

THE TOWNSHIP OF PISCATAWAY



GOOD & SERVICES BID REQUIRED DOCUMENTS

All documents in this section shall be completed, signed and submitted with the bid package – Failure to submit the bid documents and other documents so specified may be cause to reject the bid for being non-responsive.



MARIA E. VALENTE-CAEMMERER
Purchasing Agent/Township Secretary

The following section contains a mandatory checklist and other forms that must be completed and submitted per the instructions. Please read carefully and complete all forms required in BLUE INK. Incomplete packages will be rejected.

These required forms must be kept together with any supplemental materials attached behind as this makes reviewing the submittal for completeness easier.

Thank you in advance for your cooperation.

**TOWNSHIP OF PISCATAWAY
CHECKLIST**

TITLE: AMBULANCE SERVICES FOR THE TOWNSHIP OF PISCATAWAY,

Please fill in the appropriate title in the space above.

SUBMISSION DATE: Thursday, July 8, 2021, - NO LATER THAN 2:00 PM.

The following items, as indicated below (X), MUST be included with your sealed submission unless otherwise noted. Please initial each item included.

CHECK LIST OF REQUIRED DOCUMENTS

ALL ITEMS CHECKED below shall be initialed as acknowledgement of inclusion in the Bid submission

Failure to complete and provide the following documents/pages, as checked, with your RFP submission

SHALL result in your RFP being disqualified. These are **MANDATORY** requirements of this RFP package:

Initials

RFP Proposal Forms: One "Original" on the proposal forms contained in this	✓	act
RFP package with supporting documentation. One photo copy "True Copy"	✓	act
Checklist of Required Documents, signed below	✓	act
Bid Bond (Bid Guarantee) Certificate of Surety(N.J.S.A. 40A:11-21,22)	✓	act
Acknowledgement of Addenda	✓	act
EEO/Affirmative Action Certification	✓	act
Equal Employment Opportunity	✓	act
New Jersey Anti-Discrimination Provisions	✓	act
Americans With Disabilities Act	✓	act
Pay to Play Advisory	✓	act
Statement of Ownership Disclosure	✓	act
NJ Business Registration Requirements	✓	act
Disclosure of Investment Activities in Iran	✓	act
False Statement Penalties Certification	✓	act
Non-Collusion Affidavit	✓	act
Professional Services Entity Information form	✓	act
Hold Harmless	✓	act
Bidders Affidavit	✓	act
Plan & Experience Questionnaire	✓	act
Responsible Acknowledgement Post Contract Award	✓	act
Qualifications Submission	✓	act
Acknowledgement of corrections, additions & deletions form	✓	act
Acknowledgment of read the entirety RFP	✓	act
COVER PAGE FILLED OUT REQUIRED:	✓	act

Failure to complete and include the following documents/pages, as checked, with your RFP submission MAY result in your RFP being disqualified or a request for clarification issued. These items are REQUESTED of this RFP package:

		<u>Initials</u>
Responsible Applicant Checklist	✓	<u>actt</u>
Insurance Certification	✓	<u>actt</u>
Taxpayer Identification W-9	✓	<u>actt</u>
Responsibility Acknowledgement	✓	<u>actt</u>
Documentation as requested in the Proposal Form, General Conditions and/or	✓	<u>actt</u>
Scope of Work	✓	<u>actt</u>

All items checked below shall be initialed as acknowledgement of these additional document requirements.

Prior To Award of the contract the following documents, as checked, shall be submitted:

		<u>Initials</u>
Business Registration Certificate	✓	<u>actt</u>
EEO/Affirmative Action Certificate of Employee Information Report copy, AA302 or letter of approval	✓	<u>actt</u>

After Award of the contract the following documents, as checked, shall be submitted:

		<u>Initials</u>
Signed Contracts	✓	<u>actt</u>
Certificate of Insurance for the length of the contract, in accordance with the requirements contained herein naming the Township as additional Certificate Holder	✓	<u>actt</u>

EACH REQUIRED ITEM CHECKED ABOVE, MUST BE INITIALED
IN THE SPACE PROVIDED AS ACKNOWLEDGEMENT OF THE DOCUMENTS THAT ARE INCLUDED AND
THE DOCUMENTS TO BE PROVIDED BEFORE AND AFTER THE AWARD.

THIS CHECKLIST MUST BE SIGNED AND SUBMITTED WITH THE PROPOSAL PACKAGE.

Amie D. Thornton

Printed Name of Authorized Agent

Amie Thornton

Signature of Authorized Agent

Chief Hospital Executive

Title

July 7, 2021

Date

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

Company Name

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

Please submit one (1) original and one (1) Photo copy or CD properly labeled with the Name of FIRM and the category of the AMBULANCE SERVICES in their sealed submission..

Each submission shall be contained in a sealed envelope addressed to: Township Purchasing Agent, Township of Piscataway, 455 Hoes Lane, Piscataway, NJ 08854 and said envelope shall specify the Appointment Title/Professional Service for which the submission is provided.

The submission is to be clearly marked (indicating the category of the AMBULANCE SERVICES) -- Sealed Submission Enclosed" (e.g. EMS Services – sealed submission enclosed) and must be delivered at the place and time required or mailed so as to be received prior to the opening time set in the advertisement.

Submissions received after the hour herein named or in unsealed envelopes shall not be considered.

All RFP'S must be delivered to the Township Purchasing Office by calling 732-562-2321 at the above address during normal business hours, 8:30 AM to 4:30 PM, Monday through Friday. We will not accept bid packages on weekday holidays when the Township Purchasing Office is closed. NO other office is authorized to accept bids. Please be advised that the municipal building is closed daily between 12:20 PM and 1:30 PM. Bids can be hand delivered to the Municipal building to the Purchasing Agent. If using an outside delivery and/or messenger service (i.e. Federal Express, UPS, etc.), please note the following: The Township will not be responsible for deliveries made prior to or after normal business hours, or to any other office.

Sealed Proposal can be hand delivered by calling Purchasing at 732-562-2321. If using an outside delivery and/or messenger service (i.e. Federal Express, UPS, etc.), please note the following: **The Township will not be responsible** for deliveries made prior to or after normal business hours, or to any other office.

Due to the COVID 19: To drop off your Sealed Proposal please, call Purchasing @ 732-562-2321. Purchasing will be accepting the sealed proposals outside in front of the municipal building.

BID BOND

Bond Attached

BOND NO. _____

KNOW ALL MEN BY THESE PRESENTS, That we, _____
as Principal, and _____, a corporation duly organized under the laws of the State of _____, as Surety, are held and firmly bound unto the Township of Piscataway as Obligee, in the sum of Ten Percent (10%) of the Total Bid, Not to Exceed Twenty Thousand Dollars (\$20,000.00) for the payment of which Principal and Surety Bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally.

WHEREAS, Principal has submitted a bid for _____,
the "Project."

NOW, THEREFORE, if the Obligee shall make any award according to the terms of said bid and the Principal shall enter into a contract with said Obligee in accordance with the terms of said bid and give bond for the faithful performance thereof within the time specified; or if no time is specified within thirty days after the date of said award; or if the Principal shall, in the case of failure so to do, shall pay to the Obligee the difference, not to exceed the amount of this Bond, between the amount specified in bid and such larger amount for which the Obligee may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void; otherwise to remain in full force and effect.

Signed and sealed this ___ day of _____, 20__

Surety: _____

By: _____

Witness: _____

Principal: _____

By: _____

Witness: _____

RECEIPT OF ADDENDA FORM

The Bidder hereby acknowledges the receipt of the following Addenda, if any, distributed by the Architect, Engineer and/or Township Official:

NO ADDENDA WAS RECEIVED FOR THIS BID _____

OR

ACKNOWLEDGEMENT OF ADDENDA BELOW

Addendum # 1 dated 7/1/2021 Addendum # _____ dated _____

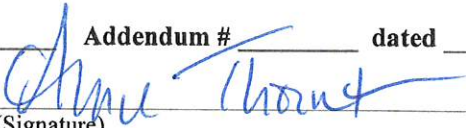
Addendum # _____ dated _____ Addendum # _____ dated _____

Addendum # _____ dated _____ Addendum # _____ dated _____

Addendum # _____ dated _____ Addendum # _____ dated _____

Addendum # _____ dated _____ Addendum # _____ dated _____

DATED: July 7, 2021


(Signature)

Amie D. Thornton, Chief Hospital Executive

(Name and Title)

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

(Company Name)

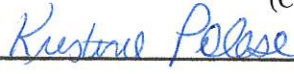
65 James Street

(Address)

Edison, NJ 08820

(City, State, Zip Code)

(Corporate Seal)


KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 2025

**EQUAL EMPLOYMENT OPPORTUNITY/AFFIRMATIVE ACTION
COMPLIANCE CERTIFICATION**

N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 et seq

The undersigned certifies that the applicant, if awarded a contract, 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;

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.

