RFP RESULTS

CC2023-14 FURNISH, DELIVER, INSTALL AND MAINTAIN ONE (1) NEW JAIL MANAGEMENT SOFTWARE SYSTEM FOR THE MERCER COUNTY CORRECTION CENTER **RFP OPENING DATE: JUNE 6.2023** PROPOSALS WILL BE REVIEWED BY A **EVALUATION COMMITTEE AND REVIEWED** BASE ON COST AND OTHER FACTORS **NUMBER OF RESPONDENTS** NAME OF RESPONDENT GLOBAL TEL*LINK CORPORATION **ADDRESS** 3120 FAIRVIEW PARK DRIVE, SUITE 300 CITY, STATE, ZIP FALLS CHURCH, VA 22042-4570 CONTACT JONATHAN WALKER TELEPHONE 855-631-8857 FAX 703-435-0980 RFP@VIAPATH.COM E-MAIL NJ SAVI DESIGNATION N/A ADDENDUMS ONE THROUGH THREE **INCLUDED** INSURANCE AND INDEMNIFICATION SIGNED AND DATED REQUIREMENTS RUSSIA BELARUS/IRAN CERTIFICATION SIGNED AND DATED NEW JERSEY BUSINESS REGISTRATION OK STATEMENT OF OWNERSHIP SIGNED AND DATED EEO FORM **INCLUDED** EMPLOYEE INFORMATION CERTIFICATE 27873 EXPIRES 2.15.2025 INCLUDED, EVALUATION TEAM TO REFERENCES **REVIEW** QUALFICATION STATEMENT **INCLUDED** INCLUDED, EVALUATION TEAM TO COST PROPOSAL **REVIEW** YES EXTEND BEYOND 60 DAYS

YES

CONTINUITY OF SERVICES

	CC2023-14 COST PROPOSAL FOR JA	AIL MANA	AGEMENT SYSTEM					
SECTION ONE: CONSULTANT SERVICES	NUMBER OF CONTRACTOR HOURS REQUIRED		HOURLY RATE		TOTAL			
RFP OPENING DATE: JUNE 6,2023	904	\$	170.00	\$	153,680.00	:		
System Interface and Data Conversion	392	\$	150.00	\$	58,800.00			
Training (Including Travel)	256	\$	170.00	\$	43,520.00			
Other consultant services cost (please describe): PROJECT MANAGEMENT/CUSTOM REPORT DEVELOPMENT	234	\$	190.00	\$	44,460.00			
SECTION ONE SUBTOTAL				\$	300,460.00			
	SOFTWARE, MAINTENANCE AND SUPPORT	AND LICE	ENSING					
SECTION TWO: SOFTWARE	Product No.*		Quantity		Cost per Module	Total for each Module		
Primary JMS software				\$	-	\$ -		
Other components				\$	-	\$ -		
Other licenses			_	\$	-	\$ -		
Other software costs (please describe)				\$	-	\$ -		
SECTION TWO SUBTOTAL						\$ -		
SECTION THREE: SOFTWARE MAINTENANCE AND SUPPORT	First Year		Second Year		Third Year	Fourth Year	Fifth	n Year
Software Maintenance	\$ -	\$	33,580.00	\$	34,587.00	\$ 35,625.00	\$ 3	6,694.00
Software Assurance	\$ -	\$	=	\$		\$ -	\$	
Other Software Maintenance and Support (please describe)	\$ -	\$	-	\$	-	\$ -	\$	-
SECTION THREE SUBTOTAL FOR EACH YEAR	s -	\$	33,580.00	\$	34,587.00	\$ 35,625.00	\$ 3	6,694.00
SECTION FOUR: LICENSING FOR ALL USERS	First years		Second Year		Third Year	Fourth Year	Ciftle	n Year
SECTION FOUR SUBTOTAL FOR EACH YEAR	First year \$ 177,900.00		second redi		Irilia real	roulli real	¢ FIIII	rear
SECTION TOOK SOUTONE FOR EACH TEAK	HARDWARE, HARDWARE MAINTENANCE						Ψ	
SECTION FIVE: HARDWARE	Make and Model	AND SUP	Quantity		Cost Per Unit	Total	l	
Databases	COUNTY TO PROVIDE		Quality	\$	-	\$ -		
Servers	COUNTY TO PROVIDE			\$	-	\$ -		
Power Supplies / Redundant Power Supplies	COUNTY TO PROVIDE			\$	-	\$ -		
Scanners	DRIVERS LICENSE SCANNER- ESSEK M260 W/6' USB SMART		2	\$	934.00	\$ 1,868.00		
Printers	CITIZEN CT-S651 RECEIPT PRINTER		1		310.80	\$ 310.80		
Barcode Readers	METROLOGIC MS9520 VOYAGER SCANNER W/CABLES & STAND		5	\$	215.00	\$ 1,075.00		
Other Hardware costs (please describe)	SIGNATURE PADS-SIGLITE 1X5 (T-S460 OR T- S461)	-	5	\$	131.00	\$ 655.00	•	
Sub-Total						\$ 3,908.80		
SECTION SIX: HARDWARE MAINTENANCE AND SUPPORT	First year		Second Year		Third Year	Fourth Year	Fifth	n Year
Hardware Maintenance	\$ -	\$	-	\$	-	\$ -	\$	
nuraware mainenance		1.0	-	Φ	-	φ -	Φ	-

