| BID RESULTS | | | | | | | | | |
|--|--|---|--|--|--|--|--|--|--------------------------|
| AB2019-38B MOBILE RADIOLOGY SERVICES FOR THE MERCER COUNTY CORRECTION CENTER FOR A PERIOD OF TWO YEARS BID OPENING DATE: AUGUST 27,2019 | | | | | | | | | |
| | | | | | | | | | CONTRACT TERM: TWO YEARS |
| NO. OF BIDDERS: | 2 | | | | | | | | |
| NAME OF BIDDER | SYMPHONY DIAGNOSTICS SERVICES NO 1 LLC DBA MOBILEX USA | PATIENT CARE ASSOCIATES HOLDINGS, INC. | | | | | | | |
| ADDRESS | 101 ROCK ROAD | 95 CEDAR LANE, SUITE 9 | | | | | | | |
| CITY, STATE, ZIP | horsham, pa 19044 | ENGLEWOOD, NJ 07631 | | | | | | | |
| CONTACT | TOM FIRMANI | TARYN B. TANZER | | | | | | | |
| TELEPHONE | 800 821 9236 | 914 557 7154 | | | | | | | |
| FAX | 484 394 3446 | 914 777 8304 | | | | | | | |
| E-MAIL | TOM.FIRMANICMOBILEXUSA.COM | TTANZER@PATIENTCAREASSOCIATES.COM | | | | | | | |
| LOCATION OF SERVICING OFFICE | 133 FLEMING STREET, PISCATAWAY, NEW JERSEY 08854 | 95 CEDAR LANE, SUITE 9, ENGLEWOOD, NJ 07631 | | | | | | | |
| QUALIFICATION REFERENCES | INCLUDED CC TO REVIEW AND CHECK | INCLUDED CC TO REVIEW AND CHECK | | | | | | | |
| INSURANCE CERTIFICATE | INCLUDED | REQUIRED IF AWARDED | | | | | | | |
| INSURANCE AND INDEMNIFICATION | SIGNED AND DATED | SIGNED AND DATED | | | | | | | |
| non-collusion | SIGNED AND DATED | SIGNED AND DATED | | | | | | | |
| PROOF OF LICENSURE FOR RADIOLOGIST AND ON-SITE TECHS | ОК | REQUIRED IF AWARDED | | | | | | | |
| NEW JERSEY BUSINESS REGISTRATION | OK | REQUIRED IF AWARDED | | | | | | | |
| STATEMENT OF OWNERSHIP | SIGNED AND DATED | SIGNED AND DATED | | | | | | | |
| EXHIBIT A | INCLUDED | INCLUDED | | | | | | | |
| IRAN CERTIFICATION | SIGNED AND DATED | SIGNED AND DATED | | | | | | | |
| EIC | REQUIRED IF AWARDED | REQUIRED IF AWARDED | | | | | | | |
| QUALIFICATION STATEMENT AND REFERENCES | INCLUDED, CC TO REVIEW | INCLUDED, CC TO REVIEW | | | | | | | |
| HOLD PRICING BEYOND 60 DAYS | YES | YES | | | | | | | |
| CONTINUITY OF SERVICE | YES | YES | | | | | | | |
| exceptions | NONE | NONE | | | | | | | |
| FATAL FLAW | NO | NO | | | | | | | |

| MOBILE RADIOLOGY 2019- 2020 VENDOR : MOBILEX USA | | | | MOBILE RADIOLOGY 2019- 2020 VENDOR: PATIENT CARE ASSOCIATES | | | | | | | | | | | |
|---|----------|-----------------|---------------|--|----------------|----------|------------------------------|----------|--------------|--------|---------------|----------|-----------|-------------|-------------|
| | | | | | | | | | | | | MONTH | C | CHEST X-RAY | OTHER X-RAY |
| | | | | | ST | rudy | | | | | | | | | STUDY |
| JAN | | 33 | 41 | 1 | | 6 | JAN | | 33 | | 41 | | 1 | | 6 |
