

RFP RESULTS				
CC2013-02 MEDICAL AND MENTAL HEALTHCARE FOR MERCER COUNTY CORRECTION CENTER FOR TWO YEARS WITH ONE YEAR OP				
FEBRUARY 20, 2013				
NUMBER OF RESPONDENTS	4			NO PROPOSAL: CORIZON, 105 WESTPARK DRIVE, SUITE 200, BRENTWOOD, TN 37027
				MEDICAL HEALTHCARE ONLY
NAME OF RESPONDENT	CFG HEALTH SYSTEMS, LLC	COMMUNITY EDUCATION CENTERS INC.	ALL AMERICAN HEALTHCARE SERVICES INC.	QUALITY CHOICE CORRECTIONAL HEALTHCARE
ADDRESS	765 EAST RTE. 70, SUITE A101, BUILDING A100	35 FAIRFIELD PLACE	1376 WHITEHORSE HAMILTON SQUARE RD., SUITE 301	140 HUGUNET STREET
CITY, STATE, ZIP	MARLTON, NJ 08053	WEST CALDWELL, NJ 07006	HAMILTON, NJ 08690	NEW ROCHELLE, NY 10801
CONTACT	LES PASCHALL, CEO	ROBERT R. DETORE	ANIL BHAVNANI	KATHY PETRINO
WEBSITE OR E-MAIL	<a href="mailto:lpaschall@cfgpc.com">lpaschall@cfgpc.com</a>	<a href="mailto:ROBERT.DETORE@CECINTL.COM">ROBERT.DETORE@CECINTL.COM</a>	<a href="mailto:CORPORATE@AAHCS.ORG">CORPORATE@AAHCS.ORG</a>	<a href="mailto:KATHY@QCCH.NET">KATHY@QCCH.NET</a>
TELEPHONE	856 797 4803	973 226 2900 EXT 233	609 581 6622	914 632 0900
FAX	856 797 4813	973 740 1793	609 585 9885	914 633 7864
HOLD PRICING BEYOND 60 DAYS	YES	YES	YES	YES
INSURANCE 1 AND 2MM GL, 1MM AUTO, 1 AND 3MM PROF LIAB REQUIRED	<b>REQUIRED IF AWARDED</b>	<b>REQUIRED IF AWARDED</b>	<b>REQUIRED IF AWARDED</b>	<b>REQUIRED IF AWARDED</b>
ADDENDUM NO. 1	<b>RECEIVED AND DATED</b>	<b>RECEIVED AND DATED</b>	<b>SIGNED AND DATED</b>	SIGNED AND DATED
AFFIRMATIVE ACTION CERTIFICATE	32347 EXPIRES 5/15/14	REQUIRED	35927 EXPIRES 9/15/18	REQUIRED IF AWARDED
EXHIBIT A	INCLUDED	OK	OK	REQUIRED IF AWARDED
STOCKHOLDER DISCLOSURE	OK	OK	OK	OK
NEW JERSEY BUSINESS REGISTRATION	OK	OK	OK	OK
THREE REFERENCES SIMILAR SCOPE	INCLUDED - WARDEN TO CHECK	INCLUDED - COMMITTEE TO REVIEW PAGE 29	INCLUDED - COMMITTEE TO REVIEW	INCLUDED - COMMITTEE TO REVIEW
POLICY AND PROCEDURE MANUAL	<b>INCLUDED - PROPRIETARY</b>	INCLUDED A DRAFT COPY	INCLUDED	INCLUDED
COST SAVINGS	REFER TO SECTION 2, PAGE 36	ANALYSIS INCLUDED	SUBMITTED	INCLUDED
STAFFING	INCLUDED	INCLUDED	SUBMITTED	SUBMITTED
QUESTIONNAIRE:	RESPONDED			
<b>MENTAL HEALTH SERVICES:</b>				<b>NOT APPLICABLE</b>
QUALIFICATION STATEMENT	INCLUDED	INCLUDED	INCLUDED	
PROPOSED SERVICES	INCLUDED	INCLUDED	INCLUDED	
CQI	INCLUDED	INCLUDED	INCLUDED	
REPORTING AND RECORDKEEPING	INCLUDED	INCLUDED	INCLUDED	
CONTINUING CARE	INCLUDED	INCLUDED	INCLUDED	
<b>MEDICAL HEALTH SERVICES:</b>				
OBJECTIVES	INCLUDED AND ADDRESSED AFFORDABLE CARE ACT	INCLUDED AND ADDRESSED AFFORDABLE CARE ACT	INCLUDED	INCLUDED
PROGRAM ADMINISTRATION	INCLUDED	INCLUDED	INCLUDED	INCLUDED
CQI	INCLUDED	INCLUDED	INCLUDED	INCLUDED
RECORDKEEPING	INCLUDED	INCLUDED	INCLUDED	INCLUDED
