

GLASSBORO SCHOOL DISTRICT

Monthly Board Items

Date Submitted: 5/9/2023

Proposed Effective Date: July 1, 2023

Short description (title): Cross County Clinical and Educational Services, Inc.

Submitted by: Michelle Edelstein

Building:

**Proposed
cost/amount:
attached**

ESY:

Funded through:
District Funds

Grade(s) impacted if any:

Board Action Requested: Recommend Board Approval to contract with Cross County Clinical and Educational Services, Inc. for Child Study Team services on an As-Needed basis for the 2023-2024 School Year.

Details and ramifications: 2023-2024 Fee Schedule Attached

Positives:

Concerns:

Other Comments:

FOR OFFICE USE ONLY:

Board Date: _____

Approved: Y or N

Index #: _____



Cross County Clinical &

Educational Services, Inc.

P.O. Box 150, Ringwood, NJ 07456

732-821-1266 FAX: 732-821-5886

mail@crosscountyclinical.com

Fee Schedule: 2023-2024

Child Study Team Evaluations – English

\$ 725.00 ea.

Speech-Language Diagnostic Battery

Psychological Diagnostic Battery

Educational Evaluation by LDTC

Social Work Evaluation/Social-Developmental History

Battelle Developmental Inventory – five domains

\$ 1085.00 ea.

Child Study Team Evaluations – Bilingual

\$ 980.00 ea.

Arabic

Korean

Chinese –Cantonese

Polish

Chinese – Mandarin

Portuguese

French

Russian

Haitian Creole

Spanish

Indian (Hindi, Gujarati, Bengali)

Urdu

(other languages available – please call)

Battelle Developmental Inventory – five domains

\$ 1,310.00 ea.

Formal reports – English:

n/c

Report summary in second language:

\$ 295.00 ea.

Complete Report translation in second language:

\$ 450.00 ea.

FBA/BIP

\$ 2350.00 ea.

P/T and O/T Evaluations

\$ 980.00 ea.

Translation/Interpreter Services

Minimum of 2 hours a day on site:

\$ 100-250/hr

Psychological, Speech Pathology, LD, LCSW Services (on-site)

For specific rates contact the CCC Director of Services:

\$ 105.00-175.00/hr

* Notes: Evaluators may not be able to attend Individualized Education Program Meetings.

If available for IEP Meetings there is a minimum of 3 hours a day.

Open purchase order discounts up to 25% available – call for details



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: PALUMBO, MARK A
Trade Name: CROSS COUNTY CLINICAL & EDUCATIONAL SERVICES
Address: 187 KITCHELL LAKE DRIVE
WEST MILLFORD, NJ 07480
Certificate Number: 0087791
Effective Date: April 06, 1999
Date of Issuance: December 08, 2020

For Office Use Only:

20201208140158657

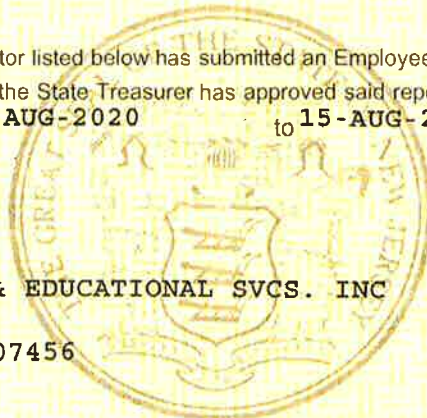
Certification 26918

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-AUG-2020** to **15-AUG-2027**

CROSS COUNTY CLINICAL & EDUCATIONAL SVCS. INC
PO BOX 150
RINGWOOD NJ 07456



Elizabeth Maher Muoio

ELIZABETH MAHER MUOIO
State Treasurer

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

Print or type See Specific Instructions on page 2.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. Cross County Clinical and Educational Services, Inc.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner. <input type="checkbox"/> Other (see instructions) ▶ _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) P.O. Box 150	Requester's name and address (optional)
	6 City, state, and ZIP code Ringwood, NJ 07456	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number								
			-			-		
or								
Employer identification number								
2	2	-	3	6	7	2	0	8
0								

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person 

Date • March 03, 2023

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.



