, inefficiency, waste, fraud, abuse or mismanagement of funds, report written findings to the Office of the State Comptroller and the Attorney General/OSC Taskforce with a copy to NJT Auditor General **immediately** consistent with the requirements of N.J.S.A. 52:15D-2. See Attachment 2 of the original Request for Work Authorization for this project for reporting instructions and form.

2. Weekly Status Updates

A written weekly status update will be required each Monday by noon following the prior week's work in the NJT prescribed format (to be provided upon engagement). The update will be based on a template provided by IAD which includes the following:

1. Total hours per Workplan
2. Hours by Risk Category per Workplan
3. Workpapers Provided to-date by Risk Category, Potential Fraud Risk

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4. Items That Require Clarification
  5. Weekly Accomplishments/Deliverables Provided
  6. Risk Category/Potential Fraud Risk/Monitoring Procedures in-Progress
  7. Risk Categories/Potential Fraud Risk/Monitoring Procedures Planned in the Next Two Weeks.
3. Quarterly Report (Attachment 3 of the original Request for Work Authorization for this project)

On the first business day of each calendar quarter, the IOM firm shall provide to the New Jersey State Treasurer, for distribution to the New Jersey Legislature and the Governor of New Jersey, a written report detailing the IOM firm's provision of services during the three-month period second preceding the due date of the report and any previously unreported provision of services, which shall include, but not be limited to, detailed findings concerning the IOM firm's provision of services and recommendations for corrective or remedial action relative to findings of malfeasance and inefficiency. The report shall not include any information which may compromise a potential criminal investigation or prosecution or any proprietary information. The report shall include a privilege log which shall detail each denial of sensitive information that the IOM firm exercises in preparing the report for transmission to the New Jersey Legislature and the Governor of New Jersey.

4. FTA Quarterly Report

Two (2) weeks after the quarter ends, the IOM firm is required to provide all information as identified by NJT IAD to meet the FTA quarterly reporting requirements.

5. Time Logs

Copies (and upon request, originals) of time logs shall be maintained by the IOM and shall include information on the allocation of hours worked by the IOM and staff to the respective federally-funded programs and all other data required in order to ensure compliance with all federal requirements.

6. Requests for Information/Documents

The IOM shall submit all document and information requests to the NJT IAD via email. The email shall contain in the subject line "Document/Information Request – Project Name".

7. Interim and Close-Out Reports:

In addition to other reporting requirements, prior to the expiration of the IOM Work Authorization, or on an interim basis as necessary for longer-term engagements, the IOM firm shall submit a summary report of audit findings, observations, and process recommendations and/or best practice recommendations to NJT for its review and consideration. This report shall contain findings and observations from the IOM's review of documentation, site visits, and other work that was performed during the IOM Work Authorization term. Also based on its work during the IOM Work Authorization term, the report shall contain industry best practice recommendations regarding the processes it observed. The report will be due to NJT Internal Audit three weeks after NJT IA has completed its final review and acceptance of the workpapers for the IOM WA. Due dates for interim reports will be mutually agreed upon by the parties.



## **Attachment 2: Disaster Fraud Theft Reporting Form**



OFFICE OF THE ATTORNEY GENERAL  
STATE OF NEW JERSEY



## Disaster Fraud/Theft Reporting Form

Reporting Agency:	Agency Case No.:	Reporting County:	Date:
Reporting Officer:	Badge No.:	Agency Telephone No.:	Department ORI: (If applicable)
Nature of Crime/Incident:	Crime Date:	Amount of Theft/Fraud:	Have Charges been Filed? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending

### VICTIM / COMPLAINANT SECTION

Victim / Complainant:	D.O.B.:	Cellular Telephone No.:	
Current Address:	Home Telephone No.:		
Municipality:	County:	State:	Zip Code:
Address of Incident: (if different from the current address)			
Municipality:	County:	State:	Zip Code:
Insurance Company Involved: (if applicable)		Policy No.:	
Insurance Company Address:		Telephone No.:	

### DEFENDANT / SUSPECT SECTION

(attach additional defendants if applicable or forward department incident report with this form)

Defendant's Name:		D.O.B.:	Telephone No.:		
Address:		Municipality:	County:	State:	Zip Code:
Vehicle Year:	Make:	Model:	Color:	Type:	Registration No. & State:
Business/Company Representing: (if applicable)			Telephone No.:	NJ Contractor License No. (plumbing, electrical etc.):	
Business Address:			Web-Site / E-Mail of business:		
Check ALL that apply: <input type="checkbox"/> Arrested <input type="checkbox"/> Complaints Filed <input type="checkbox"/> Under Investigation <input type="checkbox"/> Contacted by Police <input type="checkbox"/> Only Reported to Police / NJ Division of Consumer Affairs					

### NARRATIVE SECTION

(provide a brief narrative of the incident)

**E-MAIL COMPLETED FORMS TO SANDYFRAUD@NJDCJ.ORG**

**NJ TRANSIT Contact No. 14-033  
Integrity Oversight Monitoring Services  
Work Authorization Request:  
Superstorm Sandy Integrity Oversight Monitoring Services for Hoboken  
Project**

**Attachment 3: Quarterly Report Template**

State of New Jersey  
Department of Treasury  
Integrity Oversight Monitoring Reporting Model  
For Quarter Ending: xx/xx/2016

Reports required under A-60 will be submitted by Integrity Oversight Monitors on the first business day of each calendar quarter to the State Treasurer and will contain detailed information on the projects/contracts/programs funded by the Disaster Relief Appropriations Act.

No.	Recipient Data Elements	Response	Comments
<b>A. General Info</b>			
1.	Recipient of funding		
2.	Federal Funding Agency? (e.g. HUD, FEMA)		
3.	State Funding (if applicable)		
4.	Award Type		
5.	Award Amount		
6.	Contract/Program Person/Title		
7.	Brief Description, Purpose and Rationale of Project/Program		
8.	Contract/Program Location		
9.	Amount Expended to Date		
10.	Amount Provided to other State or Local Entities		
11.	Completion Status of Contract or Program		
12.	Expected Contract End Date/Time Period		
<b>B. Monitoring Activities</b>			
13.	If FEMA funded, brief description of the status of the project worksheet and its support.		
14.	Quarterly Activities/Project Description (include number of visits to meet with recipient and sub recipient, including who you met with, and any site visits warranted to where work was completed)		

**State of New Jersey**  
**Department of Treasury**  
**Integrity Oversight Monitoring Reporting Model**  
**For Quarter Ending: xx/xx/2016**

Reports required under A-60 will be submitted by Integrity Oversight Monitors on the first business day of each calendar quarter to the State Treasurer and will contain detailed information on the projects/contracts/programs funded by the Disaster Relief Appropriations Act.

No. Recipient Data Elements	Response	Comments
15. Brief Description to confirm appropriate data/information has been provided by recipient and what activities have been taken to review in relation to the project/contract/program.		
16. Description of quarterly auditing activities that have been conducted to ensure procurement compliance with terms and conditions of the contracts and agreements.		
17. Have payment requisitions in connection with the contract/program been reviewed? Please describe		
18. Description of quarterly activity to prevent and detect waste, fraud and abuse.		
19. Provide details of any integrity issues/findings		

State of New Jersey  
Department of Treasury  
Integrity Oversight Monitoring Reporting Model  
For Quarter Ending: xx/xx/2016

Reports required under A-60 will be submitted by Integrity Oversight Monitors on the first business day of each calendar quarter to the State Treasurer and will contain detailed information on the projects/contracts/programs funded by the Disaster Relief Appropriations Act.

