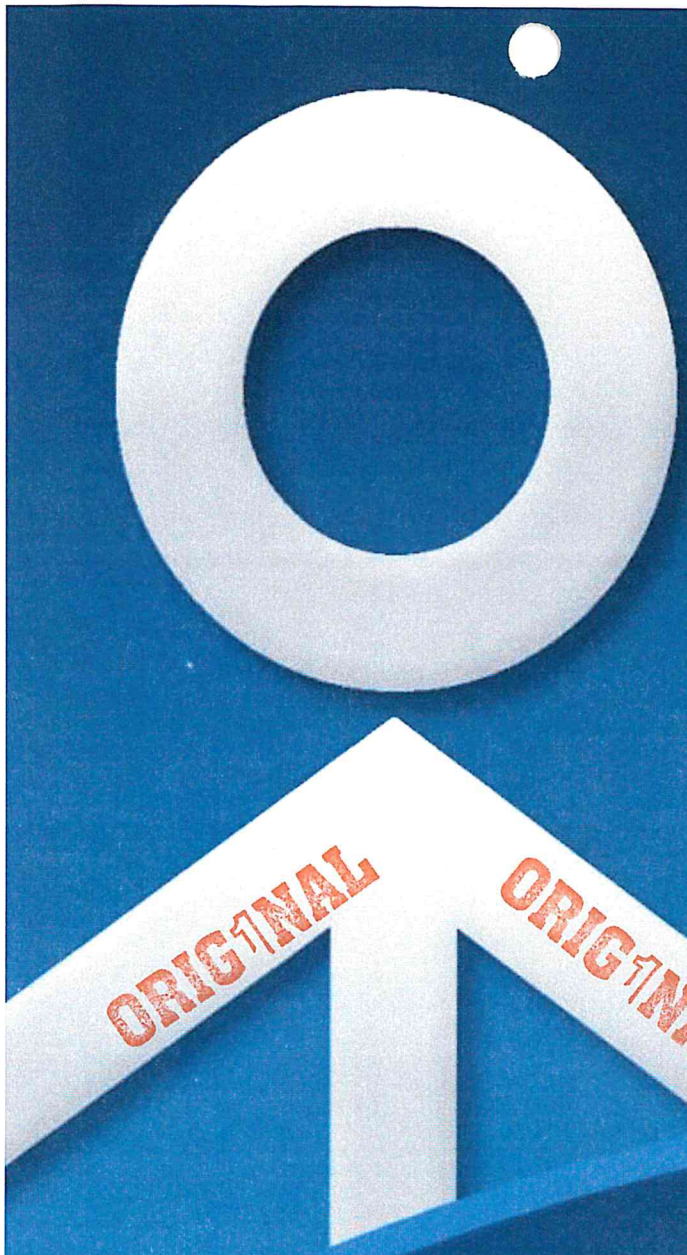

CFG HEALTH SYSTEMS, LLC

765 E. Route 70
Suite A-100
Marlton, NJ 08053
(856) 797-4800 phone
(856) 797-4813 fax

Proposal for Psychological/Psychiatric Services for the Salem County Correctional Facility

December 11, 2019 at 11:00 AM

Attention: Deborah Tuner-Fox,
Qualified Purchasing Agent
110 5th Street
Suite 400
Salem, NJ 08079

December 11, 2019

Office of the Salem County Purchasing Agent
110 Fifth Street, Suite 400
Salem, New Jersey 08079
Attention: Deborah Turner-Fox, QPA

Dear Ms. Turner-Fox:

Enclosed, please find CFG Health Systems, LLC's response to the request for proposals for Psychological/Psychiatric Services for Salem County. In our 20 years as a provider of behavioral healthcare services in correctional settings and of evaluations for law enforcement personnel, CFG has gained considerable expertise and an excellent reputation. We have served Salem County in this capacity for the past 14 years. Throughout our tenure, CFG has worked diligently to meet all requirements, while ensuring services are both of a high caliber and are cost-effective.

CFG's corporate headquarters are located at 765 East Route 70, Building A-100, Marlton, NJ 08053.

The contact person for all correspondence associated with this proposal is:

Joel Friedman, Ph.D.
Clinical Director
Phone: 856.797.4735
jfriedman@cfgpc.com

In an effort to honor Salem County's environmental sensitivity, this proposal has been produced without the use of three-ring binders, plastic covers or divider tabs. In addition, the body of CFG's proposal for this contract has been printed double-sided to use fewer sheets of paper. Please note that 'Required Documents' and 'Resumes and Licensure' have been included as separate appendices, as requested.