**BUSINESSOWNERS DECLARATION
BUSINESSOWNERS RENEWAL DECLARATIONS**

07

RENEWAL OF OHC D397526

Policy Number	Policy Period From To	Coverage is Provided in the	Agency Code
OHC-D397526-05	10/22/2022 10/22/2023	HANOVER INSURANCE COMPANY	130500400

Named Insured and Address

CROSS COUNTY CLINICAL &
EDUCATIONAL SERVICES, INC
187 KITCHELL DRIVE
WEST MILFORD NJ 07480

Agent

855-213-4005
SPECIALTY PROGRAM GROUP
C/O INSUREON
30 N LA SALLE ST STE 2500
CHICAGO, IL 60602

Additional Property Coverages and Extensions:

See attached Schedule for Additional Coverages provided for under this Policy.

Additional Liability Coverages: General Liability Broadening Endorsement

General Liability Class: 85100

Description: SPEECH THERAPISTS OFFICES

Liability Exposure: 200 Sq.FT

Policy Forms, Endorsements and Optional Coverages Attached:

See Forms and Endorsements Schedule

NJ PROP-LIAB INS GUARANTY ASSOC SURCHARGE:	\$4.43
TOTAL BOP COVERAGE PREMIUM:	\$742.43
BOP TERRORISM COVG (INCLUDED IN TOTAL POLICY PREMIUM)	\$ 30.00
OTHER THAN FIRE FOLLOWING	\$ 12.00
FIRE FOLLOWING	\$ 18.00
TOTAL UMBRELLA COVERAGE PREMIUM:	NOT COVERED
UMB TERRORISM COVG (INCLUDED IN TOTAL POLICY PREMIUM)	NOT COVERED
TOTAL POLICY PREMIUM IS:	\$742.43

Countersigned this ____ Day of _____

Authorized Representative

**This Declarations Page with the Policy Contract, Forms and Endorsements, if any,
Complete the Policy.**

Date Issued: 08/18/2022

ORIGINAL/INSURED

Payment Type: CUST SERV CTR-DIRECT BILL

391-1002 08 16

Page 2 of 2

BUSINESSOWNERS DECLARATION
BUSINESSOWNERS RENEWAL DECLARATIONS

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Named Insured and Address

CROSS COUNTY CLINICAL &
EDUCATIONAL SERVICES, INC
187 KITCHELL DRIVE
WEST MILFORD NJ 07480

Agent

855-213-4005
SPECIALTY PROGRAM GROUP
C/O INSUREON
30 N LA SALLE ST STE 2500
CHICAGO, IL 60602

Policy Period: Beginning and Ending at 12:01 a.m. Standard Time at the Location of the Described Premises.

Business Type: CORPORATION (SINGLE).

Mortgagee/Loss Payable:

Business of the Named Insured:
OFFICE.

In consideration of the premium, insurance is provided the Named Insured with respect to those premises described in the Schedule below and with respect to those coverages and kinds of property for which a specific Limit of Insurance is shown, subject to all of the terms of this policy including forms and endorsements made a part hereof:

LOCATION SCHEDULE

Described Premises:

NO. 001 001 187 KITCHELL DRIVE, WEST MILFORD, NJ 07480

SECTION I - PROPERTY		LIMITS OF INSURANCE				
	Loc No 001	Bldg No 001	Loc No	Bldg No	Loc No	Bldg No
Deductible Amount	\$ 1,000		\$		\$	
Building Amount Valuation	NOT COVERED					
Business Personal Property Valuation	\$ 6,076 RC					
Business Income	ACTUAL BUSINESS LOSS SUSTAINED NOT EXCEEDING 12 CONSECUTIVE MONTHS					
Business Income Waiting Period	Excluded / None / 24 hours / 48 hours / 72 hours 48 HOURS					
SECTION II - LIABILITY		LIMITS OF INSURANCE				
Liability and Medical Expenses Limits of Insurance:						
Except for Damage to Premises Rented to You, each paid claim for the following coverages reduce the Amount of Insurance we provide during the applicable annual period. Please refer to SECTION II - LIABILITY, D. LIABILITY AND MEDICAL EXPENSES LIMITS OF INSURANCE , paragraph.4. of the Businessowners Coverage Form.						
Liability and Medical Expenses Limit		\$ 2,000,000	Per Occurrence	\$ 4,000,000	Aggregate	
Medical Expenses		\$ 5,000	Each Person			
Damage to Premises Rented to You		\$ 300,000	All Perils			

Date Issued: 08/18/2022

ORIGINAL/INSURED

Payment Type: CUST SERV CTR-DIRECT BILL

C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM

Required Pursuant To N.J.S.A. 19:44A-20.26

This form or its permitted facsimile must be submitted to the local unit no later than 10 days prior to the award of the contract.

