

**TOWNSHIP OF VERONA
COUNTY OF ESSEX, STATE OF NEW JERSEY
RESOLUTION No. 2024-100**

A motion was made by Mayor Tamburro; seconded by Councilwoman McGrath that the following resolution be adopted:

AUTHORIZING A CONTRACT WITH INTEGRATED TECHNICAL SYSTEMS

WHEREAS, the Township of Verona is seeking to change the manner in which parking is paid within the municipality; and

WHEREAS, the Township of Verona currently utilizes single and double head meters to control parking in both municipal parking lots and various locations throughout the Township; and

WHEREAS, the Township seeks to provide multiple and more customer-friendly ways of paying for parking; and

WHEREAS, such parking payment kiosks will be from procured from Integrated Technical Systems located at 8 Capital Drive, Wallingford, CT 06492; and

WHEREAS, the Township Manager has determined that the value of the service will not exceed \$39,000 for such services; and,

WHEREAS, this expenditure shall be charged to Budget Account Nos. C-53-46-003-0098 and C-53-46-040-026 or any other account that may be deemed appropriate by the Chief Financial Officer or her designee, and the availability of funds have been contingently certified by the Chief Financial Officer of the Township; and

WHEREAS, Integrated Technical Systems has completed and submitted a Business Entity Disclosure Certification which certifies that Integrated Technical Systems has not made any reportable contributions to a political or candidate committee in the Township of Verona in the previous one year, and that the contract will prohibit Integrated Technical Systems from making any reportable contributions through the term of the contract.

NOW, THEREFORE, BE IT RESOLVED, by the Township Council of the Township of Verona that a contract is awarded to Integrated Technical Systems to provide parking kiosks:

1. The Council hereby authorizes the Township Manager, or his designee, to execute any and all documents and take any and all actions necessary to complete and realize the intent and purpose of this resolution.
2. The Township is in receipt of the Stockholder Disclosure form, Contribution Disclosure form, Certificate of Employee Information Report, Business Registration Certificate, and Certificate of Insurance.
3. The services requested shall not exceed \$39,000 and no services or materials shall be requested without a certification of funds.

ROLL CALL:

AYES: Holland, McGrath, Roman, McEvoy, Tamburro

NAYS:

THIS IS TO CERTIFY THAT THE FOREGOING IS A TRUE AND EXACT COPY OF A RESOLUTION ADOPTED BY THE TOWNSHIP COUNCIL OF THE TOWNSHIP OF VERONA AT A REGULAR MEETING HELD ON JUNE 3, 2024.


**JENNIFER KIERNAN
MUNICIPAL CLERK**

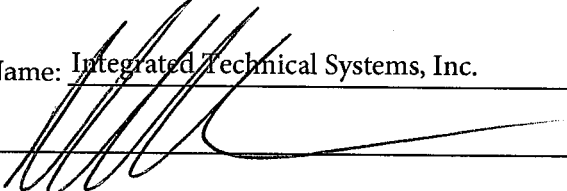


**PAY TO PLAY
POLITICAL CONTRIBUTION DISCLOSURE**

Company Name: Integrated Technical Systems, Inc.

<i>Required by Township of Verona</i>	<i>Item</i>	<i>Page</i>	<i>Initial each entry, and submit the required form if the box contains an <input checked="" type="checkbox"/></i>
<input checked="" type="checkbox"/>	Document Checklist - COMPLETE	1	HL
<input checked="" type="checkbox"/>	Vendor Information Sheet - COMPLETE	2	HL
<input checked="" type="checkbox"/>	Business Registration Certificate - READ AND SUBMIT	3	HL
<input checked="" type="checkbox"/>	Business Entity Disclosure Certification - SIGN AND NOTARIZE	4-5	HL
<input checked="" type="checkbox"/>	Political Contribution Disclosure Certification Form - SIGN	6-7	HL
<input checked="" type="checkbox"/>	Ownership Disclosure Certification Form - SIGN AND NOTARIZE	8-11	HL
<input checked="" type="checkbox"/>	Prohibited Activities in Russia-Belarus & Investment Activities in Iran - COMPLETE	12-14	HL

Corporate Name: Integrated Technical Systems, Inc.

Signature:  Date: 05/17/2024

Print Name: Michael Salamone Title: President

RETURN COMPLETED FORMS
TO: Finance Office
 Township of Verona
 600 Bloomfield Avenue
 Verona, New Jersey 07044

**TOWNSHIP OF VERONA, NEW JERSEY
VENDOR INFORMATION SHEET**

COMPANY NAME: Integrated Technical Systems, Inc.

ADDRESS: 8 Capital Drive, Wallingford, CT 06492

PHONE NUMBER: (203) 265-8100

FAX NUMBER: (203) 949-4710

FEDERAL I.D. NUMBER: 27-1951004

NAME OF PERSON PREPARING BID: Joe Yorlano

PHONE NUMBER: (973) 585-6796 or (201) 841-7521 EXT. _____

CONTACT PERSON FOR CORRESPONDENCE REGARDING THE PROPOSAL

NAME: Michael Salamone

ADDRESS: 8 Capital Drive, Wallingford, CT 06492

PHONE: (203) 265-8111 FAX NUMBER: (203) 949-4710

E-MAIL ADDRESS: MSalamone@integrated-tec.com

PROJECT COORDINATOR

COMPANY NAME: Integrated Technical Systems, Inc.

