

**RFP2018-40 ONE (1) BILINGUAL (ENGLISH AND SPANISH) HEALTH AIDE FOR THE CITY OF TRENTON,
DEPARTMENT OF HEALTH AND HUMAN SERVICES PROPOSAL OPENING 9/11/18 AT 11:00AM**


RFP2018-40 ONE (1) BILINGUAL (ENGLISH AND SPANISH) HEALTH AIDE FOR THE CITY OF TRENTON, DEPARTMENT OF HEALTH AND HUMAN SERVICES	
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	THALIA HERRERA
ADDRESS	23 MISTY PINE ROAD
CITY, STATE, ZIP	LEVITTOWN, PA 19056
CONTACT NAME	THALIA HERRERA
TELEPHONE	267-844-5041
FAX	N/A
E-MAIL	THALIAHERRERA15@GMAIL.COM
STOCKHOLDER DISCLOSURE STATEMENT	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED
AFFIRMATIVE ACTION STATEMENT	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	N/A
NJ BUSINESS REGISTRATION CERTIFICATE	REQUIRED FROM THE AWARDED VENDOR
NON-COLLUSION AFFADAVIT	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED
EIC	REQUIRED FROM THE AWARDED VENDOR
CERTIFICATE OF INSURANCE	REQUIRED FROM THE AWARDED VENDOR
60-DAY EXTENSION COMPLIANCE	YES
WILLING TO PROVIDE PRIORITY EMERGENCY SERVICES	YES
CITY OF TRENTON RESIDENT POLICY	INCLUDED
ETHIC COMPLAINT DISCLOSURE FORM	INCLUDED
DEBARMENT NOTICE	INCLUDED
W-9	INCLUDED
HOURLY RATE	\$19.00
EXCEPTIONS (IF ANY)	NONE
FATAL FLAW	NONE

BID PROPOSAL FORM
RESPONDENT MUST COMPLETE

We the undersigned propose to furnish and deliver the above Health Aide Services in English and Spanish pursuant to the scope of services and requirements and made part hereof:

HOURLY RATE

\$ 19.00



(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)

The undersigned is a Corporation, Partnership or Individual under the laws of the State of _____ having its principal office at _____

Thalia Herrera

COMPANY
23 Misty Pine Rd. Levittown PA 19056
ADDRESS

NAME
Thalia Herrera

TELEPHONE
267844 5041

FAX

EMAIL Thaliaherrera15@gmail.com

DATE 08/29/18

SIGNATURE 