| FEB | | 13 | 22 | 3 | | 2 | FEB | | 13 | | 22 | 3 | | 2 | |
| MAR | | 27 | 21 | 4 | | 1 | MAR | | 27 | | 21 | 4 | | 1 | |
| APR | | 14 | 32 | 4 | | 2 | APR | | 14 | | 32 | 4 | | 2 | |
| MAY | | 15 | 29 | 3 | | 1 | MAY | | 15 | | 29 | 3 | | 1 | |
| JUN | | 26 | 30 | 3 | | 3 | JUN | | 26 | 30 | | 3 3 | | | |
| JUL | | 19 | 40 | 7 | | 2 | JUL | | 19 | 40 | | 7 | | 2 | |
| AUG | | 21 | 35 | 7 | | 1 | AUG | | 21 | 35 | | 7 | | 1 | |
| SEP | | 20 | 26 | 4 | | 3 | SEP | | 20 | | 26 | 4 | | 3 | |
| OCT | | 35 | 46 | 5 | | 3 | ОСТ | | 35 | 46 | | 5 | | 3 | |
| NOV | | 17 | 43 | 6 | | 3 | NOV | | 17 | 43 | | 6 | | 3 | |
| DEC | | 18 | 40 | 6 | | 4 | DEC | | 18 | | 40 | 6 | | | 4 |
| TOTAL TESTS | | 258 | 405 | 53 | | 31 | TOTAL TESTS | | 258 | | 405 | | 53 | | 31 |
| COST | \$ | 57.50 | \$ 57.50 | \$ 100.00 | \$ | 57.50 | COST | \$ | 55.00 | \$ | 60.00 | \$ | 100.00 | \$ | 100.00 |
| TOTAL YEAR ONE | \$ | 14,835.00 | \$ 23,287.50 | \$ 5,300.00 | \$ 1 | ,782.50 | TOTAL YEAR ONE | \$ | 14,190.00 | \$ | 24,300.00 | \$ | 5,300.00 | \$ | 3,100.00 |
| COST PER ECHOCARDIOGRAM | \$ | 210.00 | | | | | COST PER ECHOCARDIOGRAM | \$ | 175.00 | | | | | | |
| COST PER VASCULAR ULTRASOUND | \$ | 125.00 | | | | | COST PER VASCULAR ULTRASOUND | \$ | 175.00 | | | | | | |
| GRAND TOTAL YEAR ONE | \$ | 45,205.00 | | | | | GRAND TOTAL YEAR ONE | \$ | 46,890.00 | | | | | | |
| | | 2021 - 20 |)22 | | | | | | 2021 | - 2022 | | | | | |
| MONTH | | CHEST X-RAY | OTHER X-RAY | ULTRASOUND | ARDO | IANIMO | MONTH | C | HEST X-RAY | OTHE | R X-RAY | HIT | RASOUND | AR | DOMINAL |
| Menni | | 711E01 7C 1O C1 | OTTLER X TO C | 02110/10001115 | | TUDY | MOM | <u> </u> | ILOT X TO CI | OTTIL | _1()(1() () | OLI | 10.000115 | 710 | STUDY |
| JAN | | 33 | 41 | 1 | • | 6 | JAN | | 33 | | 41 | | 1 | | 6 |
| FEB | | 13 | 22 | 3 | 1 | 2 | FEB | | 13 | | 22 | | 3 | | 2 |
| MAR | | 27 | 21 | 4 | 1 | 1 | MAR | 27 | | 21 | | 4 | | 1 | |
| APR | | 14 | 32 | 4 | | 2 | APR | 14 | | 32 | | 4 | | 2 | |
| MAY | | 15 | 29 | 3 | | 1 | MAY | 15 | | 29 | | 3 | | 1 | |
| JUN | | 26 | 30 | 3 | | 3 | JUN | 26 | | 30 | | 3 | | 3 | |
| JUL | | 19 | 40 | 7 | | 2 | JUL | 19 | | 40 | | 7 | | 2 | |
| AUG | | 21 | 35 | 7 | | 1 | AUG | 21 | | | 35 7 | | 7 | 1 | |
| SEP | | 20 | 26 | 4 | | 3 | SEP | | 20 | | 26 | | 4 | | 3 |
| OCT | | 35 | 46 | 5 | | 3 | OCT | | 35 | | 46 | | 5 | | 3 |
| NOV | | 17 | 43 | 6 | | 3 | NOV | | 17 | | 43 | | 6 | | 3 |
| DEC | | 18 | 40 | 6 | 1 | 4 | DEC | | 18 | | 40 | | 6 | | 4 |
| TOTAL TESTS | | 258 | 405 | 53 | 1 | 31 | TOTAL TESTS | | 258 | | 405 | | 53 | | 31 |
