City of East Orange
Procurement
-, -
44 City Hall Plz, East Orange, NJ 07017

# [CAREWELL HEALTH MEDICAL CENTER] RESPONSE DOCUMENT REPORT

RFP No. TBD

BASIC LIFE SUPPORT (BLS) EMERGENCY AMBULANCE SERVICES

RESPONSE DEADLINE: July 22, 2025 at 11:00 am

Report Generated: Tuesday, July 22, 2025

## CareWell Health Medical Center Response

### CONTACT INFORMATION

**Company:**
CareWell Health Medical Center

**Email:**
leslie.prizant@carewellhealth.org

**Contact:**
Leslie Prizant

**Address:**
300 Central Avenue
East Orange, NJ 07018

**Phone:**
(239) 214-1418

**Website:**
www.carewellhealth.org

**Submission Date:**
Jul 21, 2025 7:16 PM (Eastern Time)

## ADDENDA CONFIRMATION

Addendum #1
*Confirmed Jul 8, 2025 6:52 PM by Leslie Prizant*

## QUESTIONNAIRE

### 1. Main Proposal Content

PROPOSAL UPLOAD*
Please upload your main Proposal here.

East_Orange_Ambulance_Proposal_(7.21.25).pdf

PROPOSAL COST AND SIGNATURE PAGE*
Please download the below document, complete, and upload.

- Proposal_Cost_and_Signature...

Proposal_Cost_and_Signature_Page_along_with_Bid_Bond_with_Consent_of_Surety_signed.pdf

### 2. Required Information

QUALIFICATION STATEMENT*
A statement is to be provided by the respondent who will serve as the primary provider. The statement shall set forth brief details of the firm's principal activities, the number of personnel in the firm and the firm's location. Please provide a list of (3) three clients for whom similar services have been provided. Include the following in your response:

- Update based on individual solicitation

Letter_of_Qualification_Signed.pdf

2.1_CareWell_Health_Qualification_Statement.pdf
LifeRide_2024_Emergency_Rides.pdf
EMT_Roster_July_2025.pdf

KEY PERSONNEL INFORMATION*
The respondent shall provide the identity and the credentials of the principals and other key personnel working for the provider and their areas of responsibility.

Ben_Klein_Bio_11.16.22.pdf
Clay_McClain_Bio_2024.pdf
Biography_of_Individuals_involved_in_the_Management_of_LifeRide.pdf
Dr._Mark_Merlin_Bio.pdf
LifeRide_Staff_Submission_Form.pdf
ECR_Management_Bio's.pdf
EMT_Roster_July_2025.pdf

LOCATION OF SERVICING OFFICE*
Provide the location and address of the present, active office that will service and manage this contract.

CareWell Health Medical Center

300 Central Avenue

East Orange, NJ 07018

Attention: Chief Executive Officer

METHODOLOGY*
Describe your process for management of projects being sure to address procedures, definitions and explanations of techniques used to collect, store, analyze and present information as part of your research process.

Methodology_Response_to_RFP_v2_letterhead.pdf

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE*

MANDATORY EQUAL EMPLOYMENT OPPORTUNITY LANGUAGE
N.J.S.A. 10:5-31 et seq. (P.L. 1975, c. 127)
N.J.A.C. 17:27 et seq.

GOODS, GENERAL SERVICE AND PROFESSIONAL SERVICES CONTRACTS

During the performance of this contract, the contractor agrees as follows:

The contractor or subcontractor, where applicable, will not discriminate against any employee or applicant for employment because of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Except with respect to affectional or sexual orientation and gender identity or expression, the contractor will ensure that equal employment opportunity is afforded to such applicants in recruitment and employment, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex. Such equal employment opportunity shall include, but not be limited to the following: employment, upgrading, demotion, or transfer; recruitment or recruitment advertising; layoff or termination; rates of pay or other forms of compensation; and selection for training, including apprenticeship. The contractor agrees to post in conspicuous places, available to employees and applicants for employment, notices to be provided by the Public Agency Compliance Officer setting forth provisions of this nondiscrimination clause.

The contractor or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the contractor, state that all qualified applicants will receive consideration for employment without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex.

The contractor or subcontractor will send to each labor union, with which it has a collective bargaining agreement, a notice, to be provided by the agency contracting officer, advising the labor union of the contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The contractor or subcontractor, where applicable, agrees to comply with any regulations promulgated by the Treasurer pursuant to N.J.S.A. 10:5-31 et seq., as amended and supplemented from time to time and the Americans with Disabilities Act.

The contractor or subcontractor agrees to make good faith efforts to meet targeted county employment goals established in accordance with N.J.A.C. 17:27-5.2.

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

The contractor or subcontractor agrees to revise any of its testing procedures, if necessary, to assure that all personnel testing conforms with the principles of job related testing, as established by the statutes and court decisions of the State of New Jersey and as established by applicable Federal law and applicable Federal court decisions.

In conforming with the targeted employment goals, the contractor or subcontractor agrees to review all procedures relating to transfer, upgrading, downgrading and layoff to ensure that all such actions are taken without regard to age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or sex, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions.

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents:

Letter of Federal Affirmative Action Plan Approval;

Certificate of Employee Information Report; or

Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at http://www.state.nj.us/treasury/contract_compliance).

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Purchase an Property, CCAU, EEO Monitoring Program as may be requested by the office from time to time in order to carry out the purposes of these regulations, and public agencies shall furnish such information as may be requested by the Division of Purchase an Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1 et seq.

Confirmed

EQUAL OPPORTUNITY FOR INDIVIDUALS WITH DISABILITY*

The Contractor and the Owner, do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") *(42 U.S.C. S121 01* et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the owner shall expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's

obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

Confirmed

## 3. Proposal Forms

NON-COLLUSION AFFIDAVIT*
Please download the below document, complete, and upload as part of your submittal.

- Non-Collusion_Affidavit.docx

Non-Collusion_Affidavit_signed.pdf

OWNER DISCLOSURE CERTIFICATION*
Please download the below document, complete, and upload as part of your submittal.

- Owner_Disclosure_Certificat...

Disclosure_of_Ownership_Form_signed.pdf
EOH_Acquisition_Group_LLC_Ownership_Chart.pdf

AFFIRMATIVE ACTION COMPLIANCE NOTICE*
Please download the below document, complete, and upload as part of your submittal.

- Affirmative_Action_Complian...

EEO_Affirmative_Action_Compliance_Notice_signed.pdf
Copy_of_Certificate_of_Employee_Information_Report_signed.pdf
Americans_with_Disabilities_Act_of_1990.pdf

BUSINESS REGISTRATION CERTIFICATE*
Please download the below document and review. Upload applicable required information here as part of your submittal.

- Business_Registration_Certi...

Business_Registration_Certificate.pdf
NJ_Business_Registration_Certificate.pdf

PROFESSIONAL SERVICE ENTITY INFORMATION FORM*
Please download the below document, complete, and upload as part of your submittal.

- Professional_Service_Entity...

Professional_Service_Entity_Information_Form_and_response.pdf
EOH_Acquisition_Group_LLC_-_Certificate_of_Formation.pdf
First_Amendment_to_the_Second_Restated_Operating_Agreement_of_EOH_Acquisition_Group_LLC_Ownership_Chart.pdf

QUALIFICATION AFFIDAVIT*
Please download the below document, complete, and upload as part of your submittal.

- Qualification_Affidavit.docx

Qualification_Affidavit_signed.pdf

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN*
Please download the below document, complete, and upload as part of your submittal.

- Disclosure_of_Investment_Ac...

Disclosure_of_Investment_Activities_in_Iran_signed.pdf

CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS*
Please download the below document, complete, and upload as part of your submittal.

- Certification_of_Non-Involv...

Disclosure_of_Non_involvement_in_Prohibit_Activities_in_Russian_or_Belarus_signed.pdf

STOCKHOLDER DISCLOSURE CERTIFICATION*
Please download the below document, complete, and upload as part of your submittal.

- Stockholder_Disclosure_Cert...

Stockholder_Disclosure_Certification_signed.pdf

STATEMENT OF INDEBTEDNESS*
Please download the below document, complete, and upload as part of your submittal.

- Statement_of_Indebtedness.docx

Statement_of_Indebtedness_Form_signed.pdf

AGREEMENT FOR PAYMENT OF COMMODITY*
Please download the below document, complete, and upload as part of your submittal.

- Agreement_for_Payment_of_Co...

Agreement_for_Payment_of_Commodity_-_Service_Form.pdf

LETTER OF QUALIFICATION*
Please download the sample letter provided here and review. Please upload a complete letter here as part of your submittal.

- Letter_of_Qualification.docx

Letter_of_Qualification_Signed.pdf

LETTER OF INTENT*
Please download the sample letter provided here and review. Please upload a complete letter here as part of your submittal.

- Letter_of_Intent.docx

Letter_of_Intent_-CWH_letterhead.pdf

## 4. Supplemental Information and Confirmation

ADDITIONAL INFORMATION (IF NEEDED)
For any additional information requested or required by any of your previously provided answers or as stated within this RFP please upload the additional documentation here.

2024-25_Hospital_License.pdf
EOH_Acquisition_Group_-_New_Jersey_Certificate_of_Alternate_Name_01.06.2022_(CWHMC).pdf
EOH_Acquisition_Group_LLC_-_Certificate_of_Formation.pdf
BLS_Emergency_Ambulance_Service_checklist_signed.pdf
Insurance_Requirement_Acknowledgement_Form_signed.pdf
Life_Ride_Fact_Sheet.pdf
EOH_Acquisition_Group_LLC_Ownership_Chart.pdf
2023_P&L.pdf
2024_P_&_L.pdf
2025_P_&_L.pdf
Bid_Bond_with_Consent_of_Surety_signed.pdf
CAREWELL_MISSION_STATEMENT.pdf
OEMS_License_-_BLS,_MAV,_SCTU_-_10_17_2024_-_12_31_2026_(3).pdf
LifeRide_Insurance_COI.pdf
Acknowledgement_of_Corrections,_Additions_or_Deletions_form_signed_(1).pdf
Business_Entity_Disclosure_Certification_signed.pdf
Vehicle_registration.pdf
EMT_Roster_July_2025.pdf
Stuart_Maslow_EMT_License.pdf
Cesar_I_Perez_-_EMT_License.pdf
Dov_EMT_License.pdf
David_Hernandaz_EMT_License.pdf
Demir_Dauti_EMT_License.pdf
LifeRide_NJ_License_2025.pdf

EOH_COI_City_of_East_Orange_2025.pdf
LifeRide_2024_Emergency_Rides.pdf
CareWell_Health_Table_of_Organization_05.21.25_CM_approved_v2.pdf

SUBMITTAL CONFIRMATION*
Proposer hereby certifies that all information provided within this submittal is accurate to the best of their knowledge and acknowledges that they have provided proof of their authority to submit a proposal on behalf of the stated Company Name committing them to the information contained within said submittal.

Confirmed

CareWell Health
MEDICAL CENTER

# Proposal to the City of East Orange
# Basic Life Support (BLS) Emergency Ambulance Services


July 22, 2025

## Table of Contents

**RFP Response**



Appendix: Additional Bid Documents: ***Uploaded on RFP website***

a. Financial, identification of the parent company, services, organization, and company goals

b. Copy of the company's Annual Report including auditor's report including financial statements of owners/principals for the last three (3) years **Please note that the hospital does not have audited financial statements*

c. Organizational chart

d. Brief biography of those involved in the management of the company

e. Evidence of experience, capability, and financial responsibility for providing basic life support emergency ambulance services to large, densely populated urban areas

f. Copy of licenses issued by the State of New Jersey Department of Health and Office of Emergency Medical Services

# 1

# Executive Summary

EOH Acquisition Group, LLC d/b/a CareWell Health Medical Center ("**CareWell**") along with its subcontractor Life Tech, Inc. d/b/a LifeRide ("**LifeRide**"), is pleased to submit the following response to the City of East Orange (the "**City**") Request for Proposal ("**RFP**") for Basic Life Support ("**BLS**") Emergency Ambulance Service. CareWell presents this proposal to the City of East Orange (the "City") to provide BLS Emergency Ambulance Services to East Orange residents within a four (4) mile radius (from City Hall as the point of origin) or any temporary or emergency hospital facility designed by the Health Officer or the Director of the O.E.M. for the City of East Orange, New Jersey (the "**BLS Service Area**") at no cost to the City during the term of the Agreement which shall not exceed a period of five (5) years. ***(RFP Section 3.1.3, Section 3.1.9 & Section 4.3)***

CareWell is a world-class community hospital serving Essex County, a place where every patient is family. Formerly known as East Orange General Hospital, is the sole independent, acute care hospital in Essex County – and deeply proud to be a cornerstone of care for nearly 120 years. CareWell maintains an acute care hospital facility located at 300 Central Avenue within the City of East Orange and a location at 240 Central Avenue to permanently house the units utilized for BLS operations within the BLS Service Area.

CareWell brings quality, integrated, patient-focused healthcare. CareWell is one of the largest employers in East Orange, with over eight hundred employees. CareWell has a mission to pursue initiatives which improve healthcare delivery and quality and patient safety while, at the same time, embracing the philosophy that healthcare is driven by local community needs. CareWell meets these needs by listening to its communities, physicians, employees, and putting patients first. CareWell is licensed by the New Jersey Department of Health and Senior Services and the NJ Department of Health and Human Services and is fully accredited by The Joint Commission.

CareWell's subcontractor, LifeRide has transformed the non-emergent medical transportation industry within the state of New Jersey. Starting with just two vehicles, under the direction of the Founder and his team, LifeRide has grown to an employer of over 450 employees, operating upwards of 51 ambulances and 115 wheelchair vehicles per day completing between 900-1200 transports each day.

Now headquartered in Livingston but operating out of 7 different locations servicing all 21 counties of New Jersey, LifeRide continues to expand its operations to enable safe and quality services to all New Jersey residents in need. Currently LifeRide partners with many skilled nursing facilities, hospitals, and brokers to best service the fragile medical population. Its partners rate them as a top-quality provider.

Together with CareWell, LifeRide currently provides BLS services to the City of East Orange and has provided medical transportation services to over 130 other clients in 2024. LifeRide is currently staffing three (3) BLS units in the City of East Orange 24/7/365 and employs two (2) Tour Chiefs and two (2) EMS Supervisors to ensure 24/7 supervisory coverage. LifeRide currently employs twenty-two (22) full time employees assigned to the City of East Orange in addition to thirteen (13) part time EMT's. All supervisors and Tour Chiefs are permanently stationed in the East Orange location to ensure immediate access to the EMT's and the City. Since February 2025, EMT staff has already completed over 5000 calls for services within East Orange providing a solid track record of familiarity of the City and its operations.

# 2 Scope

CareWell understands the scope of this RFP for BLS Emergency Ambulance Services to include the following:

**BLS Emergency Ambulance Services– 24/7/365**: CareWell shall provide EMS/ BLS/Medical transport services on a twenty-four (24) hour, seven days a week schedule, for East Orange residents to the nearest appropriate Emergency Department/Hospital Facility; within Essex County, or any temporary or emergency hospital facility designated by the Health Officer or the Director of the O.E.M. for The City of East Orange, New Jersey. The duration of this contract will not exceed five (5) years. CareWell shall provide such service without regard to a person's ability to pay for the service. Mobile Intensive Care Unit (MICU) services and other non-emergency ambulance services are not included within the scope of this RFP.

**Geographic Coverage:** CareWell shall provide BLS Emergency Ambulance Services to the BLS Service Area during the term of the Agreement.

**RFP Section 5.3 Response Time:** CareWell will provide a minimum of **three (3)** Basic Life Support Ambulances ("**Ambulances**") licensed as outlined in this section, staffed and dedicated to respond within the BLS Service Area to the City of East Orange residents twenty-four (24) hours per day, three hundred and sixty-five (365) days per year. CareWell will ensure that each vehicle shall be manned by not less than two (2) certified emergency medical technicians (collectively "**EMT's**").

**The categories of BLS service shall include but are not limited to the following:**

a. Cardiac Related problems - chest pain, pressure, tightness, discomfort, sweating, fatigue, pallor.
b. Respiratory Distress - Shortness of breath, shallow or rapid breathing, gasping, labored breathing, turning blue.
c. Mental Health Crisis
d. Unconscious Patient
e. Diabetes
f. Severe Trauma or Bleeding - Auto accidents, fall injuries, stabbing, gunshot wounds, industrial accidents, etc.
g. Allergic Reactions
h. Overdose
i. Strokes
j. Electrocution
k. Maternity
l. Severe Burns
m. Emergency transportation - From a physician's office to hospital or place of treatment or from hospital.

**First Responder Services:** CareWell understands that the City will provide first responder services and CareWell will have no obligation to provide such services.

**ALS services to be provided in accordance with established medical protocols:** According to NJ regulation, advanced life support (ALS) paramedic intercept service is a monopoly within a geographic area.

When the system was established decades ago, a hospital in each region of the state was designated to provide ALS as a community service and without economic benefit. The term Mobile Intensive Care Unit (MICU) is used in NJ for these units. Established medical protocols require that calls meeting certain criteria receive a request for ALS unit response from the regional provider. This is the case for every EMS agency in NJ and no other agencies in a given area may provide ALS. CareWell will cooperate with the ALS provider serving the City of East Orange and enter into any necessary agreements with the ALS provider.

**Dispatching Center:** CareWell understands that the East Orange Fire Department Dispatch ("**EOFD**") shall provide the 9-1-1 Public Safety Dispatch call center for emergency medical services and shall notify an ambulance to respond to requests for EMS services in conformity with the State of New Jersey's Office of Emergency Telecommunications Services ("**OETS**") guidelines and/or regulations ("**Priority Calls**"). CareWell understands that all ambulance and crew radios shall be capable of communicating with EOFD on systems and frequencies specified by City of East Orange Office of Emergency Management and Fire Division. LifeRide meets these requirements relative to communications capabilities for emergency communications.

**Disaster planning**: CareWell possesses resources and experience for disaster planning. CareWell will work together with the City in developing procedures for responding to natural disasters and other states of emergency within the City. CareWell understands that the City may declare a state of emergency in certain situations and, in that event, may call into service any other available ambulances or equipment not owned by CareWell and such actions shall not constitute a breach of the agreement, nor shall it absolve CareWell from its rights and obligations under the Agreement. CareWell understands that during a declared State of Emergency, it will be required to assign appropriate staff members to the City of East Orange Office of Emergency Management Command Center. In such an event, CareWell will be prepared to pre-stage assets with the City at the direction of the Director of the City of East Orange OEM and/or the Health Officer.

**Special Event Coverage:** CareWell supports scores of special events each year, ranging from smaller local events to regional gatherings, festivals, concerts, marathons, some of which have thousands of attendees. CareWell's staff has experience in planning for and managing these events in East Orange. CareWell also has the resources detailed under disaster planning to support the delivery of medical care at such events. CareWell understands that it will provide one (1) staffed emergency vehicle at up to eight (8) City sponsored community events, health education projects or other special events taking place in the City.

**Other Services:** CareWell understands that they will provide emergency ambulance services to on duty employees of the City at no cost to the City. CareWell shall respond to any and all calls for emergency assistance forwarded to CareWell by the City.

**Participate in Emergency Management – Local Emergency Preparedness Committee:** CareWell understands that they will provide the appropriate personnel necessary to participate in the LEPC Committee as requested by the City.

***(RFP Section 3.1.4, Section 4.2, Section 4.3, Section 5.1, Section 5.2, Section 5.3, Section 5.4, Section 5.5, Section 5.6, Section 5.7)***

# 3 Business Background

CareWell and its subcontractor LifeRide currently provides BLS services to the City of East Orange and has provided medical transportation services to over 130 other clients in 2025. CareWell is currently staffing three (3) BLS units in the City of East Orange 24/7/365 and employs two (2) Tour Chiefs and two (2) EMS Supervisors

to ensure 24/7 supervisory coverage. There are currently twenty-two (22) full time employees assigned to the City of East Orange in addition to thirteen (13) part time EMT's. All supervisors and Tour Chiefs are permanently stationed in the East Orange location to ensure immediate access to the EMT's and the City. Since February 2025, EMT staff has already completed over 5000 calls for services within East Orange providing a solid track record of familiarity of the City and its operations.

CareWell is a world-class community hospital serving Essex County, a place where every patient is family. Formerly known as East Orange General Hospital, is the sole independent, acute care hospital in Essex County – and deeply proud to be a cornerstone of healthcare for nearly 120 years. CareWell maintains an acute care hospital facility located at 300 Central Avenue within the City of East Orange and a location at 240 Central Avenue to permanently house the units utilized for BLS operations within the BLS Service Area.

CareWell is a privately owned Delaware limited liability company that operates an acute care hospital located in Essex County and brings quality, integrated, patient-focused healthcare. CareWell is one of the largest employers in East Orange, with over eight hundred employees. CareWell has a mission to pursue initiatives which improve healthcare delivery and quality and patient safety while, at the same time, embracing the philosophy that healthcare is driven by local, community needs. CareWell meets these needs by listening to its communities, physicians, employees, and putting patients first.

CareWell is a for profit LLC owned by four individuals and one limited liability company comprised of the same individuals who currently manage the hospital. Ben Klein has been the majority owner of CareWell since January 2022. Mr. Klein is a highly successful entrepreneur, business leader and healthcare facility operator, with extensive Midwest operating experience. He has vast healthcare experience includes nursing home operations, behavioral health centers, addiction centers and autism outpatient treatment center business. Clearly, Mr. Klein not only brings a highly successful background of healthcare facility management experience and is a key provider of healthcare services to the residents of the City of East Orange.

CareWell is currently managed by ECR Management Group, LLC ("**ECR**") whose affiliate, ECR Opco, LLC, has submitted an application to the New Jersey Department of Health to acquire one hundred percent (100%) of the ownership of the hospital following approval by the State. Another affiliate of ECR currently owns 9.9% of the hospital. Former CareWell President and CEO, Paige Dworak, owns 18.02% of CareWell; and there are two other individual owners of CareWell, all of which are committed to providing the residents of East Orange access to their critical healthcare needs.

CareWell is an equal opportunity employer with a diverse workforce. CareWell complies with all applicable Federal, State, and local laws pertaining to equal employment opportunity and affirmative action. CareWell actively seeks applicants who are minorities, women, or residents of the municipalities we serve.

## Biography of Individuals involved in the Management of CareWell

CareWell appointed Kevin Slavin as President in May of 2025. Prior to this appointment, Mr. Slavin served for over 42 years in various leadership positions for New Jersey hospitals as well as chairperson of the Board for the New Jersey Hospital Association in 2020 during the height of the COVID-19 pandemic playing a critical role in the statewide response. The appointment of Mr. Slavin, with his extensive understanding of and experience in hospital administration will be instrumental during the change of ownership to CareWell's continued success and expanding care to the residents of East Orange.

CareWell appointed Clay McClain as Interim Chief Executive Officer in May 2025. Prior to this appointment Mr. McClain served as the hospitals Vice President of Operations for CareWell. He previously worked in both public and private sectors throughout his 30+ year career. Mr. McClain started his career in healthcare and public service as an EMT serving the residents of East Orange and Newark, New Jersey. He then moved into Healthcare Administration within the RWJBarnabas Health System and advanced to a leadership role over Operations. Later in his career, he moved back into public service and enjoyed a very successful 20+ year career within the

New Jersey Department of Corrections, managing teams upwards of 300 staff, ultimately rising through the ranks to retire as a Lieutenant.

Prior to joining CareWell Health, he was a prominent leader of the NJ All-Hazards Incident Management Team which is a section of the New Jersey State Police operating under the NJ Office of Emergency Management. This team is responsible to respond to and assume command and control of large and critical emergencies (i.e., natural disasters, pandemics, civil unrest, etc.) both within New Jersey and abroad, at a moment's notice, by the authority of the Governor's office. In these roles, Mr. McClain assisted each respective government entity in crisis management to include Hurricane Maria in Puerto Rico, Hurricane Michael in Georgia, and NJ's COVID-19.

Mr. McClain is well known and respected within the State of New Jersey and has a strong background in healthcare management. He is nationally certified as a Type 3 All-Hazard Incident Management Team Operations Section Chief, a certified Rappel Master, Hazmat Technician, and holds multiple instructorships in emergency management and tactical law enforcement.

The appointment of Mr. McClain, with his extensive understanding of and experience in emergency medicine is a clear demonstration of CareWell's commitment to the medical needs of the residents of East Orange.

