

BID2026-02 COMPREHENSIVE PRIMARY HEALTH CARE SERVICES FOR A PERIOD OF TWO (2) YEARS WITH AN OPTION TO EXTEND TWO (2) ADDITIONAL YEARS FOR THE CITY OF TRENTON, DEPARTMENT OF HEALTH & HUMAN SERVICES VIRTUAL BID OPENING 12/11/2025 AT 11:00AM	
NUMBER OF BIDS SUBMITTED	1
NAME OF PROPOSER	MEDINA HEALTH CENTER
ADDRESS	828 N OLDEN AVE, SUITE#2
CITY, STATE, ZIP	TRENTON NJ 08638-4902
CONTACT NAME	MIRA SADEGHI
TELEPHONE	609 323 5159
FAX	609 323 5119
E-MAIL	MIRA@MEDINAHEALTHCARE.ORG
NOTICE OF INTENT TO SUBCONTRACT(MANDATORY)	NO
SUBCONTRACTORS NAME AND LICENSING	N/A
DISCLOSURE OF OWNERSHIP STATEMENT(MANDATORY)	INCLUDED
ACKNOWLEDGMENT OF RECEIPT OF ADDENDA N.1 12/01/2025	INCLUDED
NON-COLLUSION AFFIDAVIT (MANDATORY)	INCLUDED
EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE (EXHIBIT A) (MANDATORY)	INCLUDED
AFIRMATIVE ACTION STATEMENT (MANDATORY)	INCLUDED
AMERICAN WITH DISABILITIES ACT OF 1990 LANGUAGE (MANDATORY)	INCLUDED
CERTIFICATION OF NON-DEBARMENT FOR FEDERAL GOVERNMENT CONTRACTS	INCLUDED
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN	INCLUDED
DISCLOSURE OF INVESTMENT ACTIVITIES IN RUSSIA OR BELARUS	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE (PRIOR TO AWARD)	INCLUDED
EIC (EMPLOYEE INFORMATION CERTIFICATE)	CERT#76755 EXP 15/06/2032
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED
LICENSES AND CERTIFICATIONS	CERT#25401 EXP 02/28/2026
TWO YEAR HOURLY RATE- FY2026 & FY2027	\$140.59
GRAND TOTAL AMOUNT OF SERVICES FOR TWO YEARS	\$506,130.00
OPTION TO EXTEND TWO YEARS HOURLY RATE FOR FY 2028 & FY 2029	\$147.71
OPTION TO EXTEND GRAND TOTAL AMOUNT OF SERVICES FOR TWO YEARS	\$531,753.00
60-DAY EXTENSION COMPLIANCE	NO
COMPLIANCE WITH EMERGENCY SERVICES	YES
EXCEPTIONS	NONE
THREE (3) REFERENCES	INCLUDED
FATAL FLAW	NONE