PROPOSAL

To East Brunswick Township
1 Jean Walling Civic Center
Middlesex County, New Jersey 08816

PROPOSAL OF: Saint Peter's Healthcare System, Inc.

ADDRESS: 254 Easton Avenue, New Brunswick, NJ 08901

FOR: PROVIDING A BASIC LIFE SUPPORT EMERGENCY MEDICAL SERVICE ("EMS") RESPONSE AND TRANSPORTATION SYSTEM

Gentlemen/Ladies:

We hereby certify that we are the only person or persons interested in this bid, that it is made without collusion with any person, firm, or corporation making another bid of the same contract, that the bid is in all respects fair and that no office of East Brunswick Township or any person in the employ is directly or indirectly interested in this bid or in the supplies or work to which it relates, or in the profits or any portion thereof.

We further declare that we have carefully examined the Instructions to Bidders, Specifications, and Contract Form herein referred to and propose to furnish, deliver and/or install all necessary materials specified and in the manner and time prescribed and understand that the qualities of material as shown herein are approximate only and are subject to increase or decrease and further understand that all quantities of material, whether increased or decreased, are to be furnished at the following unit prices.

TOTAL BID PRICE FOR $ 0.00 Cost to Township
$10,000.00 payment to Township for fair market value of office space, etc.

Exceptions to Specifications are to be shown:

Bidder to supply at least three (3) references:

Individual Name	Company Name	Telephone Number
Rich Ottenberg	McKesson Health Solutions	407.614.1435
Dan Cook	Athena Healthcare	802.922.8880
Gregory Johnson	Infor Healthcare	856.491-4788

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The Bidder agrees that this bid shall be good and may not be withdrawn for a period of sixty (60) calendar days after the scheduled closing time for bids. Upon receipt of written notice of the acceptance of this bid, bidder will execute the formal contract within fourteen (14) days.

The bid security attached in the sum of One Thousand ($ 1,000.00) is to become the property of the Township of East Brunswick in the event the contract and bond are not executed within the time set forth, as liquidated damages for the delay and additional expenses to the Owner caused thereby.

BIDDER: Saint Peter's Healthcare System — COMPANY

3/30/14 — DATE

AUTHORIZED SIGNATURE

Chief Exec Officer — TITLE

It is further proposed to execute the Form of Contract within fourteen (14) days after receiving notice from the owner to guarantee all the materials furnished under this contract and to replace any material which may be rejected by reason being defective.

Accompanying this proposal is a certified check, cashier's check or bid bond made payable to East Brunswick Township in the sum of $ 1,000.00, [not less that ten percent (10% of the amount bid] which the undersigned agree (s) is to be forfeited as liquidated damages and not as a penalty if the contract is awarded to the undersigned and the undersigned fail(s) to execute the contract within the stipulated time, otherwise the check will be returned to the undersigned.

The undersigned is:
(circle one)

Individual
Partnership
(A Corporation)

under the laws of the State of Saint Peter's Healthcare System, Inc.
having its principal office at 254 Easton Avenue
New Brunswick, NJ 08901

BIDDER

By: _____
(Signature of Individual, Partner or Officer signing the Proposal)

Chief Exec Officer
Title

If a partnership or corporation, give the names of all partners or all other officers of the corporation with the address of each: Please see attached

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SAINT PETER'S HEALTHCARE SYSTEM
BOARD OF GOVERNORS - 2015

Vincent Dicks, **Chairman**
[redacted]

Donald M. Daniels, **Chairman Emeritus***
[redacted]

Ronald C. Rak, J.D., **CEO**
Saint Peter's Healthcare System
254 Easton Avenue
New Brunswick, New Jersey 08901

Home Addresses Redacted

Leslie D. Hirsch, FACHE, **President***
Saint Peter's Healthcare System
254 Easton Avenue
New Brunswick, New Jersey 08901

Garrick Stoldt, CPA, **Treasurer***
Chief Financial Officer
Saint Peter's Healthcare System
254 Easton Avenue
New Brunswick, New Jersey 08901

Judith T. Caruso
[redacted]