Part I – Vendor Information

Vendor Name:	Cross County Clinical and Educational Services, Inc.		
Address:	P.O. BOX 150		
City:	Ringwood	State:	NJ
		Zip:	07456

The undersigned being authorized to certify, hereby certifies that the submission provided herein represents compliance with the provisions of N.J.S.A. 19:44A-20.26 and as represented by the Instructions accompanying this form.

Mark A Palumbo

Mark A. Palumbo

Director of Services

Signature

Printed Name

Title

Part II – Contribution Disclosure

Disclosure requirement: Pursuant to N.J.S.A. 19:44A-20.26 this disclosure must include all reportable political contributions (more than \$300 per election cycle) over the 12 months prior to submission to the committees of the government entities listed on the form provided by the local unit.

☐ Check here if disclosure is provided in electronic form.[illegible]☐ Check here if the information is continued on subsequent page(s)

EXHIBIT A

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE

N.J.S.A. 10:5-31 et seq. (P.L. 1975, C. 127)

N.J.A.C. 17:27

GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

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

- Letter of Federal Affirmative Action Plan Approval;
- Certificate of Employee Information Report; or
- Employee Information Report Form AA-302 (electronically provided by the Division and distributed to the public agency through the Division's website at: [http:// www.state.nj.us/treasury/contract_compliance/](http://www.state.nj.us/treasury/contract_compliance/)).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase & Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

(Revised: January, 2016)

Signature Mark A. Palumbo Date 02-23-2023

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF PURCHASE AND PROPERTY
33 WEST STATE STREET, P.O. BOX 230
TRENTON, NEW JERSEY 08625-0230

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN FORM

BID SOLICITATION # _____

VENDOR/BIDDER: Cross County Clinical & Educational Services

PART 1
CERTIFICATION

VENDOR/BIDDER MUST COMPLETE PART 1 BY CHECKING ONE OF THE BOXES
FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person nor entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of the Treasury's Chapter 25 list as a person or entity engaged in investment activities in Iran. The Chapter 25 list is found on the Division's website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Vendors/Bidders must review this list prior to completing the below certification. **Failure to complete the certification will render a Vendor's/Bidder's proposal non-responsive.** If the Director of the Division of Purchase and Property finds a person or entity to be in violation of the law, s/he shall take 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.

CHECK THE APPROPRIATE BOX



A. I certify, pursuant to Public Law 2012, c. 25, that neither the Vendor/Bidder listed above nor any of its parents, subsidiaries, or affiliates is listed on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). Disregard Part 2 and complete and sign the Certification below.

OR



B. I am unable to certify as above because the Vendor/Bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below. Failure to provide such information will result in the proposal being rendered as nonresponsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

PART 2

PLEASE PROVIDE ADDITIONAL INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

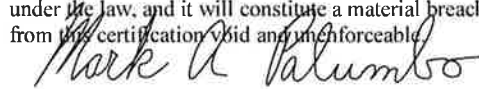
If you checked Box "B" above, provide a detailed, accurate and precise description of the activities of the Vendor/Bidder, or one of its parents, subsidiaries or affiliates, engaged in the investment activities in Iran by completing the boxes below.

ENTITY NAME: _____
RELATIONSHIP TO VENDOR/BIDDER: _____
DESCRIPTION OF ACTIVITIES: _____
DURATION OF ENGAGEMENT: _____
ANTICIPATED CESSATION DATE: _____
VENDOR/BIDDER CONTACT NAME: _____
VENDOR/BIDDER CONTACT PHONE NO.: _____

Attach Additional Sheet if Necessary

CERTIFICATION

I, the undersigned, certify that I am authorized to execute this certification on behalf of the Vendor/Bidder, that the foregoing information and my attachments hereto, to the best of my knowledge are true and complete. I acknowledge that the State of New Jersey is relying on the information contained herein, and that the Vendor/Bidder is under a continuing obligation from the date of this certification through the completion of any contract(s) with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I will be subject to criminal prosecution under the law, and it will constitute a material breach of any agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.



