



TOTAL SUM

\$ 329,300.00

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### AMOUNT SPOILED OUT

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of Delaware having its principal office 134 Maple Leaf Court Glassboro

COMPANY A.A. Duckett, Inc.

**PROVIDE A LIST OF SUB-CONTRACTORS  
COPY OF LICENSES SUBMITTED WITH BID  
(MANDATORY IF APPLICABLE)**

NAME \_\_\_\_\_ N/A \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX NO. \_\_\_\_\_

TRADE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX NO. \_\_\_\_\_

TRADE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX NO. \_\_\_\_\_

TRADE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX NO. \_\_\_\_\_

TRADE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE, ZIP \_\_\_\_\_

TELEPHONE: \_\_\_\_\_

FAX NO. \_\_\_\_\_

TRADE \_\_\_\_\_

LICENSE NO. \_\_\_\_\_

**BID PROPOSAL FORM**

**WE UNDERSIGNED PROPOSE TO FURNISH AND INSTALL TWO (2) LIEBERT AIR CONDITIONING UNITS AND TWO (2) LIEBERT CONDENSING UNITS OR APPROVED EQUIVALENTS AND ASSOCIATED WORK PURSUANT TO THE SPECIFICATIONS AND REQUIREMENTS FOR THE TOTAL SUM OF:**

**TOTAL SUM**

\$ 338,500.00

THREE HUNDRED THIRTY EIGHT THOUSAND FIVE HUNDRED DOLLARS

**AMOUNT SPELLED OUT**

**IF PROPOSING EQUIVALENT, MAKE AND MODE OF EQUIPMENT: PLEASE COMPLETE**

**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

VINCENT SLOAT

The undersigned is a Corporation, Partnership or Individual under the laws of the State of DELAWARE having its principal office 26 WORLDS FAIR DRIVE UNIT D SOMERSET, NJ 08873

COMPANY UNITEMP MECHANICAL DEGREES, LLC

**PROVIDE A LIST OF SUB-CONTRACTORS  
COPY OF LICENSES SUBMITTED WITH BID  
(MANDATORY IF APPLICABLE)**

NAME GLENN A DOBRON ELECTRICAL CONTRACTOR, INC.  
ADDRESS 25 STEVENSON AVENUE  
CITY, STATE, ZIP TRENTON, NJ 08619-1236  
TELEPHONE: 609-586-3400  
FAX NO. 609-587-3645  
TRADE ELECTRICAL  
LICENSE NO. 34EB00754700

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

**BID PROPOSAL FORM**

**WE UNDERSIGNED PROPOSE TO FURNISH AND INSTALL TWO (2) LIEBERT AIR CONDITIONING UNITS AND TWO (2) LIEBERT CONDENSING UNITS OR APPROVED EQUIVALENTS AND ASSOCIATED WORK PURSUANT TO THE SPECIFICATIONS AND REQUIREMENTS FOR THE TOTAL SUM OF:**

**TOTAL SUM** \$ 389,000.00

Three Hundred and Eighty Nine Thousand Dollars

**AMOUNT SPELLED OUT**

**IF PROPOSING EQUIVALENT, MAKE AND MODE OF EQUIPMENT: PLEASE COMPLETE**

\_\_\_\_\_  
\_\_\_\_\_

**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

The undersigned is a Corporation, Partnership or Individual under the laws of the State of PA having its principal office 555 North Route 73 West Berlin NJ 08091

COMPANY LGB Mechanical, Inc.

PROVIDE A LIST OF SUB-CONTRACTORS  
COPY OF LICENSES SUBMITTED WITH BID

(MANDATORY IF APPLICABLE)

NAME LGB Mechanical, Inc.  
ADDRESS 555 North Route 73  
CITY, STATE, ZIP West Berlin NJ 08091  
TELEPHONE: 856 719 1400  
FAX NO. 856 719 1511  
TRADE HVAC  
LICENSE NO. 19HC00054900

NAME Advanced Electric  
ADDRESS 207 W Clinton Ave  
CITY, STATE, ZIP Oaklyn NJ 08107  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE Electrical  
LICENSE NO. 34E101579900

NAME LGB Mechanical Inc.  
ADDRESS 555 N. Rt 73  
CITY, STATE, ZIP West Berlin NJ  
TELEPHONE: 856 719-1400  
FAX NO. 856 719-1511  
TRADE Plumbing  
LICENSE NO. 34B101852600

