

CC2025-03 FOR PROVISIONS OF COMPREHENSIVE PRIMARY HEALTH CARE SERVICES FOR UNDERINSURED AND UNINSURED RESIDENTS OF THE CITY OF TRENTON FOR THE DEPARTMENT OF HEALTH AND HUMAN SERVICES - VIRTUAL OPENING DATE MARCH 6, 2025 AT 11:00AM

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NUMBER OF RESPONDENTS:	2	
NAME OF BIDDER	HENRY AUSTIN HEALTH CENTER, INC.	MEDINA HEALTH CENTER (dba
ADDRESS	321 NORTH WARREN STREET	828 NORTH OLDEN AVENUE - SUITE #2
CITY, STATE, ZIP	TRENTON, NJ 08618	TRENTON, NJ 08638
CONTACT NAME	CHARLES L. DAVIS, II	NABEEL KHAN
TELEPHONE	609-278-5970	609-323-5159
FAX	609-695-3532	609-323-5159
E-MAIL	charles.davis@henryjaustin.org	info@medinahealthcare.org
STATEMENT OF OWNERSHIP DISCLOSURE	INCLUDED	INCLUDED
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY EXHIBIT A	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	N/A	N/A
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED	INCLUDED
NON-COLLUSION AFFIDAVIT	INCLUDED	INCLUDED
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED
POLITICAL CONTRIBUTION DISCLOSURE	INCLUDED	INCLUDED
FEDERAL DEBARMENT FORM		INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN	INCLUDED	INCLUDED
DISCLOSURE OF INVESTED ACTIVITIES IN RUSSIA AND BELARUS	INCLUDED	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED	INCLUDED
CERTIFICATE OF EMPLOYEE INFORMATION REPORT (EIC)	REQUIRED FROM AWARDED PROPOSER WITH SIGNED CONTRACTS	REQUIRED FROM AWARDED PROPOSER WITH SIGNED CONTRACTS
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED	INCLUDED
CERTIFICATE OF INSURANCE	REQUIRED FROM AWARDED PROPOSER	REQUIRED FROM AWARDED PROPOSER
HOLDING PRICE FOR SIXTY (60) DAYS	YES	YES
COMPLIANCE WITH EMERGENCY SERVICES	YES	YES
TOTAL AMOUNT FOR THE SERVICES FOR YEAR ONE (1)	\$750,000.00	\$830,000.00
OTE TOTAL AMOUNT FOR THE SERVICES FOR YEAR TWO (2)	\$750,000.00	\$889,044.00
OTE TOTAL AMOUNT FOR THE SERVICES FOR YEAR THREE (3)	\$750,000.00	\$952,796.00
REFERENCES	INCLUDED	INCLUDED
EXCEPTIONS	NONE	NONE
FATAL FLAW	NONE	NONE