Signature

Mark Palumbo, Director Special Services
Print Name and Title

03/03/23

Date

STOCKHOLDER DISCLOSURE CERTIFICATION

Name of Business:

☒ I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business organization:

☐ Partnership

☒ Corporation

☐ Sole Proprietorship

☐ Limited Partnership

☐ Limited Liability Corporation

☐ Limited Liability Partnership

☐ Subchapter S Corporation

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name: Mark A Palumbo	Name:
Home Address:	Home Address:
187 Kitchell Lake Drive E, West Milford, NJ 07480	
Name:	Name:
Home Address:	Home Address:
Name:	Name:
Home Address:	Home Address:

Subscribed and sworn before me this 7th day of Feb., 2020

(Notary Public)

My Commission expires:

Ana Obradovic
Notary Public of New Jersey
Passaic County
My Commission
Expires June 24, 2024

(Affiant)

MARK PALUMBO DIR.
(Print name & title of affiant)

(Corporate Seal)

BUSINESS ENTITY DISCLOSURE CERTIFICATION
FOR NON-FAIR AND OPEN CONTRACTS
Required Pursuant To N.J.S.A. 19:44A-20.8
Cross County Clinical & Educational Services

The following is statutory text related to the terms and citations used in the Business Entity Disclosure Certification form.

“Local Unit Pay-To-Play Law” (P.L. 2004, c.19, as amended by P.L. 2005, c.51)

19:44A-20.6 Certain contributions deemed as contributions by business entity.

5. When a business entity is a natural person, a contribution by that person's spouse or child, residing therewith, shall be deemed to be a contribution by the business entity. When a business entity is other than a natural person, a contribution by any person or other business entity having an interest therein shall be deemed to be a contribution by the business entity.

19:44A-20.7 Definitions relative to certain campaign contributions.

6. As used in sections 2 through 12 of this act:

“business entity” means any natural or legal person, business corporation, professional services corporation, limited liability company, partnership, limited partnership, business trust, association or any other legal commercial entity organized under the laws of this State or of any other state or foreign jurisdiction;

“interest” means the ownership or control of more than 10% of the profits or assets of a business entity or 10% of the stock in the case of a business entity that is a corporation for profit, as appropriate;

