TOWNSHIP OF PISCATAWAY
MIDDLESEX COUNTY
NEW JERSEY

FAIR AND OPEN SOLICITATION OF REQUEST FOR PROPOSAL
FOR:

"AMBULANCE SERVICES

BRIAN WAHLER, MAYOR

PISCATAWAY TOWNSHIP COUNCIL
KAPIL K. SHAH, COUNCIL PRESIDENT
MICHELE LOMBARDI, COUNCIL VICE PRESIDENT
CHANELLE MCCULLUM
GABRIELLE CAHILL
JAMES BULLARD
STEVE D. CAHN
FRANK UHRIN

BUSINESS ADMINISTRATOR
TIMOTHY J. DACEY

TOWNSHIP CLERK
MELISSA A. SEADER

TITLE: AMBULANCE SERVICES

RFP DATE: THURSDAY, JULY 8, 2021 AT 2:00 PM

NAME: HMH Hospitals Corporation d/b/a JFK University Medical Center

ADDRESS: 65 James Street

CITY, STATE, ZIP: Edison, NJ 08820

TEL. NO. 732-321-7700

E-Mail address: Mark.Bober@hmhn.org

ESTIMATED ANNUAL SUBSCRIPTION FEE

Coverage: 24 hours per day, 7 days a week, 365 days per year

Estimated Subscription Fee Year 1 September 6, 2021 - December 31, 2021

$ 62,600.00

Amount Written Out:

Sixty Two Thousand and Six Hundred Dollars

Estimated Subscription Fee – Quarterly Installment

$ 62,600.00

Amount Written Out:

Sixty Two Thousand and Six Hundred Dollars

Estimated Subscription Fee Year 2 January 1, 2022 - December 31, 2022

$ 198,619.00

Amount Written Out:

One Hundred Ninety Eight Thousand Six Hundred and Nineteen Dollars

Estimated Subscription Fee – Quarterly Installment

$ 49,654.75

Amount Written Out:

Forty Nine Thousand Six Hundred Fifty Four Dollars and Seventy Five Cents

Estimated Subscription Fee Year 3 January 1, 2023 - December 31, 2023

$ 201,613.00

Amount Written Out:

Two Hundred One Thousand Six Hundred and Thirteen Dollars

Estimated Subscription Fee – Quarterly Installment

$ 50,403.25

Amount Written Out:

Fifty Thousand Four Hundred Three Dollars and Twenty Five Cents

Estimated Subscription Fee Year 4 January 1, 2024 - December 31, 2024

$ 204,607.00

Amount Written Out:

Two Hundred Four Thousand Six Hundred and Seven Dollars

Estimated Subscription Fee – Quarterly Installment

$ 51,151.75

Amount Written Out:

Fifty One Thousand One Hundred Fifty One Dollars and Seventy Five Cents

Estimated Subscription Fee Year 5 January 1, 2025 - December 31, 2025

$ 207,601.00

Amount Written Out:

Two Hundred Seven Thousand Six Hundred and One Dollars

Estimated Subscription Fee – Quarterly Installment

$ 51,900.25

Amount Written Out:

Fifty One Thousand Nine Hundred Dollars and Twenty Five Cents

Estimated Subscription Fee January 1, 2026 - September 6, 2026

$143,844.00

Amount Written Out:

One Hundred Forty Three Thousand Eight Hundred Forty Four Dollars

Estimated Subscription Fee - Quarterly Installment

$ 47,948.00

Amount Written Out:

Forty Seven Thousand Nine Hundred and Forty Eight Dollars

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

Please see pages 4, 5 and 7 of the proposal.

4. Cost details, services, and all expenses. (5 -YEAR CONTRACT)

YEAR-SEPTEMBER 6, 2021-DECEMBER 31, 2021	**$**	$ 62,600.00
YEAR-JANUARY 1, 2022-DECEMBER 31, 2022	**$**	$198,619.00
YEAR-JANUARY 1, 2023-DECEMBER 31, 2023	**$**	$201,613.00
YEAR –JANUARY 1, 2024- DECEMBER 31, 2024	**$**	$204,607.00
YEAR-JANUARY 1 2025 TO DECEMBER 31, 2025	**$**	$207,607.00
YEAR- JANUARY 1, 2026 TO SEPTEMBER 6, 2026	**$**	$143,844.00
Total for Yr 1 - Yr 5 $		$1,018.884.00

Amount In words: One Million Eighteen Thousand Eight Hundred and Eighty Four Dollars

Note: Attach additional sheets as necessary.

Firm: HMH Hospitals Corporation d/b/a JFK University Medical Center Date: July 7, 2021

Authorized Representative (Print): Amie D.Thornton

Signature: Amie Thornton Title: Chief Hospital Executive

Telephone #: 732-321-7700 Fax #: 732-248-0772

E-Mail: Amie.Thornton@hmhn.org

Kristine Polese
KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 20 25