CFG Health Systems, LLC, takes no exception to the specifications of the RFP and acknowledges that the contents of the successful proposal may become contractual obligations, should a contract ensue.

Please do not hesitate to call if any additional information is required.

We thank you in advance for both your time and consideration.

Sincerely,

Les Paschall
Chief Executive Officer and Vice President
CFG Health Systems, LLC

765 Route 70 East, Suite A-100
Marlton, NJ 08053
(856) 797- 4800

Table of Contents

- The intake process is a critical period in which an inmate is evaluated for suicide risk, symptoms of drug/alcohol withdrawal, and elevated risk for engaging in behaviors dangerous to both the inmate and others. An accurate assessment of such risks is a crucial means of ensuring that appropriate interventions are provided during the vulnerable, high-risk period when new inmates are transitioning to incarceration. CFG believes that having nursing and medical screenings completed within generally accepted timeframes is necessary for maintaining an intake process that meets the expectations of the correctional healthcare community. The current standard timeframe for completion of the medical assessment is within four (4) hours of admission. This evaluation serves as the foundation for accurately determining which services (such as suicide precautions, mental health consultation and withdrawal protocols) may need to be initiated. The evaluation itself should specify the timeframes in which any such services should be provided.

- It is an imperative that withdrawal protocols be provided, in order to minimize the risk for self-destructive behavior, as well as to allow inmates to meaningfully benefit from behavioral healthcare interventions. Without effective management of the signs and symptoms of withdrawal, which falls under the purview of the facility's Medical Director, an accurate assessment of an inmate's specific behavioral healthcare needs is greatly curtailed, if not impossible, in some cases. Current correctional community standards governing assessment and management of medical problems associated with withdrawal include:

  - ✓ monitoring a withdrawing inmate's vital signs at regular intervals
  - ✓ administration of appropriate medication, specific to the type of substance(s) abused
  - ✓ maintaining proper nutrition and hydration

CFG's Experience

CFG attests to being uniquely qualified to continue to meet Salem County's evaluative and screening needs. As a local behavioral healthcare company, CFG is structured to directly recruit, hire and employ a large and exceptionally diverse group of select psychiatrists and advance practice nurses with distinct specializations, as well as therapists, social workers, psychologists and substance abuse counselors – all to meet the needs of a variety of contracts. Presently, **CFG is the largest psychiatric provider in the region,** employing over 1,100 individuals, including 44 psychiatrists, 25 psychologists and 116 psychiatric advanced practice nurses.

CFG's team of clinicians is especially adept at producing quality reports, as providers are well-trained on the issues and protocols involved in completing thorough fitness-for-duty evaluations and risk assessments, especially of local law enforcement personnel. **Over the past 20 years, CFG has conducted fitness-for-duty and pre-employment psychological evaluations for sheriff's departments, townships and jails located in Burlington, Camden, Mercer, Middlesex, Monmouth, Salem and Union counties**.

The CFG Team

CFG has a corporate profile that includes an extensive history in healthcare services. This affords us a corporate orientation with a clinical perspective, allowing us to look at care holistically. In addition, key corporate personnel have clinical underpinnings – all have been involved in the provision and management of healthcare for their entire professional careers. Our Clinical Director, Dr. Joel Friedman, and our Corrections Mental Health Director/Mental Health Training

evaluators consult with professionals who have provided mental health or medical care to ensure a full and accurate assessment of an employee's ability to perform his or her job is obtained.

Testing Battery

CFG has extensive experience in the completion of evaluations for both established employees and officer candidates. As such, we have developed an evaluation process that includes instruments relevant to assessing an individual's suitability for employment in a correctional environment. CFG employs a standardized assessment process to ensure all candidates for employment and all employees who are re-evaluated and assessed for fitness-for-duty are apprised in a fair and consistent manner.

CFG will continue to administer a testing battery that distinguishes between newly-recruited officer candidates and existing employees considered fit for officer work versus those deemed unfit for duty. This testing battery, developed by CFG, has been designed to produce a comprehensive evaluation of each examinee, enabling the psychologist conducting the evaluation to make a well-informed decision about an individual's relative suitability for a career in law enforcement. The tests used in the battery have been proven to provide reliable and defensible data regarding the assessment of officers and officer candidates.