Goods, General Services and Professional Services Vendors must sign a contract containing the Mandatory Language as stated on the following Mandatory Equal Employment Opportunity Requirements page. If the vendor refuses to sign a contract containing the Mandatory EEO/AA Contract Language at the time the contract is submitted for signing by the Public Agency, the Public Agency shall reject the vendor's proposal as non-responsive. When such a rejection occurs, the same EEO/AA requirements shall apply to any other successful vendors selected by the Public Agency in accordance with contracting laws and procedures.

The undersigned certifies that that the applicant 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 et seq. as stated on the following Mandatory Equal Employment Opportunity Requirements page and agrees to furnish the required forms of evidence as required.

The undersigned further understands that this proposal shall be rejected as non-responsive if said applicant fails to comply with these requirements.

Printed Name of Authorized Agent Signature of Authorized Agent

Chief Hospital Executive

Title

Amie D. Thornton
Amie D. Thornton

July 7, 2021

Date

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

Company Name

Kristine Polese
KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 2025

EXHIBIT A

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 SERVICES, 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.

EXHIBIT A (Cont)

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 AA-302 (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 & 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 & Property, CCAU, EEO Monitoring Program for conducting a compliance investigation pursuant to N.J.A.C. 17:27-1.1 et seq.

DATED: July 7, 2021

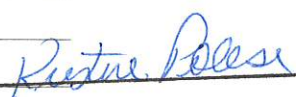
SIGNATURE: 

PRINTED NAME AND TITLE: Amie D. Thornton, Chief Hospital Executive

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

ADDRESS: 65 James Street

ADDRESS: Edison, NJ 08820


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

Certification 1085

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-2020** to **15-DEC-2023**

**JFK MEDICAL CENTER
65 JAMES STREET
EDISON**

NJ 08818



Elizabeth Maher Muoio

**ELIZABETH MAHER MUOIO
State Treasurer**

STATE OF NEW JERSEY
Division of Purchase & Property
Contract Compliance Audit Unit
EEO Monitoring Program

EMPLOYEE INFORMATION REPORT

IMPORTANT-READ INSTRUCTIONS CAREFULLY BEFORE COMPLETING FORM. FAILURE TO PROPERLY COMPLETE THE ENTIRE FORM AND TO SUBMIT THE REQUIRED \$150.00 FEE MAY DELAY ISSUANCE OF YOUR CERTIFICATE. DO NOT SUBMIT EEO-1 REPORT FOR SECTION B, ITEM 11. For Instructions on completing the form, go to: http://www.state.nj.us/treasury/contract_compliance/pdf/aa302ins.pdf

SECTION A - COMPANY IDENTIFICATION

1. FID. NO. OR SOCIAL SECURITY _____

2. TYPE OF BUSINESS
☐ 1. MFG ☐ 2. SERVICE ☐ 3. WHOLESALE
☐ 4. RETAIL ☐ 5. OTHER _____

3. TOTAL NO. EMPLOYEES IN THE ENTIRE COMPANY _____

4. COMPANY NAME _____

5. STREET _____ CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

6. NAME OF PARENT OR AFFILIATED COMPANY (IF NONE, SO INDICATE) _____ CITY _____ STATE _____ ZIP CODE _____

7. CHECK ONE: IS THE COMPANY: ☐ SINGLE-ESTABLISHMENT EMPLOYER ☐ MULTI-ESTABLISHMENT EMPLOYER

8. IF MULTI-ESTABLISHMENT EMPLOYER, STATE THE NUMBER OF ESTABLISHMENTS IN NJ _____

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT _____

10. PUBLIC AGENCY AWARDING CONTRACT _____ CITY _____ COUNTY _____ STATE _____ ZIP CODE _____

Official Use Only	DATE RECEIVED	INAUG. DATE	ASSIGNED CERTIFICATION NUMBER

SECTION B - EMPLOYMENT DATA

11. Report all permanent, temporary and part-time employees ON YOUR OWN PAYROLL. Enter the appropriate figures on all lines and in all columns. Where there are no employees in a particular category, enter a zero. Include ALL employees, not just those in minority/non-minority categories, in columns 1, 2, & 3. **DO NOT SUBMIT AN EEO-1 REPORT.**

JOB CATEGORIES	ALL EMPLOYEES			PERMANENT MINORITY/NON-MINORITY EMPLOYEE BREAKDOWN										
	COL. 1 TOTAL (Cols. 2 & 3)	COL. 2 MALE	COL. 3 FEMALE	***** MALE *****					***** FEMALE *****					
				BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN.	
Officials/ Managers														
Professionals														
Technicians														
Sales Workers														
Office & Clerical														
Craftworkers (Skilled)														
Operatives (Semi-skilled)														
Laborers (Unskilled)														
Service Workers														
TOTAL														
Total employment From previous Report (if any)														
Temporary & Part-Time Employees														

The data below shall NOT be included in the figures for the appropriate categories above.

12. HOW WAS INFORMATION AS TO RACE OR ETHNIC GROUP IN SECTION B OBTAINED?
☐ 1. Visual Survey ☐ 2. Employment Record ☐ 3. Other (Specify) _____

13. DATES OF PAYROLL PERIOD USED
From: _____ To: _____

14. IS THIS THE FIRST Employee Information Report Submitted?
1. YES ☐ 2. NO ☐

15. IF NO, DATE LAST REPORT SUBMITTED
MO. _____ DAY _____ YEAR _____

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type) _____ SIGNATURE _____ TITLE _____ DATE MO. _____ DAY _____ YEAR _____

17. ADDRESS NO. & STREET _____ CITY _____ COUNTY _____ STATE _____ ZIP CODE _____ PHONE (AREA CODE, NO., EXTENSION) _____

TOWNSHIP OF PISCATAWAY

NEW JERSEY ANTI-DISCRIMINATION PROVISIONS

N.J.S.A. 10:2-1 et seq.

Pursuant to N.J.S.A. 10:2-1, if awarded a contract, the contractor agrees that:

- a. In the hiring of persons for the performance of work under this contract or any subcontract hereunder, or for the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under this contract, no contractor, nor any person acting on behalf of such contractor or subcontractor, shall, by reason of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex, discriminate against any person who is qualified and available to perform the work to which the employment relates;
- b. No contractor, subcontractor, nor any person on his behalf shall, in any manner, discriminate against or intimidate any employee engaged in the performance of work under this contract or any subcontract hereunder, or engaged in the procurement, manufacture, assembling or furnishing of any such materials, equipment, supplies or services to be acquired under such contract, on account of race, creed, color, national origin, ancestry, marital status, gender identity or expression, affectional or sexual orientation or sex;
- c. There may be deducted from the amount payable to the contractor by the contracting public agency, under this contract, a penalty of \$50.00 for each person for each calendar day during which such person is discriminated against or intimidated in violation of the provisions of the contract; and
- d. This contract may be canceled or terminated by the contracting public agency, and all money due or to become due hereunder may be forfeited, for any violation of this section of the contract occurring after notice to the contractor from the contracting public agency of any prior violation of this section of the contract. No provision in this section shall be construed to prevent a board of education from designating that a contract, subcontract or other means of procurement of goods, services, equipment or construction shall be awarded to a small business enterprise, minority business enterprise or a women's business enterprise pursuant to P.L.1985, c.490 (C.18A:18A-51 et seq.).

The undersigned therefor agrees not to discriminate in employment and agrees to abide by all anti-discrimination laws including but not limited to N.J.S.A. 10:2-1.

Amie D. Thornton

Printed Name of Authorized Agent


Signature of Authorized Agent

Chief Hospital Executive

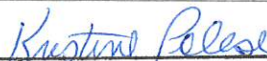
Title

July 7, 2021

Date

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

Company Name



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

AMERICANS WITH DISABILITIES ACT OF 1990

Equal Opportunity for Individuals with Disabilities

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. §12101 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 thereto, 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.

TOWNSHIP OF PISCATAWAY

AMERICANS WITH DISABILITIES ACT OF 1990 COMPLIANCE CERTIFICATION

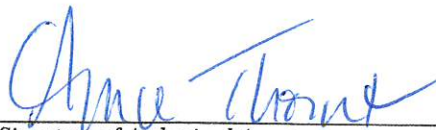
Discrimination on the basis of disability in contracting for the purchase of goods and services is prohibited. If awarded the contract, the contractor is required to comply with requirements related to the Americans with Disabilities Act as provided in this RFP Document. The contractor is obligated to comply with the Act and to hold the owner harmless for any violations committed under the 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.

The undersigned certifies that that the applicant is aware of the commitment to comply with the requirements of the Americans with Disabilities Act of 1990 as stated on the following page.