CareWell also recognizes the importance of providing quality and safe care to all patients regardless of their ability to pay. To that end we have developed a family health center ("FHC") specifically designed to provide underinsured and uninsured patients with community based individualized care, which mirrors the care commercially insured patients receive in a private physician's office. The FHC provides almost nine hundred patient visits per year. By providing primary care, specialty care and prescription medication to patients who have no insurance or ability to pay, our FHC's have been successful in reducing the inappropriate use of emergency rooms as outpatient services, as well as frequent readmissions to our hospital. Most importantly, we are keeping patients healthier by providing care at the earliest onset of illness, through sound preventative medicine and patient education.

CareWell has subcontracted certain operational aspects of BLS Services from Life Tech, Inc. d/b/a LifeRide is a Delaware corporation founded in 2018 by Dov Brafman ("**Founder**"). LifeRide has transformed the non-emergent medical transportation industry within the state of New Jersey. Starting with just two vehicles, under the direction of the Founder and his team, LifeRide has grown to an employer of over 450 employees, operating upwards of 51 ambulances and 115 wheelchair vehicles per day completing between 900-1200 transports each day.

Now headquartered in Livingston but operating out of 7 different locations servicing all 21 counties of New Jersey, LifeRide continues to expand its operations to enable safe and quality services to all New Jersey residents in need. Currently LifeRide partners with many skilled nursing facilities, hospitals, and brokers to best service the fragile medical population. Its partners rate them as a top-quality provider.

**Biography of Individuals involved in the Management of LifeRide**

LifeRide provides inter-facility transportation to and from healthcare facilities throughout the area, including ambulances, wheelchair vans, and courtesy shuttles.

Dov Brafman – Chief Executive Officer, LifeRide

Dov Brafman serves as the Chief Executive Officer of LifeRide and brings years of leadership experience in emergency medical services and healthcare operations. Under his direction, LifeRide has grown into a trusted provider of compassionate, high-quality prehospital care throughout New Jersey.

Mr. Brafman's strategic vision emphasizes operational excellence, patient-centered service, and community collaboration. He has overseen the expansion of LifeRide's municipal partnerships, streamlined dispatch and deployment systems, and implemented data-driven quality assurance measures to enhance response times and clinical outcomes.

A staunch advocate for public-private cooperation, Mr. Brafman, works closely with city officials, healthcare systems, and emergency management teams to ensure seamless integration of EMS services within broader public safety frameworks. His leadership reflects a commitment to transparency, accountability, and continuous improvement—core values that drive LifeRide's mission.

Stuart Maslow – Chief Operating Officer, LifeRide

Stuart Maslow began his career in Emergency Medical Services in 2006 as a volunteer with the Springfield First Aid Squad, where he went on to serve in multiple leadership roles, including EMS Chief from 2016 to 2018. His professional journey includes over a decade at On Time Ambulance (2009–2021), where he advanced through a variety of operational roles, ultimately serving as Director of Communications and Logistics.

From 2021 to 2024, Stuart served as Provider Relations Director for New Jersey and Pennsylvania at Modivcare, working closely with transportation providers and healthcare partners to strengthen non-emergent medical transport services across the region.

In 2024, Mr. Maslow joined LifeRide as Chief Operating Officer, where he is proud to help lead New Jersey's largest non-emergent medical transportation provider. He was instrumental in launching LifeRide's first 911 EMS program, which began serving the City of East Orange in February 2025. Stuart brings nearly two decades of hands-on and executive-level EMS experience to every project he leads.

Demir Dauti, Director of BLS Operations at LifeRide

Demir Dauti brings a decade of dedicated experience in emergency medical services. Starting as an EMT at Safeway Medical Transport, he quickly expanded his expertise, becoming both an MAVO instructor and CPR instructor before advancing into a supervisory role. Known for being exceptionally hardworking and loyal, Mr. Dauti thrives in the fast-paced, dynamic environment of medical transport, eagerly embracing the daily challenges and opportunities to learn that come with his leadership position.

Driven by a passion for operational excellence and team success, Mr. Dauti actively fosters a positive and motivating work environment at LifeRide. He values direct engagement, frequently stepping out of the office to communicate with and work alongside employees, ensuring high morale and a collaborative spirit as the company continues its growth trajectory. Demir finds deep satisfaction in LifeRide's evolving challenges and the constant drive for improvement.

Tour Chief Cesar Perez has over 12 years of EMS experience, active in local OEM as well. Mr. Perez oversees the daily operations to ensure responses are handled appropriately.

Tour Chief David Hernandez has over 20 years of EMS experience, consistently servicing the City of East Orange through a variety of providers over his tenure.

In 2024, LifeRide answered over three thousand calls. In addition to 9-1-1 emergency response, LifeRide also provides inter-facility transportation to and from healthcare facilities throughout the area, including ambulances, wheelchair vans, and courtesy shuttles.

Patient care is always LifeRide's highest priority. All LifeRide services operate under the medical direction of Mark Merlin, DO, a board-certified emergency medicine physician, providing clinical oversight, strategic guidance, and quality assurance for all prehospital care operations. Dr. Merlin brings multiple decades of experience in EMS medical leadership, clinical innovation, and systems development.

Dr. Merlin previously served as the Chief Medical Officer of the *New Jersey EMS Task Force* and was the Medical Director for several EMS agencies, including the *Newark Fire Department*, *RWJBarnabas Health*, and multiple regional mobile health programs. He is the founder and Executive Medical Director of the *Mobile HealthCare*

*Association* and is widely recognized for his contributions to EMS policy, education, and innovation throughout New Jersey and beyond.

A graduate of the New York College of Osteopathic Medicine, Dr. Merlin completed his residency in Emergency Medicine at Newark Beth Israel Medical Center. He is also a Clinical Associate Professor of Emergency Medicine at Rutgers New Jersey Medical School, where he mentors medical students, residents, and EMS professionals. At Life Ride, Dr. Merlin's leadership ensures adherence to the highest standards of patient care, provider education, and regulatory compliance, driving continuous improvement across the organization's mobile healthcare services.

Continual quality assurance review and quality improvement activities ensure that care not only measures up to our own high expectations but also meet the ever-increasing needs of our stakeholders and standards of the industry at large. Specific initiatives, such as stroke and cardiac care, partner with the hospitals we serve in assuring the highest quality coordination of care. Coupled with the internal training resources LifeRide is able to offer a tailored array of new employees and in-service training that addresses specific clinical and operational goals. These offerings also include BLS, ACLS, and PALS programs as part of our American Heart Association Training Center, EMT continuing education, and community outreach activities.

In conjunction with the vehicle tracking, LifeRide has deployed two way facing drive cams (drivers point of view and an inside facing camera). These devices are used to determine root causes of incidents and accidents as well as an extensive monitoring program where random audits of clips are performed. Each day a number of clips are reviewed and assessed to ensure that the driver is utilizing their seat belt, properly loading, and securing patients, not partaking in distracted driving, and are not operating with lack of sleep or in an exhausted state.

LifeRide is licensed through the New Jersey Office of Emergency Medical Services and is dually credentialed through Modivcare, LifeRide is routinely subjected to spot checks, on site observations, and random audits by these agencies and perform a full inspection including equipment, vehicle standards, and personal credentials to assure compliance with State and Federal requirements.

LifeRide is an equal opportunity employer with a diverse workforce. LifeRide complies with all applicable Federal, State, and local laws pertaining to equal employment opportunity and affirmative action. LifeRide actively seeks applicants who are minorities, women, or residents of the municipalities we serve.

CareWell and its subcontractor LifeRide agrees to cooperate fully with the City in the monitoring of the Agreement and will provide appropriate information to the City that demonstrates patients are transported to the appropriate hospital based on medical necessity or patient choice.

***(RFP Section 3.1.5, Section 4.2 & Section 4.3, Section 5.3, Section 5.8)***

**Financial Statements and Organizational chart**
*Financial statements uploaded on RFP website*

**Copy of licenses issued by State of NJ Department of Health**
*Licenses Uploaded on RFP website*

# 4 City of East Orange Responsibilities

CareWell assumes that the City will award the BLS Emergency Ambulance Services Contract as a concession using competitive contracting pursuant to N.J.S.A. 40A: 11-4.1 *et. seq*. for a term of three (3) years with the option to renew for two (2) additional one (1) year terms for a total of five (5) years beginning the second month following the month in which the contract is awarded.

CareWell understands that the City of East Orange will provide first responder services and CareWell will have no obligation to provide such services. CareWell makes no other assumptions related to the responsibilities and/or commitments that CareWell is expecting of the City throughout the life of this project and makes no other assumptions relating to any part of the proposal or project strategy.
***(RFP Section 3.1.6 & Section 3.1.8)***

# 5 Staffing Requirements

In addition to the information provided in Section 3, CareWell's clinical services are provided under the medical direction of a board-certified emergency medicine physician, Mark Merlin, DO. Dr. Merlin provides medical oversight in the form of protocol development, quality assurance review, and on-line medical direction, as needed, for patient care by CareWell's EMTs and RNs. LifeRide currently employs the services of two dedicated Tour Chiefs and two EMS Supervisors dedicated to East Orange, who supports ongoing East Orange BLS services to ensure immediate access to EMS services in the City. LifeRide, through its leadership, directs new employee orientation program, in-service training, monthly chart review and follow-up, and specific quality improvement initiatives inclusive of defibrillation and epinephrine auto-injectors. Dr. Merlin will oversee the clinical quality of the City of East Orange operation.

**Commitment to diversity**: CareWell is an equal opportunity employer with a diverse workforce. CareWell complies with all applicable Federal, State, and local laws pertaining to equal employment opportunity and affirmative action. CareWell actively seeks applicants who are minorities, women, or residents of the municipalities we serve. CareWell shall welcome qualified personnel residing within East Orange who meet CareWell's requirements for employment.

**RFP Section 5.9 Management and Staffing:** CareWell shall comply with the following with respect to staffing:

- CareWell affirms that employee screening is part of the employment process which includes driving record, criminal background, etc. and vetting through the Centers for Medicare and Medicaid Services, Office of the Inspector General, List of excluded individuals and entities (LEIE).

- Number of full-time staff credentialed as a New Jesey certified Emergency Medical Technician-Basic (EMT-B): **22**
- Number of part-time staff credentialed as a New Jesey certified Emergency Medical Technician-Basic (EMT-B): **13**

- **Ambulance Staffing** – CareWell shall staff at least two (2) Emergency Medical Technicians – one (1) of whom may be the driver, on each vehicle. Each Emergency Medical Technician shall hold current certifications from the New Jersey Department of Health and Senior Services as an Emergency Medical Technician an in CPR/AED. Drivers will also hold a valid New Jersey driver's license. In addition to New Jersey certifications, Nationally Registered Emergency Medical Technicians and other state certifications recognized by the New Jersey Department of Health and Senior Services shall also be acceptable.

- **Recruitment** – CareWell shall attempt to recruit qualified personnel residing within the City; however, CareWell shall be solely responsible for the hiring and management of employees.

- **Qualifications** – CareWell shall ensure that all ambulance and dispatching staff shall be trained in the use of radio equipment, both transmitting and receiving. CareWell shall offer in-service training programs to ambulance and dispatching staff to assist its employees in keeping their certification current and to assure the maintenance of high quality BLS services.

- **Uniforms** – CareWell shall ensure that all ambulance staff shall be properly uniformed and identified as to employer, name, and title by identification tag, emblems, and/or embroidery attached to uniform and work jacket.

- CareWell confirms that they are a drug-free workplace.

- CareWell confirms that it has an adequate number of emergency medical technicians and paramedics to staff the vehicles identified above to provide the service.

***See RFP Submission for resume, licenses, and certifications of personnel.(RFP Section 3.1.7 & Section 5.9)***

# 6 Equipment/Supplies/Other Operating Necessitates

**RFP Section 5.3 Response Time:**
CareWell will provide a minimum of **three (3)** Basic Life Support Ambulances ("**Ambulances**") licensed as outlined in this section, staffed and dedicated to respond within the BLS Service Area to the City of East Orange residents twenty-four (24) hours per day, three hundred and sixty-five (365) days per year.

CareWell will ensure that each vehicle shall be manned by not less than two (2) certified emergency medical technicians (collectively "**EMT's**").

CareWell maintains an acute care hospital facility located at 300 Central Avenue within the City of East Orange and a location at 240 Central Avenue to permanently house the units utilized for BLS operations within the BLS Service Area. CareWell shall provide proof of the right to house the Ambulances.

CareWell shall supply comparable back-up equipment within two (2) hours in the event of non-operational equipment.

**RFP Section 5.10 Vehicles, Other Equipment, and Supplies:**

- CareWell shall submit a comprehensive inventory of ambulances to include manufacturer; model; year of manufacture; vehicle identification number (VIN); odometer reading.
- Number of types of units (e.g., basic life support, advanced life support, critical care, ventilator-capable, etc.) proposed under the application.
- New Jersey Department of Health permit type (e.g., basic life support, advanced life support, or dual permitted); permit number(s); and a copy of each vehicle registration.

All CareWell units are BLS only and BLS licensed with NJOEMS

- Dodge Promaster - upfitter: FR Conversions - 2024 - 3C6LRVDG3RE107319 - Mileage 7049
- Dodge Promaster - upfitter: FR Conversions - 2024 - 3C6LRVDG3RE107384 - Mileage 7262
- Dodge Promaster - upfitter: FR Conversions - 2024 - 3C6LRVDG0RE107682 - Mileage 10,748
- Ford E-Series - upfitter: Road Rescue - 2011 - 1FDXE4FS1BDB26181 - Mileage 227,245

***(See RFP Submission of licenses included in the Supplemental Information Section)***

**Ambulances** – CareWell shall provide emergency ambulances necessary for the rendering of the services described herein in compliance with all applicable Federal, State, and local laws, ordinances, and regulations at no cost to the City. CareWell shall provide documentation of appropriate licensing for its ambulances upon execution of this agreement.

**Radios and other equipment and supplies** – CareWell shall be equipped with and maintain radios and other communication equipment and licenses necessary to comply with applicable Federal Communications Commission and New Jersey Department of Health guidelines at no cost to the City. CareWell shall provide all other equipment and supplies necessary for it to perform services under this Agreement.

**Maintenance, Replacement, and Storage of Ambulance and other Equipment** – CareWell shall be responsible for the maintenance, replacement, and storage of all ambulances and other equipment necessary to perform services under this Agreement at no cost to the City.

CareWell has GPS equipment in its ambulances and agrees to share data with the City, as requested.

***(RFP Section 5.3, Section 5.10)***

7

# Assumptions

**Technical Requirements (RFP Section 5)**

**RFP Section 5.1 & 5.2 BLS Emergency Ambulance Services– 24/7/365:** CareWell shall provide EMS/ BLS/Medical transport services on a twenty-four (24) hour, seven days a week schedule, for East Orange residents to the nearest appropriate Emergency Department/Hospital Facility; within Essex County, or any temporary or emergency hospital facility designated by the Health Officer or the Director of the O.E.M. for The City of East Orange, New Jersey. The duration of this contract will not exceed five (5) years. CareWell shall provide such service without regard to a person's ability to pay for the service. Mobile Intensive Care Unit (MICU) services and other non-emergency ambulance services are not included within the scope of this RFP.

**Geographic Coverage**: CareWell shall provide BLS Emergency Ambulance Services to the BLS Service Area during the term of the Agreement.

**The categories of BLS service shall include but are not limited to the following:**

a. Cardiac Related problems - chest pain, pressure, tightness, discomfort, sweating, fatigue, pallor.

b. Respiratory Distress - Shortness of breath, shallow or rapid breathing, gasping, labored breathing, turning blue.
c. Mental Health Crisis
d. Unconscious Patient
e. Diabetes
f. Severe Trauma or Bleeding - Auto accidents, fall injuries, stabbing, gunshot wounds, industrial accidents, etc.
g. Allergic Reactions
h. Overdose
i. Strokes
j. Electrocution
k. Maternity
l. Severe Burns
m. Emergency transportation - From a physician's office to hospital or place of treatment or from hospital.

**RFP Section 5.3 Response Time**: CareWell will provide a minimum of **three (3)** Basic Life Support Ambulances ("**Ambulances**") licensed as outlined in this section, staffed and dedicated to respond within the BLS Service Area to the City of East Orange residents twenty-four (24) hours per day, three hundred and sixty-five (365) days per year.

CareWell will ensure that each vehicle shall be manned by not less than two (2) certified emergency medical technicians (collectively "**EMT's**").

CareWell maintains an acute care hospital facility located at 300 Central Avenue within the City of East Orange and a location at 240 Central Avenue to permanently house the units utilized for BLS operations within the BLS Service Area.

CareWell shall provide proof of the right to house the Ambulances.

CareWell shall supply comparable back-up equipment within two (2) hours in the event of non-operational equipment.

**First Responder Services:** CareWell understands that the City will provide first responder services and CareWell will have no obligation to provide such services.

**RFP Section 5.3 Advance Life Support:** According to NJ regulation, advanced life support ("**ALS**") paramedic intercept service is a monopoly within a geographic area. When the system was established decades ago, a hospital in each region of the state was designated to provide ALS as a community service and without economic benefit. The term Mobile Intensive Care Unit ("**MICU**") is used in NJ for these units. Established medical protocols require that calls meeting certain criteria receive a request for ALS unit response from the regional provider. This is the case for every EMS agency in NJ and no other agencies in a given area may provide ALS. CareWell will cooperate with the ALS provider serving the City of East Orange and enter into any necessary agreements with the ALS provider.

**RFP Section 5.4 Dispatching Center:** CareWell understands that the East Orange Fire Department Dispatch ("**EOFD**") shall provide the 9-1-1 Public Safety Dispatch call center for emergency medical services and shall notify an ambulance to respond to requests for EMS services in conformity with the State of New Jersey's Office of Emergency Telecommunications Services ("**OETS**") guidelines and/or regulations ("**Priority Calls**"). CareWell understands that all ambulance and crew radios shall be capable of communicating with EOFD on

systems and frequencies specified by City of East Orange Office of Emergency Management and Fire Division. LifeRide meets these requirements relative to communications capabilities for emergency communications.

**RFP Section 5.5 Disaster planning**: CareWell possesses resources and experience for disaster planning. CareWell will work together with the City in developing procedures for responding to natural disasters and other states of emergency within the City. CareWell understands that the City may declare a state of emergency in certain situations and, in that event, may call into service any other available ambulances or equipment not owned by CareWell and such actions shall not constitute a breach of the agreement, nor shall it absolve CareWell from its rights and obligations under the Agreement. CareWell understands that during a declared State of Emergency, it will be required to assign appropriate staff members to the City of East Orange Office of Emergency Management Command Center. In such an event, CareWell will be prepared to pre-stage assets with the City at the direction of the Director of the City of East Orange OEM and/or the Health Officer.

**RFP Section 5.6 Special Events:** CareWell supports scores of special events each year, ranging from smaller local events to regional gatherings, festivals, concerts, marathons, some of which have thousands of attendees. CareWell's staff has experience in planning for and managing these events in East Orange. CareWell also has the resources detailed under disaster planning to support the delivery of medical care at such events.

CareWell understands that it will provide one (1) staffed emergency vehicle at up to eight (8) City sponsored community events, health education projects or other special events taking place in the City.

**RFP Section 5.7 Other Services:** CareWell understands that they will provide emergency ambulance services to on duty employees of the City at no cost to the City. CareWell shall respond to any and all calls for emergency assistance forwarded to CareWell by the City.

**RFP Section 5.8 Compliance with Applicable Law:** CareWell shall comply with all applicable laws and regulations governing the provision of BLS emergency ambulance services, including, but not limited to, all employee licensing, training and education requirements, ambulance and equipment maintenance, and inspection requirements imposed by law. CareWell also agrees to comply with all State and local traffic laws and ordinances.

**RFP Section 5.9 Management and Staffing:** CareWell shall comply with the following with respect to staffing:

- Number of full-time staff credentialed as a New Jesey certified Emergency Medical Technician-Basic (EMT-B): **22**

- Number of part-time staff credentialed as a New Jesey certified Emergency Medical Technician-Basic (EMT-B): **13**

  **Ambulance Staffing** – CareWell shall staff at least two (2) Emergency Medical Technicians – one (1) of whom may be the driver, on each vehicle. Each Emergency Medical Technician shall hold current certifications from the New Jersey Department of Health and Senior Services as an Emergency Medical Technician an in CPR/AED. Drivers will also hold a valid New Jersey driver's license. In addition to New Jersey certifications, Nationally Registered Emergency Medical Technicians and other state certifications recognized by the New Jersey Department of Health and Senior Services shall also be acceptable.

  **Recruitment** – CareWell shall attempt to recruit qualified personnel residing within the City ; however, CareWell shall be solely responsible for the hiring and management of employees.

  **Qualifications** – CareWell shall ensure that all ambulance and dispatching staff shall be trained in the use of radio equipment, both transmitting and receiving. CareWell shall offer in-service training

programs to ambulance and dispatching staff to assist its employees in keeping their certification current and to assure the maintenance of high quality BLS services.

**Uniforms** – CareWell shall ensure that all ambulance staff shall be properly uniformed and identified as to employer, name, and title by identification tag, emblems, and/or embroidery attached to uniform and work jacket.

CareWell confirms that they are a drug-free workplace.

CareWell confirms that it has an adequate number of emergency medical technicians and paramedics to staff the vehicles identified above to provide the service.

**Commitment to diversity**: CareWell is an equal opportunity employer with a diverse workforce. CareWell complies with all applicable Federal, State, and local laws pertaining to equal employment opportunity and affirmative action. CareWell actively seeks applicants who are minorities, women, or residents of the municipalities we serve. CareWell shall welcome qualified personnel residing within East Orange who meet CareWell's requirements for employment.

## RFP Section 5.10 Vehicles, Other Equipment, and Supplies:

### Vehicles, Other Equipment, and Supplies

- The Vendor shall submit a comprehensive inventory of ambulances to include manufacturer; model; year of manufacture; vehicle identification number (VIN); odometer reading;
- Number of types of units (e.g., basic life support, advanced life support, critical care, ventilator-capable, etc.) proposed under the application.
- New Jersey Department of Health permit type (e.g., basic life support, advanced life support, or dual permitted); permit number(s); and a copy of each vehicle registration.

All CareWell units are BLS only and BLS licensed with NJOEMS:

- Dodge Promaster - upfitter: FR Conversions - 2024 - 3C6LRVDG3RE107319 - Mileage 7049
- Dodge Promaster - upfitter: FR Conversions - 2024 - 3C6LRVDG3RE107384 - Mileage 7262
- Dodge Promaster - upfitter: FR Conversions - 2024 - 3C6LRVDG0RE107682 - Mileage 10748
- Ford E-Series - upfitter: Road Rescue - 2011 - 1FDXE4FS1BDB26181 - Mileage 227245

***(See RFP Submission of licenses included in the Supplemental Information Section)***

**Ambulances** - CareWell shall provide emergency ambulances necessary for the rendering of the services described herein in compliance with all applicable Federal, State, and local laws, ordinances, and regulations at no cost to the City. CareWell shall provide documentation of appropriate licensing for its ambulances upon execution of this agreement.

**Radios and other equipment and supplies** - CareWell shall be equipped with and maintain radios and other communication equipment and licenses necessary to comply with applicable Federal Communications Commission and New Jersey Department of Health guidelines at no cost to the City. CareWell shall provide all other equipment and supplies necessary for it to perform services under this Agreement.

**Maintenance, Replacement, and Storage of Ambulance and other Equipment** CareWell shall be responsible for the maintenance, replacement, and storage of all ambulances and other equipment necessary to perform services under this Agreement at no cost to the City.

CareWell has GPS equipment in its ambulances and agrees to share data with the City, as requested.

**RFP Section 5.11 Operating Expenses:** CareWell shall be responsible for all operating expenses incurred in providing emergency ambulance services pursuant to this Agreement, including, but not limited to, salaries, fringe benefits, equipment and supplies, insurance, maintenance, and fuel.

**RFP Section 5.12 Records and Reports:** CareWell shall provide all reports to the Office of Emergency Management, City of East Orange Department of Health, and the City Business Administrator, as detailed in the RFP. CareWell shall coordinate BLS services with the City of East Orange Department of Emergency Management.

**Monthly Operating Report** – East Orange Fie Department dispatch will provide a monthly report containing:

1. The number of BLS responses
2. The average response time to BLS calls
3. The number of incidents when a mutual aid ambulance was called into the City of East Orange
4. The number of calls where the patient was not transported
5. The total number of patient transports
6. CareWell shall provide the City a monthly operating report. The report shall be sent in an electronic format acceptable to the City. The report shall contain the following:
    - The total number of stand-by assignments, special events or other assistance to the City of East Orange
    - Monthly vehicle maintenance reports

**Quarterly Financial Report** - CareWell shall provide a qua1terly financial report to the City in an electronic format acceptable to the City which shall include:

1. The number of BLS calls for the three-month period
2. Amount of reimbursement received for these calls
3. Number of calls and associated dollar amounts considered uncollectible

**Monthly Complaint Report** - CareWell shall provide a monthly written report of each complaint of service that CareWell receives containing:

1. Name, address, and telephone number of the complainant
2. Nature of complaint
3. Exact status of ambulance and personnel involved on behalf of the CareWell.

