

**CC2023-04 PROVISIONS OF COMPREHENSIVE PRIMARY HEALTH CARE SERVICES TO
UNDERINSURED AND UNINSURED RESIDENTS OF THE CITY OF TRENTON PROPOSAL
OPENING DATE: 2/9/2023 AT 11:00AM**

CC2023-04 PROVISIONS OF COMPREHENSIVE PRIMARY HEALTH CARE SERVICES FOR UNDERINSURED AND UNINSURED RESIDENTS FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES FOR A PERIOD OF ONE (1) YEAR WITH AN OPTION TO EXTEND TWO (2) ONE (1) EXTENSION YEAR	PROPOSAL OPENING DATE : 2/9/2023 AT 11:00AM
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	HENRY J. AUSTIN HEALTH CENTER
ADDRESS	321 NORTH WARREN STREET
CITY, STATE, ZIP	TRENTON, NJ 08618
CONTACT NAME	KEMI ALLI, MD
TELEPHONE	609-278-5900
FAX	609-696-3532
E-MAIL	kemi.alli@henryjainstn.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	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED
NON-COLLUSION AFFIDAVIT	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED
DEBARMENT NOTICE	INCLUDED
CERTIFICATION AND DISCLOSURE OF POLITICAL CONTRIBUTIONS	INCLUDED
PROHIBITED RUSSIA-BELARUS ACTIVITIES & IRAN INVESTMENT ACTIVITIES	INCLUDED
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED
EIC	CERTIFICATE #37208 EXPIRATION 6/15/2025
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED PROPOSER
60-DAY EXTENSION COMPLIANCE	N/A
PROVIDE PRIORITY EMERGENCY SERVICES	YES
REFERENCES	INCLUDED
W-9	N/A
EXCEPTIONS (IF ANY)	NONE
TOTAL AMOUNT FOR YEAR ONE	\$259,000.00
TOTAL AMOUNT FOR OPTION TO EXTEND YEAR 2	\$259,000.00
TOTAL AMOUNT FOR OPTION TO EXTEND YEAR THREE	\$259,000.00
TOTAL AMOUNT FOR TWELVE MONTHS	
FATAL FLAW	NONE