Amie D. Thornton

Printed Name of Authorized Agent



Signature of Authorized Agent

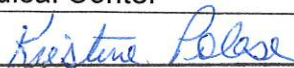
Chief Hospital Executive

Title

July 7, 2021

Date

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



KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 2025

PAY TO PLAY ADVISORY

Disclosure Requirement

**P.L. 2005, Chapter 271, Section
3 Reporting (N.J.S.A.
19:44A – 20.27)**

Any business entity that has received \$50,000 or more in contracts from government entities in a calendar year is required to file an annual disclosure report with ELEC.

The report will include certain contributions and contract information for the current calendar year.

At a minimum, a list of all business entities that file an annual disclosure report will be listed on ELEC's website at www.elec.state.nj.us.

If you have any questions please
contact ELEC at: 1-888-313-ELEC
(toll free in NJ) or
609-292-8700

An analyst from ELEC's Special Programs Section will assist you.

INITIAL adk

Kristine Polese
KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 2025

STATEMENT OF OWNERSHIP DISCLOSURE

N.J.S.A. 52:25-24.2 (P.L. 1977, c.33, as amended by P.L. 2016, c.43)

This statement shall be completed, certified to, and included with all bid and proposal submissions. Failure to submit the required information is cause for automatic rejection of the bid or proposal.

Name of Organization: HMH Hospitals Corporation d/b/a JFK University Medical Center

Organization Address: 65 James Street, Edison, NJ 08820

Part I Check the box that represents the type of business organization:

- ☐ Sole Proprietorship (skip Parts II and III, execute certification in Part IV)
- ☒ Non-Profit Corporation (skip Parts II and III, execute certification in Part IV)
- ☐ For-Profit Corporation (any type) ☐ Limited Liability Company (LLC)
- ☐ Partnership ☐ Limited Partnership ☐ Limited Liability Partnership (LLP)
- ☐ Other (be specific): _____

Part II

- ☐ The list below contains the names and addresses of all stockholders in the corporation who own 10 percent or more of its stock, of any class, or of all individual partners in the partnership who own a 10 percent or greater interest therein, or of all members in the limited liability company who own a 10 percent or greater interest therein, as the case may be. **(COMPLETE THE LIST BELOW IN THIS SECTION)**

OR

- ☐ No one stockholder in the corporation owns 10 percent or more of its stock, of any class, or no individual partner in the partnership owns a 10 percent or greater interest therein, or no member in the limited liability company owns a 10 percent or greater interest therein, as the case may be. **(SKIP TO PART IV)**

(Please attach additional sheets if more space is needed):

Name of Individual or Business Entity	Home Address (for Individuals) or Business Address

Part III DISCLOSURE OF 10% OR GREATER OWNERSHIP IN THE STOCKHOLDERS, PARTNERS OR LLC MEMBERS LISTED IN PART II

If a bidder has a direct or indirect parent entity which is publicly traded, and any person holds a 10 percent or greater beneficial interest in the publicly traded parent entity as of the last annual federal Security and Exchange Commission (SEC) or foreign equivalent filing, ownership disclosure can be met by providing links to the website(s) containing the last annual filing(s) with the federal Securities and Exchange Commission (or foreign equivalent) that contain the name and address of each person holding a 10% or greater beneficial interest in the publicly traded parent entity, along with the relevant page numbers of the filing(s) that contain the information on each such person. **Attach additional sheets if more space is needed.**

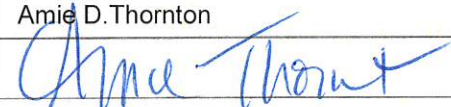
Website (URL) containing the last annual SEC (or foreign equivalent) filing	Page #'s

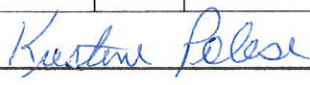
Please list the names and addresses of each stockholder, partner or member owning a 10 percent or greater interest in any corresponding corporation, partnership and/or limited liability company (LLC) listed in Part II **other than for any publicly traded parent entities referenced above**. The disclosure shall be continued until names and addresses of every noncorporate stockholder, and individual partner, and member exceeding the 10 percent ownership criteria established pursuant to N.J.S.A. 52:25-24.2 has been listed. **Attach additional sheets if more space is needed.**

Stockholder/Partner/Member and Corresponding Entity Listed in Part II	Home Address (for Individuals) or Business Address

Part IV 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/proposer; that the **PISCATAWAY TOWNSHIP** 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 **PISCATAWAY TOWNSHIP** to notify the PISCATAWAY TOWNSHIP 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, permitting the **PISCATAWAY TOWNSHIP** to declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print):	Amie D. Thornton	Title:	Chief Hospital Executive
Signature:		Date:	July 7, 2021


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

TOWNSHIP OF PISCATAWAY
NEW JERSEY BUSINESS REGISTRATION REQUIREMENTS

Pursuant to N.J.S.A. 52:32-44, Township of Piscataway ("Contracting Agency") is prohibited from entering into a contract with an entity unless the bidder/proposer/contractor, and each subcontractor that is required by law to be named in a bid/proposal/contract has a valid Business Registration Certificate on file with the Division of Revenue and Enterprise Services within the Department of the Treasury.

Prior to contract award or authorization, the contractor shall provide the Contracting Agency with its proof of business registration and that of any named subcontractor(s).

Subcontractors named in a bid or other proposal shall provide proof of business registration to the applicant, who in turn, shall provide it to the Contracting Agency prior to the time a contract, purchase order, or other contracting document is awarded or authorized.

During the course of contract performance:

1. the contractor shall not enter into a contract with a subcontractor unless the subcontractor first provides the contractor with a valid proof of business registration.
2. the contractor shall maintain and submit to the Contracting Agency a list of subcontractors and their addresses that may be updated from time to time.
3. the contractor and any subcontractor providing goods or performing services under the contract, and each of their affiliates, shall collect and remit to the Director of the Division of Taxation in the Department of the Treasury, 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 the State. Any questions in this regard can be directed to the Division of Taxation at (609)292-6400. Form NJ-REG can be filed online at www.state.nj.us/treasury/revenue/busregcert.shtml.

Before final payment is made under the contract, the contractor shall submit to the Contracting Agency a complete and accurate list of all subcontractors used and their addresses.

Pursuant to N.J.S.A. 54:49-4.1, a business organization that fails to provide a copy of a business registration as required, or that provides false business registration information, shall be liable for a penalty of \$25 for each day of violation, not to exceed \$50,000, for each proof of business registration not properly provided under a contract with a contracting agency.

The undersigned acknowledges these requirements and understands that this proposal shall be rejected as non-responsive if said Contractor fails to comply.

Amie D. Thornton

Printed Name of Authorized Agent


Signature of Authorized Agent

Chief Hospital Executive

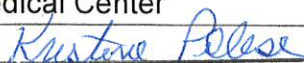
Title

July 7, 2021

Date

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

Company Name



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

TOWNSHIP OF PISCATAWAY

THESE ARE **SAMPLES** OF THE **ONLY** ACCEPTABLE
BUSINESS REGISTRATION CERTIFICATES.

PREFER SUBMITTED WITH BID RESPONSE REQUIRED
BY LAW PRIOR TO AWARD OF CONTRACTS

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE FOR STATE AGENCY AND CASINO SERVICE CONTRACTORS		DEPARTMENT OF TREASURY DIVISION OF REVENUE PO BOX 252 TRENTON, NJ 08646-0252
TAXPAYER NAME:	TRADE NAME:	
TAX REGISTRATION TEST ACCOUNT	CLIENT REGISTRATION	
TAXPAYER IDENTIFICATION#:	SEQUENCE NUMBER:	
970-097-382/500	0107330	
ADDRESS:	ISSUANCE DATE:	
847 ROEBLING AVE	07/14/04	
TRENTON NJ 08611		
EFFECTIVE DATE:		
01/01/01		
FORM BRC(08-01)		

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

STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE	
Taxpayer Name:	TAX REG TEST ACCOUNT
Trade Name:	
Address:	847 ROEBLING AVE TRENTON, NJ 08611
Certificate Number:	1093907
Date of Issuance:	October 14, 2004
For Office Use Only:	
20041014112823533	

REQUIRED

05/30/17

Taxpayer Identification# 226-019-101/000

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)292-9292.

I wish you continued success in your business endeavors.

Sincerely,



James J. Fruscione
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:
THE COMMUNITY HOSPITAL GROUP, INC.