Sister Patricia Codey, SC, Esq.
President
Catholic Healthcare Partnership of NJ
760 Alexander Road
Post Office Box 1
Princeton, New Jersey 08543

Mailing address use:
[redacted]

Reverend Monsignor John Fell
Our Lady of Perpetual Help
111 Claremont Road
Bernardsville, New Jersey 07924

Alfred G. Gaburo, Jr.
Partner, Princeton Public Affairs Group
160 West State Street
Trenton, New Jersey 08608

Christopher Kolasa, M.D.
President, Medical and Dental Staff
6C Auer Court
East Brunswick, New Jersey 08816

Vaughn McKoy, J.D.
[redacted]

Kevin Nini, M.D.
Plastic Arts Surgery
78 Easton Avenue
New Brunswick, New Jersey 08901

Carol A. Purcell
Executive Director, Temporal Affairs
Diocese of Metuchen
146 Metlars Lane
Piscataway, New Jersey 08854

Niranjan Rao, M.D.
Chief Medical Officer
Saint Peter's Healthcare System
254 Easton Avenue
New Brunswick, New Jersey 08901

*Non-Voting Board Member
Revised - March 4, 2015; July 14, 2015; August 24, 2015; October 28, 2015; December 2015

(SEAL)

(Seal required only if bidder is a corporation)

Subscribed and sworn to before me this 30
day of March 2016.

Eileen Mc Donnell
Notary Public of New Jersey
My Commission Expires 5/14/2017

EILEEN MC DONNELL
NOTARY PUBLIC
NEW JERSEY
MY COMMISSION EXPIRES 5-14-2017

Price offered are firm sixty (60) days after date of bid opening.

(circle one) YES
NO

Number of delivery days after receipt of purchase order.

Check One

___Certified Ck. submitted in the amount of $_____

√ Cashiers Ck. $ 1,000.00

___Bid Bond $_____

N.J.S.A. 40A:11-18 states that all contracts for local work or for work for which the local unit will pay any part of the cost, must include a specification that only manufactured and farm products of the United States, wherever available, be used in such work."

The equipment and/or material offered in this proposal has been manufactured in the United States.

N/A

3/14/16

Signature

If not manufactured in the United States, please state origin of manufacturer.

Origin

Signature

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STOCKHOLDER DISCLOSURE STATEMENT
in compliance with N.J.S.A. 40A:11-23.2

Name of Business: _____

Principal Place of Business: _____

☐ **PARTNERSHIP** ☒ **CORPORATION** ☐ **SOLE PROPRIETORSHIP**

☒ 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. If one or more of the below is itself a corporation or partnership, I have annexed the names and addresses of anyone owning a 10% or greater interest therein.

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

PLEASE CHECK APPROPRIATE BOXES ABOVE AND SIGN BELOW.

STOCKHOLDERS:

NAME	STREET ADDRESS	CITY AND STATE	% OF STOCK OR PARTNERSHIP
The Most Reverend Paul G. Bootkoski, D.D.			100%
Bishop, Diocese of Metuchen			
P.O. Box 191			
Metuchen, NJ 08840			

I further certify that no officer or employee of the Township of East Brunswick has any interest, direct or indirect, in this corporation or partnership or in this contract.

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.

SWORN AND SUBSCRIBED TO
BEFORE ME THE 30 DAY
OF March, 2016

Eileen McDonnell
Signature of Notary Public

Notary Public of New Jersey

My Commission expires 5/14/2017

EILEEN MC DONNELL
NOTARY PUBLIC
NEW JERSEY
MY COMMISSION EXPIRES 5-14-2017

SIGNATURE

Michael Hachey
PRINT OR TYPE NAME

Chief Operating Officer
TITLE OF PERSON SIGNING

NON COLLUSION AFFIDAVIT

STATE OF NEW JERSEY)
ss:)
)
COUNTY OF)

I, Michael Hochberg, MD, of New Brunswick
in the County of Middlesex and the State of New Jersey
of full age, being duly sworn according to law on my oath depose and say that:

I am

Chief Clinical Officer
of the firm of Saint Peter's Healthcare System, Inc.
the bidder making the Bid for the above-named project, and that I executed the said Bid form(s) with full authority so to do; that said bidder has not directly or indirectly, entered into any agreements, 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 Bid and in this affidavit are true and correct, and made with full knowledge that the Township of East Brunswick relies upon the truth of the statements contained in said Bid 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

Saint Peter's Healthcare System, Inc.
(Name of Contractor)

Subscribed and sworn to
before me this 30 day
of March 2016

Eileen McDonnell
Notary Public of New Jersey
My Commission Expires 5/14, 2017

Michael Hochberg
(Also type or print name of affiant signature)

EILEEN MC DONNELL
NOTARY PUBLIC
NEW JERSEY
MY COMMISSION EXPIRES 5-14-2017

ACKNOWLEDGMENT OF RECEIPT OF ADDENDA TO BID DOCUMENTS

TOWNSHIP OF EAST BRUNSWICK

As required by N.J.S.A. 40A;11-23.la., the undersigned Bidder hereby acknowledges receipt of the following notices, revisions, or addenda to the bid advertisement, specifications or bid documents. By indicating date of receipt, bidder acknowledges the submitted bid takes into account the provisions of the notice, revision or addendum. Note that the local unit's record of notice to bidders shall take precedence and that failure to include provisions of changes in a bid proposal may be subject for rejection of the bid.

Reference Number or Title of Addendum/Revision	**How Received (mail, fax, pick-up, etc.)**	**Date Received**

Acknowledgment by bidder:

Name of Bidder: Michael Hochberg

Name and Title of Authorized Representative: Chief Sports Officer, Suffolk Academies

Signature: [signature]

Date: 8/30/16

THIS FORM MUST BE RETURNED EVEN IF NO ADDENDA IS PROVIDED

LIST OF SUBCONTRACTORS
AS REQUIRED BY N.J.S.A. 40A:11-16
(This form must be submitted with bid)

In accordance with the Local Public Contracts Law N.J.S.A. 40A:11-16, the following is a list of names of the subcontractors to whom the bidder will subcontract the furnishing of work required for the completion of this project. If no subcontractors will be used, please state "None".

Trade	Company	Address
Emergency Medical Services	Atlantic Ambulance Corporation	475 South Street Morristown, NJ 07960

Certification 9621

CERTIFICATE OF EMPLOYEE INFORMATION REPORT

RENEWAL

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-DEC-2015 to 15-DEC-2018

SAINT PETER'S UNIVERSITY HOSPITAL
254 EASTON AVENUE
NEW BRUNSWICK NJ 08903

FORD M. SCUDDER
Acting State Treasurer

04/18/08

Taxpayer Identification# **223-820-286/000**

Dear Business Representative:

Congratulations! You are now registered with the New Jersey Division of Revenue.

Use the Taxpayer Identification Number listed above on all correspondence with the Divisions of Revenue and Taxation, as well as with the Department of Labor (if the business is subject to unemployment withholdings). Your tax returns and payments will be filed under this number, and you will be able to access information about your account by referencing it.

Additionally, please note that State law requires all contractors and subcontractors with Public agencies to provide proof of their registration with the Division of Revenue. The law also amended Section 92 of the Casino Control Act, which deals with the casino service industry.

We have attached a Proof of Registration Certificate for your use. To comply with the law, if you are currently under contract or entering into a contract with a State agency, you must provide a copy of the certificate to the contracting agency.

If you have any questions or require more information, feel free to call our Registration Hotline at (609)292-1730.

I wish you continued success in your business endeavors.

Sincerely,

James J. Frusclone

James J. Frusclone
Director
New Jersey Division of Revenue

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 252
TRENTON, N J 08646-0252

TAXPAYER NAME:
ATLANTIC AMBULANCE CORP

ADDRESS:
475 SOUTH ST
MORRISTOWN NJ 07960-6459

EFFECTIVE DATE:
10/23/01

TRADE NAME:

SEQUENCE NUMBER:
0786704

ISSUANCE DATE:
04/18/08

James J. Frusclone
Director
New Jersey Division of Revenue

FORM BRC (08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.