



## **STONY BROOK REGIONAL SEWERAGE AUTHORITY**

### **GENERAL INFORMATION**

Thank you for your interest in becoming a vendor with the Stony Brook Regional Sewerage Authority (“SBRSA”), a New Jersey tax-exempt public entity pursuant to N.J.S.A. 54:32B-1 et seq.

Please use this information page and the following sales tax exemption letter (page 2) in lieu of a credit application form for SBRSA. No employees of SBRSA have the authority to commit any obligation on behalf of SBRSA without a legally executed purchase order produced by the Qualified Purchasing Agent of SBRSA.

Please complete the “Vendor Information Form” (pages 3-4) and provide all relevant documentation as requested, and submit via email to [purchasing@sbrsa.org](mailto:purchasing@sbrsa.org) or USPS mail to:

**Stony Brook Regional Sewerage Authority  
Attention: Purchasing Agent  
290 River Road  
Princeton, NJ 08540**

Monthly invoice processing cut-off date is generally second Friday of each month; earlier in the months of November and December.

Payments of valid invoices for goods delivered or services completed will be made once a month by bank check after approval of SBRSA Board which meets once a month, generally on the fourth Monday of each month, except for November (third Monday) and December (second Monday).

SBRSA cannot accept any other payment terms other than what is stated above. SBRSA cannot complete any credit application, except for procurement cards under state contracts. FOB is “Destination” unless agreed differently.

SBRSA does not pay for goods or services in advance, except for items permitted under N.J.A.C. 5:30-9A6(c)(1), 5:31-4.1 and N.J.S.A. 40A-5-16.1, 40A:5-16.2, 40A:5-16.3.

SBRSA’s bond rating is “Aa3” by Moody’s. Credit and bank references are:

<u>Reference</u>	<u>Tel</u>	<u>Fax</u>
Schwing Bioset	715-247-3433	715-247-3438
Thomas Scientific	856-467-2000	856-467-3087
Wells Fargo	704-410-0368	866-388-2712



# State of New Jersey

DEPARTMENT OF THE TREASURY

DIVISION OF TAXATION

P. O. BOX 269

TRANTON, NEW JERSEY 08695-0269

PHILIP D. MURPHY  
Governor

SHEILA Y. OLIVER  
Lt. Governor

ELIZABETH MAHER MUOIO  
State Treasurer

JOHN J. FICARA  
Acting Director

Telephone (609) 292-5995 / Facsimile (609) 989-0113

[This letter is undated and does not expire.]

Stony Brook Regional Sewerage Authority  
290 River Road  
Princeton, NJ 08540

Dear Sellers/Vendors\* and Government Purchasing Officers:

The Stony Brook Regional Sewerage Authority is a public authority of the State of New Jersey and is exempt from Sales and Use Taxes, pursuant to Section 9 (a)(1) of the New Jersey Sales and Use Tax Act (N.J.S.A. 54:32B-1 et seq.). The Stony Brook Regional Sewerage Authority is not required to use an Exempt Organization Certificate (Form ST-5) to make tax exempt purchases. **Official letterhead, a purchase order or similar document signed by a qualified officer is sufficient proof that the entity is exempt from paying New Jersey sales tax.** Payment must be made by check, voucher, or electronic payment from a government fund. Purchases of natural gas, electricity or their related transportation or transmission services are not exempt. (See N.J.S.A. 54:32B-9(c)(3)).

New Jersey State and local governmental entities making **cash purchases of \$150 or less** from imprest funds may use the Exempt Use Certificate (Form ST-4) except for purchasing room occupancies. Proper use of the ST-4 requires the following: (1) a qualified officer of the agency must sign the form; (2) "Government Entity" must appear in the box on the upper right corner for "PURCHASER'S NEW JERSEY TAXPAYER REGISTRATION NUMBER;" (3) "9(a)" should be filled in the box following "N.J.S.A. 52:32B-;" and the name and title of the agency representative engaged with the seller should appear at the bottom of the form.