TRADE NAME:
JOHN F KENNEDY MEDICAL CENTER

ADDRESS:
65 JAMES ST
EDISON NJ 08820-3947
EFFECTIVE DATE:

SEQUENCE NUMBER:
0104695

ISSUANCE DATE:
05/30/17

07/01/66


Director
New Jersey Division of Revenue

CRM-BRC
(04-08), D205846V

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

STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF TAXATION
SALES TAX COLLECTION SCHEDULE
RATE 6.875% EFFECTIVE JANUARY 1, 2017

Amount of Sale	Tax to be Collected	Amount of Sale	Tax to be Collected
\$0.01 to \$0.07 ..	None	\$6.04 to \$6.18 ..	\$0.42
0.08 to 0.21 ..	\$0.01	6.19 to 6.32 ..	.43
0.22 to 0.36 ..	.02	6.33 to 6.47 ..	.44
0.37 to 0.50 ..	.03	6.48 to 6.61 ..	.45
0.51 to 0.65 ..	.04	6.62 to 6.76 ..	.46
0.66 to 0.79 ..	.05	6.77 to 6.90 ..	.47
0.80 to 0.94 ..	.06	6.91 to 7.05 ..	.48
0.95 to 1.09 ..	.07	7.06 to 7.20 ..	.49
1.10 to 1.23 ..	.08	7.21 to 7.34 ..	.50
1.24 to 1.38 ..	.09	7.35 to 7.49 ..	.51
1.39 to 1.52 ..	.10	7.50 to 7.63 ..	.52
1.53 to 1.67 ..	.11	7.64 to 7.78 ..	.53
1.68 to 1.81 ..	.12	7.79 to 7.92 ..	.54
1.82 to 1.96 ..	.13	7.93 to 8.07 ..	.55
1.97 to 2.10 ..	.14	8.08 to 8.21 ..	.56
2.11 to 2.25 ..	.15	8.22 to 8.36 ..	.57
2.26 to 2.39 ..	.16	8.37 to 8.50 ..	.58
2.40 to 2.54 ..	.17	8.51 to 8.65 ..	.59
2.55 to 2.69 ..	.18	8.66 to 8.80 ..	.60
2.70 to 2.83 ..	.19	8.81 to 8.94 ..	.61
2.84 to 2.98 ..	.20	8.95 to 9.09 ..	.62
2.99 to 3.12 ..	.21	9.10 to 9.23 ..	.63
3.13 to 3.27 ..	.22	9.24 to 9.38 ..	.64
3.28 to 3.41 ..	.23	9.39 to 9.52 ..	.65
3.42 to 3.56 ..	.24	9.53 to 9.67 ..	.66
3.57 to 3.70 ..	.25	9.68 to 9.81 ..	.67
3.71 to 3.85 ..	.26	9.82 to 9.96 ..	.68
3.86 to 4.00 ..	.27	9.97 to 10.00 ..	.69
4.01 to 4.14 ..	.28	Over \$10 ..	.69*
4.15 to 4.29 ..	.29	Over \$20 ..	1.38*
4.30 to 4.43 ..	.30	Over \$30 ..	2.06*
4.44 to 4.58 ..	.31	Over \$40 ..	2.75*
4.59 to 4.72 ..	.32	Over \$50 ..	3.44*
4.73 to 4.87 ..	.33	Over \$60 ..	4.13*
4.88 to 5.01 ..	.34	Over \$70 ..	4.81*
5.02 to 5.16 ..	.35	Over \$80 ..	5.50*
5.17 to 5.30 ..	.36	Over \$90 ..	6.19*
5.31 to 5.45 ..	.37	Over \$100 ..	6.88*
5.46 to 5.60 ..	.38	Over \$200 ..	13.75*
5.61 to 5.74 ..	.39	Over \$300 ..	20.63*
5.75 to 5.89 ..	.40	Over \$400 ..	27.50*
5.90 to 6.03 ..	.41	Over \$500 ..	34.38*

NOTICE: The enclosed N.J. State Sales Tax Certificate of Authority (CA-1) is a permit to:

- Collect N.J. State Sales Tax
- Issue N.J. Resale Certificates (ST-3)
- Issue N.J. Exempt Use Certificates (ST-4)

Resale and Exempt Use Certificates can be found at: <http://www.nj.gov/treasury/taxation/pmtsale.shtml>

You must have a valid N.J. Sales Tax Certificate to collect Sales Tax or issue certificates.

If you are not subject to collect N.J. Sales Tax but need to issue Resale or Exempt Use Certificates, you can request to be placed on a "Non-reporting Basis". To be placed on a "Non-reporting Basis" you must complete Form ST-6205.

This form can be obtained by downloading it at:

http://www.nj.gov/treasury/taxation/pdf/other_forms/sales/c6205st.pdf or by calling (609) 292-9292.

This Certificate of Authority (CA-1) must be displayed at your place of business.

STATE OF NEW JERSEY
Certificate of Authority

DIVISION OF TAXATION
TRENTON, N.J. 08695

The person, partnership or corporation named below is hereby authorized to collect:
NEW JERSEY SALES & USE TAX

pursuant to: N.J.S.A. 54:32B-1 ET SEQ.

This authorization is good ONLY for the named person at the location specified herein.
This authorization is null and void if any change of ownership or address is effected

**THE COMMUNITY HOSPITAL GROUP,
JOHN F KENNEDY MEDICAL CENTER
65 JAMES ST
EDISON NJ 08820-3947**

Tax Registration No.: **XXX-XXX-101/000**

Tax Effective Date: **07-01-07**

Document Locator No.: **B0000952576**

Date Issued: **05-30-17**

Acting Director, Division of Taxation

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

TOWNSHIP OF PISCATAWAY
DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

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

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 the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the New Jersey Department of the Treasury as a person or entity engaging in investment activities in Iran. If the Director finds a person or entity to be in violation of the principles which are the subject of this 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, declaring the party in default and seeking debarment or suspension of the person or entity.

I certify, pursuant to Public Law 2012, c. 25, that the person or entity listed above for which I am authorized to submit a proposal: Must check appropriate boxes

- ☒ Is not providing goods or services of \$20,000,000 or more in the energy sector of Iran, including a person or entity that provides oil or liquefied natural gas tankers, or products used to construct or maintain pipelines used to transport oil or liquefied natural gas, for the energy sector of Iran, and
- ☒ Is not a financial institution that extends \$20,000,000 or more in credit to another person or entity, for 45 days, or more, if that person or entity will use the credit to provide goods or services in the energy sector in Iran.

In the event that a person or entity is unable to make the above certification because it or one of its parents, subsidiaries, or affiliates has engaged in the above referenced activities, a detailed, accurate and precise description of the activities must be provided in part 2 below to the Township of Piscataway under penalty of perjury. 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.

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 proposer, or one of its parents, subsidiaries or affiliates, engaging in the investment activities in Iran outlined above by completing the boxes below.

Name: _____	Relationship to Proposer: _____
Description of Activities: _____	
Duration of Engagement: _____ Anticipated Cessation Date: _____	
Proposer Contact Name: _____ Contact Phone Number: _____	

Certification: I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto to the best of my knowledge are true and complete. I attest that I am authorized to execute this certification on behalf of the above referenced person or entity. I acknowledge that the Township of Piscataway, State of New Jersey is relying on the information contained herein and thereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the Township to notify the Township in writing of any changes to the answers of information contained herein. I acknowledge 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 recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the Township of Piscataway, State of New Jersey and that the Township at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Amie D. Thornton

Signature: *Amie Thornton*

Title: Chief Hospital Executive

Date: July 7, 2021

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

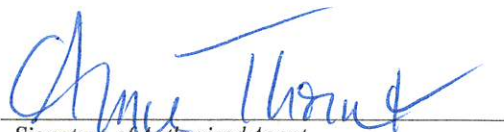
FALSE STATEMENT PENALTIES CERTIFICATION

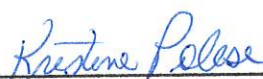
N.J.S.A. 40A:11-34

Any person who makes or causes to be made, a false, deceptive or fraudulent statement in the statement or answers in response to the questionnaire, or in the course of any hearing hereunder, shall be guilty of a misdemeanor, and upon conviction shall be punishable by a fine of not less than \$100.00 nor more than \$1,000.00, and shall be permanently disqualified from bidding on all public work or contracts of the contracting unit which submitted the questionnaire; or, in the case of an individual or an officer or employee charged with the duty of responding to the questionnaire for a person, firm, co-partnership, association or corporation, by such fine or by imprisonment, not exceeding 6 months, or both.

I hereby certify that as a duly authorized agent of the Applicant and the requirements of N.J.S.A. 40A:11-34 have been read and are understood.

Amie D.Thornton, Chief Hospital Executive
Printed Name of Authorized Agent


Signature of Authorized Agent


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

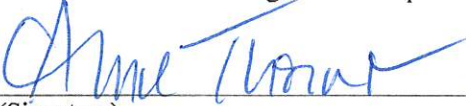
AFFIDAVIT OF NON-COLLUSION

The undersigned bidder of full age, being duly sworn according to law depose and hereby specifically certifies that:

- a. To the best of the bidder's knowledge and belief, the annexed bid proposal for this project has not been prepared in collusion with any other bidder of like item or services and the prices, discounts, terms and conditions thereof have not been directly or indirectly communicated by or on behalf of the bidder to any person other than the recipient of the bid and will not be communicated to any person prior to the official opening of the bid.
- b. The bidder fully understands that no premiums, rebates, or gratuities are permitted either with, prior to, or after signing of contract. Any violation will result in cancellation and removal from the bid list.
- c. The bidder further certifies that the undersigned has the necessary authority to sign this stipulation stating that the bidder has not entered into any agreement, or otherwise taken any action in restraint of free competitive bidding in connection with this bid.