No.	Recipient Data Elements	Response	Comments
20.	Provide details of any work quality or safety/environmental/historical preservation issue(s).		
21.	Provide details on any other items of note that have occurred in the past quarter		
22.	Provide details of any actions taken to remediate waste, fraud and abuse noted in past quarters		
<b>C. Miscellaneous</b>			
23.	Attach a list of hours and expenses incurred to perform your quarterly integrity monitoring review		
24.	Add any item, issue or comment not covered in previous sections but deemed pertinent to monitoring program.		

Name of Integrity Monitor:  
Name of Report Preparer:  
Signature:  
Date:

**NJ TRANSIT Contact No. 14-033  
Integrity Oversight Monitoring Services  
Work Authorization Request:  
Superstorm Sandy Integrity Oversight Monitoring Services for Hoboken  
Project**

**Attachment 4: Question Submittal Template**

**NJ TRANSIT Contact No. 14-033**  
**Integrity Oversight Monitoring Services**

## Hoboken Project

### Questions or Request for Clarification

FIRM NAME: \_\_\_\_\_

[illegible]



**NJ TRANSIT Contact No. 14-033  
Integrity Oversight Monitoring Services  
Work Authorization Request:  
Superstorm Sandy Integrity Oversight Monitoring Services for Hoboken  
Projects**

**Attachment 5: Cost Proposal Format**

NJ TRANSIT Contract No. 14-033

Integrity Oversight Monitoring Services

Attachment 5 - Cost Proposal Format

SUBCONSULTANT (ADD A SEPARATE SECTION FOR EACH SUBCONSULTANT ON THE TEAM AS NEEDED)

	Staffing Category	Partner/ Principal/ Director	Program Manager/ Project Manager	Subject Matter Expert	Supervisor/ Senior Consultant	Consultant Associate/ Staff	Administrative Support	Totals	% Hours per Category / Total Hrs	Target % Per Category
Risk/Billing Category	Hourly Billing Rate Yr 5 Avg All Firms (\$)									
Fraud Risk Assessment	Hours									
	Amount (\$)									
Grant Management (Where applicable)	Hours									
	Amount (\$)									
Disbursement/ Invoicing	Hours									
	Amount (\$)									
Procurement	Hours									
	Amount (\$)									
Task Order Contractors (Where applicable)	Hours									
	Amount (\$)									
Subcontractors	Hours									
	Amount (\$)									
Disadvantaged Business Enterprises (Fraud)	Hours									
	Amount (\$)									
Change Orders	Hours									
	Amount (\$)									
Claims Management	Hours									
	Amount (\$)									
Fieldwork Construction (Where applicable)	Hours									
	Amount (\$)									
Construction Assistance (Design Only)	Hours									
	Amount (\$)									
Project-wide Activities	Hours									
	Amount (\$)									
	Subconsultant Total Hours	-	-	-	-	-	-	-	0%	0%
Subconsultant Total \$ Amount		-	-	-	-	-	-	-		

Total Direct Cost	-	
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Total Travel Cost	-	
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	Staffing Category	Partner/ Principal/ Director	Program Manager/ Project Manager	Subject Matter Expert	Supervisor/ Senior Consultant	Consultant Associate/ Staff	Administrative Support	Totals	% Hours per Category / Total Hrs	Target % Per Category
Risk/Billing Category	Hourly Billing Rate Yr 5 Avg All Firms (\$)									
Fraud Risk Assessment	Hours									
	Amount (\$)									
Grant Management (Where applicable)	Hours									
	Amount (\$)									
Disbursement/ Invoicing	Hours									
	Amount (\$)									
Procurement	Hours									
	Amount (\$)									
Task Order Contractors (Where applicable)	Hours									
	Amount (\$)									
Subcontractors	Hours									
	Amount (\$)									
Disadvantaged Business Enterprises (Fraud)	Hours									
	Amount (\$)									
Change Orders	Hours									
	Amount (\$)									
Claims Management	Hours									
	Amount (\$)									
Fieldwork Construction (Where applicable)	Hours									
	Amount (\$)									
Construction Assistance (Design Only)	Hours									
	Amount (\$)									
Project-wide Activities	Hours									
	Amount (\$)	-	-	-	-	-	-	-		
	Prime Total Hours	-	-	-	-	-	-	-	0%	0%
Prime Total \$ Amount		-	-	-	-	-	-	-		

Total Direct Cost	-	
Total Travel Cost	-	

**NJ TRANSIT Contact No. 14-033  
Integrity Oversight Monitoring Services  
Work Authorization Request:  
Superstorm Sandy Integrity Oversight Monitoring Services for Hoboken  
Project**

**Attachment 6: DBE Forms**

## First Tier DBE UTILIZATION - FORM A

Project Name: \_\_\_\_\_

NJT Contract No: \_\_\_\_\_

Assigned DBE Goal %: \_\_\_\_\_ NJT Procurement Specialist: \_\_\_\_\_ Contract Value (\$): \_\_\_\_\_

First Tier DBE must perform at least 51% of its subcontract value if subcontracting to a Second -Tier DBE or Non-DBE. Do not count Non-DBE portion toward the goal.

Name, Address and Telephone # of DBE Subcontractor/Subconsultant	Provide <u>Detailed</u> Scope of Work to be Performed (Identify all suppliers)	Dollar Value of Subcontract/Sub-consultant Work (\$) Awarded	Percentage of Subcontract Work (%)
			%
			%
			%
			%
			%
For DBE suppliers, show original subcontract value multiplied by 60% (\$2,000*60%=\$1200). For DBE portion of work, subtract Non-DBE portion of work from original subcontract value.	<b>TOTALS</b>	\$	%

The undersigned will enter into a formal agreement with the DBE(s) listed in this schedule conditioned upon execution of a contract with NJ TRANSIT for the above referenced project. The undersigned understands that removal/replacement of the DBE(s) listed is NOT PERMISSIBLE for any reason (pre or post-award), without submitting a written request to the Office of Business Development and receiving WRITTEN APPROVAL from the Office of Business Development. Failure to obtain written approval shall result in the breach of contract and subject to corrective action to be determined by NJ TRANSIT.

Company Name: \_\_\_\_\_

Authorized Signature: \_\_\_\_\_

Company Address: \_\_\_\_\_

Print Name: \_\_\_\_\_

\_\_\_\_\_

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

Federal Tax ID #: \_\_\_\_\_

Prime Contractor's DBE Liaison Officer: \_\_\_\_\_

Company Tel #: \_\_\_\_\_

Date Signed: \_\_\_\_\_

## BIDDER SOLICITATION &amp; CONTRACTOR INFORMATION - FORM A1

Project Title: \_\_\_\_\_

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

Prime Contractor/Consultant: \_\_\_\_\_

Telephone #: \_\_\_\_\_

*Complete the information below for Bidder/Proposer/Prime(s) working on this project. Use Page 2 for all subcontractors/subconsultants*

	Bidder/Proposer/Prime	Bidder/Proposer/Prime	Bidder/Proposer/Prime
Company's Full Name			
Address			
City			
Zip			
County			
Phone			
Fax			
E-mail			
Owner			
Date Established			
Date Certified			
Ethnicity			
Gender			
Certification Status: <b>DBE or Non-DBE</b>			
Federal Tax ID # / SSN #			
Annual Gross Receipts: A - Less than \$500K B - \$500K to \$1M C - \$1M to \$2M D - \$2M to \$5M E - \$5M and over <b>indicate the letter that applies</b>			
Primary NAICS Code:			

