

CC2019-07 EMERGENCY SHELTER FOR HOMELESS SINGLE MEN AND WOMEN FOR THE CITY OF TRENTON, DEPARTMENT OF HEALTH AND HUMAN SERVICES PROPOSAL OPENING 7/24/19 AT 11:00AM

CC2019-07 EMERGENCY SHELTER FOR HOMELESS SINGLE MEN AND WOMEN FOR THE CITY OF TRENTON, DEPARTMENT OF HEALTH AND HUMAN SERVICES	
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	RESCUE MISSION OF TRENTON
ADDRESS	98 CARROLL STREET
CITY, STATE, ZIP	TRENTON, NEW JERSEY 08605
CONTACT NAME	MARY GAY ABBOTT-YOUNG
TELEPHONE	609-396-2183
FAX	609-695-5199
E-MAIL	MGAY@RMTRENTON.ORG
OWNERSHIP DISCLOSURE STATEMENT	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED
EQUAL EMPLOYMENT OPPORTUNITY	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA NJ BUSINESS REGISTRATION CERTIFICATE FROM CONTRACTOR	N/A
EIC FROM CONTRACTOR	INCLUDED
NON-COLLUSION AFFIDAVIT	CERT.#8228 EXP. 05/15/2022
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE DISCLOSURE OF INVESTED ACTIVITIES IN IRAN - MANDATORY	INCLUDED
ETHICS COMPLAINT DISCLOSURE	INCLUDED
CITY OF TRENTON RESIDENT EMPLOYMENT POLICY	INCLUDED
POLITICAL CONTRIBUTION DISCLOSURE FORM	INCLUDED
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	N/A
TOTAL COST FOR YEAR (1)	\$271,000.00
TOTAL COST FOR YEAR TWO (2)	\$279,130.00
TOTAL COST FOR YEAR THREE (3)	\$287,503.00
THREE (3) REFERENCES	
EXCEPTIONS	
FATAL FLAW	NONE

BID PROPOSAL FORM

RESPONDENT 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, Requirements, Evaluation Criteria attached, that he/she has determined the conditions affecting the proposal agrees, if this proposal is accepted, to furnish and deliver the following services:

EMERGENCY SHELTER FOR HOMELESS SINGLE MEN & WOMEN

TOTAL AMOUNT FOR THE SERVICES FOR YEARONE (1) \$ 271.000

OPTION TO EXTEND 2ND YEAR

TOTAL AMOUNT FOR THE SERVICES FOR YEARTWO (2) \$ 279.130

OPTION TO EXTEND 3RD YEAR

TOTAL AMOUNT FOR THE SERVICES FOR YEARTHREE (3) \$ 287.503

(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)

The undersigned is a Corporation, Partnership or Individual under the laws of the State of _____
having its principal office at _____

The Rescue Mission of Trenton

COMPANY

98 Carroll Street, Trenton, New Jersey 08605

ADDRESS

ADDRESS

FED. ID #

NAME Mary Gay Abbott-Young

TELEPHONE 609-396-2183

FAX 609-695-5199

EMAIL mgay@rmtrenton.org

DATE July 24, 2019

SIGNATURE

