

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

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| 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   | <a href="mailto:MGAY@RMTRENTON.ORG">MGAY@RMTRENTON.ORG</a> |
| OWNERSHIP DISCLOSURE STATEMENT   | INCLUDED   |
| REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION   |  |
| REGULATIONS QUESTIONAIRE   | INCLUDED   |
| EQUAL EMPLOYMENT OPPORTUNITY   | INCLUDED   |
| ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA  | N/A  |
| NJ BUSINESS REGISTRATION CERTIFICATE FROM CONTRACTOR   | INCLUDED   |
| EIC FROM CONTRACTOR  | CERT.#8228 EXP. 05/15/2022                                 |
| NON-COLLUSION AFFIDAVIT  | INCLUDED   |
| AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE   | INCLUDED   |
| 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 2<sup>ND</sup> YEAR**

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

**OPTION TO EXTEND 3<sup>RD</sup> 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**