## BIDDER SOLICITATION &amp; CONTRACTOR INFORMATION - FORM A1

Project Title: \_\_\_\_\_

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

Prime Contractor/Consultant: \_\_\_\_\_

Telephone #: \_\_\_\_\_

**COMPLETE THE INFORMATION BELOW FOR “ALL” FIRMS INCLUDING SUPPLIERS SOLICITED; INCLUDING THOSE THAT WILL WORK ON THIS PROJECT.**

	Subcontractor/Subconsultant	Subcontractor/Subconsultant	Subcontractor/Subconsultant
Company's Full Name			
Address			
City			
Zip			
County			
Phone			
Fax			
E-mail			
Owner			
Date Established			
Date Certified			
Ethnicity			
Gender			
Certification Status: <b>DBE or Non-DBE</b>			
Federal Tax ID # / SSN #			
Annual Gross Receipts: A – Less than \$500K B - \$500K to \$1M C - \$1M to \$2M D - \$2M to \$5M E - \$5M and over <b>indicate the letter that applies</b>			
Primary NAICS Code:			

## NON-DBE SUBCONTRACTOR UTILIZATION - FORM A2

*Directions: To be completed by any Bidder/Proposer/Prime for "all" subs including suppliers participating on this contract.*

Bidder/Proposer Prime Name: \_\_\_\_\_

Project Title: \_\_\_\_\_

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

Prime Contract Value: \_\_\_\_\_

Name, Address and Telephone # of all Subcontractor/Subconsultants	FEIN #	Provide <u>Detailed</u> Scope of Work to be Performed	Dollar Amount of Subcontractor/Sub-consultant Work (\$) Awarded	Percentage of Subcontract or Work (%)
			\$	%
			\$	%
			\$	%
			\$	%
			\$	%
Must provide a detailed scope of work; one-word descriptions are not acceptable.		<b>TOTALS</b>	\$	%



**INTENT TO PERFORM AS A 1<sup>ST</sup> TIER DBE - FORM B**

The Bidder/Proposer/Prime is prohibited from completing any portion of this form and directing the DBE to sign a blank form.

DIRECTIONS: DBE(s) listed on the Form A must complete all information on this form.

\_\_\_\_\_  
Name of Bidder/Proposer/Prime:

\_\_\_\_\_  
Name of DBE Firm:

\_\_\_\_\_  
Project/Contract Name:

\_\_\_\_\_  
IFB/RFP Contract Number:

**Does the undersigned DBE (Answer Accordingly):**

Intend to perform subcontract work in connection with the above-mentioned project as a Joint Venture? Circle one. (Yes or No)

Intend to subcontract any portion of its scope of work to a DBE(s)?

Circle one. (Yes or No)

If yes, DBE Sub-Primes must complete and submit Form AA.

At what percent? \_\_\_\_\_%

Intend to subcontract any portion of its scope of work to a Non-DBE(s)?

Circle one. (Yes or No)

If yes, must complete and submit Form AA2.

At what percent? \_\_\_\_\_%

The undersigned will perform the following described work on the above-referenced project: *(Provide a detailed description of the type of work you will perform on your subcontract. Attach a copy of quote approved and signed by Bidder (optional)).*

\_\_\_\_\_  
Dollar Value of DBE Subcontract: \$\_\_\_\_\_

Total Quantity/Units (if applicable): \_\_\_\_\_ Per Unit Cost (if applicable): \$\_\_\_\_\_

The undersigned based the above scope of work and subcontract value on detailed project specs received from the Bidder contractor named above. Circle one. (Yes or No)

The Prime Contractor projected the following commencement and completion date for such work as follows:

DBE Contract Start Date: \_\_\_\_\_ DBE Contract Completion Date \_\_\_\_\_

**The undersigned DBE will enter into a formal agreement for the above work with the Prime Contractor conditioned upon execution of a contract with NJ TRANSIT. As a DBE subcontractor, I will cooperate with the certification, compliance and monitoring process set forth by NJ TRANSIT. I attest that I will perform at least 51% of my subcontract with my own workforce for the referenced project.**

\_\_\_\_\_  
Signature of 1<sup>st</sup> Tier DBE

\_\_\_\_\_  
Date

\_\_\_\_\_  
Title

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Telephone #:

Failure to adhere to these instructions or the falsification of any information on this form shall result in breach of contract and subject to the appropriate penalties to be determined by NJ TRANSIT.

## DBE GOOD FAITH EFFORT– FORM D

IFB/RFP Number: \_\_\_\_\_

Project Title: \_\_\_\_\_

Bidder/Proposer/Prime Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Date Signed: \_\_\_\_\_

**The following is a list of the types of actions that may be considered good faith efforts. It is not intended to be a mandatory checklist, nor is it intended to be exclusive or exhaustive. Other factors or types of efforts may be relevant in appropriate cases, however please check all that apply in this instance. Please provide documentation for ALL instances selected.**

- ☐ Selected portions of work to be performed by DBEs and, where appropriate, broke down contracts into economically feasible units to facilitate DBE participation.
- ☐ Provided interested DBE with adequate information about plans, specifications, and requirements of the contract.
- ☐ Negotiated in good faith with interested DBE, not rejecting DBEs as unqualified without sound reasons based on a thorough investigation of their capabilities.
- ☐ Made efforts to assist interested DBE in obtaining bonding, lines of credit, or insurance required by NJ Transit or Bidder.
- ☐ Made efforts to assist interested DBEs in obtaining necessary equipment, supplies, materials, or related assistance or services.
- ☐ Advertised subcontracting opportunities in appropriate media.
- ☐ Used the services of minority organizations, minority contractors' groups, local state and federal minority business assistance offices and other organizations that provide assistance identifying subcontractors.
- ☐ Provided written notice to DBEs in sufficient time to allow the DBE to respond. (Provide copy of documentation with Page 2.)
- ☐ Followed up initial solicitation of interest by contacting DBE to determine interest. (Provide proof of follow up with Page 2.)

**Describe any other efforts not covered above that may indicate Good Faith Efforts to obtain DBE participation on this project and provide documentation.**

## DBE GOOD FAITH EFFORT- FORM D

IFB/RFP Number: \_\_\_\_\_ Project Title \_\_\_\_\_

If the dollar value of the goal for DBE participation in this project has not been met, the Bidder/Proposer/Prime is required to complete the following questions to describe efforts to obtain DBE participation. Copies of correspondence, return receipts, telephone logs, or other documentation will be required to support good faith efforts. Please provide information for each DBE.

I, \_\_\_\_\_  
Name Titleof \_\_\_\_\_  
Bidder/Proposer/Prime

Certify that on \_\_\_\_\_, I contacted the below named DBE to obtain a  
Date  
Bid/Proposal for work items to be performed on the Project named above.