SECTION SIX: HARDWARE MAINTENANCE AND SUPPORT	First year	Second Year	Third Year	Fourth Year	Fifth Year
Hardware Maintenance	\$ -	\$ -	\$ -	\$ -	\$ -
Hardware Assurance	\$ -	\$ -	\$ -	\$ -	\$ -
Other Hardware Maintenance and Support (please describe)	\$ -	\$ -	\$ -	\$ -	\$ -
Sub-Total	\$ -	\$ -	\$ -	\$ -	\$ -

TOTAL PROJECT COSTS	\$
SECTION ONE CONSULTANT COSTS	\$ 300,460.00
SECTION TWO SOFTWARE COSTS	\$
SECTION THREE SOFTWARE MAINTENANCE AND SUPPORT	
YEAR ONE	\$
YEAR TWO	\$ 33,580.00
YEAR THREE	\$ 34,587.00
YEAR FOUR	\$ 35,625.00
YEAR FIVE	\$ 36,694.00
SECTION FOUR LICENSING	
YEAR ONE	\$ 177,900.00
YEAR TWO	\$ -
YEAR THREE	\$ -
YEAR FOUR	\$ -
YEAR FIVE	\$ -
SECTION FIVE HARDWARE	\$ 3,908.80
SECTION SIX HARDWARE MAINTENANCE AND ASSURANCE	
YEAR ONE	\$
YEAR TWO	\$
YEAR THREE	\$ -
YEAR FOUR	\$ -
YEAR FIVE	\$
GRAND TOTAL*	\$ 622,754.80

CONTRACTS FOR YEARS FOUR AND FIVE MAINTENANCE AND SUPPORT AND LICENSING SHALL BE GENERATED PRIOR TO YEAR FOUR AND PRIOR TO YEAR FIVE AS PROPRIETARY MAINTENANCE AND SUPPORT

