

CC2020-07 FOR ESSENTIAL PUBLIC HEALTH SERVICES TO PROVIDE PUBLIC HEALTH SERVICES IN SUPPORT FOR THE CITY OF TRENTON, DEPARTMENT OF HEALTH AND HEALTH, DIVISION OF HEALTH PROPOSAL OPENED 7/23/2020 AT 11:00AM

CC2020-07 FOR ESSENTIAL PUBLIC HEALTH SERVICES TO PROVIDE PUBLIC HEALTH SERVICES IN SUPPORT FOR THE CITY OF TRENTON, DEPARTMENT OF HEALTH AND HEALTH, DIVISION OF HEALTH	
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	TRENTON HEALTH TEAM, INC.
ADDRESS	1 WEST STATE STREET, 4TH FLOOR
CITY, STATE, ZIP	TRENTON, NJ 08608
CONTACT NAME	GREGORY PAULSON, EXECUTIVE DIRECTOR
TELEPHONE	609-256-4555
FAX	609-256-4554
E-MAIL	<a href="mailto:INFOR@TRENTONHEALTHTEAM.ORG">INFOR@TRENTONHEALTHTEAM.ORG</a>
OWNERSHIP DISCLOSURE STATEMENT	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS	INCLUDED
QUESTIONNAIRE	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA AND POSTPONEMENT NOTICE	N/A
EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE -	INCLUDED
MANDATORY EXHIBIT A	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED
NON-COLLUSION AFFIDAVIT	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED
DEBARMENT NOTICE	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN - MANDATORY	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED
POLITICAL CONTRIBUTION DISCLOSURE FORM	INCLUDED
EIC	CERT.#47639 EXP. 11/15/2025
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED VENDOR WITH SIGNED CONTRACTS
W-9	N/A
HOLDING PRICE FOR SIXTY (60) DAYS	N/A
COMPLIANCE WITH EMERGENCY SERVICES	YES
TOTAL PRICE FOR THE SERVICES FOR YEAR (1) ONE	\$200,000.00
TOTAL PRICE FOR THE SERVICES FOR YEAR (2) TWO	\$200,000.00
TOTAL PRICE FOR THE SERVICES FOR YEAR (3) THREE	\$200,000.00
GRAND TOTAL FOR THREE (3) YEARS	\$600,000.00
OPTION TO EXTEND TOTAL PRICE FOR THE SERVICES FOR YEAR (4) FOUR	\$210,00.00
OPTION TO EXTEND TOTAL PRICE FOR THE SERVICES FOR YEAR (5) FIVE	\$210,000.00
REFERENCES	N/A
EXCEPTIONS	NONE
FATAL FLAW	NONE

**PROPOSAL  
VENDOR MUST COMPLETE**

The undersigned Respondent declares that he/she has read the Notice of Re  
Proposal, Instructions to Respondents, Affidavits and Scope of Services, Requ  
Evaluation Criteria attached, that he/she has determined the conditions  
the proposal agrees, if this proposal is accepted, to furnish and deliver the fol

**TO PROVIDE ESSENTIAL PUBLIC HEALTH SERVICES**

<b>TOTAL PRICE FOR THE SERVICES FOR YEAR <u>ONE</u></b>	\$ <u>200,000</u>
<b>TOTAL PRICE FOR THE SERVICES FOR YEAR <u>TWO</u></b>	\$ <u>200,000</u>
<b>TOTAL PRICE FOR THE SERVICES FOR YEAR <u>THREE</u></b>	\$ <u>200,000</u>
<b>GRAND TOTAL FOR THREE (3) YEARS</b>	\$ <u>600,000</u>
<b><u>OPTION TO EXTEND</u></b>	
<b>TOTAL PRICE FOR THE SERVICES FOR YEAR <u>FOUR</u></b>	\$ <u>210,000</u>
<b><u>OPTION TO EXTEND</u></b>	
<b>TOTAL PRICE FOR THE SERVICES FOR YEAR <u>FIVE</u></b>	\$ <u>210,000</u>

**(SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

The undersigned is a Corporation, Partnership or Individual under the laws of t  
of

New Jersey having its principal office

at 1 West State Street, 4th Floor, Trenton, NJ 08608

COMPANY Trenton Health Team, Inc.

1 West State Street, 4th Floor, Trenton, NJ 08608  
ADDRESS  

ADDRESS