DBE: \_\_\_\_\_  
Firm NameType of work requested to be performed: \_\_\_\_\_  
\_\_\_\_\_Method of Contact: ☐ Phone ☐ Fax ☐ Mail ☐ Email

Date Contacted: \_\_\_\_\_

To the best of my knowledge and belief, said DBE was unavailable for work on this project and was unable to prepare a bid for the following reason(s):

- ☐ No response
- ☐ Not interested: Indicate Reason(s) \_\_\_\_\_
- ☐ Unacceptable Sub Bid: Indicate Reason(s) \_\_\_\_\_

**Please note: Unless the price difference is excessive or unreasonable, incurring additional costs in using and finding a DBE is not a sufficient reason to reject DBE quote.**

\_\_\_\_\_  
Signature of Bidder/Proposer/Prime\_\_\_\_\_  
Date

**The above statement is a true and accurate account of why I did not submit a bid on this project.  
(Below is to be signed by DBE firm only)**

\_\_\_\_\_  
Signature of DBE Firm

Date

\_\_\_\_\_  
Name of DBE Firm\_\_\_\_\_  
Print Name\_\_\_\_\_  
Address\_\_\_\_\_  
Print Title\_\_\_\_\_  
Telephone #: (     )

## Task Assignment - Prime Contractor Monthly DBE Payment Report - FORM E

Name of Task Assignment: \_\_\_\_\_

NJT Task Assignment #: \_\_\_\_\_

Prime Original Task Value: \_\_\_\_\_

Report for the Month of: \_\_\_\_\_

Change Orders (Overall Inc. /Dec.): \_\_\_\_\_

Task Execution Date: \_\_\_\_\_

Total Contract Amount to Date: \_\_\_\_\_

NJT Project Mgr Name: \_\_\_\_\_

Total Payments Received from NJT Date: \_\_\_\_\_

Assigned DBE Goal %: \_\_\_\_\_

Name of DBE Subcontractor	Work Task Performed	Original Contract Amount \$	Change Order Amount \$ (+/-)	Amount of Invoice Received this Month (\$)	Date of Invoice Received in this Month	Payment(s) Made to DBE in this Month in \$\$ (Itemize)	Date(s) Payment Made This Month	Total DBE Payments made to Date in (\$)	% Overall Work Finished	Final Pmt (Y/N)
Total(s)→		\$	\$	\$	Total(s)	\$	Total(s)	\$		

Itemize payments/invoices and dates if paid/received more than one payment/invoice between the 1<sup>st</sup> and 31<sup>st</sup> of THIS Month.

## Prime Contractor Information:

Prime Firm Name: \_\_\_\_\_

Project Director Name: \_\_\_\_\_

Address: \_\_\_\_\_

Project Director Signature: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Date: \_\_\_\_\_

Federal EIN #: \_\_\_\_\_

Prime's Past Due Invoice Information: List any invoice more than 40 days past due from the date submitted to NJT at the time you complete this form.

Invoice #	Invoice Date	Invoice Amount (\$)	Number of Days Past Due	Comments:

**TASK ASSIGNMENT - Form E - Prime Contractor's DBE Payment Certification**

1. Have **all** DBE subcontractors with executed subcontracts been paid amounts due from previous progress payments?

☐ **If yes, skip the next section and go to number 3.**

☐ **If no**, please complete fields in box below: (Use additional paper, if needed)

DBE SubContractor Name	Amount Withheld From Invoice (\$)	Total of Invoice Amount (\$)	Invoice Number	Invoice Date	Specific Reason for Withholding

2. Have you notified the DBE subcontractor(s) that you are withholding payment and the reason(s) why?

☐ **If yes**, provide a copy of written notification to the DBE subcontractor with this form, indicating the date of notification.

☐ **If no**, lack of prior written notification to the DBE(s) that you are withholding payment violates the prompt payment clause guidelines. **Please contact the DBE immediately, and provide a copy of written notification to the subcontractor with this form.**

3. By signing this form, I certify that all of the above represent true and accurate information.

**Note: CFO or equivalent Sr. Manager must complete and sign off on this form.**

\_\_\_\_\_  
PROJECT DIRECTOR NAME (PRINT)

\_\_\_\_\_  
PROJECT DIRECTOR (SIGNATURE)

\_\_\_\_/\_\_\_\_/\_\_\_\_  
DATE

Additional Reasons/Comments for Withholding Payment:

\_\_\_\_\_

\_\_\_\_\_

DO NOT WRITE BELOW. DEPARTMENTAL USE ONLY.

- ☐ Approved  
☐ Denied

THIS FORM IS DUE ON THE 7TH OF EACH MONTH Please forward to:

Office of Civil Rights and Diversity Programs  
Business Development  
NJ TRANSIT  
One Penn Plaza East, 6<sup>th</sup> Fl  
Newark, New Jersey 07105-2246

**TASK ASSIGNMENT - DBE SUBCONTRACTOR Monthly Payment Report - Form E2**

Name of DBE Firm: \_\_\_\_\_

Report for the Month of: \_\_\_\_\_

DBE's FEIN#: \_\_\_\_\_

Task Order Contract Number: \_\_\_\_\_

DBE Address: \_\_\_\_\_

Task Assignment Name: \_\_\_\_\_

DBE Telephone #: \_\_\_\_\_

DBE Task Start Date: \_\_\_\_\_

**Prime Contractor's Information:**

Name of Prime: \_\_\_\_\_ Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_

DBE PAYMENT INFO: *Itemize payments/invoices and dates if received/submitted more than one payment/invoice between the 1<sup>st</sup> and 31<sup>st</sup> of THIS Month.*

Work Task Performed	Original Subcontract Amount \$	Change Order Amount (+/-)	Invoice #(s) Submitted in this month	Dollar Amount of Each Invoice Submitted in this Month	Date of Invoice(s) Submitted this Month	Total Payments Received by DBE In this Month * (\$)	Date Payment(s) Received in this Month	Total Payments Received by DBE To Date (\$)	Total % Work To Date	Final Payment? Y or N
<b>TOTALS →</b>	\$	\$	<b>TOTALS→</b>	\$	<b>TOTALS→</b>	\$	<b>TOTALS→</b>	\$		

Is retainage held on your subcontract? **Yes** or **No** (circle one) If yes, how much? \$\_\_\_\_\_. Did your final payment include retainage? **Yes** or **No** (circle one)**Past Due Invoice(s) Information:** List any invoice more than 40 days past due from date submitted to prime at the time you complete this form.

Invoice #	Invoice Date	Invoice Amount (\$)	Number of Days Past Due	Comments: use additional paper if necessary

*Note: CFO or equivalent Sr. Manager must complete and sign off on this form.*

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

THIS FORM IS DUE ON THE 7<sup>TH</sup> OF EACH MONTH IMMEDIATELY FOLLOWING DBE's SUBCONTRACT START DATE, EVEN IF PAYMENT NOT RECEIVED. *Please mail this form to:*  
NJ TRANSIT, Office of Business Development, One Penn Plaza East, 6<sup>th</sup> Fl, Newark, New Jersey 07105-2246

Do not alter this form in any way.

If you need assistance completing this form please call 973-491-7539, 8061 and 8068.

Rev Fed Form E2 – April 15, 2013

**NJ TRANSIT Contact No. 14-033  
Integrity Oversight Monitoring Services  
Work Authorization Request:  
Superstorm Sandy Integrity Oversight Monitoring Services for Hoboken  
Projects**

**Attachment 7: Detailed Monitoring Work Plan Template**

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name:\_\_\_\_\_ Contract No.\_\_\_\_\_ IOM Firm\_\_\_\_\_ Date:\_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Grant Management	A.1	Falsified Application Documents	L/H	<describe the fraud risk as it relates to this project and/or the reasons why it is N/A>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether grant documentation intentionally misrepresented how grants will be used.
Grant Management	A.2	Falsified Reporting	L/M			<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether reports were intentionally misrepresented and/or contained inaccurate information.
Grant Management	A.3	Budget Manipulation	M/L			<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether costs are inappropriately charged to a specific grant or intentionally misclassified.  Evaluate for possible budget manipulation where improper segregation of duties may exist.
Disbursement/ Invoicing	B.1	Payment Charged to Incorrect Grant Code	M/L	<describe the fraud risk as it relates to this project and/or the reasons why it is N/A>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether costs are inappropriately charged to a specific grant or intentionally misclassified.



