

REQUEST FOR QUALIFICATIONS FOR
FOR RFQ2013-01
FOR GIS CONSULTANT FOR DEPARTMENT OF PLANNING
OPENED ON 2/26/2013

TERM OF CONTRACT	ONE YEAR				
NUMBER OF RESPONDENTS	5				
NAME	RAD GOV	CLARUSTEC	CNC CONSULTANTS	ELEGANT ENTERPRISE-WIDE SOLUTIONS	PROFESSIONAL CONSULTING INC.,
ADDRESS	6750 N. ANDREWS AVE, SUITE 200	347 PAINFIELD AVE, SUITE 104	50 E. PALISADES AVE, SUITE 422	25961 HARTWOOD DRIVE	1719 ROUTE 10, SUITE 314
CITY, STATE, ZIP	FT. LAURDERDALE, FL 33309	EDISON, NJ 08817	ENGLEWOOD, NJ 07631	CHANTILLY, VA 20152	PARSIPANNY, NJ 07054
CONTACT NAME	CLARISEY LEE	JEEVESH MURTHY	ANDY CHARLERY	PRIYANKA ARORA	FRED MARGRON
TELEPHONE	954-938-2800	732-568-4762	201-541-9121	703-909-1289	973-683-0044
FAX	954-938-2004	732-568-4763	201-541-9128	703-722-6628	973-683-0077
E-MAIL	info@radgov.com	info@clrustec.com	archarlery@cncconsulting.com	parora@elegantsolutions.us	www.pci-engineers.com
NEW JERSEY BUSINESS REGISTRATION	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	INCLUDED
STOCKHOLDER DISCLOSURE	INCLUDED	DID NOT SIGN	INCLUDED	INCLUDED	DID NOT INCLUDE
EIC	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD
AFFIRMATIVE ACTION	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
EXHIBIT A	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
NON-COLLUSION AFFIDAVIT	INCLUDED	INCLUDED	INCLUDED	INCLUDED	DID NOT INCLUDE
POLITICAL CONTRIBUTION DISCLOSURE	INCLUDED	INCLUDED-NOT NOTARIZED	INCLUDED	INCLUDED	INCLUDED
CONSULTANT 1	\$78.00 P/H	\$69.90 P/H	\$55.00 P/H	\$43.00 P/H	SEE ATTACHED PROPOSAL SHEET
CONSULTANT 2	\$70.00 P/H	N/A	\$62.00 P/H	N/A	N/A
CONSULTANT 3	N/A	N/A	\$62.00 P/H	N/A	N/A
EXCEPTIONS	NONE	NONE	NONE	N/A	N/A
FATAL FLAW	NONE	YES -STOCK HOLDER DISCLOSURE FORM WAS NOT SIGNEDNOT SIGNED	NONE	NONE	YES, NO STOCKHOLDERS AND NON COLLUSION

**BID RESULTS FOR RE-BID 110B GROUNDSKEEPING SERVICES
OPENING DATE: 2/27/2013**

TERM OF CONTRACT: ONE YEAR		
NUMBER OF RESPONDENTS:	2	
NAME OF BIDDER	JOB ONE LAWN & LANDSCAPE LLC	M & M LAWN CARE EAST INC
ADDRESS	36 STOUT AVE.	600 SECOND ST. PIKE
CITY, STATE, ZIP	EWING, NJ 08638	CHURCHVILLE, PA 18966
CONTACT NAME	STAN TUCKER	PAUL MARTIN
TELEPHONE	609-847-5862 OR 609-392-3659	215-677-8631 OR 267-278-8044
FAX	609-392-3647	215-671-9156
E-MAIL	jobone@verizon.net	mmlawncaremartin@gmail.com
BID GUARANTEE IF REQUESTED	CERTIFIED CHECK \$6,122.50 10%	PLATTE RIVER INSURANCE COMPANY 10% BOND#41266066 WITH POA SUSAN A SALLADA
CONSENT OF SURETY	INCLUDED	INCLUDED
PERFORMANCE BOND WITH LABOR AND MATERIALS PAYMENT BOND	REQUIRED WITH SIGNED CONTRACTS	REQUIRED WITH SIGNED CONTRACTS
STOCKHOLDER DISCLOSURE STATEMENT	INCLUDED	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	NEEDED PRIOR TO AWARD
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	NOT INCLUDED	INCLUDED
NON-COLLUSION AFFADAVIT	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONAIRE	INCLUDED	INCLUDED
EXHIBIT A	INCLUDED	INCLUDED
AFFIRMATIVE ACTION STATEMENT	INCLUDED	INCLUDED
FIVE (5) REFERENCES	INCLUDED	INCLUDED
CERTIFICATION OF AVAILABLE EQUIPMENT	INCLUDED	INCLUDED
60-DAY EXTENSION COMPLIANCE	INCLUDED	INCLUDED
EMERGENCY COMPLIANCE	INCLUDED	INCLUDED
EXCEPTIONS (IF ANY)	NONE	NONE
COMPLETED SIGNED PROPOSAL	INCLUDED	INCLUDED
ONE ORIGINAL AND ONE COMPLETED COPY	INCLUDED	INCLUDED
PRICE BREAKDOWN	SEE ATTACHED	SEE ATTACHED
TOTAL COST	\$61,225.00	\$75,560.00
FATAL FLAW	NONE	NONE