UTILIZATION REVIEW AND COST CONTAINMENTS	INCLUDED	INCLUDED - ADDRESSED PHARMACY	INCLUDED	INCLUDED
<b>EXCEPTIONS</b>	PROPRIETARY INFORMATION FOLLOWING SECTION 2, PAGE 36; ROUNDING	BROKE OUT LINE ITEM FOR NURSING EDUCATION; ROUNDING	FACTORED COSTS FOR MENTAL HEALTH ADMINISTRATIVE FEES INTO SALARIES; ROUNDING	NONE REFERENCED; MATH ERROR ADDING THIRD YEAR
<b>FATAL FLAW</b>	NO	NO	NO	NO

MENTAL HEALTH PROPOSAL																				
CFG HEALTH SYSTEMS, LLC*INCLUDED RELATIVE COST FACTORS						CEC MENTAL HEALTH PROPOSAL					ALL AMERICAN MENTAL HEALTH PROPOSAL					QUALITY CHOICE				
YEAR ONE	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE
PSYCHOLOGIST	35	87.10	3,048.50	52	158,522.00	35	78.84	2,759.40	52	143,488.80	35	73.89	2,586.15	52	134,479.80	35		WEEK	WKS/YR	ANNUAL RATE
SOCIAL WORKER, MASTER'S DEGREE	35	39.79	1,392.65	52	72,417.80	35	39.42	1,379.70	52	71,744.40	35	38.54	1,348.90	52	70,142.80	35		-	52	-
SOCIAL WORKER, BACHELOR'S DEGREE	35	30.35	1,062.25	52	55,237.00	35	32.25	1,128.75	52	58,695.00	35	29.78	1,042.30	52	54,199.60	35		-	52	-
SOCIAL WORKER, BACHELOR'S DEGREE PT	15	19.82	297.30	52	15,459.60	15	36.52	547.80	52	28,485.60	15	31.39	470.85	52	24,484.20	15		-	52	-
PSYCHIATRIST	15	148.18	2,222.70	52	115,580.40	15	208.70	3,130.50	52	162,786.00	15	130.85	1,962.75	52	102,063.00	15		-	52	-
ADMINISTRATIVE COSTS					3,435.62					50,000.00										
TOTAL YEAR ONE					420,652.42					515,199.80					385,369.40					-
YEAR TWO	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE
PSYCHOLOGIST	35	89.72	3,140.20	52	163,290.40	35	81.98	2,869.30	52	149,203.40	35	75.00	2,625.00	52	136,500.00	35		-	52	-
SOCIAL WORKER, MASTER'S DEGREE	35	40.99	1,434.65	52	74,601.80	35	40.99	1,434.65	52	74,601.80	35	39.11	1,368.85	52	71,180.20	35		-	52	-
SOCIAL WORKER, BACHELOR'S DEGREE	35	31.27	1,094.45	52	56,911.40	35	33.54	1,173.90	52	61,042.80	35	30.23	1,058.05	52	55,018.60	35		-	52	-
SOCIAL WORKER, BACHELOR'S DEGREE PT	15	20.42	306.30	52	15,927.60	15	37.98	569.70	52	29,624.40	15	31.86	477.90	52	24,850.80	15		-	52	-
PSYCHIATRIST	15	152.63	2,289.45	52	119,051.40	15	217.03	3,255.45	52	169,283.40	15	132.81	1,992.15	52	103,591.80	15		-	52	-
ADMINISTRATIVE COSTS					3,538.69					52,500.00										
TOTAL YEAR TWO					433,321.29					536,256.00					391,141.40					-
YEAR THREE	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE
PSYCHOLOGIST	35	92.41	3,234.35	52	168,186.20	35	85.31	2,985.85	52	155,264.20	35	76.12	2,664.20	52	138,538.40	35		-	52	-
SOCIAL WORKER, MASTER'S DEGREE	35	42.22	1,477.70	52	76,840.40	35	42.66	1,493.10	52	77,641.20	35	39.70	1,389.50	52	72,254.00	35		-	52	-
SOCIAL WORKER, BACHELOR'S DEGREE	35	32.20	1,127.00	52	58,604.00	35	34.90	1,221.50	52	63,518.00	35	30.68	1,073.80	52	55,837.60	35		-	52	-