**D R A F T**  
**New Jersey Transit Corporation Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Disbursement/ Invoicing	B.2	Billing Schemes	L/M			<p><b>Potential Procedures - Generic:</b>  Review applicable supporting documentation to identify potential red flags and investigate as appropriate.</p> <p>Review whether charges (hourly rates/overhead rates/materials) of primes and subs do not align with the contractual requirements.</p> <p>Determine whether quality and quantity of materials and services received were misreported/misrepresented.</p> <p>Review payments where supporting documentation are not adequate, missing or incomplete.</p> <p>Review whether prime is timely and accurately paying sub(s) in compliance with contractual requirements.</p>
Disbursement/ Invoicing		Payroll & Prevailing Wage	L/M			<p><b>Potential Procedures - Generic:</b>  Review applicable supporting documentation to identify potential red flags and investigate as appropriate.</p> <p>Conduct periodic prevailing wage reviews to mitigate the risk of ghost employees by checking payroll registers, paychecks including signatures, headcounts, and payments to unions for benefits if union requirement in place.</p> <p>Conduct spot reviews of a selection of contractors/subcontractors' certified payrolls for compliance and accuracy; conduct prevailing wage interview; send prevailing wage interview letters to workers and conduct periodic office visits to review payroll register and compare to information contained in certified payrolls.</p>

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Disbursement/ Invoicing		Equipment & Materials	L/M			<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Review whether charges (hourly rental rates/overhead rates/materials) align with the contractual requirements.  Determine whether quality and quantity of materials and services received were misreported/ misrepresented.  Review payments where supporting documentation are not adequate, missing or incomplete.  Review whether Buy America requirements are complied with, where applicable.
Procurement - Contractor bid frauds	C.1.1	Bid Suppression	H/M	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether the non-winning bidders are retained via subcontracts.  Determine why solicited firms did not bid.  Analyze bids received versus internally developed cost estimates.  Review ownership and affiliations of competitors to determine if there is shared ownership, past joint ventures, or an ongoing and repeated contractor/subcontractor relationship.
Procurement - Contractor bid frauds	C.1.2	Complementary Bidding	H/M			
Procurement - Contractor bid frauds	C.1.3	Bid Rotation	H/M			
Procurement - Contractor bid frauds	C.1.4	Unbalanced Bids	H/M			

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Procurement - Conflicts of interest	C.2	Conflicts of Interest	H/M	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Review bidders lists to determine whether contractor lists represented a legitimate pool of contractors.  Determine why solicited firms did not bid.  Determine ownership and affiliations of competitors to determine if there is shared ownership, past joint ventures, familial relationships, and corporate relationships, etc. and investigate if not in the best interests of the project or NJT.
Procurement - Bribery / kickbacks	C.3	Bribery/Kickbacks	H/M	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Assess vendor selection procedures and controls and identify weaknesses and/or compliance issues in the selection process and investigate if not in the best interests of the project or NJT.  Inquire from bidders, non-bidders and NJT personnel whether they were solicited for bribes/kickbacks.  Review sole and single sourced contracts for award process and investigate if not in the best interests of the project or NJT.
Procurement - Contract frauds	C.4.1	Rigged Specifications	M/M	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Assess vendor contracting procedures and controls and

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Procurement - Contract frauds	C.4.2	Manipulation of Contract Terms	M/M			identify weaknesses and/or compliance issues in the contracting process and investigate if not in the best interests of the project or NJT.
Procurement - Contract frauds	C.4.3	Intentionally Vague Scope Definition	H/H			Review contract RFP documentation, related contract documents, other correspondence, questions, submitted during procurement, minutes from procurement meetings, contractor proposals, etc., and investigate if not in the best interests of the project or NJT.
Procurement - Contract frauds	C.4.4	Unreasonable Prequal Requirements	M/M			
Procurement - Bid Information Frauds	C.5.1	Leaked Bid Information	H/M	<describe the fraud risk as it relates to this project and/or the reasons why it is N/A>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.
Procurement - Bid Information Frauds	C.5.2	Accepting Late Bids	M/M			Assess vendor procedures and controls and identify weaknesses and/or compliance issues and investigate if not in the best interests of the project or NJT.
Procurement - Bid Information Frauds	C.5.3	Improper Disqualification	M/M			Review bid receipt, opening, and evaluation process and investigate if not in the best interests of the project or NJT, e.g., leaked information, acceptance of late bids, improper disqualification, unjustified sole/single source contracts, etc.
Procurement - Bid Information Frauds	C.5.4	Unjustified Sole Source Contracts	H/M			Determine whether procurement employees have undisclosed relationships or affiliation with the winning bidder, e.g., social connections, trade associations, former projects, prior employment, legitimate business contacts

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Task Order Contractors (TOC's)	D.1	Bribes/ Kickbacks	H/H	<describe the fraud risk as it relates to this project and/or the reasons why it is N/A>		<p><b>Potential Procedures - Generic:</b></p> <p>Review applicable supporting documentation to identify potential red flags and investigate as appropriate.</p> <p>Perform background checks NJT personnel and on assigned subcontractors and suppliers to determine if there are relationships that are not in the best interest of the project or NJT.</p> <p>Assess vendor assignment procedures and controls and identify weaknesses and/or compliance issues and investigate if not in the best interests of the project or NJT.</p> <p>Inquire NJT personnel, e.g., procurement, project management, construction management, etc., whether they were solicited for bribes/kickbacks.</p> <p>Review sole and single sourced contracts for award process and investigate if not in the best interests of the project or NJT.</p>
Task Order Contractors (TOC's)	D.2	Falsifying Records	M/M	<describe the fraud risk as it relates to this project and/or the reasons why it is N/A>		<p><b>Potential Procedures - Generic:</b></p> <p>Review applicable supporting documentation to identify potential red flags and investigate as appropriate.</p> <p>For appropriate documentation submitted by the contractor, e.g., billing, time reports, completion reports, inspection, prevailing-wage reporting, etc., validate the completeness and accuracy of charges and investigate instances which are not in the best interests of the project or NJT.</p> <p>Review documentation for the selection and pricing of the TOC for and investigate instances which are not in the best interest of the project or NJT.</p>

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Task Order Contractors (TOC's)	D.3	Conflicts of Interest	H/M	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether the task order contractor lists represents a legitimate pool of contractors.  If competitive process, determine why solicited firms did not bid.  Determine ownership and affiliations of TOCs to determine if there is shared ownership, past joint ventures, familial relationships, and corporate relationships, etc. and investigate if not in the best interests of the project or NJT.
Task Order Contractors (TOC's)	D.4	Schedule Manipulation	M/M	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Conduct periodic site monitoring of construction progress and compare to reported progress to ensure accuracy of all scheduling data and investigate instances that are not in the best interest of the project or NJT.  Determine whether the GC and/or subcontractors manipulated the schedule in order to increase delay claims, change orders, and/or accelerated costs.
Task Order Contractors (TOC's)	D.5	Change Order Manipulation	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		See Change Orders section below.

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Subcontractors	E.1	Duplicate Billings	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Validate the completeness and accuracy of charges submitted by the contractor, e.g., invoices, receipts, payroll records, overheads, etc., and investigate instances which are not in the best interests of the project or NJT.
Subcontractors	E.2	Cost Shifting	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Investigate instances where costs may not be appropriately applied to the correct scope of work performed which are not in the best interests of the project or NJT.
Disadvantaged Business Enterprise (DBE) - False Submission	F.1.1	False Certification Documentation	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Evaluate DBE Certification documents and determine whether there are any false documents, e.g., forgery, alterations, changes, etc. that are not in the best interest of the project or NJT.
Disadvantaged Business Enterprise (DBE) - False Submission	F.1.2	False Compliance Documentation	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Evaluate and determine whether DBE documents accurately portray work performed and or payment history, etc., and investigate instances that are not in the best interest of the project or NJT.