ADDRESS: 8 Capital Drive, Wallingford, CT 06492

PHONE NUMBER: (203) 265-8100

CELL PHONE NUMBER: N/A

FAX NUMBER: (203) 949-4710

PERSON TO CONTACT: Michael Salamone

EMAIL ADDRESS: MSalamone@integrated-tec.com

TOWNSHIP OF VERONA, NEW JERSEY
BUSINESS ENTITY DISCLOSURE CERTIFICATION
 FOR NON-FAIR AND OPEN CONTRACTS
 N.J.S.A. 19:44A-20.8

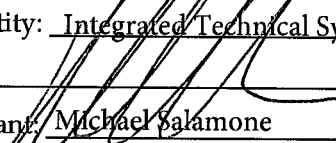
Part I – Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that Integrated Technical Systems, Inc. (company name) 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 Jan 1, 2023 to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the Township of Verona or the respective Essex County political parties listed below pursuant to N.J.S.A. 19:44A-3(p), (q) and (r).

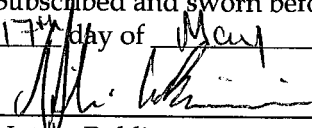
<i>Mayor Dr. Christopher Tamburro</i>	<i>Councilman Alex Roman</i>
<i>Deputy Mayor Jack McEvoy</i>	<i>Councilwoman Christine McGrath</i>
	<i>Councilwoman Cynthia Holland</i>

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: Integrated Technical Systmes, Inc.
 Signature of Affiant:  Title: President
 Printed Name of Affiant: Michael Salamone Date: 05/17/2024

(Notary Stamp/Seal)

Subscribed and sworn before me this
17th day of May, 2024

 Notary Public
 Commission Expires: 3/31/2029

HEIDI ROMANIE LABISSONIERE
 Notary Public
 Connecticut
 My Commission Expires Mar 31, 2029

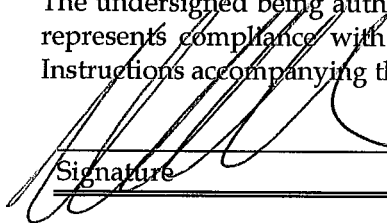
TOWNSHIP OF VERONA, NEW JERSEY
C. 271 POLITICAL CONTRIBUTION DISCLOSURE FORM
 FOR NON-FAIR AND OPEN CONTRACTS
 N.J.S.A. 19:44A-20.26

*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:	Integrated Technical Systems, Inc.		
Address:	8 Capital Drive		
City:	Wallingford	State: CT	Zip: 06492

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.

	Michael Salamone	President
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 \$200 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.

Contributor Name	Recipient Name	Date	Dollar Amount
N/A	N/A		\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$
			\$

Check here if the information is continued on subsequent page(s)

**STATEMENT OF OWNERSHIP
OWNERSHIP DISCLOSURE CERTIFICATION FORM (CONTINUED)**

Required pursuant to N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

Sign and notarize the form below, and, if necessary, complete the list below. (Please attach additional sheets if more space is needed):

Name: Michael Salamone

Name: _____

Address: 8 Capital Drive, Wallingford, CT 06492

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

Address: _____

Name: _____

Name: _____

Address: _____

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Name: _____

Name: _____

Address: _____

Address: _____

CONTINUED ON NEXT PAGE

**STATEMENT OF OWNERSHIP
OWNERSHIP DISCLOSURE CERTIFICATION FORM (CONTINUED)**
Required pursuant to N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

PART III

Any Direct or Indirect Parent Entity Which is Publicly Traded:

"To comply with this section, a bidder with any direct or indirect parent entity which is publicly traded may submit the name and address of each publicly traded entity and the name and address of each person that holds a 10 percent or greater beneficial interest in the publicly traded entity as of the last annual filing with the federal Securities and Exchange Commission or the foreign equivalent, and, if there is any person that holds a 10 percent or greater beneficial interest, also shall submit links to the websites containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent and the relevant page numbers of the filings that contain the information on each person that holds a 10 percent or greater beneficial interest."

- Pages attached with name and address of each publicly traded entity as well as the name and address of each person that holds a 10 percent or greater beneficial interest.

OR

- Submit here the links to the Websites (URLs) containing the last annual filings with the federal Securities and Exchange Commission or the foreign equivalent.


Not publicly traded - N/A

AND

- Submit here the relevant page numbers of the filings containing the information on each person holding a 10 percent or greater beneficial interest.

Not publicly traded - N/A

Subscribed and sworn before me this
17th day of May, 2024



Notary Public

Commission Expires: 3/31/2029
(Notary Stamp/Seal)



Affiant Signature

Michael Salamone, President

Affiant Name and Title

(Corporate Seal, if appropriate)

END OF STATEMENT OF OWNERSHIP

HEIDI ROMANIE LABISSONIERE
Notary Public
Connecticut
My Commission Expires Mar 31, 2029