All references to the bidder are understood to include the undersigned and all principals, partners and officers of the bidder.

DATED: July 7, 2021


(Signature)

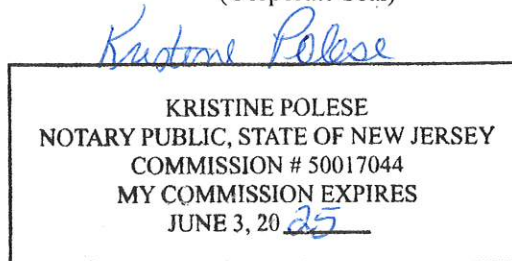
Amie D. Thornton, Chief Hospital Executive
(Name and Title)

HMH Hospitals Corporation d/b/a JFK University Medical Center
(Company Name)

65 James Street
(Address)

Edison, NJ 08820
(City, State, Zip Code)

(Corporate Seal)



**TOWNSHIP OF PISCATAWAY
AMBULANCE SERVICE ENTITY INFORMATION FORM**

If the Ambulance Service Entity is an **INDIVIDUAL**, sign name and give the following information:

Name: _____

Address: _____

Telephone No.: _____ Social Security No.: _____

Fax No.: _____ E-Mail: _____

If individual has a TRADE NAME, give such trade name:

Trading As: _____ Telephone No.: _____

If the Ambulance Service Entity is a **PARTNERSHIP**, give the following information:

Name of Partners: _____

Firm Name: _____

Address: _____

Telephone No. _____ Federal I.D. No.: _____

Fax No.: _____ E-Mail: _____

Social Security No.: _____

Signature of authorized agent: _____

If the Ambulance Service Entity is **INCORPORATED**, give the following information:

State under whose laws incorporated: New Jersey

Location of principal office: 65 James Street, Edison, NJ 08820

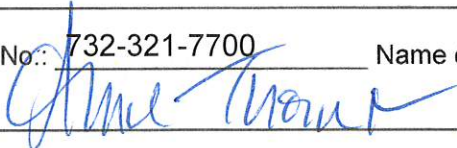
Telephone No.: 732-744-5710 Federal I.D. No.: 22-1487576

Fax No.: 732-248-0772 E-Mail: Amie.Thornton@hmn.org

Name of agent in charge of said office upon whom notice may be legally served:

Amie D. Thornton, Chief Hospital Executive

Telephone No.: 732-321-7700 Name of Corporation: HMH Hospitals Corporation d/b/a
JFK University Medical Center

Signature:  By: Amie D. Thornton

Title: Chief Hospital Executive Address: 65 James Street, Edison, NJ 08820

Kristine Polese

TOWNSHIP OF PISCATWAY

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:** *Attach additional sheets as necessary.*

Please see pages 14 and 15 of the proposal for the leadership biographies and
appendix 5 of the proposal for all BLS team members.

- 2. References and record of success of same or similar service:**

Please see pages 4 and 5 of the proposal.

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)

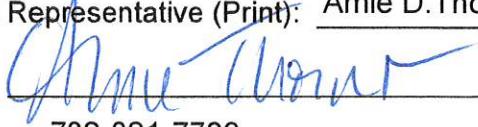
YEAR-SEPTEMBER 6, 2021-DECEMBER 31, 2021	\$	\$ 62,600.00
YEAR-JANUARY 1, 2022-DECEMBER 31, 2022	\$	\$198,619.00
YEAR-JANUARY 1, 2023-DECEMBER 31, 2023	\$	\$201,613.00
YEAR -JANUARY 1, 2024- DECEMBER 31, 2024	\$	\$204,607.00
YEAR-JANUARY 1 2025 TO DECEMBER 31, 2025	\$	\$207,607.00
YEAR- JANUARY 1, 2026 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.

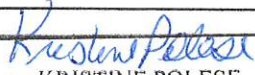
Firm: HMH Hospitals Corporation d/b/a
JFK University Medical Center Date: July 7, 2021

Authorized Representative (Print): Amie D.Thornton

Signature:  Title: Chief Hospital Executive

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

E-Mail: Amie.Thornton@hmn.org


KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 2025

HOLD HARMLESS AGREEMENT

HMH Hospitals Corporation d/b/a
JFK University Medical Center
"To the fullest extent permitted by law, _____
(Name of Contractor/Vendor/Facility User) agrees to defend, pay on behalf of,
indemnify, and hold harmless the Township of Piscataway, its elected and appointed
officials, its agents, employees and volunteers and others working on behalf of the
Township of Piscataway, against any and all claims, demands, suits, or loss including all
costs connected therewith, and for any damages which may be asserted, claimed or
recovered against or from the Township of Piscataway, its elected and appointed
officials, its agents, employees, volunteers or others working on behalf of the Township
of Piscataway, by reason of personal injury, including bodily injury or death and/or
property damage, including loss of use thereof, which arises out of or is in any way
connected for associated with this contract"

HMH Hospitals Corporation d/b/a
By: JFK University Medical Center
Contractor/Vendor/Facility User

Township Of Piscataway

Amie Thornton
(Authorized Signature)

Amie D. Thornton, Chief Hospital Executive
(Printed Name of Above)

65 James Street
(Address)

Edison, NJ 08820
(City, State, Zip)

732-321-7700
(Phone)

Kristine Polese

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

BIDDER'S AFFIDAVIT

I, Amie D. Thornton, being duly sworn, deposes that he/she

resides at 214 Bertrand Drive, Princeton, NJ 08540

and that he/she is the Chief Hospital Executive of HMH Hospitals Corporation d/b/a
(Title) (Name of Bidder)

I am duly authorized to sign the bid and that bid is the true offer of the bidder, that the seal attached thereto is the seal of the bidder, and that each, every and all the declarations and statements contained in the bid and any and all affidavits, questionnaires and documents submitted pursuant to the proposal forbids are true to the best of my knowledge and belief.

Amie Thornton
(Affiant)

(Corporate Seal)

Kristine Polese
KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 2025

PLAN, EXPERIENCE AND EQUIPMENT QUESTIONNAIRE

Submitted to Township of Piscataway

HMH Hospitals Corporation d/b/a

)A Corporation

By JEK University Medical Center

)A Copartnership

)An Individual

Principal Office Amie D. Thornton

The signatory of this questionnaire guarantees the truth and accuracy of all statements and of all answers to interrogatories hereinafter made.

- 1) In what manner have you inspected the proposed work? (explain in detail)

Not applicable.

- 2) Explain your plan or layout for performing the proposed work.

Please see proposal.

- 3) The work, if awarded to you, will have the personal supervision of whom?

Mark Bober

4.1) How many years has your organization been in business under your present name?

JFK Medical Center has had EMS since 1976

4.2) Have you ever failed to complete any work awarded to you? Yes ____ No ☒
(If yes, attach additional sheet with details and explanation.)

5) Do you intend to sublet any portion(s) of this work? Yes ____ No ☒
If yes, state amount of sub-contract, and if known, the name and address of the sub-contractor, amount and type of his equipment and financial responsibility.

6.) What equipment do you own that is available for and intended to be used on the present project?

QUANTITY	ITEM	DESCRIPTION, SIZE, CAPACITY, ETC	CONDITION	YEARS OF SERVICE	PRESENT LOCATION
Please see appendix 6 of the proposal.					

- 7.) What equipment do you intend to purchase or lease for use on the proposed work, should the contract be awarded to you?

QUANTITY	ITEM	DESCRIPTION, SIZE, CAPACITY, ETC	APPROXIMATE COST	
			PURCHASE	LEASE
Not applicable				

- 8) Have you made contracts or received firm offers for all materials prices used in preparing your proposal ? Yes ____ No ☒ Do not give names of dealers or manufacturers.

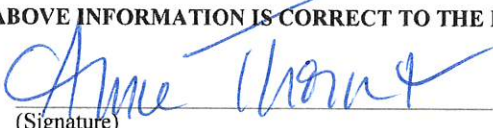
STATUS OF PRESENT AND PAST CONTRACTS

9) Give full information about past and present contracts, whether private or governmental contracts, whether prime or sub-contracts; whether completed or in progress or awarded but not yet begun; or whether you are low bidder pending award of contract.

OWNER	LOCATION	DESCRIPTION	ADJUSTED CONTRACT AMOUNT	AMOUNT COMPLETED AND BILLED	ADDITIONAL EARNED SINCE LAST ESTIMATE	BALANCE TO BE COMPLETED	ESTIMATED DATE OF COMPLETION
See attached spreadsheet.							