SOCIAL WORKER, BACHELOR'S DEGREE PT	15	21.03	315.45	52	16,403.40	15	39.52	592.80	52	30,825.60	15	32.33	484.95	52	25,217.40	15		-	52	-
PSYCHIATRIST	15	157.21	2,358.15	52	122,623.80	15	225.85	3,387.75	52	176,163.00	15	134.80	2,022.00	52	105,144.00	15		-	52	-
ADMINISTRATIVE COSTS					3,644.85					55,125.00										
TOTAL YEAR THREE					446,302.65					558,537.00					396,991.40					-
GRAND TOTAL MENTAL HEALTH					1,300,276.36					1,609,992.80					1,173,502.20					-
MEDICAL HEALTH PROPOSAL																				
CFG HEALTH SYSTEMS, LLC						CEC MEDICAL CARE					ALL AMERICAN MEDICAL CARE PROPOSAL					QUALITY CHOICE				
YEAR ONE	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	TOTAL	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE
ADMINISTRATOR	35	54.42	1,904.70	52	99,044.40	35	57.68	2,018.80	52	104,977.60	35	57.42	2,009.70	52	104,504.40	35	53.71	1,879.85	52	97,752.20
MEDICAL DIRECTOR	35	123.58	4,325.30	52	224,915.60	35	124.73	4,365.55	52	227,008.60	35	118.36	4,142.60	52	215,415.20	35	135.00	4,725.00	52	245,700.00
DIRECTOR OF NURSING	35	62.95	2,203.25	52	114,569.00	35	79.31	2,775.85	52	144,344.20	35	92.86	3,250.10	52	169,005.20	35	72.66	2,543.10	52	132,241.20
NURSE PRAC	35	75.26	2,634.10	52	136,973.20	35	69.31	2,425.85	52	126,144.20	35	66.93	2,342.55	52	121,812.60	35	60.03	2,101.05	52	109,254.60
ASSISTANT HEALTH SVS ADM	35	44.88	1,570.80	52	81,681.60	35	28.84	1,009.40	52	52,488.80	35	42.52	1,488.20	52	77,386.40	35	41.07	1,437.45	52	74,747.40
UTILIZATION REV AND CLAIMS MAN					49,772.69					30,000.00					24,860.01					20,000.00
ADMINISTRATIVE COSTS					122,955.57					128,200.00					106,496.03					193,517.76
TOTAL YEAR ONE					829,912.06					823,163.40					819,479.84					873,213.16
YEAR TWO	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	TOTAL	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE
ADMINISTRATOR	35	56.05	1,961.75	52	102,011.00	35	60.31	2,110.85	52	109,764.20	35	58.29	2,040.15	52	106,087.80	35	56.40	1,974.00	52	102,648.00
MEDICAL DIRECTOR	35	127.28	4,454.80	52	231,649.60	35	130.42	4,564.70	52	237,364.40	35	120.13	4,204.55	52	218,636.60	35	141.75	4,961.25	52	257,985.00
DIRECTOR OF NURSING	35	64.84	2,269.40	52	118,008.80	35	82.93	2,902.55	52	150,932.60	35	94.25	3,298.75	52	171,535.00	35	76.29	2,670.15	52	138,847.80
NURSE PRAC	35	77.52	2,713.20	52	141,086.40	35	72.93	2,552.55	52	132,732.60	35	67.94	2,377.90	52	123,650.80	35	63.03	2,206.05	52	114,714.60
ASSISTANT HEALTH SVS ADM	35	46.23	1,618.05	52	84,138.60	35	30.16	1,055.60	52	54,891.20	35	43.16	1,510.60	52	78,551.20	35	43.12	1,509.20	52	78,478.40
UTILIZATION REV AND CLAIMS MAN					51,265.67					31,500.00					25,232.91					21,000.00
ADMINISTRATIVE COSTS					126,644.24					134,200.00					108,093.47					203,193.65