CareWell shall reply to all complaints of service received within one (1) week. If CareWell believes that the complaint is due to the actions of the City or its designee (rather than CareWell), then CareWell shall refer the complaint to the appropriate person representing the City and supply the City of East Orange Department of Public Safety a copy of initial complaint within one (1) week.

**Monthly Roster Change Report** - CareWell shall provide the City an updated roster with each personnel change in a monthly report. All records and reports required to be prepared and maintained by CareWell shall be maintained and made available as herein required during the term of the Agreement and for a period of six (6) years following the termination of the Agreement.

**RFP Section 5.13 Audits:** CareWell understands that the City shall have the right to conduct periodic and/or unscheduled program audits, vehicle inspections, patient care equipment inspections, and fiscal audits

as often as it deems necessary for the purposes of monitoring the effectiveness of this Agreement. CareWell understands that it shall receive a full copy of each report finding. CareWell agrees to cooperate fully with the City in the monitoring of the Agreement and will provide appropriate information to the City that demonstrates patients are transported to the appropriate hospital based on medical necessity or patient choice.

**RFP Section 5.14 Quality Assurance:** CareWell shall participate in routine call review and physician medical direction of a Physician.

**REP Section 5.15 Levels of Service:** If CareWell, for any reason, shall be temporarily unable to provide services set forth herein, CareWell shall inform the City of East Orange of that fact by calling the City of East Orange Department of Public Safety or other designee for this purpose. CareWell understands that the City reserves the right to request EMS mutual aid and/or declare an emergency to then call into service any other ambulances or equipment as needed, not associated with CareWell. This action would not be deemed to be a breach of this agreement nor shall same absolve CareWell from performance hereunder or increase or diminish CareWell's financial entitlement hereunder.

**RFP Section 5.16 Cost Proposal:** CareWell understands that it is solely responsible for all costs associated with the provision services. ***(Also RFP Section 3.1.9)***

**Participate in Emergency Management – Local Emergency Preparedness Committee:** CareWell understands that they will provide the appropriate personnel necessary to participate in the LEPC Committee as requested by the City. ***(RFP Section 4.2)***

# 8 Cost/Revenue Proposal

CareWell understands that it is solely responsible for all costs associated with the provision services. CareWell will be exclusively responsible for the billing and collecting of all charges for ambulance services provided. CareWell shall provide emergency ambulance service to all citizens of East Orange in the BLS Service Area regardless of the recipient's ability to pay. CareWell shall have the right to bill third party carrier or payor for the payment of such services.
***(RFP Section 3.1.9)***

# 9 Appendices/Other

Appendix: Additional Bid Documents: ***Uploaded on RFP website***

a. Financial, identification of the parent company, services, organization, and company goals

b. Copy of the company's Annual Report including auditor's report including financial statements of owners/principals for the last three (3) **years** ****Please note that the hospital does not have audited financial statements***

c. Organizational chart

d. Brief biography of those involved in the management of the company.

e. Evidence of experience, capability, and financial responsibility for providing basic life support emergency ambulance services to large, densely populated urban areas

f. Copy of licenses issued by the State of NJ Department of Health

***(RFP Section 3.1.5, 3.1.10 & 3.2)***

# Basic Life Support (BLS) Emergency Ambulance Services
## PROPOSAL COST FORM/SIGNATURE PAGE

**TO THE CITY OF EAST ORANGE**
**CITY COUNCIL:**

The undersigned declares that he/she has read the Notice, Instructions, Affidavits and Scope of Services attached, that he/she has determined the conditions affecting the proposal and agrees, if this proposal is accepted, to furnish and deliver services per the attached schedule of fees for the following:

**BID PROPOSAL**
Proposal for: **Basic Life Support (BLS) Emergency Ambulance Services**

The City Council of the City of East Orange:
(Please type or print all information)

I or We Clay McClain

of CareWell Health Medical Center

300 Central Avenue
(Complete address)

East Orange, NJ 07018
(City, State, Zip)

973-266-4418 (Phone Number)

973-266-8488 (Fax)

hereby agree to provide and perform completely the **Basic Life Support (BLS) Emergency Ambulance Services** in accordance with the Contract and Specifications for the Prices listed on the Proposal Sheet.

**NOTE:**
**BIDDERS ARE REQUIRED TO SIGN BOTH THIS SHEET AND COST PROPOSAL SHEETS**

(signature)

Affix seal
if a corporation

Interim, CEO
(title)

7-15-25
(date)

# BID GUARANTEE

Accompanying this proposal is a Consent of Surety and a Bid Guarantee, in the form of a Bid bond, or a Certified or Cashier's Check payable to the CITY OF EAST ORANGE In the sum of Twenty Thousand Dollars dollars.

($ 20,000.00), which the Undersigned agrees is to be forfeited as liquidated damages, and not as a penalty, if the contract is awarded to the undersigned and the undersigned shall fail to execute the contract for a the project or furnish the bonds required within the stipulated time; otherwise, the check will be returned to the Undersigned.

COMPANY CareWell Health Medical Center

SIGNATURE

Witness

TITLE Interim, CEO

(SEAL)

ATTACHED BID BOND

# CONSENT OF SURETY

In consideration of the premises and of One Dollar ($1.00), lawful money of the United States, it is in hand paid by the CONTRACTOR, the receipt whereof is hereby acknowledged, the undersigned surety consents and agrees that if the contract, for which the preceding estimate and proposal is made, be awarded to the person or persons submitting the same as contracted, it will become bound as surety and guarantor for its faithful performance, in an amount equal to one hundred percent (100%) of the contract price, and will execute it as party of the third part thereto when required to do so by the OWNER, and if the said CONTRACTOR shall omit or refuse to execute such contract, if so awarded, it will pay without proof of notice and on demand to the OWNER any increase between the sum to which the said CONTRACTOR would have been entitled upon the completion of the said contract and the sum which the said OWNER may be obligated to pay to another contractor to whom the contract may be afterwards awarded, the amount in such case to be determined by the bids plus the cost, if any, of re-advertising for bids for this work, less the amount of any certified check or bid bond payable and received. In witness whereof, said surety has caused these presents to be signed and attested by a duly authorized officer and its corporate seal to be hereto affixed this 15 day of July, 2025.

A performance bond will be required from the successful contractor on this project, and consequently, all bidders shall submit, with their bid, a consent of surety in substantially the following form:

(A Corporate Acknowledgement and Statement of Authority to be here attached by the Surety Company)

CareWell Health Medical Center
Surety Company

n/a submitting a cashier's check
Surety
Company
Attorney-in-fact
Attest
(Surety may substitute a similar statement subject to the Owner's approval)

WITNESS TITLE SURETY SEAL

WITNESS

**BID PROPOSAL**

**City of East Orange Basic Life Support (BLS) Emergency Ambulance Services**

300 Central Avenue

Full cost of providing the BLS services at zero cost to the City of East Orange

**(Base Bid - Price in Words)**

Clay McClain c/o CareWell Health Medical Center

(Name of Firm or Individual)

(signature) Interim, CEO (title) 7-15-25 (Date)

**LETTER OF QUALIFICATION**

CareWell Health
MEDICAL CENTER

July 22, 2025

Attn: Racquel C. Ferguson, Q.P.A.
Purchasing Agent
City of East Orange
44 City Hall Plaza
East Orange, NJ. 07018

Dear Ms. Ferguson:

The undersigned have reviewed our Qualification Statement submitted in response to the Request for Proposal (RFP), issued by the City of East Orange ("City'), dated July 22, 2024, in connection with the City's need for BLS Emergency Ambulance Services.

We affirm that the contents of our Qualification Statement (which Qualification Statement is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement is submitted in good faith upon express understanding that any false statement may result in the disqualification of CareWell Health.

(Respondent shall sign and complete the spaces provided below. If a joint venture, appropriate officers of each company shall sign.)

Signature of Chief Executive Officer: _____

Typed Name and Title: Clay McClain, Interim CEO

Type Name of Firm: EOH Acquisition Group, LLC d/b/a CareWell Health Medical Center

Dated: 7/21/2025

CareWell Health

# Qualification Statement

This statement is provided by CareWell who will serve as the primary provider if awarded the contract for Basic Life Support Emergency Ambulance Services. The following statement sets forth brief details of CareWell and its subcontractor, LifeRide's principal activities, the number of personnel in each organization and entities locations. CareWell also provides below a list of (3) three clients for whom similar services have been provided.

EOH Acquisition Group, LLC d/b/a CareWell Health Medical Center ("**CareWell**") along with its subcontractor Life Tech, Inc. d/b/a LifeRide ("**LifeRide**"), is pleased to submit the following response to the City of East Orange (the "**City**") Request for Proposal ("**RFP**") for Basic Life Support ("**BLS**") Emergency Ambulance Service. CareWell presents this proposal to the City of East Orange (the "City") to provide BLS Emergency Ambulance Services to East Orange residents within a four (4) mile radius (from City Hall as the point of origin) or any temporary or emergency hospital facility designed by the Health Officer or the Director of the O.E.M. for the City of East Orange, New Jersey (the "**BLS Service Area**") at no cost to the City during the term of the Agreement which shall not exceed a period of five (5) years. ***(RFP Section 3.1.3, Section 3.1.9 & Section 4.3)***

CareWell is a world-class community hospital serving Essex County, a place where every patient is family. Formerly known as East Orange General Hospital, is the sole independent, acute care hospital in Essex County – and deeply proud to be a cornerstone of care for nearly 120 years. CareWell maintains an acute care hospital facility located at 300 Central Avenue within the City of East Orange and a location at 240 Central Avenue to permanently house the units utilized for BLS operations within the BLS Service Area.

CareWell will provide a minimum of **three (3)** Basic Life Support Ambulances ("**Ambulances**") licensed, staffed and dedicated to respond within the BLS Service Area to the City of East Orange residents twenty-four (24) hours per day, three hundred and sixty-five (365) days per year. CareWell will ensure that each vehicle shall be manned by no less than two (2) certified emergency medical technicians (collectively "**EMT's**").

CareWell brings quality, integrated, patient-focused healthcare. CareWell is one of the largest employers in East Orange, with over eight hundred employees. CareWell has a mission to pursue initiatives which improve healthcare delivery and quality and patient safety while, at the same time, embracing the philosophy that healthcare is driven by local community needs. CareWell meets these needs by listening to its communities, physicians, employees, and putting patients first. CareWell is licensed by the New Jersey Department of Health and Senior Services and the NJ Department of Health and Human Services and is fully accredited by The Joint Commission.

LifeRide has transformed the non-emergent medical transportation industry within the state of New Jersey. Starting with just two vehicles, under the direction of the Founder and his team, LifeRide has grown to an employer of over 450 employees, operating upwards of 51 ambulances and 115 wheelchair vehicles per day completing between 900-1200 transports each day.

Now headquartered in Livingston but operating out of 7 different locations servicing all 21 counties of New Jersey, LifeRide continues to expand its operations to enable safe and quality services to all New Jersey residents in need. Currently LifeRide partners with many skilled nursing facilities, hospitals, and brokers to best service the fragile medical population. Its partners rate them as a top-quality provider.

Together with CareWell, LifeRide currently provides BLS services to the City of East Orange and has provided medical transportation services to over 130 other clients in 2024. LifeRide is currently staffing three (3) BLS units in the City of East Orange 24/7/365 and employs two (2) Tour Chiefs and two (2) EMS Supervisors to ensure 24/7 supervisory coverage. LifeRide currently employs twenty-two (22) full time employees assigned to the City of East Orange in addition to thirteen (13) part time EMT's. All supervisors and Tour Chiefs are permanently stationed in the East Orange location to ensure immediate access to the EMT's and the City. Since February 2025, EMT staff has already completed over 5000 calls for services within East Orange providing a solid track record of familiarity of the City and its operations.

**Client References (RFP Section 3.1.10)**

Current Clinets

*See attached LifeRide 2024 client data*

Client References

City of East Orange

Modivcare - Leroy Boone Senior Director of Transportation

Complete Care at Orange Park-Yehuda Gottlieb, MHA, LNHA

# 2024 Client List

Bartley Healthcare Nursing and Rehab
Complete Care West Caldwell
Preferred Care Old Bridge
Preferred care at Moorestown
Complete Care at Westfield
Echelon Care and Rehab
AristaCare at Manchester
Waters Edge
Complete Care at Clark
FountainView Care Center
Cornell Hall Care & Rehabilitation Center
Brookhaven Healthcare Center
Complete Care at Madison
Merwick Care and Rehab
Greenhill
Crystal Lake Rehab
Allendale Nursing Home
Buckingham Care & Rehabilitation Center
Seacrest Rehab
Atlas Healthcare at Maywood
Canterbury Care & Rehab
Grove Park Healthcare
Spring Grove Rehabilitation & Healthcare
Ashbrook Care & Rehab
Arbor Ridge Rehabilitation and Healthcare
Complete Care at Milford Manor
Preferred Care At Wall
Family of Caring Montclair
Autumn Lake Healthcare at Berkley Heights
Venetian Care & Rehab
Complete Care at Orange Park
Crest Pointe Rehab
Willow Springs Rehab
Parker at Somerset
Subacute at Autumn Lake (Vorhees East)
Complete Care at Green Knoll
Preferred Care At Hamilton
Llanfair Care and Rehab
Allaire Rehab and Nursing
Autumn Lake Healthcare at Cherry Hill
Job Haines Home
Barnert Subacute Rehabilitation Center
Excelcare Dover
Pine Acres Healthcare and Rehabilitation
Phoenix Center For Rehab and Pediatric -BLOCK
AristaCare at Cherry Hill
Woodcliff Lake Health & Rehab Center
Daughters of Israel
Doctors Subacute Care
CareOne at Livingston
AristaCare at Whiting
Complete Care at Summit Ridge
Preferred Care At Mercer
Family of Caring at Tenafly
Park Crescent
Complete Care at Fair Lawn Edge
Avalon Rehab Hamilton
Chatham Hills Sub Acute
Accela Post acute at Hamilton
Complete Care at Burlington Woods
Winchester Gardens
Morris View Healthcare Center
Birchwood Rehabilitation & Healthcare Cen
Complete Care at Park Place
Avant Rehabilitation & Care Center
Morristown Postacute Rehabilitation
Complete Care at Bayshore
Carnegie Post-Acute Care at Princeton
Berlin Rehab
Sinai Post Acute
Complete Care at Ocean Grove
Stratford Manor Rehab
Brighton Gardens of Edison
CareOne at Oradell
Coral Harbor Rehab
Abingdon Care & Rehab
Complete Care at Brick
Spring Creek Healthcare Center
Complete Care At Wall
Excelcare at Manalapan
Fallsview Rehab & Nursing Center
South Mountain Healthcare
CareOne at Wellington
Autumn Lake Healthcare at Old Bridge
Complete Care at Inglemoor
Laurel Circle
Avalon Rehab Wayne
Clover Meadows Healthcare
Family of Caring at Park Ridge
Roosevelt Care Center at Old Bridge

# 2024 Client List

Shore Gardens Rehabilitation
Elms of Cranbury
Oakland Rehabilitation & Healthcare Center
Fountain Springs Nursing at Cape May
CareOne at Somerset Valley
Cambridge Rehab
Embassy Manor At Edison Nursing & Rehab
Foothill Acres Rehab
Complete Care at Shrewsbury
Belle Care
Preakness Healthcare Center
Holly Manor
Complete Care at Marcella
Cadbury At Cherry Hill
Lakeland Healthcare Center
Complete Care at Cedar Grove
Alaris Health at The Chateau
Mountainside Skilled Nursing and Rehab
Crest Haven Nursing & Rehab
Complete Care at St Vincents
Sterling Manor
Cheshire Home
Riverview Estates
Complete Care at Voorhees
Complete Care at Holmdel
Complete Care at Prospect Heights
Dwellside Care & Rehab (inactive)
McAuley Hall Health Center
Northbrook Behavioral Health Hospital
Laurel Manor Healthcare
Meadowbrook Respiratory & Nursing Center
Preferred Care At Absecon
New Vista Nursing and Rehabilitation Center
CareOne at East Brunswick
Atlas Rehab at Daughters of Miriam
Dellridge Health & Rehabilitation Center
Brandywine Middlebrook
AristaCare at Cedar Oaks
The Health Center at Bloomingdale
Atlas Healthcare Washington Township

| Name | EMT | EMT Exp | CPR Exp | DL Exp | |
|---|---|---|---|---|---|
| DARREN JACOBS | 491236 | 9/30/2025 | 12/20/2026 | 5/14/2033 | |
| CEZAR PEREZ | 607337 | 12/31/2027 | 5/2/2026 | 4/20/2029 | |
| DESIREE SMART | 635238 | 6/30/2028 | 2/4/2026 | 5/15/2028 | |
| WALI BUHYIA | 635390 | 6/30/2027 | 5/31/2026 | 12/14/2026 | |
| ESTABAN VASQUEZ | 516922 | 9/30/2026 | 3/6/2027 | 6/5/2031 | |
| PATRICIA FANA | E3865336 | 3/31/2027 | 3/1/2026 | 3/22/2026 | |
| YONATAN GORDON | 659198 | 12/31/2027 | 1/31/2026 | 5/6/2029 | |
| MYTSEJ JASMIN | 570908 | 12/31/2026 | 4/2/2027 | 3/3/2029 | |
| JOANNA PERIERA | 646676 | 6/30/2027 | 3/31/2027 | 3/15/2026 | |
| RAMKI RAKMANISHNAN | 649538 | 12/31/2025 | 2/7/2027 | 5/20/2028 | cert has previous name : Sivaleperi H Ramakrishnan * |
| JUSTIN WILSON | 491317 | 5/31/2029 | 8/23/2025 | 5/15/2029 | |
| RAHN GORDON | 439669 | 9/30/2028 | 8/30/2025 | 3/16/2032 | |
| YANNICK LAYNE | 611061 | 6/30/2028 | 8/31/2026 | 5/17/2026 | |
| RICKY BURGMAN | 583323 | 12/31/2026 | 12/16/2026 | 7/4/2028 | |
| Akram Elsayed | 627574 | 6/30/2027 | 8/1/2025 | 3/4/2028 | |
| TREON STEPHENS | 643668 | 6/30/2026 | 3/7/2026 | 7/6/2028 | |
| DARYL ALEXANDER | E3797460 | 3/31/2026 | 11/3/2026 | 1/18/2026 | |
| FRANKLIN ARIAS | E3772655 | 3/31/2026 | 12/31/2026 | 9/7/2028 | |
| MARC ANTHONY ELIE | E3822356 | 3/31/2026 | 1/10/2026 | 7/17/2027 | |
| PAUL ARROYO | 569192 | 6/30/2028 | 6/5/2026 | 9/29/2026 | |
| JAMEL JOHNSON | 441350 | 12/31/2028 | 6/9/2026 | 9/21/2032 | |
| BRIAN MUNFORD | 510988 | 12/31/2027 | 7/17/2026 | 2/25/2029 | |
| TYSHIRAH FITZGERALD | 583953 | 12/31/2026 | 4/7/2026 | 2/8/2026 | |
| Jacob Hayward | 500565 | 6/30/2028 | 2/12/2026 | 1/15/2026 | |
| NIGEL BRACKET | 635086 | 6/30/2027 | 5/17/2027 | 9/27/2025 | |
| GEORGE RAFLA | E3687518 | 3/31/2027 | 5/30/2027 | 2/12/2027 | |
| NAOMI CARVALHO | 466462 | 11/30/2028 | 5/21/2027 | 2/14/2029 | |
| JAMAAL BENJAMIN | 599097 | 12/31/2026 | 6/30/2027 | 2/22/2028 | |
| JAAKAN MASSAC | 656032 | 12/31/2026 | 3/5/2027 | 7/10/2027 | |
| DAVID HERNANDEZ | 566558 | 12/31/2026 | 7/15/2026 | 1/12/2027 | |
| MONICA ANDERSON | 526639 | 6/30/2028 | 2/28/2026 | 3/14/2029 | |
| SAMANTHA SECAIRA | 655140 | 6/30/2026 | 9/28/2026 | 6/18/2028 | |
| MATHEW SCHNURMAN | 634825 | 6/30/2027 | 7/30/2025 | 8/31/2026 | |
| JOY KRZYMINSKI | 631197 | 6/30/2028 | 6/30/2027 | 12/2/2028 | |
| NASEEM ABEDDRABBO | E3888448 | 3/31/2027 | 4/30/2027 | 11/2/2025 | |

Ben Klein

Ben Klein, is a highly successful entrepreneur, business leader and healthcare facility operator, with extensive Midwest operating experience, including the State of Missouri. Mr. Klein, once one of Chicago's largest nursing home operators, spent 20 years in the nursing home industry before selling most of those assets and pivoting to behavioral health. Mr. Klein sent an executive to Florida, home to the country's biggest hub of addiction centers, to start a treatment business. Later, he acquired other treatment operations and formed Sunspire Health, which he later sold to private-equity firm Kohlberg Kravis and Roberts (KKR).

Through a bankruptcy auction, Mr. Klein's Skokie, IL-based Platinum Health Care, in partnership with Blue Mountain Capital, acquired some of the nation's choicest addiction treatment assets, Elements Behavioral Healthcare, which owns such global addiction treatment brands as Promises Malibu and has centers in major markets, including California, Texas and Florida. Mr. Klein and his partner invested a further $30 million to right the ship and fuel growth. Mr. Klein replaced himself as CEO of Elements once the company emerged from bankruptcy and stabilized within the first year.

Mr. Klein also owned and operated Juvo BH, an autism outpatient treatment center business. Recently Ben merged Success TMS with a publicly traded company, Greenbrook TMS. As Greenbrook's largest shareholder Ben continues to expand services for depressed patients across more then a dozen stats. Clearly, Mr. Klein not only brings a highly-successful background of healthcare facility management experience in this specific market, but Mr. Klein also has extensive, cutting edge experience in behavioral health services, which Buyer expects to be a key component in providing healthcare services to East Orange.

# Clay McClain Bio 2025

Clay McClain currently serve as the Interim Chief Executive Officer (previously the Vice President of Operations) for CareWell Health Medical Center, a 202-bed safety-net hospital in New Jersey.

He previously worked in both public and private sectors throughout his 30+ year career. Mr. McClain started his career in healthcare and public service as an EMT serving the residents of East Orange and Newark, New Jersey. He then moved into Healthcare Administration within the RWJBarnabas Health System and advanced to a leadership role over Operations. Later in his career, he moved back into public service and enjoyed a very successful 20+ year career within the New Jersey Department of Corrections, managing teams upwards of 300 staff, ultimately rising through the ranks to retire as a Lieutenant.

Prior to joining CareWell Health, he was a prominent leader of the NJ All-Hazards Incident Management Team which is a section of the New Jersey State Police operating under the NJ Office of Emergency Management. This team is responsible to respond to and assume command and control of large and critical emergencies (i.e. natural disasters, pandemics, civil unrest, etc.) both within New Jersey and abroad, at a moment's notice, by the authority of the Governor's office. In these roles, Mr. McClain assisted each respective government entity in crisis management to include Hurricane Maria in Puerto Rico, Hurricane Michael in Georgia, and NJ's COVID-19.

Mr. McClain is well known and respected within the State of New Jersey and has a strong background in healthcare management. He is nationally certified as a Type 3 All-Hazard Incident Management Team Operations Section Chief, a certified Rappel Master, Hazmat Technician, and holds multiple instructorships in emergency management and tactical law enforcement.

# Biography of Individuals involved in the Management of LifeRide

LifeRide provides inter-facility transportation to and from healthcare facilities throughout the area, including ambulances, wheelchair vans, and courtesy shuttles. This capability also includes our Specialty Care Transport Units (SCTUs) for critically ill and injured patients in need of a higher level of care. LifeRide's SCT units are staffed by a licensed registered nurse experienced in critical care and stocked with advanced life support equipment, including medications, cardiac monitors, endotracheal intubation equipment, and ventilators.

Dov Brafman – Chief Executive Officer, LifeRide
Dov Brafman serves as the Chief Executive Officer of LifeRide and brings years of leadership experience in emergency medical services and healthcare operations. Under his direction, LifeRide has grown into a trusted provider of compassionate, high-quality prehospital care throughout New Jersey.