Temporary and Executing

12. Nothing contained in this act shall be construed as affecting the eligibility of any business entity to perform a public contract because that entity made a contribution to any committee during the one-year period immediately preceding the effective date of this act.

~~~~~

**The New Jersey Campaign Contributions and Expenditures Reporting Act (N.J.S.A. 19:44A-1 et seq.)**

**19:44A-3 Definitions.** In pertinent part...

p. The term “political party committee” means the State committee of a political party, as organized pursuant to R.S.19:5-4, any county committee of a political party, as organized pursuant to R.S.19:5-3, or any municipal committee of a political party, as organized pursuant to R.S.19:5-2.

q. The term “candidate committee” means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) for the purpose of receiving contributions and making expenditures.

r. the term “joint candidates committee” means a committee established pursuant to subsection a. of section 9 of P.L.1973, c.83 (C.19:44A-9) by at least two candidates for the same elective public offices in the same election in a legislative district, county, municipality or school district, but not more candidates than the total number of the same elective public offices to be filled in that election, for the purpose of receiving contributions and making expenditures. For the purpose of this subsection: ...; the offices of member of the board of chosen freeholders and county executive shall be deemed to be the same elective public offices in a county; and the offices of mayor and member of the municipal governing body shall be deemed to be the same elective public offices in a municipality.

**19:44A-8 and 16 Contributions, expenditures, reports, requirements.**

*While the provisions of this section are too extensive to reprint here, the following is deemed to be the pertinent part affecting amounts of contributions:*

“The \$300 limit established in this subsection shall remain as stated in this subsection without further adjustment by the commission in the manner prescribed by section 22 of P.L.1993, c.65 (C.19:44A-7.2)

**BUSINESS ENTITY DISCLOSURE CERTIFICATION**

FOR NON-FAIR AND OPEN CONTRACTS

Required Pursuant To N.J.S.A. 19:44A-20.8

&lt;NAME OF CONTRACTING AGENCY&gt;

**Part I – Vendor Affirmation**

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that the <name of business entity> has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.L. 2004, c. 19 would bar the award of this contract in the one year period preceding (date of award scheduled for approval of the contract by the governing body) to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the <name of entity of elected officials> as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

|     |  |
|-----|--|
| N/A |  |
|     |  |
|     |  |
|     |  |
|     |  |
|     |  |

**Part II – Ownership Disclosure Certification**

☐ I certify that the list below contains the names and home addresses of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business entity:

☐ Partnership      ☒ Corporation      ☐ Sole Proprietorship      ☐ Subchapter S Corporation  
☐ Limited Partnership      ☐ Limited Liability Corporation      ☐ Limited Liability Partnership

| Name of Stock or Shareholder | Home Address                                |
|------------------------------|---------------------------------------------|
| Mark A Palumbo               | 187 Kitchell Lake E, West Milford, NJ 07480 |
|                              |                                             |
|                              |                                             |
|                              |                                             |
|                              |                                             |
|                              |                                             |
|                              |                                             |
|                              |                                             |
|                              |                                             |

**Part 3 – Signature and Attestation:**

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Cross County Clinical & Educational Services

Signature of Affiant: [Signature] Title: Director

Printed Name of Affiant: Mark A Palumbo Date: February 7, 2020

Subscribed and sworn before me this Feb. 7<sup>th</sup>, 2020

My Commission expires

Ana Obradovic  
Notary Public of New Jersey  
Passaic County  
My Commission  
Expires June, 24, 2024

[Signature]  
(Witnessed or attested by)

(Seal)

## Prohibited Russia-Belarus Activities & Iran Investment Activities

Person or Entity

### Part 1: Certification

#### COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on Treasury's website at the following web addresses:

<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>  
[www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf](http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf).

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be 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.

### CONTRACT AWARDS AND RENEWALS



*I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)*


| CONTRACT AMENDMENTS AND EXTENSIONS                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><i>I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. (Skip Part 2 and sign and complete the Certification below.)</i></p> |
| IF UNABLE TO CERTIFY                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | <p><i>I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. <u>Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.</u></i></p>     |
| Part 2: Additional Information                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |
| <p><u>PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN.</u></p> <p>You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran in the space below and, if needed, on additional sheets provided by you.</p> |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |

### Part 3: Certification of True and Complete Information

*I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, to the best of my knowledge, are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.*

*I acknowledge that the **Board of Education** is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the **School Districts of the Board of Education** to notify the **N.J. School Districts of the Board of Education** in writing of any changes to the answers of information contained herein.*

*I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the **School District of the Board of Education** and that the **School District of the Board of Education** at its option may declare any contract(s) resulting from this certification void and unenforceable.*

|                      |                                                                                      |       |                              |           |
|----------------------|--------------------------------------------------------------------------------------|-------|------------------------------|-----------|
| Full Name<br>(Print) | Mark Anthony Palumbo                                                                 | Title | Director Special<br>Services |           |