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Disadvantaged Business Enterprise (DBE) - False submission	F.1.3	False or Manipulated DBE Pricing	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether DBE pricing is inconsistent with cost schedules, purchase orders, estimates, etc., and investigate instances that are not in the best interest of the project or NJT.
Disadvantaged Business Enterprise (DBE) - Pass-Through	F.2	Pass-Through	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Evaluate whether the DBE is performing a commercially useful function.
Disadvantaged Business Enterprise (DBE) - Fronting	F.3	Fronting	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Verify authenticity of DBE Ownership and DBE supervision of work being performed.  Review transactions for suspicious disbursements and transactions.



**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Change Orders	G.1	False Submissions	M/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Examine a sample of change orders and determine whether they are in the best interest of the project or NJT.  Determine whether change orders do not align with contractual agreements.  Evaluate the reasonableness of the percentage of change orders to contract value.  Determine whether any costs (labor, materials or equipment) are not incurred and/or billed in accordance with contractual terms.
Change Orders	G.2	Cost Shifting	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether change orders were actually necessary and represents a valid change from the original scope of work to be performed.  Determine whether costs do not align with time sheets, cost records and other supporting documentation and/or were mis-reported.  Determine whether costs and/or tasks in the scope of the original contract were included in change orders.

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Change Orders	G.3	Cost Inflation	H/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether costs are reasonable, accurate, incurred, and valid, and are in the best interests of the project or NJT.  Determine whether costs and/or tasks in the scope of the original contract were included in change orders.
Change Orders	G.4	Scope Manipulation	M/H	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether costs and/or tasks in the scope of the original contract were included in change orders.  Determine whether scope and costs of change orders appear reasonable for the amount of work to be performed.  Determine whether the number of change orders appear to be excessive and not in the best interests of the project or NJT.
Claims Management	H.1	Overpayment of Settlement Amounts	L/M	<u>&lt;describe the fraud risk as it relates to this project and/or the reasons why it is N/A&gt;</u>		<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Determine whether claims are valid, settled at a reasonable amount and are in the best interest of the project and NJT.

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Claims Management	H.2	Fraudulent Settlement Bases	L/M			<p><b>Potential Procedures - Generic:</b>  Review applicable supporting documentation to identify potential red flags and investigate as appropriate.</p> <p>Determine whether claims are valid, settled at a reasonable amount and are in the best interest of the project and NJT.</p>
Fieldwork Construction		Materials Testing	L/M			<p><b>Potential Procedures - Generic:</b>  Review applicable supporting documentation to identify potential red flags and investigate as appropriate.</p> <p>Periodic audits on materials to ensure compliance with contractual specifications.</p> <p>Perform periodic physical inspection of materials and compare with invoices, test results, daily tickets and job cost records.</p>
Fieldwork Construction	N/A	Fixed Assets Inventory Control	L/M			<p><b>Potential Procedures - Generic:</b>  Review applicable supporting documentation to identify potential red flags and investigate as appropriate.</p> <p>Onsite field observations to observe equipment in use, materials properly secured, and follow up with audit review of billings and inventory.</p>
Fieldwork Construction		Demo/Waste Disposal/Abatement	L/M			<p><b>Potential Procedures - Generic:</b>  Review applicable supporting documentation to identify potential red flags and investigate as appropriate.</p> <p>Examine incident reports and make sure that all spills are reported and clean-up are documented.</p> <p>Review whether waste materials are properly disposed and disposal charges are for appropriate quantities and price.</p>

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
Fieldwork Construction		Mgmt. Plans for Site Access & Safety	L/M			<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Review site safety inspections reports for reported infractions by workers.  Identify contractor supplied safety equipment from bid and contract, site walkthroughs specifically to locate equipment on site.
Construction Assistance		Mgmt. Plans for Site Access & Safety	L/M			<b>Potential Procedures - Generic:</b> Review applicable supporting documentation to identify potential red flags and investigate as appropriate.  Review transactions for suspicious disbursements and transactions.

**D R A F T**  
**New Jersey Transit Corporation-Fraud Risk**  
**Monitoring Work Plan**

Project Name:\_\_\_\_\_ Contract No.\_\_\_\_\_ IOM Firm\_\_\_\_\_ Date:\_\_\_\_\_

Risk Category	Program Wide Risk Ref.	Program Wide Fraud Scheme Description	Program Wide Likelihood/ Impact	Potential Fraud Risk Description and Application to this Project	Likelihood / Impact (This Project)	Monitoring Procedures (Modify to address the risks identified for this project.)
<div style="text-align: center;"><b><u>Additional Fraud Risks Identified for this Project</u></b> <b><u>(e.g., payroll, insurance, environmental, QA/QC, safety, permitting, etc.)</u></b></div>						

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New Jersey Transit Corporation

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Potential Fraud Indicators

This list of potential fraud indicators may not be all inclusive. Additional indicators of fraud should be added based on risk associated with the project being monitored.

Project: \_\_\_\_\_ IOM: \_\_\_\_\_

<b>1) Time Overcharging</b>
a) Unauthorized alterations to timecards and other source records.
b) Billed hours and dollars consistently at or near budgeted amounts.
c) Timecards filled out by supervisors, not by employees.
d) Photocopies of timecards where originals are expected.
e) Inconsistencies between consultant's labor distribution records and employee timecards.
f) Frequent adjusting of journal entries with descriptions such as changed wrong "work order" or "contract number."
g) Labor charges inconsistent with contract progress.
h) Personnel files that cannot be found or "found" after a delay.
i) Lack of clear audit trail to verify propriety of labor charges.
<b>&lt;add others as appropriate&gt;</b>
<b>2) Conflicts of Interest</b>
a) Unexplained or unusual favoritism shown to a particular contractor or consultant.
b) NJ TRANSIT official disclosing confidential bid information to a contractor or assisting the contractor in preparing a bid.
c) Employee having discussions about employment with a current or prospective contractor or consultant.
d) Close socialization with and acceptance of inappropriate gifts, travel, or entertainment from a contractor.
e) Vendor or consultants address being incomplete or matching employee's address.
f) NJ TRANSIT official leasing or renting equipment to a contractor performing contract work.
g) Contracting or purchasing employee lives beyond his or her means.
h) Contracting employee fails to file Conflict of Interest or Financial Disclosure forms.
i) Employee declines promotion from a procurement position.
<b>&lt;add others as appropriate&gt;</b>

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New Jersey Transit Corporation

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Potential Fraud Indicators

This list of potential fraud indicators may not be all inclusive. Additional indicators of fraud should be added based on risk associated with the project being monitored.