Mr. Brafman's strategic vision emphasizes operational excellence, patient-centered service, and community collaboration. He has overseen the expansion of LifeRide's municipal partnerships, streamlined dispatch and deployment systems, and implemented data-driven quality assurance measures to enhance response times and clinical outcomes.

A staunch advocate for public-private cooperation, Mr. Brafman works closely with city officials, healthcare systems, and emergency management teams to ensure seamless integration of EMS services within broader public safety frameworks. His leadership reflects a commitment to transparency, accountability, and continuous improvement—core values that drive LifeRide's mission.

Stuart Maslow – Chief Operating Officer, LifeRide
Stuart Maslow began his career in Emergency Medical Services in 2006 as a volunteer with the Springfield First Aid Squad, where he went on to serve in multiple leadership roles, including EMS Chief from 2016 to 2018. His professional journey includes over a decade at On Time Ambulance (2009–2021), where he advanced through a variety of operational roles, ultimately serving as Director of Communications and Logistics.

From 2021 to 2024, Stuart served as Provider Relations Director for New Jersey and Pennsylvania at Modivcare, working closely with transportation providers and healthcare partners to strengthen non-emergent medical transport services across the region.

In 2024, Mr. Maslow joined LifeRide as Chief Operating Officer, where he is proud to help lead New Jersey's largest non-emergent medical transportation provider. He was instrumental in launching LifeRide's first 911 EMS program, which began serving the City of East Orange in February 2025. Stuart brings nearly two decades of hands-on and executive-level EMS experience to every project he leads.

Demir Dauti, Director of BLS Operations at LifeRide
Demir Dauti brings a decade of dedicated experience in emergency medical services. Starting as an EMT at Safeway Medical Transport, he quickly expanded his expertise, becoming both an MAVO instructor and CPR instructor before advancing into a supervisory role. Known for being exceptionally hardworking and loyal, Mr. Dauti thrives in the fast-paced, dynamic environment of medical transport, eagerly embracing the daily challenges and opportunities to learn that come with his leadership position.

Driven by a passion for operational excellence and team success, Mr. Dauti actively fosters a positive and motivating work environment at LifeRide. He values direct engagement, frequently stepping out of the office to communicate with and work alongside employees, ensuring high morale and a collaborative spirit as the company continues its growth trajectory. Demir finds deep satisfaction in LifeRide's evolving challenges and the constant drive for improvement.

Tour Chief Cesar Perez has over 12 years of EMS experience, active in local OEM as well. Mr. Perez oversees the daily operations to ensure responses are handled appropriately.

Tour Chief David Hernandez has over 20 years of EMS experience, consistently servicing the City of East Orange through a variety of providers over his tenure.

# Mark Merlin, DO Biography

Dr. Mark Merlin, DO serves as the Medical Director for Life Ride, providing clinical oversight, strategic guidance, and quality assurance for all prehospital care operations. A board-certified emergency physician, Dr. Merlin brings multiple decades of experience in EMS medical leadership, clinical innovation, and systems development.

Dr. Merlin previously served as the Chief Medical Officer of the New Jersey EMS Task Force and was the Medical Director for several EMS agencies, including the Newark Fire Department, RWJBarnabas Health, and multiple regional mobile health programs. He is the founder and Executive Medical Director of the Mobile HealthCare Association and is widely recognized for his contributions to EMS policy, education, and innovation throughout New Jersey and beyond.

A graduate of the New York College of Osteopathic Medicine, Dr. Merlin completed his residency in Emergency Medicine at Newark Beth Israel Medical Center. He is also a Clinical Associate Professor of Emergency Medicine at Rutgers New Jersey Medical School, where he mentors medical students, residents, and EMS professionals.

At Life Ride, Dr. Merlin's leadership ensures adherence to the highest standards of patient care, provider education, and regulatory compliance, driving continuous improvement across the organization's mobile healthcare services.

# CITY OF EAST ORANGE
# SUBMISSION FORM

1. Names and roles of the individuals who will perform the services and description of their education and experience with projects similar to the services contained herein including their education, degrees, and certifications:

Stuart Maslow – COO – two decades of EMS experience, NJ EMT since 2007. Served previously as the Chief of an EMS organization for 3 years, still maintains EMT credentials and continues to operate in this capacity.

Demir Dauti – BLS Director – 10 years of EMS experience, both volunteer and paid. Demir still holds his NJ EMT and has been in leadership capacities for 10 years.

Cesar Perez – Tour Chief – 12 years of EMS experience, active in local OEM as well. Cesar oversees the daily operations to ensure responses are handled appropriately.

David Hernandez – Tour Chief – 20 years of EMS experience, consistently servicing the City of East Orange through a variety of providers over his tenure.

2. References and record success of same similar service:

Currently servicing the city of East Orange since February 27th
Please find attached aux document of 130 other clients we have serviced for an emergency capacity in the last year.

3. Description of ability to provide the services in a timely fashion (including staffing, familiarity, and location of key staff):

Life Ride is currently staffing 3 BLS units within the city 24/7/365
Life Ride employees 2 Tour Chiefs and 2 EMS Supervisors to ensure 24/7 supervisory coverage
Life Ride employees 22 FTE specific to East Orange
Life Ride employees 13 part time / per diem EMTs specific to East Orange
All supervisors and Tour Chiefs are permanently stationed at the East Orange location to ensure immediate access to the EMTs and the city
Staff has already completed over 5000 calls for service within East Orange, proving a solid track record of familiarity of the city and its operations.

4. Cost details, including the hourly rates of each of the individuals who will perform services, and all expenses:

Employee costs (this includes hourly payroll [EMT pay tops at $35 per hour], overtime estimated at 20%, payroll taxes, workman's comp, and office overhead for program management) approximately $121 per hour, per unit
Insurance cost per vehicle per hour 2.7% approximately $4.10 per vehicle per hour
Fuel and van maintenance cost per vehicle per hour 4.7% approximately $7.04 per vehicle per hour

Note: Attach additional sheets as necessary.

Firm _____ Date: 7/17/2025

Authorized Representative (Print): Clay McClain

Signature: _____ Title: Interim CEO

Telephone#: 973-266-4418 Fax#: _____

## ıony Degradi

**RGIPOINT MANAGEMENT**

der of SurgiCore (2012-present)
ded original SurgiCore sister center in
tegral to operations and closely
s administrative functions such as
ccounting, billing, collections, and
ng
der of SurgiPoint Management (current
d SurgiPoint Holdings (2022-present).
ment of several multi-disciplinary
s (1997-2016)
ment of several radiology practices
, X-ray, and Ultrasound) (2000-2017)

## Feliks Kogan

**CEO, SURGIPOINT MANAGEMENT**

- Co-founder of SurgiCore (2012-present) (co-founded original SurgiCore sister center in 2012). Develops and fosters relationships with centers and providers to ensure concierge-style care and support. Expert in performance support solutions, workflow improvement, and management
- Co-founder of SurgiPoint Management (current CEO) and SurgiPoint Holdings (2022-present)
- Graduate, Hofstra Law (JD) (2001)

## Wayne Hatami

**COO, SURGIPOINT MANAGEMENT**

- Co-founder of SurgiCore. Oversees and manages day-to-day business operatio possesses a strong clinical background
- Co-founder of SurgiPoint Management ( COO) and SurgiPoint Holdings (2022-pr
- Founder of a chain of physical therapy practices throughout the NY metropolita
- Licensed Physical Therapist in the State New York

| Name | EMT | EMT Exp | CPR Exp | DL Exp | |
|---|---|---|---|---|---|
| DARREN JACOBS | 491236 | 9/30/2025 | 12/20/2026 | 5/14/2033 | |
| CEZAR PEREZ | 607337 | 12/31/2027 | 5/2/2026 | 4/20/2029 | |
| DESIREE SMART | 635238 | 6/30/2028 | 2/4/2026 | 5/15/2028 | |
| WALI BUHYIA | 635390 | 6/30/2027 | 5/31/2026 | 12/14/2026 | |
| ESTABAN VASQUEZ | 516922 | 9/30/2026 | 3/6/2027 | 6/5/2031 | |
| PATRICIA FANA | E3865336 | 3/31/2027 | 3/1/2026 | 3/22/2026 | |
| YONATAN GORDON | 659198 | 12/31/2027 | 1/31/2026 | 5/6/2029 | |
| MYTSEJ JASMIN | 570908 | 12/31/2026 | 4/2/2027 | 3/3/2029 | |
| JOANNA PERIERA | 646676 | 6/30/2027 | 3/31/2027 | 3/15/2026 | |
| RAMKI RAKMANISHNAN | 649538 | 12/31/2025 | 2/7/2027 | 5/20/2028 | cert has previous name : Sivaleperi H Ramakrishnan * |
| JUSTIN WILSON | 491317 | 5/31/2029 | 8/23/2025 | 5/15/2029 | |
| RAHN GORDON | 439669 | 9/30/2028 | 8/30/2025 | 3/16/2032 | |
| YANNICK LAYNE | 611061 | 6/30/2028 | 8/31/2026 | 5/17/2026 | |
| RICKY BURGMAN | 583323 | 12/31/2026 | 12/16/2026 | 7/4/2028 | |
| Akram Elsayed | 627574 | 6/30/2027 | 8/1/2025 | 3/4/2028 | |
| TREON STEPHENS | 643668 | 6/30/2026 | 3/7/2026 | 7/6/2028 | |
| DARYL ALEXANDER | E3797460 | 3/31/2026 | 11/3/2026 | 1/18/2026 | |
| FRANKLIN ARIAS | E3772655 | 3/31/2026 | 12/31/2026 | 9/7/2028 | |
| MARC ANTHONY ELIE | E3822356 | 3/31/2026 | 1/10/2026 | 7/17/2027 | |
| PAUL ARROYO | 569192 | 6/30/2028 | 6/5/2026 | 9/29/2026 | |
| JAMEL JOHNSON | 441350 | 12/31/2028 | 6/9/2026 | 9/21/2032 | |
| BRIAN MUNFORD | 510988 | 12/31/2027 | 7/17/2026 | 2/25/2029 | |
| TYSHIRAH FITZGERALD | 583953 | 12/31/2026 | 4/7/2026 | 2/8/2026 | |
| Jacob Hayward | 500565 | 6/30/2028 | 2/12/2026 | 1/15/2026 | |
| NIGEL BRACKET | 635086 | 6/30/2027 | 5/17/2027 | 9/27/2025 | |
| GEORGE RAFLA | E3687518 | 3/31/2027 | 5/30/2027 | 2/12/2027 | |
| NAOMI CARVALHO | 466462 | 11/30/2028 | 5/21/2027 | 2/14/2029 | |
| JAMAAL BENJAMIN | 599097 | 12/31/2026 | 6/30/2027 | 2/22/2028 | |
| JAAKAN MASSAC | 656032 | 12/31/2026 | 3/5/2027 | 7/10/2027 | |
| DAVID HERNANDEZ | 566558 | 12/31/2026 | 7/15/2026 | 1/12/2027 | |
| MONICA ANDERSON | 526639 | 6/30/2028 | 2/28/2026 | 3/14/2029 | |
| SAMANTHA SECAIRA | 655140 | 6/30/2026 | 9/28/2026 | 6/18/2028 | |
| MATHEW SCHNURMAN | 634825 | 6/30/2027 | 7/30/2025 | 8/31/2026 | |
| JOY KRZYMINSKI | 631197 | 6/30/2028 | 6/30/2027 | 12/2/2028 | |
| NASEEM ABEDDRABBO | E3888448 | 3/31/2027 | 4/30/2027 | 11/2/2025 | |

CareWell Health

# Methodology Response

**BLS Emergency Ambulance Services– 24/7/365:** CareWell shall provide EMS/ BLS/Medical transport services on a twenty-four (24) hour, seven days a week schedule, for East Orange residents to the nearest appropriate Emergency Department/Hospital Facility; within Essex County, or any temporary or emergency hospital facility designated by the Health Officer or the Director of the O.E.M. for The City of East Orange, New Jersey. The duration of this contract will not exceed five (5) years. CareWell shall provide such service without regard to a person's ability to pay for the service. Mobile Intensive Care Unit (MICU) services and other non-emergency ambulance services are not included within the scope of this RFP.

**Geographic Coverage**: CareWell shall provide BLS Emergency Ambulance Services to the BLS Service Area during the term of the Agreement.

**The categories of BLS service shall include but are not limited to the following:**

a. Cardiac Related problems - chest pain, pressure, tightness, discomfort, sweating, fatigue, pallor.
b. Respiratory Distress - Shortness of breath, shallow or rapid breathing, gasping, labored breathing, turning blue.
c. Mental Health Crisis
d. Unconscious Patient
e. Diabetes
f. Severe Trauma or Bleeding - Auto accidents, fall injuries, stabbing, gunshot wounds, industrial accidents, etc.
g. Allergic Reactions
h. Overdose
i. Strokes
j. Electrocution
k. Maternity
l. Severe Burns
m. Emergency transportation - From a physician's office to hospital or place of treatment or from a hospital.

**Response Time**: CareWell will provide a minimum of **three (3)** Basic Life Support Ambulances ("**Ambulances**") licensed as outlined in this section, staffed and dedicated to respond within the BLS Service Area to the City of East Orange residents twenty-four (24) hours per day, three hundred and sixty-five (365) days per year.

CareWell will ensure that each vehicle shall be manned by no less than two (2) certified emergency medical technicians (collectively "**EMT's**"). CareWell maintains an acute care hospital facility located at 300 Central Avenue within the City of East Orange and a location at 240 Central Avenue to permanently house the units utilized for BLS operations within the BLS Service Area. CareWell shall provide proof of the right to house the Ambulances.

CareWell shall supply comparable back-up equipment within two (2) hours in the event of non-operational equipment.

**First Responder Services:** CareWell understands that the City will provide first responder services and CareWell will have no obligation to provide such services.

**Advance Life Support:** According to NJ regulation, advanced life support ("**ALS**") paramedic intercept service is a monopoly within a geographic area. When the system was established decades ago, a hospital in each region of the state was designated to provide ALS as a community service and without economic benefit. The term Mobile Intensive Care Unit ("**MICU**") is used in NJ for these units. Established medical protocols require that calls meeting certain criteria receive a request for ALS unit response from the regional provider. This is the case for every EMS agency in NJ and no other agencies in a given area may provide ALS. CareWell will cooperate with the ALS provider serving the City of East Orange and enter into any necessary agreements with the ALS provider.

**Dispatching Center:** CareWell understands that the East Orange Fire Department Dispatch ("**EOFD**") shall provide the 9-1-1 Public Safety Dispatch call center for emergency medical services and shall notify an ambulance to respond to requests for EMS services in conformity with the State of New Jersey's Office of Emergency Telecommunications Services ("**OETS**") guidelines and/or regulations ("**Priority Calls**"). CareWell understands that all ambulance and crew radios shall be capable of communicating with EOFD on systems and frequencies specified by City of East Orange Office of Emergency Management and Fire Division. LifeRide meets these requirements relative to communications capabilities for emergency communications.

**Disaster planning**: CareWell possesses resources and experience for disaster planning. CareWell will work together with the City in developing procedures for responding to natural disasters and other states of emergency within the City. CareWell understands that the City may declare a state of emergency in certain situations and, in that event, may call into service any other available ambulances or equipment not owned by CareWell and such actions shall not constitute a breach of the agreement, nor shall it absolve CareWell from its rights and obligations under the Agreement. CareWell understands that during a declared State of Emergency, it will be required to assign appropriate staff members to the City of East Orange Office of Emergency Management Command Center. In such an event, CareWell will be prepared to pre-stage assets with the City at the direction of the Director of the City of East Orange OEM and/or the Health Officer.

**Special Events:** CareWell supports scores of special events each year, ranging from smaller local events to regional gatherings, festivals, concerts, marathons, some of which have thousands of attendees. CareWell's staff has experience in planning for and managing these events in East Orange. CareWell also has the resources detailed under disaster planning to support the delivery of medical care at such events.

CareWell understands that it will provide one (1) staffed emergency vehicle at up to eight (8) City sponsored community events, health education projects or other special events taking place in the City.

**Other Services:** CareWell understands that they will provide emergency ambulance services to on duty employees of the City at no cost to the City. CareWell shall respond to any and all calls for emergency assistance forwarded to CareWell by the City.

**Compliance with Applicable Law:** CareWell shall comply with all applicable laws and regulations governing the provision of BLS emergency ambulance services, including, but not limited to, all employee licensing, training and education requirements, ambulance and equipment maintenance, and inspection requirements imposed by law. CareWell also agrees to comply with all State and local traffic laws and ordinances.

**Management and Staffing:** CareWell shall comply with the following with respect to staffing:

- Number of full-time staff credentialed as a New Jersey certified Emergency Medical Technician-Basic (EMT-B): **22**

- Number of part-time staff credentialed as a New Jersey certified Emergency Medical Technician-Basic (EMT-B): **13**

  **Ambulance Staffing** – CareWell shall staff at least two (2) Emergency Medical Technicians – one (1) of whom may be the driver, on each vehicle. Each Emergency Medical Technician shall hold current certifications from the New Jersey Department of Health and Senior Services as an Emergency Medical Technician an in CPR/AED. Drivers will also hold a valid New Jersey driver's license. In addition to New Jersey certifications, Nationally Registered Emergency Medical Technicians and other state certifications recognized by the New Jersey Department of Health and Senior Services shall also be acceptable.

  **Recruitment** – CareWell shall attempt to recruit qualified personnel residing within the City ; however, CareWell shall be solely responsible for the hiring and management of employees.

  **Qualifications** – CareWell shall ensure that all ambulance and dispatching staff shall be trained in the use of radio equipment, both transmitting and receiving. CareWell shall offer in-service training programs to ambulance and dispatching staff to assist its employees in keeping their certification current and to assure the maintenance of high quality BLS services.

  **Uniforms** – CareWell shall ensure that all ambulance staff shall be properly uniformed and identified as to employer, name, and title by identification tag, emblems, and/or embroidery attached to uniform and work jacket.

CareWell confirms that they are a drug-free workplace.

CareWell confirms that it has an adequate number of emergency medical technicians and paramedics to staff the vehicles identified above to provide the service.

**Commitment to diversity**: CareWell is an equal opportunity employer with a diverse workforce. CareWell complies with all applicable Federal, State, and local laws pertaining to equal employment opportunity and affirmative action. CareWell actively seeks applicants who are minorities, women, or residents of the municipalities we serve. CareWell shall welcome qualified personnel residing within East Orange who meet CareWell's requirements for employment.

**Vehicles, Other Equipment, and Supplies:**

**Vehicles, Other Equipment, and Supplies**

- The Vendor shall submit a comprehensive inventory of ambulances to include manufacturer; model; year of manufacture; vehicle identification number (VIN); odometer reading.
- Number of types of units (e.g., basic life support, advanced life support, critical care, ventilator-capable, etc.) proposed under the application.
- New Jersey Department of Health permit type (e.g., basic life support, advanced life support, or dual permitted); permit number(s); and a copy of each vehicle registration.

All CareWell units are BLS only and BLS licensed with NJOEMS

- Dodge Promaster – upfitter: FR Conversions – 2024 – 3C6LRVDG3RE107319 – Mileage 7049
- Dodge Promaster – upfitter: FR Conversions – 2024 – 3C6LRVDG3RE107384 – Mileage 7262
- Dodge Promaster – upfitter: FR Conversions – 2024 – 3C6LRVDG0RE107682 – Mileage 10,748
- Ford E-Series – upfitter: Road Rescue – 2011 – 1FDXE4FS1BDB26181 – Mileage 227,245

***(See RFP Submission of licenses included in the Supplemental Information Section)***

**Ambulances** CareWell shall provide emergency ambulances necessary for the rendering of the services described herein in compliance with all applicable Federal, State, and local laws, ordinances, and regulations at no cost to the City. CareWell shall provide documentation of appropriate licensing for its ambulances upon execution of this agreement.

**Radios and other equipment and supplies** - CareWell shall be equipped with and maintain radios and other communication equipment and licenses necessary to comply with applicable Federal Communications Commission and New Jersey Department of Health guidelines at no cost to the City. CareWell shall provide all other equipment and supplies necessary for it to perform services under this Agreement.

**Maintenance, Replacement, and Storage of Ambulance and other Equipment** CareWell shall be responsible for the maintenance, replacement, and storage of all ambulances and other equipment necessary to perform services under this Agreement at no cost to the City. CareWell has GPS equipment in its ambulances and agrees to share data with the City, as requested.

**Operating Expenses:** CareWell shall be responsible for all operating expenses incurred in providing emergency ambulance services pursuant to this Agreement, including, but not limited to, salaries, fringe benefits, equipment and supplies, insurance, maintenance, and fuel.

**Records and Reports:** CareWell shall provide all reports to the Office of Emergency Management, City of East Orange Department of Health and the City Business Administrator, as detailed in the RFP. CareWell shall coordinate BLS services with the City of East Orange Department of Emergency Management.

**Monthly Operating Report** – East Orange Fie Department dispatch will provide a monthly report containing:

1. The number of BLS responses
2. The average response time to BLS calls
3. The number of incidents when a mutual aid ambulance was called into the City of East Orange
4. The number of calls where the patient was not transported
5. The total number of patient transports
6. CareWell shall provide to the City a monthly operating report. The report shall be sent in an electronic format acceptable to the City. The report shall contain the following:
    - The total number of stand-by assignments, special events or other assistance to the City of East Orange
    - Monthly vehicle maintenance reports

**Quarterly Financial Report** - CareWell shall provide a quarterly financial report to the City in an electronic format acceptable to the City which shall include:

1. The number of BLS calls for the three-month period
2. Amount of reimbursement received for these calls
3. Number of calls and associated dollar amounts considered uncollectible

**Monthly Complaint Report** - CareWell shall provide a monthly written report of each complaint of service that CareWell receives containing:

1. Name, address, and telephone number of the complainant
2. Nature of complaint
3. Exact status of ambulance and personnel involved on behalf of CareWell.

CareWell shall reply to all complaints of service received within one (1) week. If CareWell believes that the complaint is due to the actions of the City or its designee (rather than

CareWell), then CareWell shall refer the complaint to the appropriate person representing the City and supply the City of East Orange Department of Public Safety a copy of initial complaint within one (1) week.

**Monthly Roster Change Report** - CareWell shall provide the City an updated roster with each personnel change in a monthly report. All records and reports required to be prepared and maintained by CareWell shall be maintained and made available as herein required during the term of the Agreement and for a period of six (6) years following the termination of the Agreement.

**Audits:** CareWell understands that the City shall have the right to conduct periodic and/or unscheduled program audits, vehicle inspections, patient care equipment inspections, and fiscal audits as often as it deems necessary for the purposes of monitoring the effectiveness of this Agreement. CareWell understands that it shall receive a full copy of each report finding. CareWell agrees to cooperate fully with the City in the monitoring of the Agreement and will provide appropriate information to the City that demonstrates patients are transported to the appropriate hospital based on medical necessity or patient choice.

**Quality Assurance:** CareWell shall participate in routine call review and physician medical direction of a Physician.

**Levels of Service:** If CareWell, for any reason, shall be temporarily unable to provide services set forth herein, CareWell shall inform the City of East Orange of that fact by calling the City of East Orange Department of Public Safety or other designee for this purpose. CareWell understands that the City reserves the right to request EMS mutual aid and/or declare an emergency to then call into service any other ambulances or equipment as needed, not associated with CareWell. This action would not be deemed to be a breach of this agreement nor shall same absolve CareWell from performance hereunder or increase or diminish CareWell's financial entitlement hereunder.

**Cost Proposal:** CareWell understands that it is solely responsible for all costs associated with the provision services.

**Participate in Emergency Management – Local Emergency Preparedness Committee:** CareWell understands that they will provide the appropriate personnel necessary to participate in the LEPC Committee as requested by the City.

