

**RFP2021-42 TRENTON STREET TEAMS SOCIAL SERVICE PROVIDER FOR THE CITY
OF TRENTON, DEPARTMENT OF POLICE AND HEALTH AND HUMAN SERVICES
PROPOSAL OPENED 10/5/2021 AT 11:00AM**

RFP2021-42 TRENTON STREET TEAMS SOCIAL SERVICE PROVIDER FOR THE CITY OF TRENTON, DEPARTMENT OF POLICE AND HEALTH AND HUMAN SERVICES	
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	ISLES, INC.
ADDRESS	10 WOOD STREET
CITY, STATE, ZIP	TRENTON, NEW JERSEY 08618
CONTACT NAME	TIMOTHY SEAN JACKSON
TELEPHONE	609-341-4793
FAX	609-393-9513
E-MAIL	SJACKSON@ISLES.ORG
STATEMENT OF OWNERSHIP DISCLOSURE	INCLUDED
EQUAL EMPLOYMENT OPPORTUNITY EXHIBIT A	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	N/A
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED
NON-COLLUSION AFFADAVIT	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED
DEBARMENT NOTICE	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED
EIC	CERT.#13435 EXP. 01/15/2023
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED VENDOR
60-DAY EXTENSION COMPLIANCE	N/A
PROVIDE PRIORITY EMERGENCY SERVICES	N/A
REFERENCES	INCLUDED
W-9	INCLUDED
EXCEPTIONS (IF ANY)	NONE
TOTAL AMOUNT FOR SIX (6) MONTHS	\$1,113,333.00
FATAL FLAW	NONE

BID PROPOSAL FORM
RESPONDENT MUST COMPLETE

We the undersigned propose **TRENTON STREET TEAMS SOCIAL SERVICE PROVIDER** pursuant to the scope of services and requirements and made part hereof:
RESPONDENTS MAY SUBMIT THEIR OWN PROPOSAL PAGE/S WITH A BREAKDOWN OF PRICING FOR THE SERVICES.

TOTAL AMOUNT FOR SOCIAL SERVICE PROVIDER

\$1,113,333


(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 at 10 Wood St., Trenton, NJ 08618

COMPANY Isles, Inc.

ADDRESS 10 Wood St., Trenton, NJ 08618

ADDRESS _____

FED. ID # _____

NAME Timothy Sean Jackson

TELEPHONE (609) 341-4793

FAX (609) 393-9513

EMAIL sjackson@isles.org

DATE 9/30/21

SIGNATURE 