TOTAL YEAR TWO					854,804.51					861,385.00					831,787.78					916,867.45
OPTION YEAR THREE	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	TOTAL	HRS/WK	RATE	WEEK	WKS/YR	CFG	HRS/WK	RATE	WEEK	WKS/YR	ANNUAL RATE
ADMINISTRATOR	35	57.73	2,020.55	52	105,068.60	35	63.13	2,209.55	52	114,896.60	35	59.16	2,070.60	52	107,671.20	35	59.22	2,072.70	52	107,780.40
MEDICAL DIRECTOR	35	131.10	4,588.50	52	238,602.00	35	136.51	4,777.85	52	248,448.20	35	121.94	4,267.90	52	221,930.80	35	148.84	5,209.40	52	270,888.80
DIRECTOR OF NURSING	35	66.79	2,337.65	52	121,557.80	35	86.80	3,038.00	52	157,976.00	35	95.66	3,348.10	52	174,101.20	35	80.10	2,803.50	52	145,782.00
NURSE PRAC	35	79.85	2,794.75	52	145,327.00	35	76.80	2,688.00	52	139,776.00	35	68.95	2,413.25	52	125,489.00	35	66.18	2,316.30	52	120,447.60
ASSISTANT HEALTH SVS ADM	35	47.61	1,666.35	52	86,650.20	35	31.56	1,104.60	52	57,439.20	35	43.81	1,533.35	52	79,734.20	35	45.28	1,584.80	52	82,409.60
UTILIZATION REV AND CLAIMS MAN					52,803.85					33,075.00					25,611.40					22,050.00
ADMINISTRATIVE COSTS					130,443.56					140,500.00					109,714.87					213,353.33
TOTAL YEAR THREE					880,453.01					902,111.00					844,252.67					962,711.73
GRAND TOTAL MEDICAL HEALTH					2,565,169.58					2,586,659.40					2,495,520.29					2,752,792.34
MENTAL HEALTH PROPOSAL																				
YEAR ONE					420,652.42					515,199.80					385,369.40					-
YEAR TWO					433,321.29					536,256.00					391,141.40					-
TOTAL					<b>853,973.71</b>					<b>1,051,455.80</b>					<b>776,510.80</b>					-
OPTION YEAR THREE					446,302.65					558,537.00					396,991.40					-
GRAND TOTAL					<b>1,300,276.36</b>					<b>1,609,992.80</b>					<b>1,173,502.20</b>					-
MEDICAL HEALTH PROPOSAL																				
YEAR ONE					829,912.06					823,163.40					819,479.84					873,213.16
YEAR TWO					854,804.51					861,385.00					831,787.78					916,867.45
TOTAL					<b>1,684,716.57</b>					<b>1,684,548.40</b>					<b>1,651,267.62</b>					<b>1,790,080.61</b>
OPTION YEAR THREE																				

<b>BID RESULTS</b>		
<b>CK09MERCER2013-01 ONE (1) 2013 INTERNATIONAL MODEL 4300 DUMP TRUCK AND CHASSIS FOR PARK COMMISSION AND CO-OP</b>		
<b>BID OPENING DATE: FEBRUARY 22, 2013</b>		
<b>AWARD ONE YEAR FOR CO-OP MEMBERS AND DELIVERY WITHIN 180 CALENDAR DAYS FROM RECEIPT OF PURCHASE, REFER TO MANUFACTURER'S CUT OFF DATE; PAGE 52 TO FINANCE FOR AWARDED VENDOR</b>		
<b>NUMBER OF RESPONDENTS</b>	<b>2</b>	
NAME OF BIDDER	BROWN'S HUNTERDON INTERNATIONAL LLC	BUCKS COUNTY INTERNATIONAL INC
ADDRESS	P.O. BOX 98, 963 RT. 173	134 OLD OXFORD VALLEY ROAD
CITY, STATE, ZIP	BLOOMSBURY, NJ 08804	LANGHORNE, PA 19047
CONTACT	TODD E. BROWN	E.W. HIEBER
TELEPHONE	908 479 4970	800 246 4753
FAX	908 479 4031	215 493 1061