# NON-COLLUSION AFFIDAVIT
## (PRIME BIDDER)

STATE OF NEW JERSEY )
) SS:
COUNTY OF Essex )

I, Clay McClain of the City/Township of East Orange

in the County of Essex and the State of NJ

of full age, being duly sworn according to the law on my oath depose and say that:

I am, Interim, CEO (Title)
(a partner, or officer of the firm of, etc.)

of the firm of CareWell Health Medical Center

the bidder making the Proposal for the above named project, and that I executed the said Proposal with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above-named project; and that all statements contained in said Proposal and in this affidavit are true and correct, and made with full knowledge that the CITY OF EAST ORANGE, NJ relies upon the truth of the statements contained in said Proposal and in the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by CareWell Health Medical Center .
(Name of Contractor)

Clay McClain
(Also type or print name of affiant under signature)

Signature of:

Bidder, if the bidder is an individual
Partner, if the bidder is a partnership
Officer, if the bidder is a corporation

Subscribed and sworn to

before me this 15 day

of July 2025

Notary Public of: Essex County
My commission expires: 10/4/2026
(11/99)

Alicia M Davis
Notary Public, State of New Jersey
Comm. # 50047134
My Commission Expires 10/4/2026

ALICIA M DAVIS NOTARY PUBLIC NEW JERSEY

# OWNER DISCLOSURE CERTIFICATION

This Statement Shall Be Included with BID Submission

Name of Business CareWell Health Medical Center

☐ I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

OR

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

OR

☒ I certify that there are no stockholders

Check the box that represents the type of business organization:

| | | |
|---|---|---|
| ☐Partnership | ☐Corporation | ☐Sole Proprietorship |
| ☐Limited Partnership | ☒Limited Liability Corporation | ☐Limited Liability Partnership |
| ☐Subchapter S Corporation | ☐ Other (describe)_____ | |

Sign and notarize the form below, and, if necessary, complete the stockholder list below.

Stockholders:

Name: _____ Name: _____

Home Address: _____ Home Address: _____

_____ _____

Name: _____ Name: _____

Home Address: _____ Home Address: _____

_____ _____

Name: _____ Name: _____

Home Address: _____ Home Address: _____

_____ _____

Subscribed and sworn before me this 15 day of July, 25.

(Notary Public)

My Commission expires: 10/4/2026

_____
(Affiant)

Clay McClain, Interim CEO
(Print name & title of affiant)

(Corporate Seal)

ALICIA M. DAVIS NOTARY PUBLIC NEW JERSEY

Alicia M Davis
Notary Public, State of New Jersey
Comm. # 50047134
My Commission Expires 10/4/2026

**Exhibit A**

| Member | Address | Membership Interest |
|---|---|---|
| Ben Klein | 1 University Plaza<br>Suite 500<br>Hackensack, NJ 07601 | 66.674% |
| A.J. Schreiber | 622 Winthrop<br>Teaneck NJ 07666 | 2.703% |
| Paige Dworak | 10 Murphy Court<br>Blauvelt, NY 10913 | 18.020% |
| Troy A. Schell | 260 West Bonita Avenue<br>Claremont, CA 91711 | 2.703% |
| EOGH Investor, LLC | c/o Anthony Degradi<br>103 Waterview Drive<br>Sound Beach, NY 11789<br>Attn: Feliks Kogan | 9.90% |

**CITY OF EAST ORANGE**
**EEO/AFFIRMATIVE ACTION COMPLIANCE NOTICE**
**N.J.S.A. 10:5-31 and N.J.A.C. 17:27**
**GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS**

All successful bidders are required to submit evidence of appropriate affirmative action compliance to the City and Division of Public Contracts Equal Employment Opportunity Compliance. During a review, Division representatives will review the city files to determine whether the affirmative action evidence has been submitted by the vendor/contractor. Specifically, each vendor/contractor shall submit to the City, prior to execution of the contract, one of the following documents:

Goods and General Service Vendors

1. Letter of Federal Approval indicating that the vendor is under an existing Federally approved or sanctioned affirmative action program. A copy of the approval letter is to be provided by the vendor to the City and the Division. This approval letter is valid for one year from the date of issuance.

Do you have a federally approved or sanctioned EEO/AA program? Yes ☐ No ☑
If yes, please submit a photostatic copy of such approval.

2. A Certificate of Employee Information Report (hereafter "Certificate"), issued in accordance with N.J.A.C. 17:27-1.1 et seq. The vendor must provide a copy of the Certificate to the City as evidence of its compliance with the regulations. The Certificate represents the review and approval of the vendor's Employee Information Report, Form AA-302 by the Division. The period of validity of the Certificate is indicated on its face. Certificates must be renewed prior to their expiration date in order to remain valid.

Do you have a State Certificate of Employee Information Report Approval? Yes ☑ No ☐
If yes, please submit a photostatic copy of such approval.

3. The successful vendor shall complete an Initial Employee Report, Form AA-302 and submit it to the Division with $150.00 Fee and forward a copy of the Form to the City. Upon submission and review by the Division, this report shall constitute evidence of compliance with the regulations. Prior to execution of the contract, the EEO/AA evidence must be submitted.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) on the Division website www.state.nj.us/treasury/contract_compliance.

The successful vendor(s) must submit the AA302 Report to the Division of Public Contracts Equal Employment Opportunity Compliance, with a copy to Public Agency.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27 and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 and N.J.A.C. 17:27.

COMPANY: CareWell Health Medical Center SIGNATURE: _____

PRINT NAME: Clay McClain TITLE: Interim, CEO

DATE: 7-15-25

**AFFIRMATIVE ACTION COMPLIANCE NOTICE**
**N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27**
**GOODS AND SERVICES CONTRACTS**
**(INCLUDING PROFESSIONAL SERVICES)**

This form is a summary of the successful bidder's requirement to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27.

The successful bidder shall submit to the public agency, after notification of award but prior to execution of this contract, one of the following three documents as forms of evidence:

(a) A photocopy of a valid letter that the contractor is operating under an existing Federally approved or sanctioned affirmative action program (good for one year from the date of the letter);

OR

(b) A photocopy of a Certificate of Employee Information Report approval, issued in accordance with N.J.A.C. 17:27-4;

Sample of Certificate


OR

(c) A photocopy of an Employee Information Report (Form AA302) provided by the Division and distributed to the public agency to be completed by the contractor in accordance with N.J.A.C. 17:27-4.

The successful vendor may obtain the Affirmative Action Employee Information Report (AA302) from the contracting unit during normal business hours.
The successful vendor(s) must submit the copies of the AA302 Report to the Division of Contract Compliance and Equal Employment Opportunity in Public Contracts (Division). The Public Agency copy is submitted to the public agency, and the vendor copy is retained by the vendor.

The undersigned vendor certifies that he/she is aware of the commitment to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27 and agrees to furnish the required forms of evidence.

The undersigned vendor further understands that his/her bid shall be rejected as non-responsive if said contractor fails to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C.17:27.

COMPANY: CareWell Health Medical Center SIGNATURE: _____

PRINT NAME: Clay McClain TITLE: Interim, CEO

DATE: 7-15-25

Certification **68841**

# CERTIFICATE OF EMPLOYEE INFORMATION REPORT

**INITIAL**

This is to certify that the contractor listed below has submitted an Employee Information Report pursuant to N.J.A.C. 17:27-1.1 et. seq. and the State Treasurer has approved said report. This approval will remain in effect for the period of **15-Oct-2022** to **15-Oct-2025**

**CAREWELL HEALTH MEDICAL CENTER**
**300 CENTRAL AVE**
**EAST ORANGE** **NJ** **07018**

ELIZABETH MAHER MUOIO
State Treasurer

**AMERICANS WITH DISABILITIES ACT OF 1990**
**Equal Opportunity for Individuals with Disability**

The Contractor and the Owner, do hereby agree that the provisions of Title 11 of the Americans With Disabilities Act of 1990 (the "Act") *(42 U.S.C. S121 01* et seq.), which prohibits discrimination on the basis of disability by public entities in all services, programs, and activities provided or made available by public entities, and the rules and regulations promulgated pursuant there unto, are made a part of this contract. In providing any aid, benefit, or service on behalf of the owner pursuant to this contract, the contractor agrees that the performance shall be in strict compliance with the Act. In the event that the contractor, its agents, servants, employees, or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the contractor shall defend the owner in any action or administrative proceeding commenced pursuant to this Act. The contractor shall indemnify, protect, and save harmless the owner, its agents, servants, and employees from and against any and all suits, claims, losses, demands, or damages, of whatever kind or nature arising out of or claimed to arise out of the alleged violation. The contractor shall, at its own expense, appear, defend, and pay any and all charges for legal services and any and all costs and other expenses arising from such action or administrative proceeding or incurred in connection therewith. In any and all complaints brought pursuant to the owner's grievance procedure, the contractor agrees to abide by any decision of the owner which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the owner, or if the owner incurs any expense to cure a violation of the ADA which has been brought pursuant to its grievance procedure, the contractor shall satisfy and discharge the same at its own expense.

The owner shall, as soon as practicable after a claim has been made against it, give written notice thereof to the contractor along with full and complete particulars of the claim, If any action or administrative proceeding is brought against the owner or any of its agents, servants, and employees, the *owner shall* expeditiously forward or have forwarded to the contractor every demand, complaint, notice, summons, pleading, or other process received by the owner or its representatives.

It is expressly agreed and understood that any approval by the owner of the services provided by the contractor pursuant to this contract will not relieve the contractor of the obligation to comply with the Act and to defend, indemnify, protect, and save harmless the owner pursuant to this paragraph.

It is further agreed and understood that the owner assumes no obligation to indemnify or save harmless the contractor, its agents, servants, employees, and subcontractors for any claim which may arise out of their performance of this Agreement. Furthermore, the contractor expressly understands and agrees that the provisions of this indemnification clause shall in no way limit the contractor's obligations assumed in this Agreement, nor shall they be construed to relieve the contractor from any liability, nor preclude the owner from taking any other actions available to it under any other provisions of the Agreement or otherwise at law.

October 20, 2004

Revised Contract Language for BRC Compliance

***Goods and Services Contracts (including purchase orders)***

**** Construction Contracts (including public works related purchase orders)***

N.J.S.A. 52:32-44 imposes the following requirements on contractors and all subcontractors that **knowingly** provide goods or perform services for a contractor fulfilling this contract:

1) the contractor shall provide written notice to its subcontractors and suppliers to submit proof of business registration to the contractor;

2)*subcontractors through all tiers of a project must provide written notice to their subcontractors and suppliers to submit proof of business registration and subcontractors shall collect such proofs of business registration and maintain them on file;

3) prior to receipt of final payment from a contracting agency, a contractor must submit to the contacting agency an accurate list of all subcontractors and suppliers or attest that none was used; and,
4) during the term of this contract, the contractor and its affiliates shall collect and remit, and shall notify all subcontractors and their affiliates that they must collect and remit to the Director, New Jersey Division of Taxation, the use tax due pursuant to the Sales and Use Tax Act, (N.J.S.A. 54:32B-1 et seq.) on all sales of tangible personal property delivered into this State.

A contractor, subcontractor or supplier who fails to provide proof of business registration or provides false business registration information shall be liable to a penalty of $25 for each day of violation, not to exceed $50,000 for each business registration not properly provided or maintained under a contract with a contracting agency. Information on the law and its requirements is available by calling (609) 292-9292.

# STATE OF NEW JERSEY
# BUSINESS REGISTRATION CERTIFICATE

| | |
|---|---|
| **Taxpayer Name:** | EOH ACQUISITION GROUP, LLC |
| **Trade Name:** | CAREWELL HEALTH |
| **Address:** | 300 CENTRAL AVE<br>EAST ORANGE, NJ 07018 |
| **Certificate Number:** | 2567869 |
| **Effective Date:** | April 01, 2021 |
| **Date of Issuance:** | July 08, 2025 |

**For Office Use Only:**

**20250708144704179**

# STATE OF NEW JERSEY
# BUSINESS REGISTRATION CERTIFICATE

| | |
|---|---|
| **Taxpayer Name:** | LIFE TECH INC |
| **Trade Name:** | RIDE LIFE |
| **Address:** | 251 LITTLE FALLS DRIVE<br>WILMINGTON, DE 19808 |
| **Certificate Number:** | 2245706 |
| **Effective Date:** | June 20, 2018 |
| **Date of Issuance:** | February 21, 2020 |

**For Office Use Only:**

**20200221135607161**

# CITY OF EAST ORANGE
## PROFESSIONAL SERVICE ENTITY INFORMATION FORM

If the professional service Entity is an ***INDIVIDUAL***, sign name and give the following information:
Name: _____
Address: _____
Telephone No.: _____ Social Security No.: _____
Fax No.: _____ E-Mail Address: _____
If individual has a TRADE NAME, give such tradename:
Trading As: _____ Telephone: _____

---

If the professional service Entity is a ***PARTNERSHIP***, sign name and give the following information:
Name of Partners: _____
Firm Name: _____
Address: _____
Telephone No.: _____ Federal I.D. No.: _____
Fax No.: _____ E-Mail Address: _____
Social Security No.: _____
Signature of authorized Agent: _____

---

If the professional service Entity is an ***INCORPORATED***, sign name and give the following information:
State under whose laws incorporated: _____
Location of principal office: _____
Telephone No.: _____ Federal I.D. No.: _____
Fax No.: _____ E-Mail Address: _____
Name of agent in charge of said office upon whom notice may be legally served.

---

Telephone No.: _____ Name of Corporation: _____
Signature: _____ By: _____

EOH Acquisition Group, LLC d/b/a CareWell Health is a Delaware Limited Liability Company and therefore none of the above are applicable.

# HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY
LEWES, DELAWARE 19958-9776
Phone: (302) 645-7400 (800)-345-2677
Fax: (302) 645-1280
www.delawareinc.com


Mr. Troy Schell
269 W. Bonita Ave.
Clairmont CA 91711

Dear Troy Schell,

We would like to convey our congratulations to you and EOH Acquisition Group, LLC. We hope you enjoy terrific success with your new company. Thank you for giving us the opportunity to serve you as your incorporator and Delaware Registered Agent. You are now our valued client and we want to increase your success in any way we can.

Name: **EOH Acquisition Group, LLC**
Date of formation: August 3, 2020
Delaware State File Number: **3367080**
HBS Record ID Number: 432702

Enclosed is the Recorded Copy of your Certificate of Formation. Please review the information on the certificates and insert them in your corporate kit.

Please remember these three things in the future:

**1. We must be made aware of any address changes. You may provide this information to us via email (xxxx@xxxxxxxxxxx.xxx) or phone (800-345-2677 ext. 6903). This will ensure that we remind you of the following two things:**

2. Delaware LLC/LP tax is due June 1st each year. If the LLC/LP tax is not received by June 1st, a $200 late penalty plus 1.5% interest monthly will be imposed by the State of Delaware and your company will cease to be in good standing.

3. Your annual registered fee of $50 is due on the anniversary month of your corporation. If the registered agent fee is not received by the due date, a $25 late penalty will be imposed. Failure to pay the registered agent fee within 3 months of the due date may lead to the loss of your registered agent, which could cause your company to become forfeit with Delaware.

We would like to thank you once again and wish you the best of luck. You can help us by telling a friend or business associate about our services. We work hard to keep things simple for you and your associates when it's time to incorporate.

Sincerely,

Filing Department
Harvard Business Services, Inc.

# STATE OF DELAWARE
# CERTIFICATE OF FORMATION
# OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is EOH Acquisition Group, LLC.

2. The Registered Office of the limited liability company in the State of Delaware is located at 16192 Coastal Highway (street), in the City of Lewes, Zip Code 19958. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Harvard Business Services, Inc.

By: _____
Authorized Person

Name: Troy Schell, Organizer
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:36 PM 08/03/2020
FILED 03:36 PM 08/03/2020
SR 20206550506 - File Number 3367080

# HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY
LEWES, DELAWARE 19958-9776
Phone: (302) 645-7400 (800)-345-2677
Fax: (302) 645-1280
www.delawareinc.com


Did you know we offer many services other than formation/registered agent services? Below is a description of some of our popular services:

**Foreign Qualification:**
Many companies choose Delaware as their state of formation to take advantage of the strong corporate law structure but they do not actually do business in the State of Delaware. If your business will operate in a state other than the State of Delaware, a foreign qualification filing will typically be required. This filing allows a company to transact business in a jurisdiction other than where it was formed. Since every state has their own requirements to foreign qualify, let HBS take care of this detail for you.

**Good Standing Certificates (Also known as Certificates of Existence):**
A certificate of good standing may be required by many different parties, such as banks or different states. We can obtain a good standing from the State of Delaware for you from the State of Delaware. You may place the order online, www.delawareinc.com/gstanding, or contact us by email, phone or fax.

**Tax ID Service:**
We can obtain the Federal Tax Identification Number for your Delaware Corporation or LLC. The Federal Tax Identification Number, also known as a company's "EIN", is mandatory for opening US bank accounts, obtaining loans, hiring employees, or conducting business in the United States. Our service eliminates the hassle of dealing with the IRS.

**Mail Forwarding Services:**
All mail forwarding services can be viewed at our website: www.delawareinc.com/ourservices/mailfwd

**Virtual Office Mail Forwarding & Telephone**
Our best Mail Forwarding package includes the authorization to use our address as your mailing address as well as your own Delaware telephone number. We will scan all of your incoming mail and email it to you. You will receive a Delaware phone number (302 area code) that will automatically be forwarded to any domestic phone number you provide so that your clients may contact you.

**Basic 6 & Basic 25 Mail Forwarding**
Pay for 6 or 25 email scans to be used as needed. We scan each piece of mail received, email it to you and hold the physical mail for one (1) week. Within that time frame, you can request to have the mail sent to you. After one (1) week, the mail is securely shredded on site. As long as your company is active under our Delaware Registered Agent service, there is no time limit as to when you can use your scan credits.

**Airplane & Yacht Mail Forwarding**
Use our address to receive Federal Aviation Administration (FAA) Aircraft and/or Department of Natural Resources (DNREC) Boat Registrations. We will scan your mail, email it to you and physically forward registrations to your address on file.

**Many of our other services can be found on our website: www.delawareinc.com/ourservices. To initiate any of the above services, please call 1-800-345-2677 ext. 6911 or 302-645-7400 ext. 6911. You may also send an email request to xxxx@xxxxxxxxxxx.xxx.**

# HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY
LEWES, DELAWARE 19958-9776
Phone: (302) 645-7400 (800)-345-2677
Fax: (302) 645-1280
www.delawareinc.com


ACCOUNT: 138780

Mr. Troy Schell
269 W. Bonita Ave.
Clairmont CA 91711

August 5, 2020

## RECEIPT:

EOH Acquisition Group, LLC
Delaware Division of Corporations file # 3367080
Record ID 432702

Service Provided:

| | |
|---|---|
| Formation | $179.00 |
| **AMOUNT PAID:** | **$179.00** |

## PAID IN FULL

***** Keep this receipt for your records *****

# Exhibit A

| Member | Address | Membership Interest |
|---|---|---|
| Ben Klein | 1 University Plaza<br>Suite 500<br>Hackensack, NJ 07601 | 66.674% |
| A.J. Schreiber | 622 Winthrop<br>Teaneck NJ 07666 | 2.703% |
| Paige Dworak | 10 Murphy Court<br>Blauvelt, NY 10913 | 18.020% |
| Troy A. Schell | 260 West Bonita Avenue<br>Claremont, CA 91711 | 2.703% |
| EOGH Investor, LLC | c/o Anthony Degradi<br>103 Waterview Drive<br>Sound Beach, NY 11789<br>Attn: Feliks Kogan | 9.90% |

# QUALIFICATION AFFIDAVIT

The CITY OF EAST ORANGE reserves the right to reject the bid of any bidder who has previously failed to perform properly or to complete on time, contracts of a similar nature; who is not qualified to perform the contract; or who has repeatedly or without good cause failed to pay bills or otherwise failed to perform its obligations to subcontractors, materialmen, employees of this or any other government body or agency in similar contracts. In determining the lowest responsible bidder and its qualifications, the following elements, in addition to those above mentioned, will be considered; Whether the bidder (1) maintains a permanent place of business; (2) has adequate plant and equipment available to do the work properly and expeditiously; (3) has suitable financial resources to meet the obligations incident to the work; (4) has appropriate technical experience.

Each bidder must supply the following certified statement. Failure to do so shall be deemed a material defect in the bid, resulting in rejection of the bid:

State of New Jersey )
County of Essex ) SS:

I am the (President, Partner, Owner) of CareWell Health Medical Center
_____, the bidder herein.

I know that the bidder, CareWell Health Medical Center,
has not previously failed to perform properly, or complete on time, contracts of a nature similar to that bid upon; is qualified to perform the contract; has not repeatedly or without just cause failed to pay bills or otherwise failed to perform its obligations to sub-contractors, materialmen, employees, of this or any other government or agency in similar contracts.

I certify that the foregoing statements made by me are true. I am aware that if any of the foregoing statements made by me are willfully false, I am subject to punishment.

CareWell Health Medical Center
Company Name

Sign Name

Clay McClain
Print Name

Interim, CEO
Print/Type Title

Subscribed and sworn to
Before me this 15 day
Of July 2025.

Notary Public of: Essex County
My commission expires: 10/4/2026

ALICIA M. DAVIS NOTARY PUBLIC NEW JERSEY

Alicia M Davis
Notary Public, State of New Jersey
Comm. # 50047134
My Commission Expires 10/4/2026

# DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

**COMPANY NAME:** CareWell Health Medical Center

---

## PART 1: CERTIFICATION

**BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.**

**FAILURE TO CHECK ONE OF THE BOXES WILL RENDER THE PROPOSAL NON-RESPONSIVE.**

Pursuant to Public Law 2012, c. 25, any person or entity that submits a bid or proposal or otherwise proposes to enter into or renew a contract must complete the certification below to attest, under penalty of perjury, that neither the person or entity, nor any of its parents, subsidiaries, or affiliates, is identified on the Department of Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran. The Chapter 25 list is found on the Division's website at http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf. Bidders **must** review this list prior to completing the below certification. **Failure to complete the certification will render a bidder's proposal non-responsive**. If the Director finds a person or entity to be in violation of law, s/he shall take action as may be appropriate and provided by law, rule, or contract, including but not limited to, imposing sanctions, seeking compliance, recovering damages, declaring the party in default and seeking debarment or suspension of the party

**PLEASE CHECK THE APPROPRIATE BOX:**

☒ **I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed above nor any of the bidder's parents, subsidiaries, or affiliates is listed** on the N.J. Department of the Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25 ("Chapter 25 List"). I further certify that I am the person listed above, or I am an officer or representative of the entity listed above and am authorized to make this certification on its behalf. **I will skip Part 2 and sign and complete the Certification below.**

**OR**

☐ **I am unable to certify as above because the bidder and/or one or more of its parents, subsidiaries, or affiliates is listed on the Department's Chapter 25 list. I will provide a detailed, accurate and precise description of the activities in Part 2 below and sign and complete the Certification below**. Failure to provide such will result in the proposal being rendered as non- responsive and appropriate penalties, fines and/or sanctions will be assessed as provided by law.

Type text here

## ***Disclosure of Investment Activities in Iran (cont'd)***

**PART 2:**

**PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN**

You must provide a detailed, accurate and precise description of the activities of the bidding person/entity, or one of its parents, subsidiaries, or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

**EACH BOX WILL PROMPT YOU TO PROVIDE INFORMATION RELATIVE TO THE ABOVE QUESTIONS. PLEASE PROVIDE THOROUGH ANSWERS TO EACH QUESTION. IF YOU NEED TO MAKE ADDITIONAL ENTRIES, CLICK THE "ADD AN ADDITIONAL ACTIVITIES ENTRY" BUTTON**

Name: _____ Relationship to Bidder/Offeror: _____

Description of Activities: _____

_____

Duration of Engagement: _____ Anticipated Cessation Date: _____

Bidder/Offeror Contact Name: _____ Contact Phone Number: _____

Certification: I, being duly sworn upon my oath, hereby represent that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I acknowledge: that I am authorized to execute this certification on behalf of the bidder; that the State of New Jersey is relying on the information contained herein and that I am under a continuing obligation from the date of this certification through the completion of any contracts with the State to notify the State in writing of any changes to the information contained herein; that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification, and if I do so, I am subject to criminal prosecution under the law and that it will constitute a material breach of my agreement(s) with the State, permitting the State to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Clay McClain Signature: _____

**Do Not Enter PIN as a Signature**

Title: Interim, CEO Date: 7-15-25

# 3.9 CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L.202, c.3

## CERTIFICATION OF NON-INVOLVEMENT INPROHIBITED ACTIVITIES IN RUSSIA OR BELARUS PURSUANT TO P.L.2022, c.3

**CONTRACT/ BID SOLICITATION TITLE** _____

**CONTRACT/ BID SOLICITATION No.** _____

**CHECK THE APPROPRIATE BOX**

[X] I, the undersigned, am authorized by the person or entity seeking to enter into or renew the contract identified above, to certify that the Vendor/Bidder is not engaged in prohibited activities in Russia or Belarus as such term is defined in P.L.2022, c.3,[1] section 1.e, except as permitted by federal law.

I understand that if this statement is willfully false, I may be subject to penalty, as set forth in P.L.2022, c.3, section 1.d.