| COST | \$ | 57.50 | | | _ | 57.50 | COST | \$ | 55.00 | | 60.00 | \$ | 100.00 | \$ | 100.00 |
| TOTAL YEAR TWO | \$ | 14.835.00 | \$ 23,287,50 | \$ 5,300,00 | | .782.50 | TOTAL YEAR TWO | \$ | 14,190.00 | \$ | 24,300.00 | \$ | | \$ | 3,100.00 |
| COST PER ECHOCARDIOGRAM | \$ | 210.00 | + 20,207.00 | т 0,000.00 | Ψ' | ,. 02.00 | COST PER ECHOCARDIOGRAM | \$ | 175.00 | 7 | ,000.00 | Ψ | 0,000.00 | 7 | 3,.53.00 |
| COST PER VASCULAR ULTRASOUND | \$ | 125.00 | | | 1 | | COST PER VASCULAR ULTRASOUND | \$ | 175.00 | | | | | | |
| GRAND TOTAL YEAR TWO | S | 45,205.00 | | | 1 | | GRAND TOTAL YEAR TWO | Š | 46,890.00 | | | 1 | | | |
| | <u> </u> | • | | | | | | <u> </u> | | | | | | | |
| GRAND TOTAL TWO YEARS | \$ | 90,410.00 | | | | | GRAND TOTAL TWO YEARS | \$ | 93,780.00 | | | | | | |

| BID RESULTS | | | | | | | | | | |
|--|--|---|---|--|---|--|--|--|--|--|
| CK09MERCER2019-18 HVAC PM AND REPAIR FOR THE MERCER COUNTY LIBRARY SYSTEM AND COOPERATIVE CONTRACT PURCHASING SYSTEM | | | | | | | | | | |
| BID OPENING DATE: AUGUST 28,2019 | | | | | | | | | | |
| AWARD TWO CONTRACTS FOR LIBRARY BASED ON GRAND TOTAL; CONTRACT TERM IS TWO (2) YEAR; MUST REFERENCE ELECTRICAL AND PLUMBINE GUSS; UNIVERSAL FREON LICENSE REQUIRED; ALL WORK WARRANTED FOR ONE YEAR; MATERIALS; 10% MARKUP OT 1.5 X REGULAR RATE | | | | | | | | | | |
| NUMBER OF RESPONDENTS | 5 | | | | | | | | | |
| NAME OF BIDDER | BUTENSKY SERVICES CO., INC | MULTI-TEMP MECHANICAL INC. | MCCLOSKEY MECHANICAL, INC. | SANDER MECHANICAL SERVICE LLC | AURES AND GALEY HVAC SERVICE CORP. NJ | | | | | |
| ADDRESS CITY, STATE, ZIP | 3380 ROUTE 22 WEST :P.O BOX 5020 SOMERVILLE, NJ 08876 | 1000 DELSEA DRIVE. SUITE B1 WESTVILLE, NJ 08093 | 445 LOWER LANDING ROAD BLACKWOOD, NJ 08012 | 55 COLUMBIA ROAD BRANCHBURG, NJ 08876 | 154 COOPER ROAD SUITE 1103 WEST BERLIN, NJ 08091 | | | | | |
| CONTACT TELEPHONE | 908 707 0912 | LAURA CUNEO 856 384 9900 | ROBERT L. REEVES 856 784 5080 | ROBERT W. VESSIE 732 560 0600 | THOMAS J. PEDANO 856 719 0307 | | | | | |
| FAX E-MAIL INSURANCE CERTIFICATE | 908 707 9822 BBUTENSKY@BUTENSKYSERVICES.COM. REQUIRED IF AWARDED | 856 384 9905 LC@MULTITEMPMECH.COM REQUIRED IF AWARDED | 856 784 8283 ROB@MCCLOSKEYMECHANICALCOM REQUIRED IF AWARDED | 732 560 5757 RVESSIE@SANMECH.COM REQUIRED IF AWARDED | 856 719 1507 TPEDANO@AURESANDGALEY.COM. REQUIRED IF AWARDED | | | | | |
| INSURANCE AND INDEMNIFICATION EXTEND TO COOP | SIGNED AND DATED NO | SIGNED AND DATED YES | SIGNED AND DATED YES | SIGNED AND DATED YES | SIGNED AND DATED YES | | | | | |