CFG will administer each test listed below for each applicant or candidate in need of evaluation. It should be noted that the instruments selected for the testing battery are known to preclude selection bias based upon ethnic/racial group, sex or religion. All tests performed adhere to Americans with Disabilities regulations and New Jersey Law Against Discrimination (LAD).

CFG will be responsible for scoring each testing battery, with test results made available to the New Jersey-licensed psychologist conducting the interview.

The time needed to administer the testing battery will vary to some degree, based upon the speed with which an examinee completes the instruments. The typical time needed to complete each instrument is as follows:

Shipley – 2	20 - 25 minutes
Minnesota Multiphasic Personality Inventory – 2	90 - 120 minutes
Writing Sample	30 minutes

TESTS:

The Shipley-2

The Shipley-2 is a brief written test of intellectual ability with demonstrated correlations to other lengthier intelligence tests, including the Wechsler Intelligence Scales. The instrument is one of the most widely used means of measuring the intellectual capacity of potential law enforcement personnel. Though the Shipley-2 has been used with people from diverse backgrounds and has been shown to avoid selection bias, alternative intelligence measures are available should the need to validate the intelligence score obtained by an examinee ever arise (see below).

Fitness-for-Duty Evaluations

Fitness-for-duty evaluations are customized and structured to provide feedback specific to the question of employment referral. Typically, a review of the employee's work history is performed, the employee completes a personality test or other psychological instrument, and the psychologist conducts an extensive clinical interview as part of the evaluation process. When necessary, consultation with professionals who have provided mental health or medical care to the employee occurs to ensure a full and accurate assessment of an employee's ability to perform his or her job.

Services for Inmates

As requested in the RFP, CFG shall continue to provide individual psychotherapy, group psychotherapy and risk assessments for suicidal inmates, as well as other evaluations as ordered by the court.

In addition to the services requested in the RFP, CFG will continue to provide: evaluations for the prescription and administration of psychotropic medication; follow-up medication management services; consultations with correctional and administrative staff regarding inmates with mental health concerns; consultation regarding mental health policy development; and implementation of group and individual psychotherapy programs that target specific problems and diagnoses.

Throughout our time at the Salem County Correctional Facility, CFG has helped to refine and expand mental health documentation and shall continue to do so. Working in tandem with custody, medical and administrative staff, we have provided input and encouraged the County to revise the suicide risk screening form used by officers to better identify, assess and assuage inmates with suicidal ideation.

Additionally, over the past several years, in response to a large influx of Gloucester County inmates housed at the Salem County Correctional Facility, CFG has increased on-site hours and added several new clinicians to the roster to ensure adequate coverage. CFG shall continue to provide a sufficient number of hours of psychiatry and psychology services each week at the Salem County Correctional Facility. The number of weekly hours of psychiatry and/or psychology services may be modified upon mutual agreement between CFG Health Systems, LLC and Salem County Correctional Facility Administration, based on changes in clinical need.

Program Modifications Moving Forward

Please see pages 2-3 for suggested program modifications.

Proposal Requirements

1. **Please see "3. Corporate Overview and Experience" for information regarding CFG's behavioral healthcare history in correctional settings, as well as employee biographies. Résumés and licensure for providers assigned to this contract can be found in Appendix B.** These items should demonstrate CFG's ability to meet the "Minimum Requirements" noted within the RFP.

2. CFG provides medical and behavioral health services to county jails throughout New Jersey. While lawsuits are common in this setting, and CFG has been subject to them, there have not been any successful malpractice suits brought against CFG. Additional information can be made available upon request.

3. None of the staff CFG has identified for serving this contract have been either arrested or convicted.

Training Services

CFG staff members are notable for their significant national and international exposure. Since 1999, CFG has provided a series of workshops for officers, superintendents and assistant superintendents in several different states. Our professionals have presented to members of the Mid-Atlantic State Correctional Association (MASCA), the New Jersey Association of Counties, the NJAC, the New York State Sheriff's Association (NYSSA) and the at American Psychological Association conferences.

CFG staff also has extensive experience in training state, county and federal correctional officers in both adult and juvenile settings. Our staff's experience involves conducting training programs for medical and mental health staff, Federal Bureau of Investigation (FBI) personnel and other law enforcement agencies.