***OR***

[ ] I, the undersigned am unable to certify above because the person or entity seeking to enter into or renew the contract identified above, or one of its parents, subsidiaries, or affiliates may have engaged in prohibited activities in Russia or Belarus. A detailed, accurate and precise description of the activities is provided below.

Failure to provide such description will result in the Quote being rendered as non-responsive, and the Department/Division will not be permitted to contract with such person or entity, and if a Quote is accepted or contract is entered into without delivery of the certification, appropriate penalties, fines and/or sanctions will be assessed as provided by law.

**Description of Prohibited Activity**

_____

_____

_____

_____

_____

_____

*Attach Additional Sheets If Necessary.*

If you certify that the bidder is engaged in activities prohibited by P.L. 2022, c. 3, the bidder shall have 90 days to cease engaging in any prohibited activities and on or before the 90th day after this certification, shall provide an updated certification. If the bidder does not provide the updated certification or at that time cannot certify on behalf of the entity that it is not engaged in prohibited activities, the State shall not award the business entity any contracts, renew any contracts, and shall be required to terminate any contract(s) the business entity holds with the State that were issued on or after the effective date of P.L. 2022, c. 3.

Signature of Vendor's Authorized Representative — Date: 7-15-25

Clay McClain, Interim CEO

Print Name and Title of Vendor's Authorized Representative

CareWell Health Medical Center — 973-266-4418

Vendor Name — Vendor Phone Number

300 Central Avenue — 973-266-8488

Vendor Address (Street Address) — Vendor Fax Number

East Orange, NJ 07018 — clay.mcclain@carewellhealth.org

Vendor Address (City/State/Zip Code) — Vendor Email Address for Authorized Representative

[1] Engaged in prohibited activities in Russia or Belarus" means (1) companies in which the Government of Russia or Belarus has any direct equity share; (2) having any business operations commencing after the effective date of this act that involve contracts with or the provision of goods or services to the Government of Russia or Belarus; (3) being headquartered in Russia or having its principal place of business in Russia or Belarus, or (4) supporting, assisting or facilitating the Government of Russia or Belarus in their campaigns to invade the sovereign country of Ukraine, either through in-kind support or for profit.

# CITY OF EAST ORANGE
# STOCKHOLDER DISCLOSURE CERTIFICATION
## N.J.S.A. 52:25-24.2 (P.L. 1977 c.33)
## FAILURE OF THE BIDDER/RESPONDENT TO SUBMIT THE REQUIRED INFORMATION IS CAUSE FOR AUTOMATIC REJECTION

**CHECK ONE:**

☒ I certify that the list below contains the names and home addresses of all stockholders holding 10% or more of the issued and outstanding stock of the undersigned.

☐ I certify that no one stockholder owns 10% or more of the issued and outstanding stock of the undersigned.

Legal Name of Respondent Business: EOH Acquisition Group, LLC d/b/a CareWell Health Medical Center

**Check which business entity applies:**

☐ Partnership ☐ Corporation ☐ Sole Proprietorship

☐ Limited Partnership Corporation ☐ Limited Liability Partnership ☑ Limited Liability

☐ Subchapter S Corporation ☐ Other

**Complete if the respondent is one of the 3 types of Corporations:**

Date Incorporated: August 3, 2020 Where Incorporated: Delaware

**Business Address:**

| 300 Central Avenue | East Orange | NJ | 07018 |
|---|---|---|---|
| STREET ADDRESS | CITY | STATE | ZIP |
| 973-244-4418 | 973-266-8488 | clay.mcclain@carewellhealth.org | |
| TELEPHONE # | FAX # | EMAIL | |

Listed below are the names and addresses of all stockholders, partners or individuals who own 10% or more of its stock of any classes, or who own 10% or greater interest therein.

| Ben Klein | 1 University Plaza Suite 500, Hackensack, NJ 07601 |
|---|---|
| NAME | HOME ADDRESS |
| Paige Dworak | 10 Murphy Court, Blauvelt, NY 10913 |
| NAME | HOME ADDRESS |

CONTINUE ON ADDITIONAL SHEETS IF NECESSARY: Yes ☐ No ☑

Signature: _____ Date: 7-15-25

Printed Name and Title: Clay McClain, Iterim CEO

# STATEMENT OF INDEBTEDNESS

Bidders shall provide as part of their bid a statement under oath that (a) they are not indebted to the CITY OF EAST ORANGE, (b) are not in breach of any contract previously awarded by the Township and (c) are not a party to any pending action either at law or equity in which they are assessing an affirmative claim for damages or other relief against the CITY OF EAST ORANGE. Failure to provide the required statement shall disqualify the bidder.

CareWell Health Medical Center
(Name of Contractor)

Clay McClain
(Type or print name of affiant under signature)

Subscribe and sworn to

Before me this 15 day

Of July 2025

Notary Public of Essex County
My Commission Expires 10/4/2026

ALICIA M. DAVIS NOTARY PUBLIC NEW JERSEY

Alicia M Davis
Notary Public, State of New Jersey
Comm. # 50047134
My Commission Expires 10/4/2026

## CITY OF EAST ORANGE

### EAST ORANGE, NEW JERSEY

# AGREEMENT FOR PAYMENT OF COMMODITY

The contractor or vendor realizes that as a Municipality, payment cannot be made on a bill presented basis.

Therefore, the contractor or vendor, hereby agrees to accept payment within a reasonable time after presentation of invoice and properly executed documentation as well as signed vouchers pertaining to same.

Payment in the normal circumstance should not exceed 60 days.

Clay McClain

**Name of Official for Company**

CareWell Health Medical Center

**Name of Company or Business**

300 Central Avenue, East Orange, NJ 07018

**Address**

Date: 7-15-25

**LETTER OF QUALIFICATION**

CareWell Health
MEDICAL CENTER

July 22, 2025

Attn: Racquel C. Ferguson, Q.P.A.
Purchasing Agent
City of East Orange
44 City Hall Plaza
East Orange, NJ. 07018

Dear Ms. Ferguson:

The undersigned have reviewed our Qualification Statement submitted in response to the Request for Proposal (RFP), issued by the City of East Orange ("City'), dated July 22, 2024, in connection with the City's need for BLS Emergency Ambulance Services.

We affirm that the contents of our Qualification Statement (which Qualification Statement is incorporated herein by reference) are accurate, factual and complete to the best of our knowledge and belief and that the Qualification Statement is submitted in good faith upon express understanding that any false statement may result in the disqualification of CareWell Health.

(Respondent shall sign and complete the spaces provided below. If a joint venture, appropriate officers of each company shall sign.)

Signature of Chief Executive Officer: _____

Typed Name and Title: Clay McClain, Interim CEO

Type Name of Firm: EOH Acquisition Group, LLC d/b/a CareWell Health Medical Center

Dated: 7/21/2025

CareWell Health

LETTER OF INTENT

July 22, 2025

Attn: Racquel C. Ferguson, Q.P.A.
Purchasing Agent
City of East Orange
44 City Hall Plaza
East Orange, NJ. 07018

Dear Ms. Ferguson:

The undersigned, as Respondent, has (have) submitted the attached Qualification Statement in response to a Request for Proposal (RFP), issued by the City of East Orange ('City"), dated July 22, 2025, in connection with the City's need BLS Emergency Ambulance Services.

CAREWELL HEALTH HEREBY STATES:

1. The Qualification Statement contains accurate, factual and complete information.

2. CareWell Health agrees (agrees) to participate in good faith in the procurement process as described in the BID and to adhere to the City's procurement schedule.

3. CareWell Health acknowledges that all costs incurred by it in connection with the preparation and submission of the Qualification Statement and any proposal prepared and submitted in response to the BID, or any negotiation which results there from shall be borne exclusively by the Respondent.

4. CareWell Health hereby declares that the only persons participating in this Qualification Statement as Principals are named herein and that no person other than those herein mentioned has any participation in this Qualification Statement or in any contract to be entered into with respect thereto. Additional persons may subsequently be included as participating Principals, but only if acceptable to the City.

5. CareWell Health declares that this Qualification Statement is made without connection with any other person, firm or parties who has submitted a Qualification Statement, except as expressly set forth below and that it has been prepared and has been submitted in good faith and without collusion or fraud.

6. CareWell Health acknowledges and agrees that the City may modify, amend, suspend and/or terminate the procurement process (in its sole judgment). In any case, the City

shall have any liability to the Respondent for any costs incurred by the Respondent with respect to the procurement activities described in this BID.

7. CareWell Health acknowledges that any contract executed with respect to the provision of BLS Emergency Services must comply with all applicable affirmative action and similar laws. Respondent hereby agrees to take such actions as are required in order to comply with such applicable laws.

Signature of Chief Executive Officer: _____

Typed Name and Title: Clay McClain, Interim CEO

Type Name of Firm: EOH Acquisition Group, LLC d/b/a CareWell Health Medical Center

Dated: 7/30/2025

# *New Jersey Department of Health*

## *Division of Certificate of Need & Licensing*

**LICENSE**

## EOH ACQUISITION GROUP, LLC

*Pursuant to N.J.S.A. 26:2H-1 et seq.,*

*which is hereby licensed to operate*

## CAREWELL HEALTH MEDICAL CENTER

300 CENTRAL AVE - EAST ORANGE, NJ 07018

*GENERAL ACUTE CARE HOSPITAL*

*consisting of:*

***Services:***

1 Laboratory Services are located at 240 Central Avenue, East Orange, New Jersey 07018
1 Cystoscopy Room
7 Chronic Hemodialysis Stations
1 MRI fixed
3 Mixed OR
1 Computerized Tomography (CT)-Fixed
1 Acute Hemodialysis

***Beds:***

19 Adult Acute Psychiatric Beds (Closed)
18 Adult Acute Psychiatric Beds (Open)
151 Medical Surgical Beds
13 Adult ICU/CCU Beds

***Designations:***

PRIMARY STROKE CENTER

**License #:** **10704**
**Effective:** **September 1, 2024**
**Expires:** **August 31, 2025**
**Issued:** **August 13, 2024**
**# of Offsite Facilities:** 4

Kaitlan Baston
Commissioner

**MUST BE POSTED IN A CONSPICUOUS PLACE IN THE FACILITY**
**THIS LICENSE IS NOT TRANSFERABLE, APPLIES ONLY TO THE ABOVE LOCATION, AND TERMINATES ON NOTICE BY THE DEPARTMENT**

***NEW JERSEY DEPARTMENT OF THE TREASURY***
***DIVISION OF REVENUE AND ENTERPRISE SERVICES***
***CERTIFICATE OF ALTERNATE NAME***

***EOH ACQUISITION GROUP, LLC***
***0450618536***

I, the Treasurer of the State of New Jersey, do hereby certify that the above-name did on the 6th of January, 2022, file and record in this department a Certificate of Alternate Name.

**1. Business Name:** EOH ACQUISITION GROUP, LLC

**2. New Jersey Business Entity ID:** 0450618536

**3. Alternate Name:**

**Name:** CAREWELL HEALTH MEDICAL CENTER

**Activity To Be Conducted Using Alternate Name**
OPERATION OF A HEALTH CARE FACILITY.

**Alternate Name is Valid Until:** 01/06/2027

**Signature and Title**
PAIGE DWORAK, CHIEF EXEC. OFFICER (CEO)

*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 6th day of January, 2022*

*Elizabeth M. Muoio*
*State Treasurer*

*Certificate Number : 4159279846*

*Verify this certificate online at*

*https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp*

# HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY
LEWES, DELAWARE 19958-9776
Phone: (302) 645-7400 (800)-345-2677
Fax: (302) 645-1280
www.delawareinc.com


Mr. Troy Schell
269 W. Bonita Ave.
Clairmont CA 91711

Dear Troy Schell,

We would like to convey our congratulations to you and EOH Acquisition Group, LLC. We hope you enjoy terrific success with your new company. Thank you for giving us the opportunity to serve you as your incorporator and Delaware Registered Agent. You are now our valued client and we want to increase your success in any way we can.

Name: **EOH Acquisition Group, LLC**
Date of formation: August 3, 2020
Delaware State File Number: **3367080**
HBS Record ID Number: 432702

Enclosed is the Recorded Copy of your Certificate of Formation. Please review the information on the certificates and insert them in your corporate kit.

Please remember these three things in the future:

**1. We must be made aware of any address changes. You may provide this information to us via email (xxxx@xxxxxxxxxxx.xxx) or phone (800-345-2677 ext. 6903). This will ensure that we remind you of the following two things:**

2. Delaware LLC/LP tax is due June 1st each year. If the LLC/LP tax is not received by June 1st, a $200 late penalty plus 1.5% interest monthly will be imposed by the State of Delaware and your company will cease to be in good standing.

3. Your annual registered fee of $50 is due on the anniversary month of your corporation. If the registered agent fee is not received by the due date, a $25 late penalty will be imposed. Failure to pay the registered agent fee within 3 months of the due date may lead to the loss of your registered agent, which could cause your company to become forfeit with Delaware.

We would like to thank you once again and wish you the best of luck. You can help us by telling a friend or business associate about our services. We work hard to keep things simple for you and your associates when it's time to incorporate.

Sincerely,

Filing Department
Harvard Business Services, Inc.

# STATE OF DELAWARE
# CERTIFICATE OF FORMATION
# OF LIMITED LIABILITY COMPANY

The undersigned authorized person, desiring to form a limited liability company pursuant to the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is EOH Acquisition Group, LLC.

2. The Registered Office of the limited liability company in the State of Delaware is located at 16192 Coastal Highway (street), in the City of Lewes, Zip Code 19958. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is Harvard Business Services, Inc.

By: _____
Authorized Person

Name: Troy Schell, Organizer
Print or Type

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:36 PM 08/03/2020
FILED 03:36 PM 08/03/2020
SR 20206550506 - File Number 3367080

# HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY
LEWES, DELAWARE 19958-9776
Phone: (302) 645-7400 (800)-345-2677
Fax: (302) 645-1280
www.delawareinc.com


Did you know we offer many services other than formation/registered agent services? Below is a description of some of our popular services:

**Foreign Qualification:**
Many companies choose Delaware as their state of formation to take advantage of the strong corporate law structure but they do not actually do business in the State of Delaware. If your business will operate in a state other than the State of Delaware, a foreign qualification filing will typically be required. This filing allows a company to transact business in a jurisdiction other than where it was formed. Since every state has their own requirements to foreign qualify, let HBS take care of this detail for you.

**Good Standing Certificates (Also known as Certificates of Existence):**
A certificate of good standing may be required by many different parties, such as banks or different states. We can obtain a good standing from the State of Delaware for you from the State of Delaware. You may place the order online, www.delawareinc.com/gstanding, or contact us by email, phone or fax.

**Tax ID Service:**
We can obtain the Federal Tax Identification Number for your Delaware Corporation or LLC. The Federal Tax Identification Number, also known as a company's "EIN", is mandatory for opening US bank accounts, obtaining loans, hiring employees, or conducting business in the United States. Our service eliminates the hassle of dealing with the IRS.

**Mail Forwarding Services:**
All mail forwarding services can be viewed at our website: www.delawareinc.com/ourservices/mailfwd

**Virtual Office Mail Forwarding & Telephone**
Our best Mail Forwarding package includes the authorization to use our address as your mailing address as well as your own Delaware telephone number. We will scan all of your incoming mail and email it to you. You will receive a Delaware phone number (302 area code) that will automatically be forwarded to any domestic phone number you provide so that your clients may contact you.

**Basic 6 & Basic 25 Mail Forwarding**
Pay for 6 or 25 email scans to be used as needed. We scan each piece of mail received, email it to you and hold the physical mail for one (1) week. Within that time frame, you can request to have the mail sent to you. After one (1) week, the mail is securely shredded on site. As long as your company is active under our Delaware Registered Agent service, there is no time limit as to when you can use your scan credits.

**Airplane & Yacht Mail Forwarding**
Use our address to receive Federal Aviation Administration (FAA) Aircraft and/or Department of Natural Resources (DNREC) Boat Registrations. We will scan your mail, email it to you and physically forward registrations to your address on file.

**Many of our other services can be found on our website: www.delawareinc.com/ourservices. To initiate any of the above services, please call 1-800-345-2677 ext. 6911 or 302-645-7400 ext. 6911. You may also send an email request to xxxx@xxxxxxxxxxx.xxx.**

# HARVARD BUSINESS SERVICES, INC.

16192 COASTAL HIGHWAY
LEWES, DELAWARE 19958-9776
Phone: (302) 645-7400 (800)-345-2677
Fax: (302) 645-1280
www.delawareinc.com


ACCOUNT: 138780

Mr. Troy Schell
269 W. Bonita Ave.
Clairmont CA 91711

August 5, 2020

## RECEIPT:

EOH Acquisition Group, LLC
Delaware Division of Corporations file # 3367080
Record ID 432702

Service Provided:

| | |
|---|---|
| Formation | $179.00 |
| **AMOUNT PAID:** | **$179.00** |

## PAID IN FULL

***** Keep this receipt for your records *****

# CITY OF EAST ORANGE *CHECKLIST*

**BLS EMERGENCY AMBULANCE SERVICE** **SUBMISSION DATE: Tuesday, July 22, 2025**

The following items, as indicated below (x), shall be provided with the receipt of sealed submissions:

| | |
|---|---|
| Bid Bond with Consent of Surety | x |
| Business Entity Disclosure Certification | x |
| Non-Collusion Affidavit | x |
| Disclosure of Ownership Form | x |
| Insurance Requirement Acknowledgement Form | x |
| EEO/Affirmative Action Compliance Notice | x |
| Mandatory Equal Employment Opportunity Notice Acknowledgement | x |
| Americans With Disabilities Act of 1990 | x |
| Copy of your Certificate of Employee Information Report | x |
| Copy of your Business Registration Certificate as issued by the State of New Jersey, Department of Treasury, Division of Revenue | x |
| Professional Service Entity Information Form | x |
| Qualification Affidavit | x |
| Submission Form | x |
| Acknowledgement of Corrections, Additions or Deletions Form | x |
| Disclosure of Investment Activities in Iran | x |
| Disclosure of Non-involvement in Prohibit Activities in Russia or Belarus | x |
| Statement of Indebtedness Form | x |
| Agreement for Payment of Commodity/Service Form | x |
| Letter of Intent | x |
| Letter of Qualification | x |

PRINT NAME: Clay McClain SIGNATURE: _____

# CITY OF EAST ORANGE

## INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM

Certificate(s) of Insurance shall be filed with the City's Clerk's Office upon award of contract by the Municipal Council.

The minimum amount of insurance to be carried by the selected Professional Service Entity shall be as follows:

- Workers' Compensation insurance shall be maintained in full force during the life of the contract, covering all employees engaged in performance of the contract up to the statutorily maximum amount pursuant to N.J.S.A. 34:15-12(a) and N.J.A.C. 12:235-1.6. Employer's Liability coverage shall also be included with limits of $1,000,000 Each Occurrence/$1,000,000 Aggregate.

- General liability insurance shall be provided with limits of not less than $1,000,000.00 per occurrence and $2,000,000 aggregate for bodily injury, property damage, personal injury, and advertising injury, which shall be maintained in full force during the life of the contract. Products/Completed Operations coverage shall also be included. The general liability policy shall be primary and non-contributory. The City shall be named as Additional insured. Waiver of Subrogation shall be included in favor of the City.

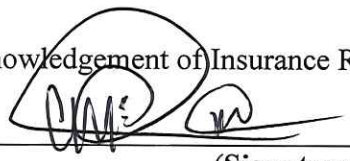
- Automotive liability insurance covering Bidder for claims arising from owned, hired and non-owned vehicles with limits of not less than $1,000,000.00 Combines Single Limit, which shall be maintained in full force during the life of the contract. The City shall be named as Additional Insured. Waiver of Subrogation shall be included in favor of the City.

- Professional Liability insurance shall be provided with limits of not less than $2,000,000 per occurrence and $2,000,000 aggregate.

- Excess or umbrella coverage with limits of not less than $5,000,000.00 per occurrence and aggregate shall be maintained and shall follow the form of the primary General Liability, Automotive Liability, and Employer's Liability insurance coverages.

***VENDOR / FIRM SHALL NOT COMMENCE OPERATIONS UNTIL CITY HAS BEEN FURNISHED ORIGINAL CERTIFICATE(S) OF INSURANCE AND CERTIFIED ORIGINAL COPIES OF ENDORSEMENTS OR POLICIES OF INSURANCE IN THE AMOUNTS AND/OR MINIMUM COVERAGE(S) REQUIRED IN THIS PROPOSAL.**

Acknowledgement of Insurance Requirement:



(**Signature**)

7-15-25

(**Date**)

Clay McClain, Interim CEO

(**Printed Name and Title**)


# A brief introduction

# History

Founded in 2018 by Dov Brafman, Life Ride has transformed the non-emergent medical transportation industry within the state of New Jersey. Starting with just two vehicles, under the direction of Dov and team, Life Ride has grown to an astounding 450+ employees operating upwards of 51 ambulance and 115 wheelchair vehicles per day completing between 900-1200 transports per day!

Now headquartered in Livingston but operating out of 7 different locations servicing all 21 counties of New Jersey, we proudly continue to expand our operations to enable safe and quality services to all New Jersey residents in need. We proudly partner with many skilled nursing facilities, hospitals, and brokers to best service the fragile medical population. Our partners all rate us as a top quality provider and are our best referrals. Now, not only will Life Ride be a leader in quality and service, but is ecstatic to launch their 911 EMS division in partnership with CareWell Health Medical Center!

# Pre Employment Process

In order to assure highest quality candidates are hired, all employees of Life Ride are screened prior to employment for the following:

- Background check (annual)
  - National and County Level
  - National Sex offender check
  - Fingerprinting with state police
  - Personal and professional reference checks
- Drug Screen (annual random)
- Motor Vehicle Record (continuous)
- Verification of professional licensure with office of emergency medical services (continuous)
- Defensive driving course required
- Extensive 20 hour behind the wheel driver training

# Video Monitoring on Vehicles

In conjunction with the vehicle tracking, we have deployed 2 way facing drive cams (drivers point of view and an inside facing camera). These devices are used to determine root causes of incidents and accidents as well as an extensive monitoring program where random audits of clips are performed. Each day a number of clips are reviewed, we assess that the driver is utilizing their seat belt, properly loading and securing patients, drivers are not partaking in distracted driving, and drivers are not operating with lack of sleep or in an exhausted state.

# 12 Month Safety Campaign – Repeating every year

Each Month, Life Ride is hyper focusing on a specific area of improvement. For the safety campaign highlight as such:

1. Distracted Driving Awareness
2. Seatbelt and Restraint Awareness
3. Lifting and Moving Technique Awareness
4. Personal Protective Equipment Usage Awareness
5. Provider Mental Health Awareness
6. Patient Abuse Awareness
7. CPR & AED Usage Awareness
8. Vehicle and Fire Safety Awareness
9. Patient Mental Health Awareness
10. Safe Driving Awareness
11. Healthcare Provider Safety Awareness
12. Communication Awareness

# Outside Agencies

As Life Ride is licensed through the Office of Emergency Medical Services and is dually credentialed through Modivcare, Life Ride is routinely subjected to spot checks, on site observations, and random audits by these agencies.  Both agencies will stop our vehicles in the field, perform a full inspection including equipment, vehicle standards, and personal credentials to assure compliance.

# Daily Vehicle Pre-shift Inspections (Rig Checks)

Prior to deployment, each vehicle is inspected daily to assure all needed equipment and medical supplies are fully stocked, not expired, and ready to deploy for the day.  In addition, vehicle safety features such as fire extinguishers, all lights (emergency warning devices and standard vehicle and marker lights) are all checked to ensure they are properly functioning.

These checks assure only roadworthy vehicles are deploying and the staff has the equipment needed to be successful in their deployment.

# Summary

In 6 years Life Ride has grown in size by 80 times its original size. We anticipate continued growth and successes with our future partnerships and additional commitments. We are truly excited to being the partnership with CareWell Health Medical Center in our 911 EMS division!