| THREE REFERENCES AND FIVE YEARS EXPERIENCE | INCLUDED LIBRARY TO REVIEW | INCLUDED LIBRARY TO REVIEW | INCLUDED LIBRARY TO REVIEW | INCLUDED LIBRARY TO REVIEW | INCLUDED LIBRARY TO REVIEW | | | | | |
| PW CONTRACTOR CERT | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | | | | | |
| PLUMBING SUB-CONTRACTOR | DID NOT PROVIDE/ LICENSE INFORMATION NOT PROVIDED | IN-HOUSE ; HVACR LICENSE 19HCC00793300 EXPIRES 6:30.20 | IN-HOUSE; HVACR LICENSE 368100758200 EXPIRES 6.30.21 | IN-HOUSE HVACR LICENSE 36BI01246900 EXPIRES 6.30.21 | B.WAGNER CONTRACTING LLC; HVACR LICENSE 36Bi01307100 EXPIRES PW 700164 EXPIRES 6.30.21;BRC OK | | | | | |
| ELECTRICAL SUB-CONTRACTOR | DID NOT PROVIDE /LICENSE INFORMATION NOT PROVIDED | IN-HOUSE; LICENSE # 34EB00921800 EXPIRES 3.31.21 | H.B FRAZER COMPANY;LICENSE #34EB01406200 EXPIRES 3.31.21;BRC OK;PW 677998 EXPIRES 5.15.21; | IN-HOUSE HVACR LICENSE #34E100954400 EXPIRES 3.31.21 | JS WAGNER ELECTRIC LLC;LICENSE # 34EB01539800 EXPIRES ; PW 683920 EXPIRES 3.31.21 ;BRC OK | | | | | |
| NEW JERSEY BUSINESS REGISTRATION | OK | ОК | OK | OK | ОК | | | | | |
| STATEMENT OF OWNERSHIP | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | | | | | |
| IRAN CERT | SIGNED AND DATED | SIGNED AND DATED/ DID NOT CHECK YES OR NO | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | | | | | |
| PREVAILING WAGE REG. | 616157 EXPIRES 5.31.21 | 666323 EXPIRES 9.21.19 | 616623 EXPIRES 2.23.20 | 662542 EXPIRES 5.26.21 | 663533 EXPIRES 5.18.20 | | | | | |
| EQUIPMENT CERT | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | | | | | |
| EXHIBIT B | INCLUDED | INCLUDED | REQUIRED IF AWARDED | INCLUDED | REQUIRED IF AWARDED | | | | | |
| AA201 | REQUIRED IF AWARDED | REQUIRED IF AWARDED | REQUIRED IF AWARDED | REQUIRED IF AWARDED | REQUIRED IF AWARDED | | | | | |
| EXTEND BEYOND 60 DAYS | YES | YES | YES | YES | YES | | | | | |
| SAFETY CERT | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | SIGNED AND DATED | | | | | |
| FREON CERTIFICATION: UNIVERSAL | DID NOT PROVIDE | INCLUDED | INCLUDED | INCLUDED | INCLUDED | | | | | |
| ESTIMATED NUMBER OF HOURS 1000 | | | | | | | | | | |
| ALL -INCLUSIVE HOURLY RATE-8:30 AM TO 4:30 PM | \$ 72.50 | \$ 80.00 | \$ 94.00 | 126.00 | \$ 130.00 | | | | | |
| TOTAL (MULTIPLY 1000 X HOURLY RATE) | \$ 72,500.00 | \$ 80,000.00 | \$ 94,000.00 | 126,000.00 | \$ 130,000.00 | | | | | |
| GRAND TOTAL | \$ 72,500.00 | \$ 80,000.00 | \$ 94,000.00 | 126,000.00 | \$ 130,000.00 | | | | | |
| EXCEPTIONS | NONE | NONE | NONE | NONE | NONE | | | | | |
| FATAL FLAW | YES, DID NOT PROVIDE LICENSURE INFORMATION FOR HVACR, ELECTRICAL, FREON AND DID NOT NAME SUB-CONTRACTORS | NO | NO | NO | NO | | | | | |