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

DATED: July 7, 2021


(Signature)

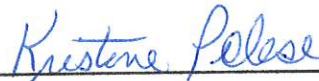
Amie D. Thornton, Chief Hospital Executive
(Name and Title)

HMH Hospitals Corporation d/b/a JFK University Medical Center
(Company Name)

65 James Street
(Address)

Edison, NJ 08820
(City, State, Zip Code)

(Corporate Seal)



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

TOWNSHIP OF PISCATAWAY

RESPONSIBILITY ACKNOWLEDGEMENT POST CONTRACT AWARD

The undersigned hereby acknowledges that the following documents shall be submitted, in accordance with the Checklist of Required Documents, to the Division of Purchasing within 10 days after receiving a notification of award of contract.

Signed Contracts

- In accordance with Instructions for Applicants section "Notification of Award"

Certification of Insurance

- In accordance with the Instructions for Applicants section "Insurance"

Company Principal that will sign the Contract

Print Name : Amie D. Thornton, Chief Hospital Executive

Amie D. Thornton

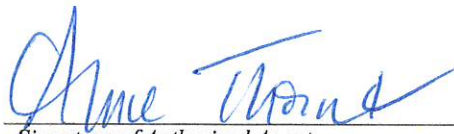
Printed Name of Authorized Agent

Chief Hospital Executive

Title

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

Company Name



Signature of Authorized Agent

July 7, 2021

Date



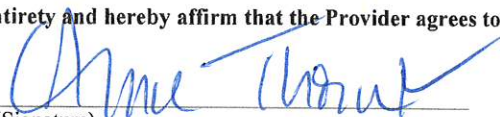
KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 20 25

TOWNSHIP OF PISCATAWAY

ACKNOWLEDGEMENT

I have read this RFP in its entirety and hereby affirm that the Provider agrees to all criteria as outlined.

DATED: July 7, 2021


(Signature)

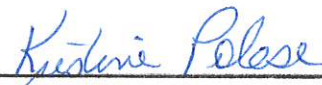
Amie D. Thornton, Chief Hospital Executive
(Name and Title)

HMH Hospitals Corporation d/b/a JFK University Medical Center
(Company Name)

65 James Street
(Address)

Edison, NJ 08820
(City, State, Zip Code)

(Corporate Seal)



KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 2025

TOWNSHIP OF PISCATAWAY

INSURANCE REQUIREMENTS AND ACKNOWLEDGEMENT FORM

Certificate(s) of Insurance shall be filed with the Township Purchasing Office upon award of contract by the Mayor and Township Council.

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

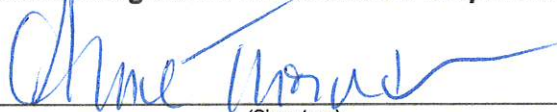
GENERAL & UMBRELLA LIABILITY INSURANCE

Limits shall be a minimum of \$3,000,000.00 for each claim and \$10,000,000.00 aggregate each policy period.

ADDITIONAL INSURED

The Township of Piscataway must be named additional Insured and loss payee.
The description of the Services, Location must be listed.

Acknowledgement of Insurance Requirement:

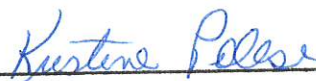

(Signature)

July 7, 2021

(Date)

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

(Printed Name and Title)



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

SAMPLE:

INSURANCE REQUIREMENTS

Suppliers – Office supplies, furniture & fixtures, materials consumed quickly.

Professional Services – Attorney, accountants, consultants, engineers, medical service vendors

Miscellaneous Services – Temporary help and personnel labor suppliers.

REQUIREMENTS

I. SUPPLIERS

A Commercial General Liability	\$500,000
B Automobile Liability	\$500,000
C Workers' Compensation	Statutory
D Municipality to be named "Additional Insured"	
E 60 days notice of cancellation	

II PROFESSIONAL SERVICES

A Commercial General Liability	\$1,000,000
B Automobile Liability	\$ 500,000
C Workers' Compensation	Statutory
D Professional Liability (E&O, Malpractice)	\$1,000,000
E No "Additional Insured" Requirement	
F 60 days notice of cancellation	

III MISCELLANEOUS SERVICES

A Commercial General Liability	\$500,000
B Automobile Liability	\$500,000
C Workers' Compensation	Statutory
D Municipality to be named "Additional Insured"	
E 60 days notice of cancellation	

ADDITIONAL INSURED

The Township of Piscataway must be named additional Insured.
The description of the Goods & Services must be listed.

SAMPLE CERTIFICATE OF INSURANCE



CERTIFICATE OF LIABILITY INSURANCE

DATE (mm/dd/yyyy)

PRODUCER Applicants Insurance Company Name and Address	THIS CERTIFICATION IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.	
	INSURERS AFFORDING COVERAGE	NAIC #
INSURED Applicants Company Name and Address	INSURER A: INSURER B: INSURER C: INSURER D: INSURER E:	

COVERAGES					
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. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.					
TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (mm/dd/yyyy)	POLICY EXPIRATION DATE (mm/dd/yyyy)	LIMITS	
GENERAL LIABILITY ☐ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS MADE ☐ OCCUR ☐ GEN'L AGGREGATE LIMIT APPLIES PER POLICY ☐ 100 ☐ 1000 ☐ 10000	Policy Number	Term		EACH OCCURRENCE \$ \$1,000,000 DAMAGE TO RENTED PREMISES (EA OCCURRENCE) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMPROP AGG \$	
AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ ALL OWNED AUTOS ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ☐ NON-OWNED AUTOS	Policy Number	Term		UNLIMITED SINGLE LIMIT (EA ACCIDENT) \$ \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$	
CARTRIDGE LIABILITY ☐ ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY AGG \$	
EXCESS/UMBRELLA LIABILITY ☐ OCCUR ☐ CLAIMS MADE ☐ DEDUCTIBLE \$ ☐ RETENTION \$	Policy Number	Term		EACH OCCURRENCE \$ \$2,000,000 AGGREGATE \$ DEDUCTIBLE \$ RETENTION \$	
WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPERTY DAMAGE/RELEVANT OFFICER/EMPLOYEE EXCLUDED? If yes, describe above SPECIAL PROVISIONS below OTHER	Policy Number If applicable	Term		☐ RETIRABLE ☐ NON-RETIRABLE E.L. EACH ACCIDENT \$ \$100,000 E.L. DISEASE - EA EMPLOYEE \$ \$100,000 E.L. DISEASE - POLICY LIMIT \$ \$500,000	

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS

Leave Blank PROJECT NAME

CERTIFICATE HOLDER ATTN: TOWNSHIP OF PISCATAWAY 455 HOES LANE PISCATAWAY, NJ 08854	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL INDICATE TO MAIL DATE WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE ISSUER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE
--	---

CERTIFICATE OF INSURANCE

2021/21672

ISSUE DATE June 21, 2021**PRODUCER**

HM CASUALTY COMPANY LTD.
C/O DYNA MANAGEMENT SERVICES LTD.
1 VICTORIA STREET
HAMILTON HM 11
BERMUDA
PHONE: (441) 294-3962 FAX: (441) 292-1723

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY
AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS
CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE
COVERAGE AFFORDED BY THE POLICIES BELOW.

COMPANIES AFFORDING COVERAGES

HMH CASUALTY COMPANY LTD.

INSURED

HACKENSACK MERIDIAN HEALTH, INC.
343 THORNALL STREET
EDISON, NJ 08837
U.S.A.

COVERAGES

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 MAY HAVE BEEN REDUCED BY PAID CLAIMS.

TYPE OF INSURANCE	POLICY NUMBER	POLICY INCEPTION	POLICY EXPIRATION	LIMITS
General Liability Health Care Facility Professional Liability	HMH-2021-01	January 1, 2021	January 1, 2022	US\$4,000,000 each and every claim
Excess Liability	HMH-2021-02	January 1, 2021	January 1, 2022	Difference between US\$20,000,000 each claim/ US\$20,000,000 aggregate and underlying primary limits

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/SPECIAL ITEMS

Re: Ambulance Services RFP for the Township of Piscataway

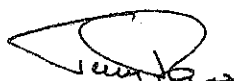
The Township of Piscataway is included as Additional Insured for General Liability where required by written contract.

CERTIFICATE HOLDER

Township of Piscataway
455 Hoes Lane
Piscataway, NJ 08854

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.