INCLUDED IN WARRANTY

BID RESULTS

AB2023-21 VISION DISCOUNT PLAN FOR THE COUNTY OF MERCER AND EMPLOYEES AND THEIR DEPENDENTS

RFP OPENING DATE: JU	NE 6,2023				
NUMBER OF BIDDERS	1				
NAME OF BIDDER	EYEMED VISION CARE LLC				
ADDRESS	4000 LUXOTTICA PLACE				
CITY, STATE, ZIP	MASON, OHIO 45040				
CONTACT	HECTOR RINCON				
TELEPHONE	513-765-6000				
FAX	513-492-6000				
E-MAIL	SWOODYAR@EYEMEDCOM				
TECHNICAL RESPONSE REQUIRED AND REFERENCES	risk manager to review				
STATEMENT OF OWNERSHIP	SIGNED AND DATED				
NEW JERSEY BUSINESS REGISTRATION	OK				
EIC	REQUIRED IF AWARDED				
INSURANCE AND INDEMNIFICATION REQUIREMENTS	SIGNED AND DATED				
EXHIBIT A	INCLUDED				
HOLD BEYOND 60 DAYS	YES				
RUSSIA/IRAN CERTIFICATION	SIGNED AND DATED				
CONTINUITY OF SERVICE DURING EMERGENCIES FOR CO-OF	NO				
ANNUAL COST YEAR ONE	\$ 50,820.96				
ANNUAL COST YEAR TWO	\$ 50,820.96				
ANNUAL COST YEAR THREE (OPTION YEAR)	\$ 50,820.96				
GRAND TOTAL FOR THREE YEARS	\$ 152,462.88				
EXCEPTIONS	YES, TO BE REVIEWED				
FATAL FLAW	NO				

		RFP RESULTS							
	CC2023-13 PAYROLL PROC	ESSING AND ADMINISTRATION SERVICES FO	OR THE COUNTY OF MERCER						
RFP OPENING DATE: JUNE 6,2023									
PROPOSALS WILL BE REVIEWED BY A EVALUATION COMMITTEE AND REVIEWED BASE ON COST AND OTHER FACTORS									
NUMBER OF RESPONDENTS	4								
NAME OF RESPONDENT	EDMUNDS GOVTECH	PAYCOM PAYROLL	PRIMEPOINT LLC	UNICORN HRO					
ADDRESS	301 TILTON ROAD	7501 W. MEMORIAL RD	2 SPRINGSIDE ROAD	25B HANOVER ROAD					
CITY, STATE, ZIP	NORTHFIELD, NJ 08225	OKLAHOMA CITY, OK 73142	WESTAMPTON, NJ 08060	FLORHAM PARK, NJ 07932					
CONTACT	BOB EDMUNDS	SHAWN CLOWERS	ALEXANDER BOTHWELL	DAVID POTTER					
TELEPHONE	609-645-7333	434-203-6692	609-298-7373	609-303-0466					
FAX	609-645-3111	N/A	609-298-6742	973-360-6999					
E-MAIL	BJEDMUNDS@EDMUNDSGOVTECH.COM	SHAWN.CLOWERS@PAYCOMONLINE.COM	ABOTHWELL@PRIMEPOINT.COM	DPOTTER@UNICORNHRO.COM					
nj savi designation	N/A	N/A	N/A	N/A					
ADDENDUM NO.ONE	INCLUDED	INCLUDED	INCLUDED	INCLUDED					
INSURANCE AND INDEMNIFICATION REQUIREMENTS	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED					
IRAN/RUSSIA CERTIFICATION	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED					
NEW JERSEY BUSINESS REGISTRATION	OK	OK	OK	OK					
STATEMENT OF OWNERSHIP	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED					
EXHIBIT A	INCLUDED	INCLUDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED					
EMPLOYEE INFORMATION CERTIFICATE	5995 EXPIRES 11.15.25	REQUIRED IF AWARDED	49923 EXPIRES 12.15.2025	REQUIRED IF AWARDED					
REFERENCES	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW					
QUALFICATION STATEMENT/PERSONNEL	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW					
COST PROPOSAL	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW	INCLUDED, EVALUATION TEAM TO REVIEW					
EXCEPTIONS	YES , EVALUATION TEAM TO REVIEW	NO	NO	NO					
EXTEND BEYOND 60 DAYS	YES	YES	YES	YES					
CONTINUITY OF SERVICES	YES	YES	YES	YES					