| Signature            |  |       | Date                         | 2/23/2023 |



# Cross County

Clinical & Educational Services

P.O. Box 150, Ringwood, NJ 07456

732-821-1266 FAX: 732-821-5886

mail@crosscountyclinical.com

## **NJ District Agreement**

2023-2024

AGREEMENT made by Cross County Clinical & Educational Services Inc., herein referred to as the AGENCY.

WHEREAS, **THE DISTRICT** wishes to retain the services specified.

(1) **CONSIDERATION.** In full and complete consideration for the services to be provided pursuant to this Agreement, the AGENCY shall bill the District for **Psychological, Learning, Speech Language, P/T, O/T, and Social Intake Assessments.**

(2) All CCC Providers have Archived their CHRs under CROSS COUNTY CLINICAL & EDUCATIONAL & SERVICES with the Office of Student Protection Agency (OSPA) a Department of the NJBOE.

CCC has copies of the Providers Credentials including the Providers Licenses and Certifications per OSPA requirements. AGENCY shall supervise the existence and retention of professional licenses and other qualifications as well as malpractice and disability insurance coverage for all practitioners providing services listed in paragraph

(3) **AGENCY** shall provide all documentation presently required by local, state and/or federal statutes, rules and regulations, to substantiate the provision of services listed in paragraph (2).

(4) Services shall be provided to all persons regardless of race, creed, color, national origin, sex, sponsor, blindness, or handicap.

(5) The therapists used by the AGENCY are independent contractors. AGENCY shall have the sole responsibility for the payment of wages and other compensation.

We provide our Referral Form to the requesting Case Manager or CST Secretary. This document contains all pertinent information we need about the student, parent information, language, reason for the requested assessments.

Our Providers have a 30-day window to complete the assessment from assignment to submission. In the event we run into a problem and feel we can't meet the expected date; we contact the Case Manager or CST Secretary immediately.

Reports will be emailed to the requesting CST member and/or Case Manager after review. The original plus the protocols will be mailed to the designated person along with our invoice.



ENTIRE AGREEMENT. This Agreement sets forth the entire Agreement between the parties and may not be changed orally, and may only be changed, amended or modified by an instrument in writing duly signed by the parties hereto. This Agreement shall be governed by and construed in accordance with the laws of the State of New Jersey.

AUTHORIZED SIGNATURE. This Agreement shall not be binding in any ways against THE AGENCY until and unless executed on THE AGENCY's behalf by the Director of Services.

Cross County Clinical &  
Educational Services, Inc.



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**Mark Palumbo**  
**Director of Services**

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(Signature)

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School District Name



## Cross County Clinical & Educational Services

### EVALUATION REFERRAL FORM

Phone: 732 821-1266 Fax: 732 821-5886

e-mail: [mail@crosscountyclinical.com](mailto:mail@crosscountyclinical.com)

*Please fill out ALL sections legibly and completely*

Print Form

E-Mail

#### DISTRICT/FACILITY INFORMATION

District/Facility Name: \_\_\_\_\_ Date: \_\_\_\_\_ PO#: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Contact1: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail: \_\_\_\_\_  
Contact2: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

#### Send REPORTS and INVOICES to:

Name: \_\_\_\_\_ Title: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ FAX: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Special Instructions:

#### SCHOOL INFORMATION

School Name: \_\_\_\_\_ Principal: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
School Contact: \_\_\_\_\_ Title: \_\_\_\_\_  
Phone: \_\_\_\_\_ Ext: \_\_\_\_\_ Fax: \_\_\_\_\_  
E-Mail: \_\_\_\_\_

Additional Info:

## STUDENT INFORMATION

**Student Name:** \_\_\_\_\_ **DOB:** \_\_\_\_\_ ☐ Male ☐ Female  
**Language:** \_\_\_\_\_ **Grade:** \_\_\_\_\_ **Consent Date:** \_\_\_\_\_  
**Parent(s):** \_\_\_\_\_  
**Home Phone:** \_\_\_\_\_ **Work:** \_\_\_\_\_ **Mobile:** \_\_\_\_\_  
**Home Address:** \_\_\_\_\_  
**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_  
**Additional Info:**

## EVALUATIONS REQUIRED

|                                                                   | <b>LANGUAGE</b> | <b>Translator *</b>                                                |
|-------------------------------------------------------------------|-----------------|--------------------------------------------------------------------|
| <b>Learning Assessment:</b> <input type="radio"/> YES             | _____           | <input type="radio"/> Initial Evaluation <input type="radio"/> YES |
| <b>Psychological Evaluation:</b> <input type="radio"/> YES        | _____           | <input type="radio"/> Initial Evaluation <input type="radio"/> YES |
| <b>Speech-Language Evaluation:</b> <input type="radio"/> YES      | _____           | <input type="radio"/> Initial Evaluation <input type="radio"/> YES |
| <b>Social History Report:</b> <input type="radio"/> YES           | _____           | <input type="radio"/> Initial Evaluation <input type="radio"/> YES |
| <b>FBA-BIP:</b> <input type="radio"/> YES                         | _____           | <input type="radio"/> Initial Evaluation <input type="radio"/> YES |
| <b>Occupational Therapy Assessment:</b> <input type="radio"/> YES | _____           | <input type="radio"/> Initial Evaluation <input type="radio"/> YES |
| <b>Physical Therapy Assessment:</b> <input type="radio"/> YES     | _____           | <input type="radio"/> Initial Evaluation <input type="radio"/> YES |
| <b>Battelle Developmental Inventory</b> <input type="radio"/> YES | _____           | <input type="radio"/> Initial Evaluation <input type="radio"/> YES |

\* We authorize Cross County to use their translator/ interpreter team to work with their trained evaluators if all CST members requested are not available

## PREVIOUSLY PERFORMED EVALUATIONS

|                                          | <b>DATE</b> | <b>LANGUAGE</b> |
|------------------------------------------|-------------|-----------------|
| <b>Learning Assessment:</b>              | _____       | _____           |
| <b>Psychological Evaluation:</b>         | _____       | _____           |
| <b>Speech-Language Evaluation:</b>       | _____       | _____           |
| <b>Social History Report:</b>            | _____       | _____           |
| <b>FBA-BIP:</b>                          | _____       | _____           |
| <b>Occupational Therapy Assessment:</b>  | _____       | _____           |
| <b>Physical Therapy Assessment:</b>      | _____       | _____           |
| <b>Battelle Developmental Inventory:</b> | _____       | _____           |

**CROSS COUNTY CLINICAL & EDUCATIONAL SERVICES**

Phone : 732-821-1266 FAX : 732-821-5886

please send all supporting documentation, P.O.s, and payments to:

P.O. Box 150, Ringwood, NJ 07456

**REASONS for REFERRAL and/or SPECIAL INSTRUCTIONS**