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

**BID PROPOSAL FORM**

**WE UNDERSIGNED PROPOSE TO FURNISH AND INSTALL TWO (2) LIEBERT AIR CONDITIONING UNITS AND TWO (2) LIEBERT CONDENSING UNITS OR APPROVED EQUIVALENTS AND ASSOCIATED WORK PURSUANT TO THE SPECIFICATIONS AND REQUIREMENTS FOR THE TOTAL SUM OF:**

**TOTAL SUM** \$ 392,200.00

Three Hundred Ninety Two Thousand Two Hundred

**AMOUNT SPELLED OUT**

**IF PROPOSING EQUIVALENT, MAKE AND MODE OF EQUIPMENT: PLEASE COMPLETE**

  
**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

The undersigned is a Corporation, Partnership or Individual under the laws of the State of New Jersey having its principal office Millville, New Jersey

COMPANY Gaudelli Bros., Inc



**PROVIDE A LIST OF SUB-CONTRACTORS  
COPY OF LICENSES SUBMITTED WITH BID**

**(MANDATORY IF APPLICABLE)**

NAME Bryan Electric Inc  
ADDRESS 1800 East State St. Suite 150C  
CITY, STATE, ZIP Hamilton NJ 08609  
TELEPHONE: 609-393-8325  
FAX NO. n/a  
TRADE Electric  
LICENSE NO. 34E100622200

NAME 101 Homestead Plumbing  
ADDRESS 2052 N. Delaware Drive  
CITY, STATE, ZIP Vineland NJ 08360  
TELEPHONE: 856-602-6305  
FAX NO. N/A  
TRADE Plumbing  
LICENSE NO. JAHC000660400

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

**BID PROPOSAL FORM**

**WE UNDERSIGNED PROPOSE TO FURNISH AND INSTALL TWO (2) LIEBERT AIR CONDITIONING UNITS AND TWO (2) LIEBERT CONDENSING UNITS OR APPROVED EQUIVALENTS AND ASSOCIATED WORK PURSUANT TO THE SPECIFICATIONS AND REQUIREMENTS FOR THE TOTAL SUM OF:**

**TOTAL SUM**

**\$ 439,125.00**

**Four Hundred Thirty Nine Thousand One Hundred Twenty Five Dollars and Zero Cents**

**AMOUNT SPELLED OUT**

**IF PROPOSING EQUIVALENT, MAKE AND MODE OF EQUIPMENT: PLEASE COMPLETE**

**NONE**

  
**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

**Charles P. Waters, Executive V.P.**

The undersigned is a Corporation, Partnership or Individual under the laws of the State of **New Jersey** having its principal office **75 South Gold Drive, Hamilton NJ 08691**

COMPANY **Waters & Bugbee, Inc.**

PROVIDE A LIST OF SUB-CONTRACTORS  
COPY OF LICENSES SUBMITTED WITH BID

(MANDATORY IF APPLICABLE)

NAME **HVAC Service Performed In-House (See attached License)**

ADDRESS

CITY, STATE, ZIP

TELEPHONE:

FAX NO.

TRADE

LICENSE NO.

NAME **Bryan Electric Inc.**

ADDRESS **1800 East State Street, Suite 150C**

CITY, STATE, ZIP **Hamilton, NJ 08609**

TELEPHONE: **609-393-8325**

FAX NO.

TRADE **Electrical Contrator**

LICENSE NO. **34EI00622200**

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE:

FAX NO.

TRADE

LICENSE NO.

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE:

FAX NO.

TRADE

LICENSE NO.

NAME

ADDRESS

CITY, STATE, ZIP

TELEPHONE:

FAX NO.

TRADE

LICENSE NO.

**BID PROPOSAL FORM**

WE UNDERSIGNED PROPOSE TO FURNISH AND INSTALL TWO (2) LIEBERT AIR CONDITIONING UNITS AND TWO (2) LIEBERT CONDENSING UNITS OR APPROVED EQUIVALENTS AND ASSOCIATED WORK PURSUANT TO THE SPECIFICATIONS AND REQUIREMENTS FOR THE TOTAL SUM OF:

TOTAL SUM

\$ 472,314.00

Four Hundred Seventy Two Thousand Three Hundred Fourteen Dollars and Zero Cents

**AMOUNT SPELLED OUT**

**IF PROPOSING EQUIVALENT, MAKE AND MODE OF EQUIPMENT: PLEASE COMPLETE**

N/A

  
**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

The undersigned is a Corporation, Partnership or Individual under the laws of the State of New Jersey having its principal office Kaser Mechanical LLC  
1150 East Broad Street Burlington NJ 08016