**Exhibit A**

| Member | Address | Membership Interest |
|---|---|---|
| Ben Klein | 1 University Plaza<br>Suite 500<br>Hackensack, NJ 07601 | 66.674% |
| A.J. Schreiber | 622 Winthrop<br>Teaneck NJ 07666 | 2.703% |
| Paige Dworak | 10 Murphy Court<br>Blauvelt, NY 10913 | 18.020% |
| Troy A. Schell | 260 West Bonita Avenue<br>Claremont, CA 91711 | 2.703% |
| EOGH Investor, LLC | c/o Anthony Degradi<br>103 Waterview Drive<br>Sound Beach, NY 11789<br>Attn: Feliks Kogan | 9.90% |

CareWell Health
MEDICAL CENTER

**Balance Sheet**
**(Internally Prepared - Unaudited)**
**For the Month Ending**

| | November 30, 2023 | December 31, 2023 |
|---|---|---|
| **ASSETS** | | |
| **Current Assets** | | |
| Cash and Cash Equivalents | 2,460,148 | 2,669,149 |
| Patient Accts Receivable, net of allowance for doubtful accounts of | 18,630,861 | 15,890,509 |
| JSSP Accounts Receivable | 14,404,600 | 11,092,460 |
| Other Accounts Receivable | 601,719 | 588,303 |
| Grant Receivable | 2,939,040 | 4,006,448 |
| Supplies Inventory | 2,114,813 | 1,972,789 |
| Prepaid Exp & Other Curr Assets | 1,840,129 | 1,833,367 |
| **Total Current Assets** | **42,991,310** | **38,053,025** |
| Accumulated Depreciation | | |
| Property, Improvements & Equipment, net | 32,973,779 | 33,306,545 |
| Intangible, net of accumulated amortization | 16,153,000 | 16,153,000 |
| **TOTAL ASSETS** | **92,118,089** | **87,512,570** |
| **LIABILITIES AND MEMBERS' EQUITY** | | |
| **Current Liabilities** | | |
| Accounts Payable | 33,553,136 | 35,657,701 |
| Accrued Comp / Benefits | 3,704,883 | 4,257,522 |
| Accrued Expenses & Other | 13,290,501 | 11,087,337 |
| Due to Government | 387,662 | 387,662 |
| Deferred revenue | 2,943,598 | 2,591,317 |
| Line of Credit | 3,188,451 | 3,486,759 |
| Curr Portion of Capital Leases | 55,343 | 55,343 |
| Due to Real Estate | 5,823,348 | 5,823,348 |
| **Total Current Liabilities** | 62,946,922 | 63,346,989 |
| Capital Leases, net of current portion | 25,304,437 | 25,213,983 |
| Other Long -Term Liability | 17,396,780 | 17,946,780 |
| **Total Liabilities** | **105,648,139** | **106,507,752** |
| MEMBERS' EQUITY | | |
| Member Contributions | 15,794,710 | 15,794,710 |
| Accumulated Deficit | (29,324,760) | (34,789,892) |
| **Total Members' Equity** | **(13,530,050)** | **(18,995,182)** |
| **TOTAL LIABILITIES AND MEMBERS' EQUITY** | **92,118,089** | **87,512,570** |

CareWell Health
MEDICAL CENTER

**Income Statement**
**(Internally Prepared - Unaudited)**
**For the Month Ending**
**YTD**
**December 31, 2023**

| | | |
|---|---|---|
| **REVENUES:** | | |
| Net patient service revenues | $ | 61,350,432 |
| Spine Revenue | $ | 13,060,900 |
| Other operating revenue | $ | 2,679,098 |
| Charity care | $ | 4,227,372 |
| Other subsidies and grants | $ | 4,589,505 |
| County option | $ | 10,089,972 |
| Other Hospital Service Revenue | $ | 1,508,260 |
| **Total Hospital Service Revenues** | **$** | **97,505,539** |
| **OPERATING EXPENSES:** | | |
| Salaries and wages | $ | 48,822,501 |
| Employee benefits | $ | 10,792,339 |
| Grants Expense | $ | 601,633 |
| Supplies Expense | $ | 10,644,236 |
| Pharmaceuticals | $ | 1,804,677 |
| Lease and rental expense | $ | 1,730,508 |
| Professional Fees | $ | 8,610,503 |
| Registry | $ | 2,069,814 |
| Professional Fees Non-Medical | $ | 1,873,164 |
| Repairs & Maintenance | $ | 5,516,386 |
| Utilities | $ | 1,692,398 |
| Professional Liability Insurance | $ | 2,906,400 |
| Insurance - Other | $ | 856,217 |
| Purchased Services | $ | 3,320,690 |
| Property Taxes & Other | $ | 1,357,227 |
| Other Expenses | $ | 2,161,732 |
| **Total Operating Expenses** | **$** | **104,760,425** |
| **TOTAL EXPENSES** | **$** | **104,760,425** |
| **EBITDA** | **$** | **(7,254,886)** |
| **Other Income and Expense** | | |
| Depreciation Expense | $ | - |
| Amortization Expense | $ | 40,860 |
| Interest Expense | $ | 1,668,317 |
| Reserve | | |
| **Total Other Income and Expenses** | $ | 1,709,177 |
| **Net Income** | **$** | **(8,964,063)** |

CareWell Health
MEDICAL CENTER

**Balance Sheet**
**(Internally Prepared - Unaudited)**
**For the Month Ending**

| | November 30, 2024 | December 31, 2024 |
|---|---|---|
| **ASSETS** | | |
| **Current Assets** | | |
| Cash and Cash Equivalents | (0) | 0 |
| Patient Accts Receivable, net of allowance | | |
| for doubtful accounts of | 13,299,903 | 11,750,568 |
| JSSP Accounts Receivable | 29,664,906 | 33,779,587 |
| Other Accounts Receivable | 270,802 | 223,824 |
| Grant Receivable | 155,078 | 3,517,949 |
| Supplies Inventory | 2,097,061 | 2,142,607 |
| Prepaid Exp & Other Curr Assets | 6,301,549 | 4,328,480 |
| **Total Current Assets** | **51,789,299** | **55,743,014** |
| Accumulated Depreciation | | |
| Property, Improvements & Equipment, net | 33,756,492 | 33,906,792 |
| Intangible, net of accumulated amortization | 16,153,000 | 16,153,000 |
| **TOTAL ASSETS** | **101,698,792** | **105,802,806** |
| **LIABILITIES AND MEMBERS' EQUITY** | | |
| **Current Liabilities** | | |
| Accounts Payable | 37,930,615 | 37,513,247 |
| Accrued Comp / Benefits | 3,890,607 | 2,438,730 |
| Accrued Expenses & Other | 37,286,249 | 49,429,596 |
| Due to Government | 7,309,282 | 7,108,891 |
| Deferred revenue | 3,128,156 | 1,104,803 |
| Line of Credit | (40,000) | (40,000) |
| Curr Portion of Capital Leases | 59,369 | 59,691 |
| Due to Real Estate | 8,233,672 | 8,517,672 |
| **Total Current Liabilities** | 97,797,949 | 106,132,630 |
| Capital Leases, net of current portion | 24,083,838 | 23,975,500 |
| Other Long -Term Liability | 17,756,780 | 17,756,780 |
| **Total Liabilities** | **139,638,567** | **147,864,911** |
| MEMBERS' EQUITY | | |
| Member Contributions | 15,794,710 | 15,794,710 |
| Accumulated Deficit | (53,734,486) | (57,856,815) |
| **Total Members' Equity** | **(37,939,776)** | **(42,062,105)** |
| **TOTAL LIABILITIES AND MEMBERS' EQUITY** | **101,698,792** | **105,802,806** |

CareWell Health
MEDICAL CENTER

**Income Statement**
**(Internally Prepared - Unaudited)**
**For the Month Ending**
**YTD**
**December 31, 2024**

| | | |
|---|---|---|
| **REVENUES:** | | |
| Net patient service revenues | $ | 48,928,065 |
| Spine Revenue | $ | 25,608,832 |
| Other operating revenue | $ | 900,000 |
| Charity care | $ | 5,574,482 |
| Other subsidies and grants | $ | 9,331,737 |
| County option | $ | 10,089,972 |
| Other Hospital Service Revenue | $ | 844,670 |
| **Total Hospital Service Revenues** | **$** | **101,277,758** |
| | | |
| **OPERATING EXPENSES:** | | |
| Salaries and wages | $ | 46,089,049 |
| Employee benefits | $ | 11,098,782 |
| Grants Expense | $ | 601,545 |
| Supplies Expense | $ | 13,313,782 |
| Pharmaceuticals | $ | 1,385,314 |
| Lease and rental expense | $ | 2,778,446 |
| Professional Fees | $ | 9,420,907 |
| Registry | $ | 2,359,658 |
| Professional Fees Non-Medical | $ | 6,709,206 |
| Repairs & Maintenance | $ | 3,936,323 |
| Utilities | $ | 1,526,368 |
| Professional Liability Insurance | $ | 2,118,263 |
| Insurance - Other | $ | 924,162 |
| Purchased Services | $ | 4,786,420 |
| Property Taxes & Other | $ | 818,808 |
| Other Expenses | $ | 1,683,308 |
| **Total Operating Expenses** | **$** | **109,550,341** |
| | | |
| **TOTAL EXPENSES** | **$** | **109,550,341** |
| | | |
| **EBITDA** | **$** | **(8,272,583)** |
| | | |
| **Other Income and Expense** | | |
| Depreciation Expense | $ | 2,474,661 |
| Amortization Expense | $ | 40,860 |
| Interest Expense | $ | 4,391,866 |
| Reserve | | |
| **Total Other Income and Expenses** | $ | 6,907,387 |
| **Net Income** | **$** | **(15,179,970)** |

CareWell Health
MEDICAL CENTER

**Balance Sheet**
**(Internally Prepared - Unaudited)**
**For the Month Ending**

| | March 31, 2025 | April 30, 2025 |
|---|---|---|
| **ASSETS** | | |
| **Current Assets** | | |
| Cash and Cash Equivalents | 0 | 0 |
| Patient Accts Receivable, net of allowance | | |
| for doubtful accounts of | 8,940,848 | 8,400,951 |
| JSSP Accounts Receivable | 48,680,692 | 54,940,702 |
| Other Accounts Receivable | - | - |
| Grant Receivable | 188,311 | 567,147 |
| Supplies Inventory | 2,216,654 | 2,212,948 |
| Prepaid Exp & Other Curr Assets | 6,537,108 | 6,774,141 |
| **Total Current Assets** | **66,563,614** | **72,895,888** |
| Accumulated Depreciation | | |
| Property, Improvements & Equipment, net | 34,476,500 | 34,879,784 |
| Intangible, net of accumulated amortization | 16,153,000 | 16,153,000 |
| **TOTAL ASSETS** | **117,193,113** | **123,928,672** |
| **LIABILITIES AND MEMBERS' EQUITY** | | |
| **Current Liabilities** | | |
| Accounts Payable | 38,517,369 | 40,955,200 |
| Accrued Comp / Benefits | 3,545,645 | 3,804,369 |
| Accrued Expenses & Other | 58,866,411 | 62,120,237 |
| Due to Government | 6,759,466 | 6,759,466 |
| Deferred revenue | 749,129 | 1,587,310 |
| Line of Credit | (40,000) | (40,000) |
| Curr Portion of Capital Leases | 60,339 | 60,666 |
| Due to Real Estate | 9,370,684 | 9,654,684 |
| **Total Current Liabilities** | 117,829,044 | 124,901,931 |
| Capital Leases, net of current portion | 23,648,005 | 23,534,317 |
| Other Long -Term Liability | 17,756,780 | 17,756,780 |
| **Total Liabilities** | **159,233,829** | **166,193,029** |
| MEMBERS' EQUITY | | |
| Member Contributions | 15,794,710 | 15,794,710 |
| Accumulated Deficit | (57,835,426) | (58,059,067) |
| **Total Members' Equity** | **(42,040,716)** | **(42,264,357)** |
| **TOTAL LIABILITIES AND MEMBERS' EQUITY** | **117,193,113** | **123,928,672** |

-  0.00

**Income Statement**
**(Internally Prepared - Unaudited)**
**For the Month Ending**
**YTD**
**April 30, 2025**

| | | |
|---|---|---|
| **REVENUES:** | | |
| Net patient service revenues | $ | 21,294,655 |
| Spine Revenue | $ | 21,397,676 |
| Other operating revenue | $ | 300,000 |
| Charity care | $ | 2,303,528 |
| Other subsidies and grants | $ | 2,065,852 |
| County option | $ | 1,863,324 |
| Other Hospital Service Revenue | $ | 717,724 |
| **Total Hospital Service Revenues** | **$** | **49,942,759** |
| **OPERATING EXPENSES:** | | |
| Salaries and wages | $ | 16,212,632 |
| Employee benefits | $ | 4,025,242 |
| Grants Expense | $ | 225,839 |
| Supplies Expense | $ | 7,445,468 |
| Pharmaceuticals | $ | 582,737 |
| Lease and rental expense | $ | 1,240,376 |
| Professional Fees | $ | 3,075,310 |
| Registry | $ | 3,469,278 |
| Professional Fees Non-Medical | $ | 3,656,355 |
| Repairs & Maintenance | $ | 2,104,313 |
| Utilities | $ | 600,368 |
| Professional Liability Insurance | $ | 697,188 |
| Insurance - Other | $ | 361,737 |
| Purchased Services | $ | 2,383,525 |
| Property Taxes & Other | $ | 267,693 |
| Other Expenses | $ | 664,387 |
| **Total Operating Expenses** | **$** | **47,012,448** |
| **TOTAL EXPENSES** | **$** | **47,012,448** |
| **EBITDA** | **$** | **2,930,311** |
| **Other Income and Expense** | | |
| Depreciation Expense | $ | 995,020 |
| Amortization Expense | $ | 6,810 |
| Interest Expense | $ | 2,130,736 |
| Reserve | | |
| **Total Other Income and Expenses** | $ | 3,132,566 |
| **Net Income** | **$** | **(202,255)** |

# Basic Life Support (BLS) Emergency Ambulance Services
## PROPOSAL COST FORM/SIGNATURE PAGE

**TO THE CITY OF EAST ORANGE**
**CITY COUNCIL:**

The undersigned declares that he/she has read the Notice, Instructions, Affidavits and Scope of Services attached, that he/she has determined the conditions affecting the proposal and agrees, if this proposal is accepted, to furnish and deliver services per the attached schedule of fees for the following:

**BID PROPOSAL**
Proposal for: **Basic Life Support (BLS) Emergency Ambulance Services**

The City Council of the City of East Orange:
(Please type or print all information)

I or We Clay McClain

of CareWell Health Medical Center

300 Central Avenue
(Complete address)

East Orange, NJ 07018
(City, State, Zip)

973-266-4418 (Phone Number)

973-266-8488 (Fax)

hereby agree to provide and perform completely the **Basic Life Support (BLS) Emergency Ambulance Services** in accordance with the Contract and Specifications for the Prices listed on the Proposal Sheet.

**NOTE:**
**BIDDERS ARE REQUIRED TO SIGN BOTH THIS SHEET AND COST PROPOSAL SHEETS**

(signature)

Affix seal
if a corporation

Interim, CEO
(title)

7-15-25
(date)

# BID GUARANTEE

Accompanying this proposal is a Consent of Surety and a Bid Guarantee, in the form of a Bid bond, or a Certified or Cashier's Check payable to the CITY OF EAST ORANGE In the sum of Twenty Thousand Dollars dollars.

($ 20,000.00), which the Undersigned agrees is to be forfeited as liquidated damages, and not as a penalty, if the contract is awarded to the undersigned and the undersigned shall fail to execute the contract for a the project or furnish the bonds required within the stipulated time; otherwise, the check will be returned to the Undersigned.

COMPANY CareWell Health Medical Center

SIGNATURE

Witness

TITLE Interim, CEO

(SEAL)

ATTACHED BID BOND

# CONSENT OF SURETY

In consideration of the premises and of One Dollar ($1.00), lawful money of the United States, it is in hand paid by the CONTRACTOR, the receipt whereof is hereby acknowledged, the undersigned surety consents and agrees that if the contract, for which the preceding estimate and proposal is made, be awarded to the person or persons submitting the same as contracted, it will become bound as surety and guarantor for its faithful performance, in an amount equal to one hundred percent (100%) of the contract price, and will execute it as party of the third part thereto when required to do so by the OWNER, and if the said CONTRACTOR shall omit or refuse to execute such contract, if so awarded, it will pay without proof of notice and on demand to the OWNER any increase between the sum to which the said CONTRACTOR would have been entitled upon the completion of the said contract and the sum which the said OWNER may be obligated to pay to another contractor to whom the contract may be afterwards awarded, the amount in such case to be determined by the bids plus the cost, if any, of re-advertising for bids for this work, less the amount of any certified check or bid bond payable and received. In witness whereof, said surety has caused these presents to be signed and attested by a duly authorized officer and its corporate seal to be hereto affixed this 15 day of July, 2025.

A performance bond will be required from the successful contractor on this project, and consequently, all bidders shall submit, with their bid, a consent of surety in substantially the following form:

(A Corporate Acknowledgement and Statement of Authority to be here attached by the Surety Company)

CareWell Health Medical Center
Surety Company

n/a submitting a cashier's check
Surety
Company
Attorney-in-fact
Attest
(Surety may substitute a similar statement subject to the Owner's approval)

WITNESS TITLE SURETY SEAL

WITNESS

**BID PROPOSAL**

**City of East Orange Basic Life Support (BLS) Emergency Ambulance Services**

300 Central Avenue

Full cost of providing the BLS services at zero cost to the City of East Orange

**(Base Bid - Price in Words)**

Clay McClain c/o CareWell Health Medical Center

(Name of Firm or Individual)

(signature) Interim, CEO (title) 7-15-25 (Date)

## CAREWELL MISSION STATEMENT

To improve the health of the community by working collaboratively to provide high quality, efficient, safe and accessible health care services with the utmost respect and compassion.

## VISION

To be your community Medical Center of first choice

## CAREWELL VALUES

Service: We are committed to providing excellent service.
Compassion: We honor the dignity and worth of each person and recognize that the physical, emotional and spiritual needs of our patients are essential to foster healing.
Integrity: We always act with complete professionalism and honesty and expect the same of those who work with us.
Accountability: We hold ourselves accountable to the community and each other in carrying out our work as a team.
Diversity: We recognize our diversity as a gift and will use it to embrace everyone to ensure access to culturally competent patient care.
Learning: We will provide opportunities for personal growth and development.
Safety  We are safety conscious in proper work practice and in all dealings with patients, fellow employees, physicians and guests.

At CareWell Health Medical Center we are committed to being your community hospital of first choice. We want you to feel confident that by choosing CareWell Health Medical Center you have chosen a hospital that is committed to patient safety and the provision of quality health care. Our goal is to provide healthcare that is safe, effective, timely, efficient, equitable and patient centered. (Institute of Medicine's Quality Goals).

CareWell Health Medical Center is licensed by the New Jersey Department of Health and Senior Services and the NJ Department of Health and Human Services. We are fully accredited by the Joint Commission.

# New Jersey Department of Health

NJHealth
New Jersey Department of Health
Office of Emergency Medical Services

The New Jersey Department of Health - Office of Emergency Medical Services recognizes that the requirements for licensure as set forth at N.J.A.C. 8:40 and/or N.J.A.C. 8:41, et seq. and hereby recognizes licensure to:

**Life Ride**
**70 South Orange Ave**
**220**
**Livingston, New Jersey 07039**

As a provider of the following services:

**BLS, MAV, SCTU**

**Provider ID:** **0741218**

**Valid:** **10/17/2024**

**Expiration:** **12/31/2026**

Candace Gardner, Paramedic
Acting Director, Office of Emergency Medical Services

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

**PRODUCER**
Preferred Risk Agency, LLC
26 Columbia Turnpike, Suite 103
Florham Park NJ 07932

**CONTACT NAME:** Louis Jr
**PHONE (A/C, No, Ext):** (973) 845-6004 **FAX (A/C, No):** (973) 845-6005
**E-MAIL ADDRESS:** jennifer@pra-llc.com

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Hamilton Select Insurance Inc | 17178 |
| INSURER B : Surya Insurance Co | 16476 |
| INSURER C : Richmond National Insurance Co | 17103 |
| INSURER D : Service American Indemnity Company | 39152 |
| INSURER E : | |
| INSURER F : | |

**INSURED**
Life Tech Inc
70 S Orange Ave
220
Livingston NJ 07039

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>[X] PROFESSIONAL LIABILITY<br>[X] SAM COVERAGE<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER: | | | AMHS460621 | 07/25/2024 | 07/25/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>PROFESSIONAL LIMI | $ 1,000,000<br>$ 50,000<br>$ 5000<br>$ 1,000,000<br>$ 3,000,000<br>$ 3,000,000<br>$ 1,000,000 |
| B | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS<br>[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | | | 25NJN00630 | 03/25/2025 | 03/25/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident) | $ 2,000,000<br>$<br>$<br>$ |
| C | [ ] UMBRELLA LIAB [ ] OCCUR<br>[X] EXCESS LIAB [X] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | RN70510265 | 03/25/2025 | 07/25/2025 | EACH OCCURRENCE<br>AGGREGATE | $ 1,000,000<br>$ 1,000,000<br>$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) Y / N [ ]<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | SAACWC0045802 | 09/06/2024 | 09/06/2025 | PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | $ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |

**DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)**
Certificate holder is listed as Additional Insured

**CERTIFICATE HOLDER**
City of East Orange
44 City Hall Plaza
East Orange NJ 07018

**CANCELLATION**
SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 07/17/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| PRODUCER | CONTACT NAME: Louis Jr | |
|---|---|---|
| Preferred Risk Agency, LLC<br>26 Columbia Turnpike, Suite 103<br>Florham Park NJ 07932 | PHONE (A/C, No, Ext): (973) 845-6004 | FAX (A/C, No): (973) 845-6005 |
| | E-MAIL ADDRESS: jennifer@pra-llc.com | |

| INSURER(S) AFFORDING COVERAGE | NAIC # |
|---|---|
| INSURER A : Hamilton Select Insurance Inc | 17178 |
| INSURER B : Surya Insurance Co | 16476 |
| INSURER C : Richmond National Insurance Co | 17103 |
| INSURER D : Service American Indemnity Company | 39152 |
| INSURER E : | |
| INSURER F : | |

INSURED
Life Tech Inc
70 S Orange Ave
220
Livingston NJ 07039

**COVERAGES** **CERTIFICATE NUMBER:** **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | [X] COMMERCIAL GENERAL LIABILITY<br>[ ] CLAIMS-MADE [X] OCCUR<br>[X] PROFESSIONAL LIABILITY<br>[X] SAM COVERAGE<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>[X] POLICY [ ] PRO-JECT [ ] LOC<br>[ ] OTHER: | | | AMHS460621 | 07/25/2024 | 07/25/2025 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>PROFESSIONAL LIMI | $ 1,000,000<br>$ 50,000<br>$ 5000<br>$ 1,000,000<br>$ 3,000,000<br>$ 3,000,000<br>$ 1,000,000 |
| B | AUTOMOBILE LIABILITY<br>[ ] ANY AUTO<br>[ ] OWNED AUTOS ONLY [X] SCHEDULED AUTOS<br>[ ] HIRED AUTOS ONLY [ ] NON-OWNED AUTOS ONLY | | | 25NJN00630 | 03/25/2025 | 03/25/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br> | $ 2,000,000<br>$<br>$<br>$<br>$ |
| C | [ ] UMBRELLA LIAB [ ] OCCUR<br>[X] EXCESS LIAB [X] CLAIMS-MADE<br>[ ] DED [ ] RETENTION $ | | | RN70510265 | 03/25/2025 | 07/25/2025 | EACH OCCURRENCE<br>AGGREGATE<br> | $ 1,000,000<br>$ 1,000,000<br>$ |
| D | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y / N [ ]<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N / A | | SAACWC0045802 | 09/06/2024 | 09/06/2025 | [ ] PER STATUTE [ ] OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Certificate holder is listed as Additional Insured

**CERTIFICATE HOLDER**

EOH Acqusition Group, LLC
dba Carewell Health Medical Center
300 Central Ave
East Orange NJ 07018

**CANCELLATION**

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

# CITY OF EAST ORANGE

## ACKNOWLEDGEMENT OF ADDENDA, CORRECTIONS, ADDITIONS AND DELETIONS FORM

(If none are applicable, mark "N/A" on each line)

Addendum No. 1. N/A Date: _____
Addendum No. 2. N/A Date: _____
Addendum No. 3. N/A Date: _____
Addendum No. 4. N/A Date: _____

I,
Clay McClain

of the firm
CareWell Health Medical Center

Hereby acknowledge that any corrections, additions and/or deletions have been initialed and dated in this

Submission Package.