<b>3) Kickbacks</b>
a) Unexplained or unreasonable limitations on the number of potential subcontractors contracted for bid or offer.
b) Continuing awards to subcontractors with poor performance records.
c) Non-award of subcontract to lowest bidder.
d) "No-value-added" technical specifications that dictate contract awards to particular companies.
e) Non-qualified and/or unlicensed subcontractors working on prime contracts.
f) Poor or no established contractor procedures for awarding of subcontracts through competition.
g) Kickback amount is passed back to NJ TRANSIT.
h) Lack of separation of duties between purchasing, receiving and storing.
i) Purchasing employees maintaining a standard of living exceeding their income.
<b>&lt;add others as appropriate&gt;</b>
<b>4) Quality Control Testing</b>
a) Contractor insisting on transporting quality control (QC) samples from the construction site to the lab.
b) Contractor not maintaining QC samples for later quality assurance (QA) testing.
c) Contractor challenges results or attempting to intimidate QA inspectors who obtain conflicting results.
d) Photocopies of QC test results where originals are expected.
e) Alterations or missing signatures on QC test results.
f) Contractor employees regularly taking or labeling QC samples away from inspector oversight.
g) Laboratory test reports are identical to sample descriptions and test results, varying only date and lot number tested.
h) Test results cannot be found or have been destroyed.
i) Test results are lost then "found" after delay.
<b>&lt;add others as appropriate&gt;</b>
<b>5) Materials Overcharging</b>

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New Jersey Transit Corporation

Project Name:\_\_\_\_\_Contract No.\_\_\_\_\_IOM Firm\_\_\_\_\_Date:\_\_\_\_\_

Potential Fraud Indicators

This list of potential fraud indicators may not be all inclusive. Additional indicators of fraud should be added based on risk associated with the project being monitored.

a) Discrepancies between contractor - provided quantity documentation and observed data, including yield calculations.
b) Refusal or inability to provide supporting documentation.
c) Contractor consistently loading job materials into equipment, away from inspector oversight.
d) Truck weight tickets or plant production records with altered or missing information.
e) Photocopies of quantity documentation where originals are expected.
f) Irregularities in color or content of weight slips or other contractor documents used to calculate pay quantities.
g) No receiving report for invoiced goods.
h) Unusually high volume of purchases from one vendor.
i) Invoiced goods cannot be located in inventory or accounted for.
<b>&lt;add others as appropriate&gt;</b>



Draft

New Jersey Transit Corporation

Project Name:\_\_\_\_\_ Contract No.\_\_\_\_\_ IOM Firm\_\_\_\_\_ Date:\_\_\_\_\_

Potential Fraud Indicators

This list of potential fraud indicators may not be all inclusive. Additional indicators of fraud should be added based on risk associated with the project being monitored.

<b>6) <u>Disadvantaged Business Enterprise (DBE) Fraud</u></b>
a) DBE owner lacking background, expertise, or equipment to perform subcontract work.
b) Employees shuttling back and forth between prime contractor and DBE-owned business payrolls.
c) Business names on equipment and vehicles covered with paint or magnetic signs.
d) Orders and payments for necessary supplies made by individuals not employed by DBE-owned business.
e) Prime contractor facilitated purchase of DBE-owned business.
f) DBE owner never present at job site.
g) Prime contractor always uses the same DBE.
h) Financial agreements between prime and DBE contractors.
i) Joint bank accounts (Prime/DBE).
j) Absence of written contracts.
<b>&lt;add others as appropriate&gt;</b>
<b>7) <u>Bid Rigging and Collusion</u></b>
a) Unusual Bid Patterns: too close, too high, round numbers, or identical winning margins or percentages.
b) Different contractors making identical errors in contract bids.
c) Bid prices dropping when a new bidder enters the competition.
d) Rotation of winning bidders by job, type of work, or geographical area.
e) Losing bidders hired as subcontractors.
f) Apparent connections between bidders: common address, personnel, or telephone numbers.
g) Losing bidders submitting identical line-item bid amounts on non-standard items.
h) Persistent high prices by all bidders.
i) Joint venture bids by firms that usually bid alone.
j) Losing bids do not comply with bid specifications or only one bid is complete and other bids are poorly prepared.
<b>&lt;add others as appropriate&gt;</b>

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New Jersey Transit Corporation

Project Name:\_\_\_\_\_Contract No.\_\_\_\_\_IOM Firm\_\_\_\_\_Date:\_\_\_\_\_

Potential Fraud Indicators

This list of potential fraud indicators may not be all inclusive. Additional indicators of fraud should be added based on risk associated with the project being monitored.

<b>8) <u>Product Substitution</u></b>
a) Any mismarking or mislabeling of products and materials.
b) Contractor restricting or avoiding inspection of goods or services upon delivery.
c) Contractor refusing to provide supporting documentation regarding production or manufacturing.
d) Photocopies of necessary certification, delivery, and production records where originals are expected.
e) Irregularities in signatures, dates, or quantities on delivery documents.
f) High rate of rejections, returns, or failure.
g) Test record reflecting no failures or a high failure rate but contract is on time and profitable.
h) Unsigned certifications.
i) Contractor offers to select samples for testing programs.
j) Supplier entertains on provider gratuities to inspection personnel.
<b>&lt;add others as appropriate&gt;</b>

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New Jersey Transit Corporation

Project Name: \_\_\_\_\_ Contract No. \_\_\_\_\_ IOM Firm \_\_\_\_\_ Date: \_\_\_\_\_

Potential Fraud Indicators

This list of potential fraud indicators may not be all inclusive. Additional indicators of fraud should be added based on risk associated with the project being monitored.

<b>9) <u>Bribery</u></b>
a) Other government inspectors at the job site notice a pattern of preferential contractor treatment.
b) NJ TRANSIT official has a lifestyle that exceeds his or her salary
c) Contract change orders lack sufficient justification.
d) Oversight officials socialize with, or have business relationships with, contractors or their families.
e) Involvement of an unnecessary middleman or broker.
f) Contracting employee declines promotion to a non-procurement position.
g) Contracting employee insists contractors use a certain subcontractor or broker.
h) Keen interest by a contracting employee in the award of a contract on purchase order to a particular contractor or vendor.
<b>&lt;add others as appropriate&gt;</b>
<b>10) <u>Debris Removal</u></b>
<b><u>False Claims</u></b>
a) False load tickets.
b) Inflated costs or double billing for work.
c) False or altered invoices.
d) False labor costs or payroll padding.
e) False pick-up locations for ineligible debris.
<b>&lt;add others as appropriate&gt;</b>

Draft

New Jersey Transit Corporation

Project Name:\_\_\_\_\_Contract No.\_\_\_\_\_IOM Firm\_\_\_\_\_Date:\_\_\_\_\_

Potential Fraud Indicators

This list of potential fraud indicators may not be all inclusive. Additional indicators of fraud should be added based on risk associated with the project being monitored.

<b><u>False Statements</u></b>
f) Lies about paying subcontractors for services.
g) Inaccurate load capacities posted on trucks.
<b><i>&lt;add others as appropriate&gt;</i></b>
<b><u>Bribery</u></b>
h) Payments to influence contract award.
i) Payments for selection as subcontractor.
j) Payments during performance to ignore problems.
k) Payments to overstate debris volumes or weights.
l) Payments to write load tickets.
m) Payments from property owners to select dump site.
<b><i>&lt;add others as appropriate&gt;</i></b>
<b><u>Conflicts of Interest</u></b>
n) NJ TRANSIT official has dollar interest in contractor.
o) Contractor hires relative of contracting official.
<b><i>&lt;add other indicators of fraud as deemed appropriate&gt;</i></b>

**NJ TRANSIT Contact No. 14-033  
Integrity Oversight Monitoring Services  
Work Authorization Request:  
Superstorm Sandy Integrity Oversight Monitoring Services for Hoboken  
Project**

**Attachment 8: Conflict of Interest Certification**

**NJ TRANSIT CONTRACT NO. 14-033**  
**INTEGRITY OVERSIGHT MONITORING (IOM) PROGRAM**  
**CONFLICT OF INTEREST DISCLOSURE FORM**

The IOM and each of its sub-consultants must certify by completing this form that neither it nor any of its affiliates or subsidiaries or sub-consultants is involved in Superstorm Sandy Program Management or in the design, preparation or delivery of Superstorm Sandy Recovery and Resiliency contracts, task orders, projects, services and programs or any other involvement or activities to NJ TRANSIT or third-parties that could create a direct or indirect conflict with providing IOM services to NJ TRANSIT under its current IOM agreement either directly or as a member of a joint venture, partnership, or as a sub-consultant or subcontractor of any tier.