COMPANY Kaser Mechanical, LLC

**PROVIDE A LIST OF SUB-CONTRACTORS  
COPY OF LICENSES SUBMITTED WITH BID**

**(MANDATORY IF APPLICABLE)**

NAME Bryan Electric Inc  
ADDRESS 1800 East State St Suite 150C  
CITY, STATE, ZIP Hamilton NJ 08609  
TELEPHONE: 609-393-8325  
FAX NO. \_\_\_\_\_  
TRADE Electrical  
LICENSE NO. 34E100622200

NAME Accurate Insulation LLC  
ADDRESS 800 North Green St  
CITY, STATE, ZIP Little Egg Harbor NJ 08087  
TELEPHONE: 609-296-2758  
FAX NO. \_\_\_\_\_  
TRADE Insulation  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

NAME \_\_\_\_\_  
ADDRESS \_\_\_\_\_  
CITY, STATE, ZIP \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX NO. \_\_\_\_\_  
TRADE \_\_\_\_\_  
LICENSE NO. \_\_\_\_\_

BID PROPOSAL FORM

WE UNDERSIGNED PROPOSE TO FURNISH AND INSTALL TWO (2) LIEBERT AIR CONDITIONING UNITS AND TWO (2) LIEBERT CONDENSING UNITS OR APPROVED EQUIVALENTS AND ASSOCIATED WORK PURSUANT TO THE SPECIFICATIONS AND REQUIREMENTS FOR THE TOTAL SUM OF:

TOTAL SUM

\$ 490,130.00

Four hundred ninety-thousand one hundred thirty dollars and 00/100  
AMOUNT SPELLED OUT

IF PROPOSING EQUIVALENT, MAKE AND MODE OF EQUIPMENT: PLEASE COMPLETE

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)

The undersigned is a Corporation, Partnership or Individual under the laws of the State of NEW JERSEY having its principal office IN VEST WINDSOR TWP, MERCER CO.  
COMPANY PRINCELOT AIR CONDITIONING



## SUBCONTRACTOR UTILIZATION FORM

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

BID SOLICITATION # AND TITLE:

BD0205-65 - FURNISHING AND INSTALLATION OF TWO (2) LIEBERT AIR CONDITIONING UNITS AND TWO (2) LIEBERT CONDENSING UNITS OR APPROVED EQUIVALENT AND ALL ASSOCIATED WORK

VENDOR NAME: Princeton Air Conditioning

List All Businesses To Be Used As Subcontractors. Attach Additional Sheets If Necessary.  
If the Bid Solicitation has subcontracting set-aside goals, and the Vendor has not achieved the goals,  
Vendor must attach information documenting its good faith effort to achieve the goals.

SUBCONTRACTOR'S NAME:	<u>Glenn A Dobron Electrical Contractor</u>		
ADDRESS:	<u>25 Stevenson Ave, Trenton, NJ 08619</u>		
PHONE NUMBER:	<u>(609) 847-9128</u>	FEIN:	<u>22-3731901</u>
EMAIL:	<u>dobronelec@gmail.com</u>		
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED:			
DESCRIPTION OF WORK TO BE SUBCONTRACTED:	<u>Electrical work required to connect 2 new Liebert AC units to the existing electrical service.</u>		
IS THE SUBCONTRACTOR IS A SMALL BUSINESS? YES			
IF YES, SMALL BUSINESS CATEGORY: <u>Category IV (Construction) - \$0 to \$3,000,000</u>			
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS? NO			

SUBCONTRACTOR'S NAME:	<u>Garton's Rigging</u>		
ADDRESS:	<u>3436 N Mill Rd., Vineland NJ 08360</u>		
PHONE NUMBER:	<u>856-691-0487</u>	FEIN:	<u>22-1738266</u>
EMAIL:	<u>darell@gartonsrigging.com</u>		
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED:			
DESCRIPTION OF WORK TO BE SUBCONTRACTED:	<u>delivery &amp; rigging in place of 2 new Liebert AC units.</u>		
IS THE SUBCONTRACTOR IS A SMALL BUSINESS? YES			
IF YES, SMALL BUSINESS CATEGORY: <u>Category IV (Construction) - \$0 to \$3,000,000</u>			
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS? NO			

SUBCONTRACTOR'S NAME:			
ADDRESS:			
PHONE NUMBER:		FEIN:	
EMAIL:			
ESTIMATED VALUE OF WORK TO BE SUBCONTRACTED:			
DESCRIPTION OF WORK TO BE SUBCONTRACTED:			
IS THE SUBCONTRACTOR IS A SMALL BUSINESS?			
IF YES, SMALL BUSINESS CATEGORY:			
IS THE SUBCONTRACTOR IS A DISABLED VETERAN-OWNED BUSINESS?			