

BID2025-55 SOLICITATION TO BID FOR READING SENIOR CENTER IMPROVEMENTS 15 RINGOLD STREET TRENTON, NJ 08618 FOR THE CITY OF TRENTON DEPARTMENT OF HEALTH AND HUMAN SERVICES			
VIRTUAL PROPOSAL OPENING MAY-28-2025, AT 11:00AM			
NUMBER OF BIDS SUBMITTED	3		
NAME OF PROPOSER	BLACKSTONE GROUP LLC	SCOZZARI BUILDERS, INC	J.H. WILLIAMS ENTERPRICES, INC
ADDRESS	169 SCOTLAND RD	1891 NORTH OLDEN AVENUE	513 PLEASANT VALLEY AVE
CITY, STATE, ZIP	ORANGE, NJ 07050	TRENTON, NJ 08638	MOORESTOWN, NJ 08057
CONTACT NAME	IBRAHIM HASAN	LEONARD J. SCOZZARI	MARK P WILLIAMS
TELEPHONE	973 624 6300	690 989 1221	856 793 7114
FAX	973 624 1216	609 989 1262	856 222 0017
E-MAIL	INFO@B360.US	LSOZZARI@SCOZZARI.COM	MPW@JHWILLIAMSLNC.COM
BID GUARANTEE (BID BOND OR CERTIFIED/CASHIER'S CHECK)	U.S. SPECIALTY INSURANCE COMPANY 10% W.P.O.A. VICTORIA L . ERNEST	GREAT MIDWEST INSURANCE COMPANY 10% W.P.O.A. RICHARD V. DOBBS	LIBERTY MUTUAL INSURANCE COMPANY 10% W.P.O.A. RICHARD K. STRONG
CONSENT OF SURETY (CERTIFICATE FROM SURETY COMPANY) (MANDATORY)	U.S. SPECIALTY INSURANCE COMPANY 10% W.P.O.A. VICTORIA L . ERNEST	GREAT MIDWEST INSURANCE COMPANY 10% W.P.O.A. RICHARD V. DOBBS	LIBERTY MUTUAL INSURANCE COMPANY 10% W.P.O.A. RICHARD K. STRONG
DISCLOSURE OF OWNERSHIP STATEMENT(MANDATORY)	INCLUDED	INCLUDED	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA #1 5/19/2025 (MANDATORY)	INCLUDED	INCLUDED	INCLUDED
NON-COLLUSION AFFIDAVIT MANDATORY	INCLUDED	INCLUDED	INCLUDED
NOTICE OF INTENT TO SUBCONTRACT(MANDATORY)	INCLUDED	INCLUDED	INCLUDED
LICENSE OR CERTIFICATION FROM SUB-CONTRACTORS	YES SEE ATTACHED	YES SEE ATTACHED	YES SEE ATTACHED
DISCLOSURE OF INVESTED ACTIVITIES IN IRAN, RUSSIA & BELARUS	INCLUDED	INCLUDED	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATION CERTIFICATE	INCLUDED	INCLUDED	INCLUDED
AMERICAN WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED	INCLUDED	INCLUDED
NJ BUSINESS REGISTRATION CERTIFICATE (PRIOR TO AWARD)	INCLUDED	INCLUDED	INCLUDED
EIC (EMPLOYEE INFORMATION CERTIFICATE)	CERT#32602 EXP 04/15/2030	CERT#53734 EXP 11/15/2029	CERT#54063 EXP 05/15/2029
NJ PUBLIC WORKS CONTRACTOR REGISTRATION CERTIFICATE FROM CONTRACTOR	CERT#710987 EXP 05/07/2027	CERT#589040 EXP 06/28/2026	CERT#20496 EXP 11/19/2025
AFFIRMATIVE ACTION STATEMENT	INCLUDED	INCLUDED	INCLUDED
PREVAILING WAGE STATEMENT	INCLUDED	INCLUDED	INCLUDED
EQUIPMENT CERTIFICATION	INCLUDED	INCLUDED	INCLUDED
60-DAY EXTENSION COMPLIANCE	NO	YES	YES
COMPLIANCE WITH EMERGENCY SERVICES	YES	YES	YES
TOTAL AMOUNT PART1	\$420,000.00	\$552,843.00	\$897,000.00
TOTAL AMOUNT PART2	\$930,000.00	\$836,900.00	\$577,000.00
EXCEPTIONS	NONE	NONE	NONE
THREE (3) REFERENCES	INCLUDED	INCLUDED	INCLUDED
FATAL FLAW	NONE	NONE	NONE

B LACKSTONE GROUP

BID PROPOSAL FORM **PROPOSER MUST COMPLETE**

Part 1:

This project aims to assess work damaged during the break-in. Work will also include completing the previous project's scope, renovating the two-story portion of the building, performing mechanical upgrades, and installing a new elevator.

LUMP SUM AMOUNT \$ 420,000.00

Part2:

Planned work includes a cosmetic refresh of interior finishes, including replacing floor, wall, and ceiling finishes. Light fixtures and wall-mounted electrical devices will be replaced with new LED fixtures. Lighting controls will remain. Mechanical ceiling diffusers will be replaced in kind.