						BID RESULTS						
					A 92023-17 NUISSING SERVICES FOR	THE MERCER COUNTY CORRECTION CENTER F	DR A RERIOD OF TWO YEARS					
					AULUS II HORSING SERVICES FOR	RFP OPENING DATE: JUNE 6.2023	DE ATERIOD OF THE TEAMS					
NUMBER OF BIDDERS	20											
NAME OF BIDDER	UNIHEALTH LLC	MEDICAL STAFFING SERVICES INC.	SOFTSAGES TECHNOLOGY	HEALTH CARE CONSULTANTS INC	RO HEALTH LLC	WHITE GLOVE PLACEMENT, INC.	HORIZON HEALTHCARE STAFFING	AMERICAN MEDICAL STAFFING INC	SNAPMEDTECH, INC DBA SNAPNURSE	TOTAL HEALTHCARE STAFFING	MAXIM HEALTHCARE STAFFING SERVICES INC	SHC SERVICES LLC DBA SUPPLEMENTAL
ADDRESS	13024 LOME STREET	25 KENNEDY BLVD, SUITE 200	20 MYSTIC LANE, 2ND FLOOR	2 PIN OAK LANE, SUITE 250	1900 W. NICKERSON ST SUITE 200	89 BARLETT STREET, 2ND FLOOR	198 ROUTE NORTH	1150 McCORMICK ROAD, EXECUTIVE PLAZA 2, SUITE 401	999 PEACHTREE NE, SUITE 2750	66 ALLEN LANE	7727 LEE DEFOREST DRIVE,	95 JOHN MUIR DRIVE
CITY, STATE, ZIP	LOS ANGELES, CA 91605	EAST BRUNSWICK, NJ 08816	MALVERN, PA 19355	CHERRY HILL, NJ 08003	SEATTLE WA, 98119	BROOKLYN, NJ 11206	MANAPALAN NJ, 07726	HUNT VALLEY, M.D. 21031	ATLANTA GA, 30309	LAWRENCE TOWNSHIP, NJ. 08648	COLUMBIA MD. 21046	BUFFALO, NY 14228
CONTACT	GRIGOD KYUPELYAN	SHANNON BLOCK	ANTHONY MERULLA	LINDA BEGLEY	STTUB AZU	LINDA MARKOWITZ	NANCY GOLDSTEIN	DIANA WYLIE	RON EDM UND	LOIS DAVIS	SHREEPRADA AACHAR	DEV VINSON
TELEPHONE	818-517-2940	732-238-6050	484-321-8314 EXT 180	856-669-0211	360-367-4680	718-387-8181 X 133	732-917-0500	703-929-8048	480-751-9318	954-234-0623	410-910-1495	214-716-0307
FAX	818-517-2941	732-238-2152	484-320-6360	856-424-0682	888-607-2889	718-387-8359	732-817-0555	443-275-2736	N/A	NA.	N/A	N/A
E-M AIL	CONTRACTS@UNIHCS.COM	SHANNON@EQUILIEM.COM	RFP@SOFTSAGES.COM	KROGERS@NBCGROUP.COM	CONTRACTS@ROHEALTH.COM	LMARKOWITZ@WHITEGLOVECARE.NET	NANCY@HHSTAFFING	DWYLIE@AMERICANMEDICALSTAFFING COM	ROB.EDMUND@SNAPNURSE.COM	IDAVIS@TOTALHEALTHCARESTAFFING.O CM	SHAACHAR@MAXIMSTAFFING.COM	DVINSON@SHCCARES.COM
NJ SAVI DESIGNATION	N/A	SM ALL BUSINESS ENTERPRISE	N/A	N/A	N/A	N/A	N/A	N/A	N/A	MWBE	N/A	N/A
ADDENDUM NO ONE	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
ADDENDUM NO TWO	INCLUDED	INCLUDED	NOT INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED
NJ LICENSE	NOT INCLUDED	INCLUDED	NOT INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	HP0063300, OK
INSURANCE AND INDEMNIFICATION	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED
NEW JERSEY BUSINESS REGISTRATION	REQUIRED IF AWARDED	OK	REQUIRED IF AWARDED	OK	REQUIRED IF AWARDED	OK	REQUIRED IF AWARDED	OK	OK	OK	OK	OK
STATEMENT OF OWNERSHIP	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED
HOLD PRICING BEYOND 60 DAYS	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES	YES
CONTINUITY OF OPERATIONS	YES	YES	YES	YES	YES	YES		YES	YES	YES	YES	YES
REFERENCES	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY
EXHIBIT A	INCLUDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	INCLUDED	INCLUDED	REQUIRED IF AWARDED	INCLUDED	INCLUDED	REQUIRED IF AWARDED	INCLUDED	INCLUDED	INCLUDED
EIC	REQUIRED IF AWARDED	34784 EXPIRES 12.15.2026	REQUIRED IF AWARDED	13606 2.15.2024	69795 EXPIRES 2.15.2026	44581 EXPIRES 11.15.2023	44006 EXPIRED 09.15.25	INCLUDED	REQUIRED IF AWARDED	INCLUDED	REQUIRED IF AWARDED	INCLUDED
EXECUTIVE ORDER 98-1	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED
IRAN/RUSSIA CERTIFICATION	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	REQUIRED IF AWARDED	SIGNED AND DATED	SIGNED AND DATED
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED RATE PER HR	\$ 60.00	\$ 60.00 \$	61.00		\$ 72.00	•	\$ 72.00		\$ 74.00		\$ 76.50	
TOTAL FOR 14,000 HOURS ANNUALLY YEAR ONE	\$ 840,000.00	\$ 840,000.00 \$	854,000.00		\$ 1,008,000.00				\$ 1,036,000.00		\$ 1,071,000.00	
LPN CORRECTION CENTER IF REQUIRED RATE PER HR	\$ 46.50	\$ 46.00 \$	48.00	\$ 54.00	\$ 55.00	\$ 58.50	\$ 58.00	\$ 55.00	\$ 55.00	\$ 58.00	\$ 58.00	\$ 60.00
TOTAL FOR 6,400 HOURS ANNUALLY YEAR ONE	\$ 297,600.00	\$ 294,400.00 \$	307,200.00	\$ 345,600.00	\$ 352,000.00	\$ 374,400.00	\$ 371,200.00	\$ 352,000.00	\$ 352,000.00	\$ 371,200.00	\$ 371,200.00	\$ 384,000.00
TOTAL COST YEAR ONE	\$ 1,137,600.00	\$ 1,134,400.00 \$	1,161,200.00	\$ 1,283,600.00	\$ 1,360,000.00	\$ 1,399,200.00	\$ 1,379,200.00	\$ 1,402,000.00	\$ 1,388,000.00	\$ 1,435,200.00	\$ 1,442,200.00	\$ 1,462,000.00
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED RATE PER HR	\$ 60.00	\$ 61.00 \$	64.00	\$ 72.32	\$ 74.00	\$ 73.20	\$ 74.00	\$ 75.50	\$ 76.00	\$ 77.50	\$ 80.00	\$ 78.00
TOTAL FOR 14,000 HOURS ANNUALLY YEAR TWO	\$ 840,000,00	\$ 854,000,00 \$	896.000.00	\$ 1,012,480.00	\$ 1,036,000,00	\$ 1.024,800.00	\$ 1.036,000.00	\$ 1.057.000.00	\$ 1,064,000,00	\$ 1.085.000.00	\$ 1.120.000.00	\$ 1.092.000.00
LPN CORRECTION CENTER IF REQUIRED RATE PER HR	\$ 46.50	\$ 47.00 \$	50.00	\$ 58.32	\$ 57.00	\$ 58.50	\$ 60.00	\$ 55.50	\$ 57.00	\$ 59.50	\$ 58.0	\$ 61.00
TOTAL FOR 6400 HOURS ANNUALLY YEAR TWO	\$ 297.600.00	\$ 300,800,00 \$	320.000.00	\$ 373.248.00	\$ 364,800.00	\$ 374,400,00	\$ 384,000.00	\$ 355,200,00	\$ 364,800,00	\$ 380,800,00	\$ 371,200.00	\$ 390,400,00
TOTAL COST YEAR TWO	\$ 1.137,600.00	\$ 1.154.800.00 \$	1 216 000 00	\$ 1385,728.00	\$ 1,400,800,00	\$ 1,399,200,00	\$ 1,420,000,00	\$ 1,412,200,00	\$ 1,428,800.00	\$ 1,465,800,00	\$ 1,491,200,00	\$ 1,482,400,00
GRAND TOTAL COST YEAR ONE & TWO (BASIS OF AWARD)	\$ 2,275,200.00	\$ 2,289,200.00 \$	2,377,200.00	\$ 2,669,328.00	\$ 2,760,800.00	\$ 2,798,400.00	\$ 2,799,200.00	\$ 2,814,200.00	\$ 2,816,800.00	\$ 2,901,000.00	\$ 2,933,400.00	\$ 2,944,400.00
EXCEPTIONS	NONE	NONE	NONE	NONE	NONE	NONE /MATH ERROR ON PROPOSAL PAGE	NONE	NONE	NONE	NONE	NONE	NONE
FATAL FLAW	YES, DOES NOT HOLD CURRENT NJ LICENSE AS PER THE BID SPECIFICATIONS		YES, ADDENDUM NO. TWO NO ACKNOWLEDGED AS PART OF BID AS									