SIGNED AUTHORIZED REPRESENTATIVE



HACKMER-01

JERWIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/24/2021

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 William H. Connolly & Co., LLC 56 Park Street Montclair, NJ 07042	CONTACT NAME:	
	PHONE (A/C, No, Ext): (973) 744-8500 FAX (A/C, No): (973) 744-6021	
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Safety National Casualty Corporation	
INSURED Hackensack Meridian Health, Inc. 343 Thornall Street, 8th Floor Edison, NJ 08837	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY						
	☐ CLAIMS-MADE ☐ OCCUR						EACH OCCURRENCE \$
							DAMAGE TO RENTED PREMISES (Ea occurrence) \$
							MED EXP (Any one person) \$
							PERSONAL & ADV INJURY \$
							GENERAL AGGREGATE \$
							PRODUCTS - COMP/OP AGG \$
	GEN'L AGGREGATE LIMIT APPLIES PER:						
	☐ POLICY ☐ PROJECT ☐ LOC						
	OTHER:						
	COMMOBILE LIABILITY						
	ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS						COMBINED SINGLE LIMIT (Ea accident) \$
	HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY						BODILY INJURY (Per person) \$
							BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB ☐ CLAIMS-MADE						AGGREGATE \$
	DED ☐ RETENTION \$ ☐						
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N						☒ PER STATUTE ☐ OTHER
	If yes, describe under DESCRIPTION OF OPERATIONS below			SP4063546	6/30/2021	6/30/2022	E.L. EACH ACCIDENT \$ 1,000,000
							E.L. DISEASE - EA EMPLOYEE \$ 1,000,000
							E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
This policy is Excess Workers Compensation insurance for a state approved self-insured Workers Compensation insurance plan.

Re: Ambulance Services RFP for the Township of Piscataway

CERTIFICATE HOLDER

CANCELLATION

Township of Piscataway
455 Hoes Lane
Piscataway, NJ 08854

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



HACKMER-01

JERWIN

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

6/21/2021

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 William H. Connolly & Co., LLC 56 Park Street Montclair, NJ 07042	CONTACT NAME: PHONE (A/C, No, Ext): (973) 744-8500 FAX (A/C, No): (973) 744-6021 E-MAIL: ADDRESS:																					
INSURED Hackensack Meridian Health Inc. 343 Thornall Street Edison, NJ 08837	<table border="1"><thead><tr><th colspan="2">INSURER(S) AFFORDING COVERAGE</th><th>NAIC #</th></tr></thead><tbody><tr><td>INSURER A:</td><td>Chubb Insurance Company of N.J.</td><td>41386</td></tr><tr><td>INSURER B:</td><td></td><td></td></tr><tr><td>INSURER C:</td><td></td><td></td></tr><tr><td>INSURER D:</td><td></td><td></td></tr><tr><td>INSURER E:</td><td></td><td></td></tr><tr><td>INSURER F:</td><td></td><td></td></tr></tbody></table>	INSURER(S) AFFORDING COVERAGE		NAIC #	INSURER A:	Chubb Insurance Company of N.J.	41386	INSURER B:			INSURER C:			INSURER D:			INSURER E:			INSURER F:		
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INSURER F:																						

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PROJECT ☐ LOC OTHER: MOBILE LIABILITY ☒ ANY AUTO OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY			73607188	1/1/2021	1/1/2022	EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ COMBINED SINGLE LIMIT (Ea accident) \$ 2,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED ☐ RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) ☐ Y/N If yes, describe under DESCRIPTION OF OPERATIONS below: N/A						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Re: Ambulance Services RFP for the Township of Piscataway

CERTIFICATE HOLDER

CANCELLATION

Township of Piscataway 455 Hoes Lane Piscataway, NJ 08854	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
---	---

SAMPLE

TAXPAYER IDENTIFICATION

Form **W-9**
(Rev. November 2017)
Department of the Treasury
Internal Revenue Service

Request for Taxpayer Identification Number and Certification

Give Form to the
requester. Do not
send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ► _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ► _____	
	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>	
	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name and address (optional)
	6 City, state, and ZIP code	
	7 List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1. If you have backup withholding, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number yet, see the instructions for Part I, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name a Taxpayer Should Use to Give the Requester* for guidelines on whose number to enter.

Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign
Here

Signature of
U.S. person ►

Date ►

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What Is Backup Withholding*, later.

Give Form to the requester. Do not send to the IRS.

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type.
See Specific instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line blank. HMH HOSPITALS CORPORATION 2 Business name/disregarded entity name, if different from above JFK UNIVERSITY MEDICAL CENTER 3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes. ☐ Individual/sole proprietor or single-member LLC ☒ C Corporation ☐ S Corporation ☐ Partnership ☐ Trust/estate ☐ Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____ Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner. ☐ Other (see instructions) ▶ _____		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) 5 Exemption from FATCA reporting code (if any) _____ <i>(Applies to accounts maintained outside the U.S.)</i>
5 Address (number, street, and apt. or suite no.) See Instructions. 65 JAMES ST. 6 City, state, and ZIP code EDISON, NJ 08820 7 List account number(s) here (optional)		Requester's name and address (optional)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

[illegible]

Under penalties of perjury, I certify that:

1. The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign this certification, but you must provide your correct TIN. See the instructions for Part II, later.

**Sign
Here**

**Signature of
U.S. person ►**

Steven Cline

Date ▶ 6/30/2021

General Instructions

6684501A822940A...

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

SAMPLEState of New Jersey
DIVISION OF TAXATION**SALES TAX**CONTRACTOR'S NEW JERSEY
TAX REGISTRATION NUMBERTo be completed by contractor
and retained by seller.**FORM ST-13** **SAMPLE****CONTRACTOR'S EXEMPT PURCHASE CERTIFICATE**TO: _____
(Name of Seller) (Date)_____
(Address of Seller)

The materials, supplies, or services purchased by the undersigned are for exclusive use in erecting structures, or building on, or otherwise improving, altering or repairing real property of the exempt organization, governmental entity, or qualified housing sponsor named below and are exempt from Sales and Use Tax under N.J.S.A. 54:32B-8.22.

THIS CONTRACT COVERS WORK TO BE PERFORMED FOR: (Check one)

☐ EXEMPT ORGANIZATION

Name of Exempt Organization _____

Address _____

Exempt Organization Number _____

☒ NEW JERSEY OR FEDERAL GOVERNMENTAL ENTITY

Name of Governmental Entity _____ TOWNSHIP OF PISCATAWAY

Address of Governmental Entity _____ 455 HOES LANE, PISCATAWAY, NJ 08854

☐ QUALIFIED HOUSING SPONSOR

Name of Qualified Housing Sponsor _____

Address of Qualified Housing Sponsor _____

ADDRESS OR LOCATION OF CONTRACT WORK SITE: (property must be owned or leased by one of the above)

455 HOES LANE, PISCATAWAY, NJ 08854

I, the undersigned contractor, hereby verify and affirm that all of the information shown on this certificate is true.

SAMPLE

Name of Contractor as registered with the New Jersey Division of Taxation

Address of Contractor

Signature of Contractor or Authorized Employee

See INSTRUCTIONS on reverse side.

1. **Good Faith-** To act in good faith means to act in accordance with standards of honesty. In general, registered sellers who accept exemption certificates in good faith are relieved of liability for the collection and payment of sales tax on the transactions covered by the exemption certificate.

In order for good faith to be established, the following conditions must be met:

- (a) Certificate must contain no statement or entry which the seller knows is false or misleading;
- (b) Certificate must be an official form or a proper and substantive reproduction, including electronic;
- (c) Certificate must be filled out completely;
- (d) Certificate must be dated and include the purchaser's New Jersey tax identification number or, for a purchaser that is not registered in New Jersey, the Federal employer identification number or out-of-State registration number. Individual purchasers must include their driver's license number; and
- (e) Certificate or required data must be provided within 90 days of the sale.

The seller may, therefore, accept this certificate in good faith as a basis for exempting sales to the signatory purchaser and is relieved of liability even if it is determined that the purchaser improperly claimed the exemption.

2. **Improper Certificate** - Sales transactions which are not supported by properly executed exemption certificates are deemed to be taxable retail sales. In this situation, the burden of proof that the tax was not required to be collected is upon the seller.
3. **Correction of Certificate** - In general, sellers have 90 days after the date of sale to obtain a corrected certificate where the original certificate lacked material information required to be set forth in said certificate or where such information is incorrectly stated.
4. **Additional Purchases by Same Purchaser** - This Certificate will serve to cover additional purchases by the same purchaser of the same general type of property or service. However, each subsequent sales slip or purchase invoice based on this Certificate must show the purchaser's name, address and Certificate of Authority Number for purpose of verification.
5. **Retention of Certificates** - Certificates must be retained by the seller for a period of not less than four years from the date of the last sale covered by the certificate. Certificates must be in the physical possession of the seller and available for inspection on or before the 90th day following the date of the transaction to which the certificate relates.
6. **Definitions:**

"Contractor" - means any individual, partnership, corporation or other commercial entity engaged in any business involving erecting structures for others, or building on, or otherwise improving, altering, or repairing real property of others.

"Exempt Organization" - is any organization which holds a valid exempt organization permit issued pursuant to the provisions of N.J.S.A. 54:32B-9(b) which has issued an ST-5 Exempt Organization Certificate to the contractor.