LUMP SUM AMOUNT \$ 930,000.00

**PROVIDE A LIST OF SUB-CONTRACTORS
COPY OF LICENSES SUBMITTED WITH BID**

(MANDATORY IF APPLICABLE)

NAME Triple Tech Mechanical
ADDRESS 113 Center Street
CITY, STATE, ZIP Clifton NJ 07011
TELEPHONE: 201-252-7562
FAX NO. _____
TRADE Plumbing
LICENSE NO. 36BI01349600

NAME Gary Kubiak & Son Electric, Inc
ADDRESS 12 Sharon Road
CITY, STATE, ZIP Robbinsville, NJ 08691
TELEPHONE: 609-259-8600
FAX NO. _____
TRADE Electrical
LICENSE NO. 34EB01733400

NAME Gama Climinate LLC
ADDRESS 49 Brookside Rd
CITY, STATE, ZIP Millstone Township, NJ 08510
TELEPHONE: 201-349-8260
FAX NO. _____
TRADE HVAC
LICENSE NO. 19HC00263600

NAME Acme Professional Services Corp
ADDRESS 265 US-46 W Unit 3D
CITY, STATE, ZIP Totowa NJ 07512
TELEPHONE: 973-938-5266
FAX NO. _____
TRADE Asbestos Abatement
LICENSE NO. _____

NAME Mobility Elevator & Lift Co.
ADDRESS 4 York Avenue
CITY, STATE, ZIP West Caldwell, NJ 07006
TELEPHONE: (800) 441-4181 Ext. 16
FAX NO. _____
TRADE Elevator
LICENSE NO. _____

SCOZZARI BUILDERS

BID PROPOSAL FORM **PROPOSER MUST COMPLETE**

Part 1:

This project aims to assess work damaged during the break-in. Work will also include completing the previous project's scope, renovating the two-story portion of the building, performing mechanical upgrades, and installing a new elevator.

LUMP SUM AMOUNT \$ 552,843.00

Part2:

Planned work includes a cosmetic refresh of interior finishes, including replacing floor, wall, and ceiling finishes. Light fixtures and wall-mounted electrical devices will be replaced with new LED fixtures. Lighting controls will remain. Mechanical ceiling diffusers will be replaced in kind.

LUMP SUM AMOUNT \$ 836,900.00

PROVIDE A LIST OF SUB-CONTRACTORS
COPY OF LICENSES SUBMITTED WITH BID

(MANDATORY IF APPLICABLE)

NAME National Plumbing
ADDRESS _____
CITY, STATE, ZIP Newark, NJ
TELEPHONE: _____
FAX NO. _____
TRADE Plumbing
LICENSE NO. 36B100887500

NAME National Plumbing
ADDRESS _____
CITY, STATE, ZIP Newark, NJ
TELEPHONE: _____
FAX NO. _____
TRADE HVAC
LICENSE NO. 19H100624900

NAME G. Kusilek & Son
ADDRESS _____
CITY, STATE, ZIP Paterson, NJ
TELEPHONE: _____
FAX NO. _____
TRADE Electric
LICENSE NO. 34E101733400

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE: _____
FAX NO. _____
TRADE _____
LICENSE NO. _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE: _____
FAX NO. _____
TRADE _____
LICENSE NO. _____

J.H. WILLIAMS

BID PROPOSAL FORM
PROPOSER MUST COMPLETE

Part 1:

This project aims to assess work damaged during the break-in. Work will also include completing the previous project's scope, renovating the two-story portion of the building, performing mechanical upgrades, and installing a new elevator.

LUMP SUM AMOUNT

\$ 897,000.00

Part2:

Planned work includes a cosmetic refresh of interior finishes, including replacing floor, wall, and ceiling finishes. Light fixtures and wall-mounted electrical devices will be replaced with new LED fixtures. Lighting controls will remain. Mechanical ceiling diffusers will be replaced in kind.

LUMP SUM AMOUNT

\$ 577,000.00

**PROVIDE A LIST OF SUB-CONTRACTORS
COPY OF LICENSES SUBMITTED WITH BID**

(MANDATORY IF APPLICABLE)

NAME RG Electric
ADDRESS 2214 Craig Drive
CITY, STATE, ZIP Hainesport, NJ
TELEPHONE: 609-261-8352
FAX NO. _____
TRADE Electric
LICENSE NO. 34EI00651300

NAME Comfort Mechanical
ADDRESS 420 Division Street
CITY, STATE, ZIP Long Branch, NJ
TELEPHONE: 732-870-2292
FAX NO. _____
TRADE HVAC
LICENSE NO. 19HC00281400

NAME Marolda Plumbing
ADDRESS 127 S. Central Avenue
CITY, STATE, ZIP Minotola, NJ 08341
TELEPHONE: (856) 297-7104
FAX NO. _____
TRADE Plumbing
LICENSE NO. 36BI013135000

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE: _____
FAX NO. _____
TRADE _____
LICENSE NO. _____

NAME _____
ADDRESS _____
CITY, STATE, ZIP _____
TELEPHONE: _____
FAX NO. _____
TRADE _____
LICENSE NO. _____

Mark P. Williams, VP - 05/28/25
J.H. Williams Enterprises

Mark P. Williams