Exempt Organization Unit  
Regulatory Services Branch  
New Jersey Division of Taxation

\* Note to Sellers/Vendors: This letter is not required for audits/proof of exemption. See pages 26-27 of Bulletin S&U-4, Sales Tax Guide and TB-49: Purchases and Sales by School and Affiliated Organizations.

*The information contained in this letter is specific to the facts or circumstances presented by the inquirer and may not be relied on by any other person or used as advice or precedent for any other matter or person in a similar situation.*

*New Jersey Is An Equal Opportunity Employer • Printed on Recycled Paper and Recyclable*



## VENDOR INFORMATION FORM

Please Print Legibly and Submit with Required Documentation

Vendor/Business Name

Doing Business As (if applicable)

Business Address

Billing Contact Name

Email

Tel

Fax

Remittance Address (if different from Business Address)

Sales Contact

Email

Tel

Fax

Type of Business

IRS-1099 Yes/No

NJ BRC Number

Tax ID Number

## VENDOR INFORMATION FORM (Continued)

### REQUIRED DOCUMENTATION

Check any/all that is applicable and include with the Vendor Information Form:

- ☐ W-9 Form Request for Taxpayer Identification Number and Certification.
- ☐ Certificate of Insurance\* naming SBRSA as Holder and Additional Insured to the extent of vendor's indemnity obligations (required for on-site services).
- ☐ New Jersey Department of Labor Public Works Contractor Registration Certificate (required for all public works contracts exceeding \$2,000).
- ☐ New Jersey Certificate of Employee Information for affirmative action and equal opportunity Form AA-302 (only required for public works contracts exceeding \$2,000).
- ☐ New Jersey Business Registration Certificate (required if anticipated payments exceeds \$6,600).
- ☐ Political Contribution Disclosure Form (required if total payment exceeds \$17,500).
- ☐ Certification of Non-Involvement in Prohibited Activities in Russia or Belarus (required if total payment exceeds \$1,000).

Please note that additional information or documentation may be required before any business can commence with Stony Brook Regional Sewerage Authority.

### CERTIFICATION

***The undersigned certifies that s/he is an authorized agent of said company who has read the SBRSA General Information on Pages 1 & 2, and all the information provided on Page 3 with the required documentation on Page 4 is true and current.***

***The undersigned further acknowledges that Stony Brook Regional Sewerage Authority payment term is once a month but no more than net forty-five (45) calendar days. This payment term overwrites any payment term listed differently in invoices.***

---

Signature

---

Date

---

Name (Print)

---

Company

---

Title

\* Insurance requirement on Occurrence Form, General Liability with project-specific limit of no less than \$1M per occurrence and \$2M in aggregate and including coverage for products & completed operations, Auto Liability no less than \$1M combined single limit, Workers' Compensation NJ Statutory no less than \$1M/\$1M/\$1M, and evidence of XCU coverage should be addressed in the certificate.

## CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS

Pursuant to N.J.S.A. 52:32-60.1, et seq. and N.J.S.A.40A:11-2.2 (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a local contracting unit subject to the Local Public Contracts Law for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the Department of the Treasury finds that a Vendor has made a certification in violation of the law, it shall take any action as may be appropriate and provided by law, rule or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party.

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify

(Check the Appropriate Box)

- ☐ A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

- ☐ B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

- ☐ C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

---

---

---

---

---

---

---

(Attach Additional Sheets If Necessary.)

Signature of Vendor's Authorized Representative	Date
Print Name and Title of Vendor's Authorized Representative	Vendor's FEIN
Vendor's Name	Vendor's Phone Number
Vendor's Address (Street Address)	Vendor's Fax Number
Vendor's Address (City/State/Zip Code)	Vendor's Email Address

<sup>i</sup> Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

NJ Rev. 1.22.2024