"New Jersey or Federal Governmental Entity" - is any agency, instrumentality, political subdivision, authority, or public corporation of the governments of the United States of America or the State of New Jersey. Governmental agencies, instrumentalities or political subdivisions of states other than New Jersey do not qualify for exemption.

"Qualified Housing Sponsor" - is any person, partnership, corporation or association certified by the New Jersey Housing and Mortgage Finance Agency to have obtained financing, in addition to federal, state or local government subsidies, for a housing project from the New Jersey Housing and Mortgage Finance Agency pursuant to N.J.S.A. 55:14K-1, et seq. and has issued a New Jersey Sales and Use Tax Housing Sponsor Letter of Exemption to the contractor.

PRIVATE REPRODUCTION of Contractor's Exempt Purchase Certificates may be made without the prior permission of the Division of Taxation.

FOR MORE INFORMATION:

Call the Customer Service Center (609) 292-6400. Send an e-mail to nj.taxation@treas.state.nj.us. Write to: New Jersey Division of Taxation, Information and Publications Branch, PO Box 281, Trenton, NJ 08695-0281.

State of New Jersey
DIVISION OF TAXATION

SALES TAX

FORM ST-13

CONTRACTOR'S NEW JERSEY TAX
REGISTRATION NUMBER*

22-1487576

To be completed by contractor and
retained by seller.

CONTRACTOR'S EXEMPT PURCHASE CERTIFICATE

TO: HMH Hospitals Corporation d/b/a JFK University Medical Center07/06/21

(Name of Seller)

(Date)

65 James Street, Edison, NJ 08820

(Address of Seller)

The materials, supplies, or services purchased by the undersigned are for exclusive use in erecting structures, or building on, or otherwise improving, altering, or repairing real property of an exempt organization, governmental entity, or qualified housing sponsor and are exempt from Sales and Use Tax under N.J.S.A. 54:32B-8.22. For purposes of this exemption, "exclusive use" means that the supplies and materials purchased will be entirely used or consumed on the job contracted for by the exempt organization, governmental entity, or qualified housing sponsor named below.

*THE EXEMPTION APPLIES AS LONG AS THE PROPERTY IS OWNED (OR LEASED) BY: (Check one)

☐ EXEMPT ORGANIZATION

Name of Exempt Organization

Address

Exempt Organization Number

☒ NEW JERSEY OR FEDERAL GOVERNMENTAL ENTITYName of Governmental Entity Township of PiscatawayAddress of Governmental Entity 455 Hoes Lane, Piscataway, NJ 08854☐ QUALIFIED HOUSING SPONSOR

Name of Qualified Housing Sponsor

Address of Qualified Housing Sponsor

ADDRESS OR LOCATION OF CONTRACT WORK SITE: (property must be owned or leased by one of the above)

455 Hoes Lane, Piscataway, NJ 08854

I, the undersigned contractor, hereby verify and affirm that all of the information shown on this certificate is true.

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

Name of Contractor as registered with the New Jersey Division of Taxation*

65 James Street, Edison, NJ 08820

Address of Contractor*

Signature of Contractor or Authorized Employee*

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

See INSTRUCTIONS on reverse side.

**INSTRUCTIONS TO SELLERS CONCERNING
CONTRACTOR'S EXEMPT PURCHASE CERTIFICATES - ST-13**

1. Registered sellers who accept fully completed exemption certificates within 90 days subsequent to the date of sale are relieved of liability for the collection and payment of sales tax on the transactions covered by the exemption certificate. The following information must be obtained from a purchaser in order for the exemption certificate to be fully completed:

- Purchaser's name and address;
- Type of business;
- Reasons(s) for exemption;
- Purchaser's New Jersey tax identification number or, for a purchaser that is not registered in New Jersey, the Federal employer identification number or out-of-State registration number. Individual purchasers must include their driver's license number;
- If a paper exemption certificate is used (including fax), the signature of the purchaser.

The seller's name and address are not required and are not considered when determining if an exemption certificate is fully completed. A seller that enters data elements from paper into an electronic format is not required to retain the paper exemption certificate.

The seller may, therefore, accept this certificate as a basis for exempting sales to the signatory purchaser and is relieved of liability even if it is determined that the purchaser improperly claimed the exemption. If it is determined that the purchaser improperly claimed an exemption, the purchaser will be held liable for the nonpayment of the tax.

2. **Retention of Certificates** - Certificates must be retained by the seller for a period of not less than four years from the date of the last sale covered by the certificate. Certificates must be in the physical possession of the seller and available for inspection.
3. **Acceptance of an exemption certificate in an audit situation** - On and after October 1, 2011, if the seller either has not obtained an exemption certificate or the seller has obtained an incomplete exemption certificate, the seller has at least 120 days after the Division's request for substantiation of the claimed exemption to either:
1. Obtain a fully completed exemption certificate from the purchaser, taken in good faith, which, in an audit situation, means that the seller obtain a certificate claiming an exemption that:
 - (a) was statutorily available on the date of the transaction, and
 - (b) could be applicable to the item being purchased, and
 - (c) is reasonable for the purchaser's type of business; OR
 2. Obtain other information establishing that the transaction was not subject to the tax.

If the seller obtains this information, the seller is relieved of any liability for the tax on the transaction unless it is discovered through the audit process that the seller had knowledge or had reason to know at the time such information was provided that the information relating to the exemption claimed was materially false or the seller otherwise knowingly participated in activity intended to purposefully evade the tax that is properly due on the transaction. The burden is on the Division to establish that the seller had knowledge or had reason to know at the time the information was provided that the information was materially false.

4. **Additional Purchases by Same Purchaser** - This Certificate will serve to cover additional purchases by the same purchaser of the same general type of product or service.
5. **Definitions:**

"Contractor" - means any individual, partnership, corporation or other commercial entity engaged in any business involving erecting structures for others, or building on, or otherwise improving, altering, or repairing real property of others.

"Exempt Organization" - is any organization which holds a valid exempt organization permit issued pursuant to the provisions of N.J.S.A. 54:32B-9(b) which has issued an ST-5 Exempt Organization Certificate to the contractor.

"New Jersey or Federal Governmental Entity" - is any agency, instrumentality, political subdivision, authority, or public corporation of the governments of the United States of America or the State of New Jersey. Governmental agencies, instrumentalities or political subdivisions of states other than New Jersey do not qualify for exemption.

"Qualified Housing Sponsor" - is any person, partnership, corporation or association certified by the New Jersey Housing and Mortgage Finance Agency to have obtained financing, in addition to federal, state or local government subsidies, for a housing project from the New Jersey Housing Mortgage Finance Agency pursuant to N.J.S.A. 55:14K-1, et seq. and has issued a New Jersey Sales and Use Tax Housing Sponsor Letter of Exemption to the contractor.

PRIVATE REPRODUCTION of Contractor's Exempt Purchase Certificates may be made without the prior permission of the Division of Taxation.

MORE INFORMATION: Read publication S&U-6 (Sales Tax Exemption Administration) at
<http://www.state.nj.us/treasury/taxation/pdf/pubs/sales/su6.pdf>

DO NOT MAIL THIS FORM TO THE DIVISION OF TAXATION

This form is to be completed by contractor and given to and retained by seller.

TOWNSHIP OF PISCATAWAY

ACKNOWLEDGEMENT OF CORRECTIONS, ADDITIONS AND DELETIONS FORM

I, Amie D. Thornton

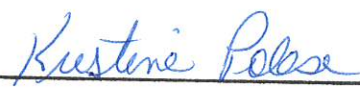
of the firm HMH Hospitals Corporation d/b/a JFK University Medical Center

hereby acknowledge that any corrections, additions and/or deletions
have been initialed and dated in this Submission Package.


(Signature)

Amie D. Thornton, Chief Hospital Executive
(Type or Print name of affiant and Title, under signature)

July 7, 2021
(Date)

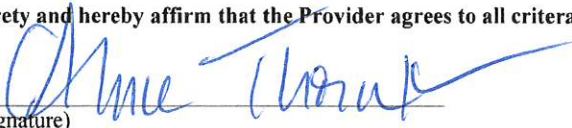

KRISTINE POLESE
NOTARY PUBLIC, STATE OF NEW JERSEY
COMMISSION # 50017044
MY COMMISSION EXPIRES
JUNE 3, 20 25

TOWNSHIP OF PISCATAWAY

ACKNOWLEDGEMENT

I have read this RFP in its entirety and hereby affirm that the Provider agrees to all criteria as outlined.

DATED: July 7, 2021


(Signature)

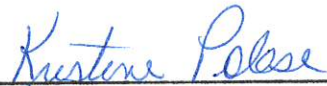
Amie D. Thornton, Chief Hospital Executive
(Name and Title)

HMH Hospitals Corporation d/b/a JFK University Medical Center
(Company Name)

65 James Street
(Address)

Edison, NJ 08820
(City, State, Zip Code)

(Corporate Seal)



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

THE TOWNSHIP OF PISCATAWAY



LAST PAGE