(Signature)

Clay McClain, Interim CEO
(Type or print of affiant and Title, under Signature)

7-15-25
(Date)

BUSINESS ENTITY DISCLOSURE CERTIFICATION
FOR NON-FAIR AND OPEN CONTRACTS
Requires Pursuant to N.J.S.A. 19:44A-20.8
***CITY OF EAST ORANGE***

Part I-Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstances, does hereby certify that the <*name of business entity*> has not made and will not make any reportable contributions pursuant to N.J.S.A. 19:44A-1 et seq. that, pursuant to P.I.2004, c.19 would bar the award of this contract in the one year period preceding December 20, 2005 to any of the following named candidate committee, joint candidates committee; or political party committee representing the elected officials of the City of East Orange as defined pursuant to N.J.S.A.19:44A-3(p), (q) and(r).

| **Mayor Theodore R. Green** | Alicia Holman |
|---|---|
| Casim Gomez | Vernon Pullins, Jr. |
| Mustafa Al – Brent | Amy Lewis |
| Tameika Garrett-Ward | Christopher D. James |
| Bergson Leneus | Christopher Awe |
| Brittany Claybrooks | |

Part II- Ownership Disclosure Certification

☐ I certify that the list below contains the name and home address of all owners holding 10% or more of the issued and outstanding stock of the undersigned.

Check the box that represents the type of business entity:

☐ Partnership ☐ Corporation ☐ Sole Proprietorship ☐ Subchapter S Corporation

☐ Limited Partnership ☒ Limited Liability Corporation ☐ Limited Liability Partnership

| Name of Stock or Shareholder | Home Address |
|---|---|
| Ben Klein | 1 University Plaza Suite 500, Hackensack, NJ 07601 |
| Paige Dworak | 10 Murphy Ct. Blauvelt, NY 70913 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Part 3 – Signature and Attestation:

The undersigned is fully aware that if I have misrepresented in whole or part this affirmation and certification, I and / or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: CareWell Health Medical Center

Signed: _____ Title: Interim, CEO

Print Name: Clay McClain Date: 7-15-25

Subscribed and sworn before me this 15 day of July, 2025.

My Commission expires: 10/4/26

_____
(Affiant)

Clay McClain, Interim CEO
(Print name & title of affiant) (Corporate Seal)

ALICIA M. DAVIS NOTARY PUBLIC NEW JERSEY

**Alicia M Davis**
**Notary Public, State of New Jersey**
**Comm. # 50047134**
**My Commission Expires 10/4/2026**

200749077

1504

NJMVC
New Jersey Motor Vehicle Commission

ACTING CHIEF ADMINISTRATOR
MOTOR VEHICLE COMMISSION

VEHICLE REGISTRATION

PLATE NO: **OA9284** GOOD THRU: **02/2026**
VIN: **3C6LRVDG3RE107384**
**RAM 2024 VAN WHITE PRO NP: 8 AX:2**
LIFE TECH INC **OMNIBUS 54**
70 S ORANGE AVE STE 105 DL:50986 74600 70390
LIVINGSTON NJ 07039 INITIAL PT:AM
EQ: 8 FEE: 81.50 RA LK20250590468

LIFE TECH INC
70 S ORANGE AVE STE 105
LIVINGSTON NJ 07039

200742818

1501

NJMVC
New Jersey Motor Vehicle Commission

ACTING CHIEF ADMINISTRATOR
MOTOR VEHICLE COMMISSION

VEHICLE REGISTRATION

PLATE NO: OA9280 GOOD THRU: 02/2026
VIN: 3C6LRVDG3RE107319
RAM 2024 VAN WHITE PRO NP: 5 AX:2
LIFE TECH INC OMNIBUS 54
70 S ORANGE AVE STE 105 DL:50986 74600 70390
LIVINGSTON NJ 07039 INITIAL PT:AM
EQ: 5 FEE: 131.50 NL LK20250340092

LIFE TECH INC
70 S ORANGE AVE STE 105
LIVINGSTON NJ 07039

200749075

1506

NJMVC
New Jersey Motor Vehicle Commission

ACTING CHIEF ADMINISTRATOR
MOTOR VEHICLE COMMISSION

VEHICLE REGISTRATION

PLATE NO: **OA9283** GOOD THRU: **02/2026**
VIN: **3C6LRVDGORE107682**
**RAM 2024 VAN WHITE PRO NP: 8 AX:2**
LIFE TECH INC **OMNIBUS 54**
70 S ORANGE AVE STE 105 DL:50986 74600 70390
LIVINGSTON NJ 07039 INITIAL PT:AM
EQ: 8 FEE: 81.50 RA LK20250590457

LIFE TECH INC
70 S ORANGE AVE STE 105
LIVINGSTON NJ 07039

DEAR REGISTERED OWNER:
HERE IS YOUR NEW REGISTRATION. WE APPRECIATE THE OPPORTUNITY TO SERVE YOU.

04

9456844

Latrecia Littles-Floyd
Acting Chief Administrator

NJMVC
New Jersey Motor Vehicle Commission

ACTING CHIEF ADMINISTRATOR
MOTOR VEHICLE COMMISSION

VEHICLE REGISTRATION

PLATE NO: **OA5727** GOOD THRU: **12/2025**
VIN: **1FDXE4FS1BDB26181**
**FOR 2011 VAN WH 4DC NP:7 AX:2**
LIFE TECH INC **OMNIBUS 54**
70 S ORANGE AVE STE 105 CC:509867460070390
LIVINGSTON NJ 07039 RENEWAL PT:AM
FEE: 81.50 RP202428361733901

LIFE TECH INC
70 S ORANGE AVE STE 105
LIVINGSTON NJ 07039

**2024290001532**

| Name | EMT | EMT Exp | CPR Exp | DL Exp | |
|---|---|---|---|---|---|
| DARREN JACOBS | 491236 | 9/30/2025 | 12/20/2026 | 5/14/2033 | |
| CEZAR PEREZ | 607337 | 12/31/2027 | 5/2/2026 | 4/20/2029 | |
| DESIREE SMART | 635238 | 6/30/2028 | 2/4/2026 | 5/15/2028 | |
| WALI BUHYIA | 635390 | 6/30/2027 | 5/31/2026 | 12/14/2026 | |
| ESTABAN VASQUEZ | 516922 | 9/30/2026 | 3/6/2027 | 6/5/2031 | |
| PATRICIA FANA | E3865336 | 3/31/2027 | 3/1/2026 | 3/22/2026 | |
| YONATAN GORDON | 659198 | 12/31/2027 | 1/31/2026 | 5/6/2029 | |
| MYTSEJ JASMIN | 570908 | 12/31/2026 | 4/2/2027 | 3/3/2029 | |
| JOANNA PERIERA | 646676 | 6/30/2027 | 3/31/2027 | 3/15/2026 | |
| RAMKI RAKMANISHNAN | 649538 | 12/31/2025 | 2/7/2027 | 5/20/2028 | cert has previous name : Sivaleperi H Ramakrishnan * |
| JUSTIN WILSON | 491317 | 5/31/2029 | 8/23/2025 | 5/15/2029 | |
| RAHN GORDON | 439669 | 9/30/2028 | 8/30/2025 | 3/16/2032 | |
| YANNICK LAYNE | 611061 | 6/30/2028 | 8/31/2026 | 5/17/2026 | |
| RICKY BURGMAN | 583323 | 12/31/2026 | 12/16/2026 | 7/4/2028 | |
| Akram Elsayed | 627574 | 6/30/2027 | 8/1/2025 | 3/4/2028 | |
| TREON STEPHENS | 643668 | 6/30/2026 | 3/7/2026 | 7/6/2028 | |
| DARYL ALEXANDER | E3797460 | 3/31/2026 | 11/3/2026 | 1/18/2026 | |
| FRANKLIN ARIAS | E3772655 | 3/31/2026 | 12/31/2026 | 9/7/2028 | |
| MARC ANTHONY ELIE | E3822356 | 3/31/2026 | 1/10/2026 | 7/17/2027 | |
| PAUL ARROYO | 569192 | 6/30/2028 | 6/5/2026 | 9/29/2026 | |
| JAMEL JOHNSON | 441350 | 12/31/2028 | 6/9/2026 | 9/21/2032 | |
| BRIAN MUNFORD | 510988 | 12/31/2027 | 7/17/2026 | 2/25/2029 | |
| TYSHIRAH FITZGERALD | 583953 | 12/31/2026 | 4/7/2026 | 2/8/2026 | |
| Jacob Hayward | 500565 | 6/30/2028 | 2/12/2026 | 1/15/2026 | |
| NIGEL BRACKET | 635086 | 6/30/2027 | 5/17/2027 | 9/27/2025 | |
| GEORGE RAFLA | E3687518 | 3/31/2027 | 5/30/2027 | 2/12/2027 | |
| NAOMI CARVALHO | 466462 | 11/30/2028 | 5/21/2027 | 2/14/2029 | |
| JAMAAL BENJAMIN | 599097 | 12/31/2026 | 6/30/2027 | 2/22/2028 | |
| JAAKAN MASSAC | 656032 | 12/31/2026 | 3/5/2027 | 7/10/2027 | |
| DAVID HERNANDEZ | 566558 | 12/31/2026 | 7/15/2026 | 1/12/2027 | |
| MONICA ANDERSON | 526639 | 6/30/2028 | 2/28/2026 | 3/14/2029 | |
| SAMANTHA SECAIRA | 655140 | 6/30/2026 | 9/28/2026 | 6/18/2028 | |
| MATHEW SCHNURMAN | 634825 | 6/30/2027 | 7/30/2025 | 8/31/2026 | |
| JOY KRZYMINSKI | 631197 | 6/30/2028 | 6/30/2027 | 12/2/2028 | |
| NASEEM ABEDDRABBO | E3888448 | 3/31/2027 | 4/30/2027 | 11/2/2025 | |

**New Jersey Department of Health**

This person is recognized as an

**Emergency Medical Technician**

STUART MASLOW, EMT

EMS ID: 547060 Expires: 12/31/27

EMT

**New Jersey Department of Health**

This person is recognized as an

**Emergency Medical Technician**

STUART MASLOW, EMT

EMS ID: 547060 Expires: 12/31/27

EMT

# State of New Jersey

## Department of Health

## Office of Emergency Medical Services

Hereby Recognizes

# STUART MASLOW

As having met all the requirements
To be an:

# Emergency Medical Technician

12/31/27

*Expires*

*Judith M. Persichilli, RN, BSN, MA*
*Commissioner*

**STUART MASLOW, EMT**
**609 PARK PLACE**
**SPRINGFIELD, NJ 07081**

EMS 30
Sept 18

**New Jersey Department of Health**

This person is recognized as an

**Emergency Medical Technician**

CESAR I PEREZ, EMT

EMS ID: 607337 Expires: 12/31/27

EMT

**New Jersey Department of Health**

This person is recognized as an

**Emergency Medical Technician**

CESAR I PEREZ, EMT

EMS ID: 607337 Expires: 12/31/27

EMT

# State of New Jersey

## Department of Health

## Office of Emergency Medical Services

Hereby Recognizes

# CESAR I PEREZ

As having met all the requirements
To be an:

# Emergency Medical Technician

12/31/27
*Expires*

*Judith M. Persichilli, RN, BSN, MA*
*Commissioner*

**CESAR I PEREZ, EMT**
**220 NORTH 9TH STREET**
**KENILWORTH, NJ 07033**

EMS 30
Sept 18

**New Jersey Department of Health**

This person is recognized as an

**Emergency Medical Technician**

DOV BRAFMAN, EMT

EMS ID: 650767 Expires: 06/30/28

EMT

**New Jersey Department of Health**

This person is recognized as an

**Emergency Medical Technician**

DOV BRAFMAN, EMT

EMS ID: 650767 Expires: 06/30/28

EMT

# State of New Jersey

## Department of Health

## Office of Emergency Medical Services

Hereby Recognizes

# DOV BRAFMAN

As having met all the requirements
To be an:

# Emergency Medical Technician

06/30/28
*Expires*

*Judith M. Persichilli, RN, BSN, MA*
*Commissioner*

**DOV BRAFMAN, EMT**
**18 RICHTER ST**
**RANDOLPH, NJ 07869**

EMS 30
Sept 18

New Jersey Department of Health
This person is recognized as an
**Emergency Medical Technician**
DAVID A HERNANDEZ, EMT
EMS ID: 566558 Expires: 12/31/26

New Jersey Department of Health
This person is recognized as an
**Emergency Medical Technician**
DAVID A HERNANDEZ, EMT
EMS ID: 566558 Expires: 12/31/26

# State of New Jersey
## Department of Health
## Office of Emergency Medical Services

Hereby Recognizes

## DAVID A HERNANDEZ

As having met all the requirements
To be an:

## Emergency Medical Technician

12/31/26
*Expires*

Judith M. Persichilli
*Judith M. Persichilli, RN, BSN, MA*
*Commissioner*

**DAVID A HERNANDEZ, EMT**
**155 CLINTON ROAD 1271**
**WEST CALDWELL, NJ 07007**

EMS 30
Sept 18

**New Jersey Department of Health**

This person is recognized as an

**Emergency Medical Technician**

DEMIR DAUTI, EMT

EMS ID: 629415 Expires: 06/30/27

EMT

**New Jersey Department of Health**

This person is recognized as an

**Emergency Medical Technician**

DEMIR DAUTI, EMT

EMS ID: 629415 Expires: 06/30/27

EMT

# State of New Jersey

## Department of Health

## Office of Emergency Medical Services

Hereby Recognizes

# DEMIR DAUTI

As having met all the requirements

To be an:

# Emergency Medical Technician

06/30/27

*Expires*

*Judith M. Persichilli, RN, BSN, MA*
*Commissioner*

**DEMIR DAUTI, EMT**
**393 MINNISINK ROAD**
**TOTOWA, NJ 07512**

CA-20

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

# State Of New Jersey
## New Jersey Office of the Attorney General
## Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
BOARD OF MEDICAL EXAMINERS

HAS LICENSED

Mark A. Merlin
425 Eagle Rock Avenue Suite 103
Suite 103
Roseland NJ 07068

FOR PRACTICE IN NEW JERSEY AS A(N): Doctor of Osteopathic Medicine

04/28/2025 TO 06/30/2027
VALID

25MB06607500
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

Cari Fais
DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
BOARD OF MEDICAL EXAMINERS
HAS LICENSED
Mark A. Merlin
Doctor of Osteopathic Medicine

04/28/2025 TO 06/30/2027
VALID

25MB06607500
License/Registration/Certificate #

SIGNATURE

Cari Fais
DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
BOARD OF MEDICAL EXAMINERS
PO BOX 183
TRENTON, NJ 08625-0183

PLEASE DETACH HERE

Mark A. Merlin

EXPIRATION DATE 2027

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 25MB 06607500 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

BOARD OF MEDICAL EXAMINERS
PO BOX 183
TRENTON, NJ 08625-0183

Policy Number: 005NJ000046541 Date Entered: 7/18/2025

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY) 7/18/2025

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

| | | | |
|---|---|---|---|
| PRODUCER<br>Dynamic Coverage Inc<br>18 Silver Beech Lane<br>Baiting Hollow, NY 11933 | CONTACT NAME: | | |
| | PHONE (A/C, No, Ext): (631) 369-6098 | FAX (A/C, No): (631) 369-5889 | |
| | E-MAIL ADDRESS: Beth@Dynamiccoverageinc.com | | |
| | INSURER(S) AFFORDING COVERAGE | | NAIC # |
| | INSURER A : Coverys | | 15686 |
| INSURED EOH Acquisition Group, LLC DBA<br>Carewell Medical<br>Center & EOH Real Estate Holdings, LLC<br>300 Central Ave<br>East Organge, NJ 07018 | INSURER B : Key Risk | | 012190 |
| | INSURER C : Progressive | | 24260 |
| | INSURER D : | | |
| | INSURER E : | | |
| | INSURER F : | | |

COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

| INSR LTR | TYPE OF INSURANCE | ADDL INSD | SUBR WVD | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS | |
|---|---|---|---|---|---|---|---|---|
| A | COMMERCIAL GENERAL LIABILITY<br>☐ CLAIMS-MADE ☒ OCCUR<br>GEN'L AGGREGATE LIMIT APPLIES PER:<br>☐ POLICY ☐ PRO-JECT ☐ LOC<br>☐ OTHER: | X | X | 005NJ000046541 | 1/1/2025 | 1/1/2026 | EACH OCCURRENCE<br>DAMAGE TO RENTED PREMISES (Ea occurrence)<br>MED EXP (Any one person)<br>PERSONAL & ADV INJURY<br>GENERAL AGGREGATE<br>PRODUCTS - COMP/OP AGG<br>$ | $ 1,000,000<br>$ 50,000<br>$ 5,000<br>$ 1,000,000<br>$ 3,000,000<br>$ 3,000,000<br>$ |
| X | AUTOMOBILE LIABILITY<br>☐ ANY AUTO<br>☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS<br>☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY | X | X | 970225531 | 5/30/2025 | 5/30/2026 | COMBINED SINGLE LIMIT (Ea accident)<br>BODILY INJURY (Per person)<br>BODILY INJURY (Per accident)<br>PROPERTY DAMAGE (Per accident)<br>$ | $ 1,500,000<br>$<br>$<br>$<br>$ |
| a | ☒ UMBRELLA LIAB ☒ OCCUR<br>☐ EXCESS LIAB ☒ CLAIMS-MADE<br>☐ DED ☐ RETENTION $ | X | X | 005NJ000046541 | 1/1/2025 | 1/1/2026 | EACH OCCURRENCE<br>AGGREGATE<br>$ | $<br>$ 5,000,000<br>$ 5,000,000 |
| B | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY<br>ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? Y/N ☐<br>(Mandatory in NH)<br>If yes, describe under DESCRIPTION OF OPERATIONS below | N/A | X | KRM578372365 | 1/1/2025 | 1/1/2026 | PER STATUTE ☒ OTH-ER<br>E.L. EACH ACCIDENT<br>E.L. DISEASE - EA EMPLOYEE<br>E.L. DISEASE - POLICY LIMIT | <br>$ 1,000,000<br>$ 1,000,000<br>$ 1,000,000 |
| A | Professional Liab | X | X | 005NJ000046541 | 1/1/2025 | 1/1/2026 | Each Claim | 2,000,000 |
| A | Professional Liab | X | X | 005NJ000046541 | 1/1/2025 | 1/1/2026 | Aggregate | 3,000,000 |

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The certificate holder, their agents and employees are named as additional insured
The City shall be named as Additional Insured. Waiver of Subrogation shall be included in favor of the City
All policies shall contain a provision that the policies shall not be changed or cancelled prior
to thirty (30) days after written notice has been provided by the insurance carrier directly to the City.

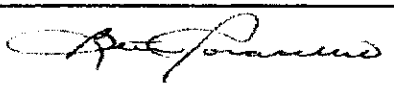
CERTIFICATE HOLDER

City of East Orange
East Orange City Hall
44 City Plaza
Eat Oragnge, NJ 07019

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE



# 2024 Client List

Bartley Healthcare Nursing and Rehab
Complete Care West Caldwell
Preferred Care Old Bridge
Preferred care at Moorestown
Complete Care at Westfield
Echelon Care and Rehab
AristaCare at Manchester
Waters Edge
Complete Care at Clark
FountainView Care Center
Cornell Hall Care & Rehabilitation Center
Brookhaven Healthcare Center
Complete Care at Madison
Merwick Care and Rehab
Greenhill
Crystal Lake Rehab
Allendale Nursing Home
Buckingham Care & Rehabilitation Center
Seacrest Rehab
Atlas Healthcare at Maywood
Canterbury Care & Rehab
Grove Park Healthcare
Spring Grove Rehabilitation & Healthcare
Ashbrook Care & Rehab
Arbor Ridge Rehabilitation and Healthcare
Complete Care at Milford Manor
Preferred Care At Wall
Family of Caring Montclair
Autumn Lake Healthcare at Berkley Heights
Venetian Care & Rehab
Complete Care at Orange Park
Crest Pointe Rehab
Willow Springs Rehab
Parker at Somerset
Subacute at Autumn Lake (Vorhees East)
Complete Care at Green Knoll
Preferred Care At Hamilton
Llanfair Care and Rehab
Allaire Rehab and Nursing
Autumn Lake Healthcare at Cherry Hill
Job Haines Home
Barnert Subacute Rehabilitation Center
Excelcare Dover
Pine Acres Healthcare and Rehabilitation
Phoenix Center For Rehab and Pediatric -BLOCK
AristaCare at Cherry Hill
Woodcliff Lake Health & Rehab Center
Daughters of Israel
Doctors Subacute Care
CareOne at Livingston
AristaCare at Whiting
Complete Care at Summit Ridge
Preferred Care At Mercer
Family of Caring at Tenafly
Park Crescent
Complete Care at Fair Lawn Edge
Avalon Rehab Hamilton
Chatham Hills Sub Acute
Accela Post acute at Hamilton
Complete Care at Burlington Woods
Winchester Gardens
Morris View Healthcare Center
Birchwood Rehabilitation & Healthcare Cen
Complete Care at Park Place
Avant Rehabilitation & Care Center
Morristown Postacute Rehabilitation
Complete Care at Bayshore
Carnegie Post-Acute Care at Princeton
Berlin Rehab
Sinai Post Acute
Complete Care at Ocean Grove
Stratford Manor Rehab
Brighton Gardens of Edison
CareOne at Oradell
Coral Harbor Rehab
Abingdon Care & Rehab
Complete Care at Brick
Spring Creek Healthcare Center
Complete Care At Wall
Excelcare at Manalapan
Fallsview Rehab & Nursing Center
South Mountain Healthcare
CareOne at Wellington
Autumn Lake Healthcare at Old Bridge
Complete Care at Inglemoor
Laurel Circle
Avalon Rehab Wayne
Clover Meadows Healthcare
Family of Caring at Park Ridge
Roosevelt Care Center at Old Bridge

# 2024 Client List

Shore Gardens Rehabilitation
Elms of Cranbury
Oakland Rehabilitation & Healthcare Center
Fountain Springs Nursing at Cape May
CareOne at Somerset Valley
Cambridge Rehab
Embassy Manor At Edison Nursing & Rehab
Foothill Acres Rehab
Complete Care at Shrewsbury
Belle Care
Preakness Healthcare Center
Holly Manor
Complete Care at Marcella
Cadbury At Cherry Hill
Lakeland Healthcare Center
Complete Care at Cedar Grove
Alaris Health at The Chateau
Mountainside Skilled Nursing and Rehab
Crest Haven Nursing & Rehab
Complete Care at St Vincents
Sterling Manor
Cheshire Home
Riverview Estates
Complete Care at Voorhees
Complete Care at Holmdel
Complete Care at Prospect Heights
Dwellside Care & Rehab (inactive)
McAuley Hall Health Center
Northbrook Behavioral Health Hospital
Laurel Manor Healthcare
Meadowbrook Respiratory & Nursing Center
Preferred Care At Absecon
New Vista Nursing and Rehabilitation Center
CareOne at East Brunswick
Atlas Rehab at Daughters of Miriam
Dellridge Health & Rehabilitation Center
Brandywine Middlebrook
AristaCare at Cedar Oaks
The Health Center at Bloomingdale
Atlas Healthcare Washington Township

CareWell Health

# Interim TABLE OF ORGANIZATION

**INTERIM**
**CHIEF EXECUTIVE OFFICER**
CLAY MCCLAIN

**CHIEF MEDICAL OFFICER**
Hina Ghory, MD

- Case Management & Social Work
- Family Health Center
- Lab
- Medical Staff Office
- Perioperative Services
- Pharmacy
- Radiology

**SENIOR DIRECTOR, CLINICAL TRANSFORMATION**
Rennuel Razal

- Clinical Informatics
- Infection Control
- Information Technology
- Quality and Regulatory

**CHIEF NURSING OFFICER**
Rennier Razal

- Acute Care Services: Emergency Department, 2W, 3M, 3N, ICU, Hemodialysis, Respiratory Therapy, Staffing Office and Nursing Supervisors
- Behavioral Health Services(Nursing): 4W, 4M, 4E, 5W, BOP, Outpatient BH
- Patient Experience

**CHIEF HUMAN RESOURCES OFFICER**
Jennifer Dobin

- Employee Health
- Food and Nutrition
- Human Resources
- Physical Rehabilitation
- Talent Acquisition

Also reporting to interim CEO

- BioMedical Engineering
- Bureau of Prisons(BOP) Operations
- Environmental Services, Linen, & Patient Transport
- Emergency Medical Services (911)
- Facilities
- Security, Life Safety, & Emergency Management, Switchboard
- Strategy and Business Development

**CHIEF LEGAL COUNSEL**
Leslie Prizant, Esq.

- Legal
- Compliance/Risk Management

**VICE PRESIDENT of REVENUE CYCLE**
Rafael Ramos

- Coding and Documentation Improvement
- Health Information Management
- Patient Access
- Patient Accounts
- Managed Care

**BEHAVIORAL HEALTH**

- IP/ OP BH

**CONTROLLER**
James Bunnell

- Finance
- Payroll and Accounts Payable
- Supply Chain

Approved:

Dated: May 9, 2025