				BID RESULTS				
			AR2023-17 NURSING SERVICES FOR T	HE MERCER COUNTY CORRECTION CENT	TER EOR A REDION OF TWO YEARS			
			ABZUZS-17 NURSING SERVICES FOR II	RFP OPENING DATE: JUNE 6,2023	ER FOR A PERIOD OF IWO TEARS			
NUMBER OF BIDDERS	20							
NAME OF BIDDER	COMPU-VISION CONSULTING, INC	CEDAR PARK GROUP INC	ATC HEALTHCARE SERVICES LLC	ELOHIM REHAB CARE ASSOCIATES	GREENSTAFF MEDICAL STAFFING LLC	ADELPHI MEDICAL STAFFING	PRIORITY GROUPS	GREGORY MEDICAL STAFFING
ADDRESS	2050 ROUTE 27 SUITE 202	2 LAWSON AVE, SUITE 11	1983 MARCUS AVE SUITE E122	485 C US HIGHWAY 1S. SUITE 330	6900 DALLAS PARKWAY SUITE 300	965 GENEVA WALK NW	4989 STELTON RD,	212 E 8TH STREET
CITY, STATE, ZIP	NORTH BRUNSWICK, NJ 08902	EAST ROCKAWAY, NY 11518-1700	LAKE SUCCESS, NY 11042	ISELIN, NJ. 08830	PLANO TX 75024	KENNESAW, GA. 30152	SOUTH PLAINFIELD, NJ. 07080	WESTON, WEST VIRGINIA, 26452
CONTACT	LINDA LOPES	SAMANTHA TERLINE	CHERYL STEIN	DINA BRUTUS	ANMOL KAPOOR	DAYNE TROUPE	EZEKIEL SEGU OLANIYI	NATHAN H. AREY
TELEPHONE	732-422-1500	516-559-7002 EXT. 1103	516-750-1618	732-231-5920	469-551-9661	678-365-1101	347-985-3863	304-657-2570
FAX	732-422-4667	718228-7002	516-750-1783	732-231-5011	N/A	678-257-2992	212-898-0458	N/A
E-MAIL	LLOPES@COMPUVIS.COM	SAMANTHA@CEDARPARKGROUP.CO M	CSTEIN@ATCHEALTHCARE.COM	DBRUTUS@ELOHIMREHAB.COM/ INFO @ELOHIMREHAB.COM	ANMO.KAPOOR@GREENSTAFFMEDICAL. COM	GOVT-	PRIORITYCAREHOME@GMAIL.COM	NATHANAREY@GREGORYMEDICAL STAFFING.ORG
nj savi designation	MINORITY, WOMEN AND SMALL BUSINESS ENTERPRISE	N/A	N/A	N/A	N/A	N/A	SMALL BUSINESS ENTERPRISE	N/A
ADDENDUM NO ONE	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	NOT INCLUDED	NOT INCLUDED
ADDENDUM NO TWO	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	NOT INCLUDED	NOT INCLUDED
NJ LICENSE	INCLUDED	NOT INCLUDED	NOT INCLUDED	INCLUDED	NOT INCLUDED	INCLUDED	NOT INCLUDED	NOT INCLUDED
INSURANCE AND INDEMNIFICATION	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	NOT INCLUDED
NEW JERSEY BUSINESS REGISTRATION	OK	REQUIRED IF AWARDED		OK	OK	OK	OK	REQUIRED IF AWARDED
STATEMENT OF OWNERSHIP	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	NOT INCLUDED
HOLD PRICING BEYOND 60 DAYS	YES	YES	YES	YES	YES	YES	NOT INCLUDED	NOT INCLUDED
CONTINUITY OF OPERATIONS	YES	YES	YES	YES	YES	YES	NOT INCLUDED	NOT INCLUDED