**RFP RESULTS FOR RFP69C
CERTIFIED PUBLIC ACCOUNTANT
2-26-2013 AT 11:00AM**

TERM OF CONTRACT: ONE YEAR	FATAL FLAW - REQUIRED FORMS WERE NOT SUBMITTED WITH PROPOSAL - THE CITY OF TRENTON WILL RE-ADVERTISE
NUMBER OF RESPONDENTS:	1
NAME OF RESPONDENT	ROGERS AND COMPANY
ADDRESS	125 JERICHO TURNPIKE
CITY, STATE, ZIP	JERICHO, NEW YORK 11753
CONTACT NAME	ERIC J ROGERS, CPA AND CITP
TELEPHONE	516-338-9500
FAX	516-338-8862
E-MAIL	WWW.RCOTECH.COM
FATAL FLAW	REQUIRED FORMS WERE NOT SUBMITTED WITH RFP

**RFP RESULTS FOR RFP2013-02C
MEDICAL DOCTOR FOR THE DEPARTMENT OF HEALTH OPENING DATE: 2/28/2013**

TERM OF CONTRACT - ONE YEAR	RFP OPENING DATE 2-28-2013 AT 11:00AM
NUMBER OF RESPONDENTS:	1
NAME OF RESPONDENT	PATRICK AUFIERO, MD, PA
ADDRESS	2085 KLOCKNER ROAD
CITY, STATE, ZIP	HAMILTON, NEW JERSEY 08690
CONTACT NAME	PATRICK AUFIERO, MD, PA
TELEPHONE	609-587-4122
FAX	609-588-5922
E-MAIL	DUCKBRICKS@COMCAST.NET
STOCK HOLDER DISCLOSURE FORM	INCLUDED
AFFIRMATIVE ACTION STATEMENT	INCLUDED
ACKNOWLEDGEMENT OF ADDENDA	INCLUDED
BRC	NEEDED PRIOR TO AWARD
AFFIRMATIVE ACTION MANDATORY LANGUAGE	INCLUDED
EXHIBIT A	INCLUDED
NON-COLLUSION AFFIDAVIT	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED
EIC	NEEDED PRIOR TO AWARD
CERTIFICATE OF INSURANCE	INCLUDED
COPY OF MEDICAL LICENSE	INCLUDED
PRICE PER HOUR	\$125.00
60-DAY EXTENSION COMPLIANCE	YES
EMERGENCY COMPLIANCE	YES
EXCEPTIONS	NONE
FATAL FLAW	NONE

RESULTS FOR
REQUEST FOR RFP2013-06
REVIEW, ANALYSIS, DESIGN AND CONSTRUCTION OBSERVATION SERVICES
OPENING DATE: 3/1/2013

PLEASE INSERT TERM OF CONTRACT: ONE YEAR			
NUMBER OF RESPONDENTS	3		
NAME	CDM SMITH	CH2M HILL ENGINEERS, INC.	HATCH MOTT MACDONALD
ADDRESS	110 FEILDCREST AVE, #8	119 CHERRY HILL ROAD, SUITE 300	27 BLEEKER STREET
CITY, STATE, ZIP	EDISON, NJ 08837	PARSIPPANY, NJ 07054	MILLBURN, NJ 07041
CONTACT NAME	DAVID TANZI	JERRY NOTTE, PE	JOSEPH G. STANLEY
TELEPHONE	732-22-7000	973-316-9300	973-379-3400
FAX	732-225-7851	973-334-5847	973-376-1072
E-MAIL	SCHOETLE@CDMSMITH.COM	JERRY.NOTTE@CH2M.COM	joseph.stanley@hatchmott.com
NEW JERSEY BUSINESS REGISTRATION	INCLUDED	INCLUDED	INCLUDED
STOCKHOLDER DISCLOSURE	INCLUDED	INCLUDED	INCLUDED
EXHIBIT A	INCLUDED	INCLUDED	INCLUDED
EIC	CERT NO. 1509-JUN 2013	CERT NO. 47309-SEPT 2014	CERT NO. 2062-AUG 2015
AFFIRMATIVE ACTION	INCLUDED	INCLUDED	INCLUDED
EIC	CERT.1509 EXP.6/15/20213	CERT.47309 EXP.9/15/2014	CERT.2062 EXP.8/15/2015
NON-COLLUSION AFFIDAVIT	INCLUDED	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF ADDENDA 1 AND 2	INCLUDED	INCLUDED	INCLUDED
CERTIFICATE OF INSURANCE	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD
POLITICAL CONTRIBUTION DISCLOSURE	INCLUDED	INCLUDED	INCLUDED
SIXTY (60 DAY EXTENSION COMPLIANCE	YES	YES	YES
EMERGENCY COMPLIANCE	YES	YES	YES
TOTAL	\$81,263.00	\$103,900.00	\$142,100.00
EXCEPTIONS	NONE	NONE	NONE
FATAL FLAW	NONE	NONE	NONE