**COMPLETE ALL QUESTIONS BELOW**

- | <p>1. Has any person or the firm previously performed or is currently performing any materials, services, or any other work for NJ TRANSIT? <i>(If yes, complete and attach a form containing the contract number, contract title, dates, the contact person, and brief description of the work.)</i></p> <p>2. Has any person or the firm previously performed or is currently performing any design, preparation, delivery or any other services for the Superstorm Sandy Program or Resilience Program at NJ TRANSIT? <i>(If yes, attach a detailed explanation for each instance.)</i></p> <p>3. Has any person or the firm previously performed or is currently performing any design, preparation, delivery or any other services for Superstorm Sandy or Resilience Program for contractors, firms, entities, corporations or any other parties? <i>(If yes, attach a detailed explanation for each instance.)</i></p> <p>4. Are there now any potential, anticipated, or actual conflict of interests between any person or the firm either directly or as a member of a joint venture, partnership or as a sub-consultant or subcontractor of any tier <i>(If yes, attach a detailed explanation for each instance.)</i></p> | <table><tr><th>YES</th><th>NO</th></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr><tr><td>_____</td><td>_____</td></tr></table> | YES | NO | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ | _____ |
|---|--|-----|----|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|
| YES   | NO   |     |    |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |     |    |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |     |    |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |     |    |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |     |    |       |       |       |       |       |       |       |       |       |       |
| _____   | _____  |     |    |       |       |       |       |       |       |       |       |       |       |

**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 acknowledge that NJ TRANSIT 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 NJ TRANSIT to notify NJ TRANSIT in writing of any changes to the answers or information contained herein.

I, being duly authorized, certify that the information supplied above, including all attached pages, is complete and correct to the best of my knowledge. I certify that all of the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, that it will constitute a material breach of my agreement(s) with NJ TRANSIT and that NJ TRANSIT at its option, may declare any contract(s) resulting from this certification void and unenforceable.

COMPANY NAME: _____	PRINT OR TYPE _____	_____ (Signature)
ADDRESS: _____		_____ (Name)
_____		_____ (Title)
_____		_____ (Date)

**NJ TRANSIT Contact No. 14-033  
Integrity Oversight Monitoring Services  
Work Authorization Request:  
Superstorm Sandy Integrity Oversight Monitoring Services for Hoboken  
Projects**

**Attachment 9: Close-Out/Interim Report Template**  
(IAD can provide this template in electronic format upon request)

**Attachment 9 begins on next page**

NOTE: Cover page of report should be on IOM firm's letterhead.

## INTEGRITY OVERSIGHT MONITOR'S CLOSE OUT (OR INTERIM) REPORT

**IOM Firm Name:** \_\_\_\_\_

**NJT Contract No:** \_\_\_\_\_

**Project Name:** \_\_\_\_\_

In addition to other reporting requirements, prior to the expiration of the Integrity Oversight Monitor's Work Authorization (WA), or on an interim basis as necessary for longer-term engagements, the Integrity Oversight Monitor (IOM) firm shall submit to the NJ Transit Internal Audit Department (IA) a summary report of:

- audit findings,
- observations, and
- process recommendations and/or best practice recommendations for its review and consideration.

This report shall contain findings and observations from the IOM's review of documentation, site visits, and other work that was performed during the IOM Work Authorization term. Also based on its work during the IOM Work Authorization term, the report shall contain industry best practice recommendations regarding the processes it observed.

The report will be due to IA three (3) weeks after IA has completed its final review and acceptance of the workpapers for the IOM WA. Due dates for interim reports will be mutually agreed upon by the IOM and IA.

**Report Type: Close-Out** \_\_\_\_\_

**Interim** \_\_\_\_\_

**Report Date:** \_\_\_\_\_

**Prepared and Submitted by:**

\_\_\_\_\_  
**Name and Title**

**NJT Distribution:**



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## I. EXECUTIVE SUMMARY

### **Purpose**

- Brief statement regarding the federal and state requirements requiring integrity oversight monitoring services.

### **Background**

Suggested content:

- Date NJT advised IOM firm it had been awarded the contract
- Effective date and dollar amount of Limited Notice to Proceed (where applicable)
- Effective date and expiration date of Work Authorization (include all revisions to original Work Authorization, including extensions of time, adding scope, increasing value of the of Work Authorization)
- The value and descriptions of the Contracts that were monitored by IOM under this engagement.
- Funding source(s) and funding amounts of the project(s) that were monitored.

### **Scope**

- Brief description of:
  - fraud risk assessment categories that were addressed in the IOM's workplan;
  - the type of monitoring activities performed; and
  - if applicable, DBE Compliance Monitoring performed.
- Statement whether this is an interim report (for a longer-term IOM project) or whether this is a close-out report at the end of the engagement.

### **Conclusion**

- Begin with a statement that whether there were findings of fraud, waste, or abuse. If no, please state as such. If there were findings of fraud, waste, or abuse, please provide an explanation of the finding as well as when and to whom the findings were reported. (Reminder: if there is a finding of a likely criminal violation or lesser degree of any malfeasance, inefficiency, waste, fraud, abuse or mismanagement of funds, the IOM must immediately report its written findings to the New Jersey Office of the State Comptroller and the New Jersey Attorney General's Office with a copy to NJ Transit Auditor General consistent with the requirements of N.J.S.A. 52:15D-2.) If the IOM firm is aware of how a fraud, waste, or abuse issue was resolved, please explain.
- Provide a summary of:
  - the audit findings,
  - observations, and

- process recommendations and/or best practice recommendations for NJ Transit's review and consideration. Observations and recommendations should also be made in the Detailed section of the close-out or interim report. Indicate whether the Observations are operational, financial, compliance and/or technology-related.

## II. DETAILED REPORT: INTEGRITY OVERSIGHT MONITORING SERVICES – FINDINGS AND/OR OBSERVATIONS

### A. **Issue Statement** (statement of issue identified)

#### **Finding 1:**

Describe observation including specifics of findings identified.

#### **Fraud Risk Category and Risk Description:**

Specify the Fraud Risk Assessment Category of the workplan procedures that led to this observation.

#### **Recommendation 1: (state type of Recommendation, e.g. operational, compliance, financial, information technology)**

Recommendations should be based on strengthening internal controls and/or implementing industry best practices as appropriate.

#### **Corrective Action Taken (if applicable)**

Report actions taken by NJT during the engagement in response to observations relayed to NJT during the engagement.

(Repeat above categories for each Observation under Issue A)

**B. Issue Statement for Observation** (statement of issue identified)

**Observation 1:**

**Fraud Risk Category and Risk Description:**

**Recommendation 1: (state type of Recommendation, e.g. operational, compliance, financial, information technology)**

**Corrective Action Taken (if applicable)**

(Repeat above section categories for each Observation under Issue B)

### III. DETAILED REPORT: PROCESS AND/OR BEST PRACTICE RECOMMENDATIONS

Report to NJ Transit process and/or best practice recommendations based on IOM activities during the engagement.

**Add additional Issue Sections as needed.**