REFERENCES	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	TO BE REVIEWED BY THE AGENCY	NOT INCLUDED	TO BE REVIEWED BY AGENCY	TO BE REVIEWED BY AGENCY	TO BE REVIEWED BY AGENCY	NOT INCLUDED
EXHIBIT A	REQUIRED IF AWARDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	INCLUDED	NOT INCLUDED	NOT INCLUDED
EC	63957 EXPIRES 12.15.2023	REQUIRED IF AWARDED	INCLUDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	INCLUDED	NOT INCLUDED	NOT INCLUDED
EXECUTIVE ORDER 98-1	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	NOT INCLUDED
RUSSIA/IRAN CERTIFICATION	SIGNED AND DATED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	SIGNED AND DATED	REQUIRED IF AWARDED	NOT INCLUDED
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED RATE PER HR	\$ 82.00	\$ 82.50	\$ 82.50	\$ 90.00	\$ 95.00	\$ 100.00	\$ 226.56	
TOTAL FOR 14,000 HOURS ANNUALLY YEAR ONE	\$ 1,148,000.00	\$ 1,155,000.00	\$ 1,155,000.00	\$ 1,260,000.00	\$ 1,330,000.00	\$ 1,400,000.00	\$ 3,171,840.00	
LPN CORRECTION CENTER IF REQUIRED RATE PER HR	\$ 58.00	\$ 60.00	\$ 60.00	\$ 70.00	\$ 75.00	\$ 85.00	\$ 150.44	
TOTAL FOR 6,400 HOURS ANNUALLY YEAR ONE	\$ 371,200.00	\$ 384,000.00	\$ 384,000.00	\$ 448,000.00	\$ 480,000.00	\$ 544,000.00	\$ 962,816.00	
TOTAL COST YEAR ONE	\$ 1,519,200.00	\$ 1,539,000.00	\$ 1,539,000.00	\$ 1,708,000.00	\$ 1,810,000.00	\$ 1,944,000.00	\$ 4,134,656.00	
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED RATE PER HR	\$ 83.00	\$ 84.00	\$ 87.00	\$ 95.00	\$ 105.00	\$ 105.00	\$ 253.75	
TOTAL FOR 14,000 HOURS ANNUALLY YEAR TWO	\$ 1,162,000.00			\$ 1,330,000.00			\$ 3,552,500.00	
LPN CORRECTION CENTER IF REQUIRED RATE PER HR	\$ 59.00	\$ 63.00	\$ 65.00	\$ 75.00	\$ 85.00	\$ 89.25	\$ 179.44	
TOTAL FOR 6400 HOURS ANNUALLY YEAR TWO	\$ 377,600.00	\$ 403,200.00	\$ 416,000.00	\$ 480,000.00	\$ 544,000.00	\$ 571,200.00	\$ 1,148,416.00	
TOTAL COST YEAR TWO	\$ 1,539,600.00	\$ 1,579,200.00	\$ 1,634,000.00	\$ 1,810,000.00	\$ 2,014,000.00	\$ 2,041,200.00	\$ 4,700,916.00	
GRAND TOTAL COST YEAR ONE & TWO (BASIS OF AWARD)	\$ 3,058,800.00	\$ 3,118,200.00	\$ 3,173,000.00	\$ 3,518,000.00	\$ 3,824,000.00	\$ 3,985,200.00	\$ 8,835,572.00	
EXCEPTIONS	NONE	NONE	NONE	NONE	NONE	NONE	NONE	NONE
FATAL FLAW							ADDENDUM NO. 1 & 2 NOT INCLUDED RESULTING IN REJECTION	DID NOT PROVIDE ANY OF THE REQUIRED BID DOCUMENTS AND PROVIDED RATES RASE ON 13 WEEKS