RFP RESULTS FOR
 FOR RFP2013-05 NURSING SERVICES
 DEPARTMENT OF HEALTH
 OPENING DATE: 2/28/2013

CONTRACT TERM: ONE YEAR							
NUMBER OF RESPONDENTS:	7						
NAME	SHANTE M. JORDAN	CARMEN BELFORD	DELTA-T GROUP NORTH JERSEY, INC.	LIBERTY HEALTHCARE SERVICES	ALL AMERICAN HEALTHCARE SERVICES, INC.	ANNASHAE	CLARITY SERVICE GROUP
ADDRESS	361 GARFIELD AVE.	1816 KUSER RD., APT.# 7	ONE WOODBRIDGE CETER, STE. 225	700 EAST GATE DR., STE. 115	1374 WHITEHORSE HAMILTON SQ. RD. SUITE 301	673 ALPHA DRIVE, SUITE C	1 N. BACTON RD., STE. 105 MS 14
CITY, STATE, ZIP	TRENTON, NJ 08629	TRENTON, NJ 08690	WOODBIDGE, NJ 07095	MOUNT LAUREL, NJ 08054	HAMILTON, NJ 08690	CLEVELAND, OH 44143	FRAZER, PA 19355
CONTACT NAME	SHANTE M. JORDAN	CARMEN BELFORD	CHRISTOPHER MCANDREWS	KEVIN ZEPP	ANIL D. BHAVNANI	ROBERT BELLAMY	DAVID HUNTER
TELEPHONE	609-203-3522	609-570-8992	800-251-8501	856-266-9239	609-581-6622	440-449-2662	215-322-8860 EXT. 216
FAX	N/A	N/A	215-220-2669	856-840-0873	609-585-9885	440-449-2691	215-322-8867
E-MAIL	shantebrms@yahoo.com	radvy_2476@yahoo.com	contractadmin@deltata.com	kevin@lshomecare.org	corporate@aaahcs.org	Rbellamy@annashae.com	dhunter@clarityservicegroup.com
NEW JERSEY BUSINESS REGISTRATION	NEEDED PRIOR TO AWARD	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	NEEDED UPON AWARD
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	NOT INCLUDED	INCLUDED
STOCKHOLDER DISCLOSURE	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
AFFIRMATIVE ACTION STATEMENT	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
AFFIRMATIVE ACTION MANDATORY LANGUAGE	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT MANDATORY LANGUAGE	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF ADDENDA	N/A	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
EIC	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	CERT.32007 EXP.3/15/2016	NEEDED PRIOR TO AWARD	CERT.35927 EXP.9/15/2016	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD
NON-COLLUSION AFFADAVIT	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	FROM OHIO, CLEVELAND	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTION(S)	INCLUDED	INCLUDED	FROM PA	INCLUDED	INCLUDED	INCLUDED	INCLUDED
DETAILED INFORMATION AS MENTIONED IN THIS REQUEST FOR PROPODAL	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
CERTIFICATE OF INSURANCE	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD	NEEDED PRIOR TO AWARD
ORIGINAL COPY AND (2) ADDITIONAL COPIES	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
REGISTERED NURSE LICENSE	INCLUDED	INCLUDED	INCLUDED	NJ OFFICE OF ATTORNEY GENERAL OF CONSUMER AFFAIRS CERTIFICATE OF HEALTH CARE SERVICE	INCLUDED	STATE INFORMATION FROM INTERNET - NEED COPIES OD LICENSE	NOT INCLUDED
LICENSE PRACTICAL NURSE	N/A	N/A	INCLUDED	NJ OFFICE OF ATTORNEY GENERAL OF CONSUMER AFFAIRS CERTIFICATE OF HEALTH CARE SERVICE	INCLUDED	STATE INFORMATION FROM INTERNET -NEED COPIES OF LICENSE	NOT INCLUDED
PROPOSAL FORM	SIGNED	SIGNED	SIGNED	SIGNED	SIGNED	SIGNED	SIGNED
AVAILABILITY	ANY DAYS/HOURS NEEDED	14 HOURS/WEEK + ADDITIONAL IF NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED	AS NEEDED
PRICE PER HOUR	MINIMUM \$28.00/HOUR	\$35.00/HOUR	RN- \$42.50/HOUR LPN-\$32.50/HOUR	RN-\$35.00/HOUR LPN-\$28.00/HOUR	RN-\$34.82/HOUR LPN-\$32.69/HOUR	RN-\$54.90/HOUR LPN-\$39.90/HOUR	RN- \$50.00/HOUR LPN-\$35.00/HOUR
FATAL FLAW	NONE	NONE	NONE	NONE	MONE	NONE	NONE