

CC2019-08 PROVISIONS OF COMPREHENSIVE PRIMARY HEALTH CARE SERVICE TO UNDERINSURED AND UNINSURED RESIDENTS OF THE CITY OF TRENTON, NJ FOR THE CITY OF TRENTON, DEPARTMENT OF HEALTH AND HUMAN SERVICES	
NUMBER OF RESPONDENTS:	1
NAME OF BIDDER	HENRY J. AUSTIN HEALTH CENTER
ADDRESS	321 N. WARREN STREET
CITY, STATE, ZIP	TRENTON, NJ 08618-471
CONTACT NAME	DR. KEMI ALLI
TELEPHONE	609-278-5909
FAX	609-695-3532
E-MAIL	<a href="mailto:KEMI.ALLI@HENRYJAUSTIN.ORG">KEMI.ALLI@HENRYJAUSTIN.ORG</a>
OWNERSHIP DISCLOSURE STATEMENT	INCLUDED
MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE EXHIBIT A	INCLUDED
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION REGULATIONS QUESTIONNAIRE	INCLUDED
ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA	N/A
NJ BUSINESS REGISTRATION CERTIFICATE	INCLUDED
NOTICE OF INTENT TO SUBCONTRACT	NO
NON-COLLUSION AFFIDAVIT	INCLUDED
EIC	CERT.#37208 EXP. 12/15/2021
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	INCLUDED
DEBARMENT NOTICE	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	INCLUDED
HOLDING PRICE FOR SIXTY (60) DAYS	YES
COMPLIANCE WITH EMERGENCY SERVICES	YES
TOTAL AMOUNT FOR THE SERVICES FOR YEAR ONE (1)	\$259,000.00
OPTION TO EXTEND	
TOTAL AMOUNT FOR THE SERVICES FOR YEAR TWO (2)	\$259,000.00
OPTION TO EXTEND	
TOTAL AMOUNT FOR THE SERVICES FOR YEAR THREE (3)	\$259,000.00
REFERENCES	INCLUDED
EXCEPTIONS	NONE
FATAL FLAW	NONE

**BID PROPOSAL FORM**  
**RESPONDENT MUST COMPLETE**

We the undersigned propose to furnish and deliver the services pursuant to the scope of services and requirements made part hereof:

**PROVISIONS OF COMPREHENSIVE PRIMARY HEALTH CARE SERVICES  
TO UNDERINSURED AND UNINSURED RESIDENTS  
OF THE CITY OF TRENTON, NEW JERSEY**

**TOTAL AMOUNT FOR THE SERVICES FOR YEAR ONE (1)**      \$ 259,000

**OPTION TO EXTEND**

**TOTAL AMOUNT FOR THE SERVICES FOR YEAR TWO (2)**      \$ 259,000

**OPTION TO EXTEND**

**TOTAL AMOUNT FOR THE SERVICES FOR YEAR THREE (2)**      \$ 259,000

*Kemi Alli*

**(ORIGINAL SIGNATURE BY AUTHORIZED REPRESENTATIVE)**

The undersigned is a Corporation, Partnership or Individual under the laws of the State of  
New Jersey having its principal office at 321 North Warren Street,  
Trenton, NJ, 08618

**COMPANY** Henry J Austin Health Center

**ADDRESS** 321 North Warren Street, Trenton, NJ,  
08618

**FED. ID #**   

**NAME** Kemi Alli, MD

**TELEPHONE**

609-278-5900

**FAX** 609-695-3532

**EMAIL** kemi.alli@henryjaustin.org

**DATE** 08/27/2019

**SIGNATURE**

*Kemi Alli*