

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	INFOR@TRENTONHEALTHTEAM.ORG
OWNERSHIP DISCLOSURE STATEMENT	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA AND POSTPONEMENT NOTICE	N/A
EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE - 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 Request for Proposal, Instructions to Respondents, Affidavits and Scope of Services, Request for Proposal Evaluation Criteria attached, that he/she has determined the conditions of the proposal agrees, if this proposal is accepted, to furnish and deliver the following:

TO PROVIDE ESSENTIAL PUBLIC HEALTH SERVICES

TOTAL PRICE FOR THE SERVICES FOR YEAR ONE \$ \$200,000

TOTAL PRICE FOR THE SERVICES FOR YEAR TWO \$ \$200,000

TOTAL PRICE FOR THE SERVICES FOR YEAR THREE \$ \$200,000

GRAND TOTAL FOR THREE (3) YEARS \$ \$600,000

OPTION TO EXTEND

TOTAL PRICE FOR THE SERVICES FOR YEAR FOUR \$ \$210,000

OPTION TO EXTEND

TOTAL PRICE FOR THE SERVICES FOR YEAR FIVE \$ \$210,000


(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

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 _____