E-MAIL	<a href="mailto:RBROWN@BROWNRTRUCKGROUP.COM">RBROWN@BROWNRTRUCKGROUP.COM</a>	<a href="mailto:KIM@BUCKSCOUNTYINTERNATIONAL.COM">KIM@BUCKSCOUNTYINTERNATIONAL.COM</a>
EXTEND TO CO-OP	<b>YES; HOWEVER SEE BELOW REGARDING ORDER DATE</b>	<b>YES; HOWEVER SEE BELOW REGARDING ORDER DATE</b>
<b>MANUFACTURER'S CUT OFF DATE</b>	<b>ONE YEAR FROM AWARD DATE (MODEL YEAR CHANGE JAN. 2014)</b>	<b>11/15/2013 PICK UP AND DELIVERY WILL NOT BE PROVIDED FOR WARRANTY WORK</b>
	<b>YES</b>	<b>YES</b>
EMERGENCY SERVICE	YES	NO
NEW JERSEY BUSINESS REGISTRATION	OK	OK
STOCKHOLDER DISCLOSURE	OK	OK
EXHIBIT A	OK	OK
EIC	41491 EXPIRES 3/15/15	5996 EXPIRES 11/15/19
CERTIFICATE OF INSURANCE	REQUIRED IF AWARDED	REQUIRED IF AWARDED
EXTEND BEYOND 60 DAYS IN THE EVENT THAT RESOLUTION IS NOT ADOPTED	YES	YES
<b>COST PER TRUCK AND CHASSIS</b>	107,324.00	109,953.00
<b>YEAR AND MODEL</b>	<b>2014 4300 SBA 4x2 INTERNATIONAL</b>	<b>2014 4300 INTERNATIONAL</b>
EXCEPTIONS	YES, PARK COMMISSION TO REVIEW	YES - PARK COMMISSION TO REVIEW; DOCUMENT AND P. 34
FATAL FLAW	NO	NO

<b>RFP RESULTS</b>		
<b>CC2013-03 GOLF INSTRUCTION FOR MERCER COUNTY PARK COMMISSION</b>		
<b>February 22, 2013</b>		
<b>EVAL: 35 POINTS FOR REVENUE, 20 POINTS FOR FINANCIAL CAPACITY, 20 POINTS FOR BUSINESS PLAN, 25 POINTS FOR PROGRAM</b>		
<b>NUMBER OF RESPONDENTS</b>	<b>1</b>	
NAME OF BIDDER	SIMDUCTIVE GOLF INSTRUCTION, LLC	
ADDRESS	23 TRACY DRIVE	
CITY, STATE, ZIP	MANALAPAN, NJ 07726	
CONTACT	ROBERT CORBO	
TELEPHONE	732-580-5997	
FAX	609-396-6335	
WEBSITE OR E-MAIL	<a href="mailto:DEVELOP777@AOL.COM">DEVELOP777@AOL.COM</a>	
INSURANCE	NEED	
ADDENDA	NOT ISSUED	
AFFIRMATIVE ACTION EXHIBIT A	REQUIRED	
EMPLOYEE INFORMATION CERTIFICATE	<b>REQUIRED</b>	
STOCKHOLDER DISCLOSURE	OK	
NEW JERSEY BUSINESS REGISTRATION FOR GC	<b>REQUIRED, SUBMITTED CERT OF AUTH; NOT BRC</b>	
REFERENCES AND QUALIFICATION STATEMENT	INCLUDED PC TO REVIEW	
FINANCIAL STATEMENTS	INCLUDED PC TO CHECK, DO NOT RELEASE	
BUSINESS PLAN	INCLUDED PC TO REVIEW	
<b>CASH AND INVENTORY CONTROL PLAN</b>	INCLUDED	
<b>OFFERINGS</b>	PC TO REVIEW	
<b>CLASS A PGA MEMBER</b>	PC TO REVIEW; USGTF CERTIFIED	
<b>MONTHLY MINIMUM RENTAL FEE</b>	MONTHLY FEE TO PC	ANNUAL FEE TO PC
<b>YEAR ONE 5.1.2013 THROUGH 12.31.13</b>	<b>3,750.00</b>	45,000.00
<b>YEAR TWO</b>	<b>4,462.00</b>	53,544.00
<b>YEAR THREE</b>	<b>4,685.00</b>	56,220.00
<b>YEAR FOUR OPTION</b>	<b>4,919.00</b>	59,028.00
<b>YEAR FIVE OPTION</b>	<b>5,165.00</b>	61,980.00
<b>COMMISSION ON SALES OF SPECIAL SERVICES AND HARD GOODS COMMENCING</b>		
<b>YEAR ONE 5.1.2013 THROUGH 12.31.13</b>	<b>5.00%</b>	
<b>YEAR TWO</b>	<b>5.25%</b>	
<b>YEAR THREE</b>	<b>5.51%</b>	
<b>YEAR FOUR OPTION</b>	<b>5.79%</b>	
<b>YEAR FIVE OPTION</b>	<b>6.08%</b>	
<b>EXCEPTIONS</b>	<b>NONE</b>	
<b>FATAL FLAW</b>	<b>NO</b>	