JAIL CONTRACTS

CFG marked its foray into correctional healthcare services in 1999 as the mental health sub-contractor for the entire New Jersey Department of Corrections, servicing over 25,000 inmates. Since then, CFG has gone on to expand the scope of its care, obtaining numerous contracts in correctional facilities over the past 20 years. Working with various accrediting bodies, CFG has also developed surveys, protocols and programs to meet the distinct and specific needs of correctional institutions and detention facilities. Several of these programs and services have garnered praise and accolades from individual sites and NCCHC auditors, among others. ***Our experience, combined with our philosophy of service, demonstrate CFG's unwavering dedication to the provision of exceptional clinical care and client services.***

As evidence of CFG's substantial experience in the delivery and management of comprehensive institutional healthcare services in a correctional facility, we offer the following list of correctional healthcare contracts that CFG either presently holds or has held in the past, in chronological order.

Mental Health Sub-Contractor for the New Jersey Department of Corrections – 1999 to 2005

As sub-contractor to the primary medical services contractor, CFG provided the psychological services at all facilities statewide, employing approximately 65 psychologists. Additionally, CFG provided psychiatric services for the southern region facilities. **The statewide inmate population at the time of contract was approximately 25,000. Many of the state's facilities were both NCCHC and ACA accredited.**

Jamesburg (Concept Program), NJ Juvenile Justice System – 2002 to 2005

CFG provided residential treatment for 24 adolescent offenders, including: behavioral healthcare treatment; psychiatric services; academic studies; a behavioral management program; and around-the-clock supervision.

Middlesex County Office of Adult Corrections and Youth Services, NJ – 2002 to 2016

CFG maintained a full-service medical contract, servicing a daily population of approximately 877 adult offenders and 61 juveniles. Services included the provision of comprehensive medical/primary care physicians, as well as on-site dentistry, around-the-clock nursing care, pharmaceuticals, and psychological and psychiatric services for both the adult and juvenile population.

CFG currently provides psychiatry and psychology services for an average daily inmate population of approximately 325.

Cumberland County Jail, NJ – 2006 to 2009

CFG provided psychiatry, psychology and telemedicine services for an average inmate population of 630.

Warren County Correctional Center, NJ – 2006 to Present

CFG currently provides full-spectrum medical and behavioral health services for an average daily inmate population of 100.

This facility is NCCHC accredited.

Cumberland County Jail, NJ – 2007 to 2010

CFG provided a Medical Director and telemedicine services for an average inmate population of 630.

Mercer County Jail, PA – 2007 to 2010

CFG provided full-spectrum medical and behavioral health services for an average daily inmate population of 200.

Somerset County Jail, NJ – 2007 to 2011

CFG provided both social and educational services at this facility.

Juniata County Prison, PA – 2007 to 2012

CFG provided medical and mental health services for an average daily inmate population of 27 before this institution closed its doors in 2012.

Essex County Correctional Facility, NJ – 2008 to Present

CFG currently provides full-spectrum medical, dental and behavioral health services for an average inmate population of 2,300. Services include the provision of all medical/primary care physicians, on-site dentistry, around-the-clock nursing care, pharmaceuticals and psychiatric services for the adult population.

The Essex County Correctional Facility houses County, State, U.S. Marshals and ICE detainees. The ICE and U.S. Marshals detainees have specific federal requirements and policies governing their healthcare and incarceration, with which CFG ensures compliance.

This facility is both NCCHC and ACA accredited.

Mercer County Correction Center, NJ – 2009 to Present

CFG currently provides medical and mental health services for this 850 bed county jail with an ADP of approximately 375. The County contracts directly for dental services and nursing staff.

This facility is NCCHC accredited.

Hudson County Correctional and Rehabilitation Center (NJ) – 2011 to 2018

includes 140 Federal Marshals detainees. The average length of stay is 38 days. CFG is responsible for providing medical, dental and ancillary services for the ACCF's inmates.

This facility is NCCHC accredited.

Monmouth County Correctional Institution, NJ – 2018 to Present

The Monmouth County Correctional Institute's (MCCI's) main medical treatment area consists of three medical examination tables, a nurse triage area and two dental examination chairs.

CFG is responsible for providing comprehensive medical and behavioral healthcare for an average daily population of approximately 749 male and female inmates, including detainees of the United States Marshal Service (roughly 50-60 detainees per year), the United States Air Force (approximately two detainees per year) and the New Jersey Department of Corrections (approximately twelve offenders on any given day).

This facility is both NCCHC and ACA accredited.

Schenectady County Correctional Facility (NY) – 2018 to Present

CFG provides comprehensive medical, dental and mental health services for an average daily population of approximately 320 male and female, adult and juvenile offenders. For 2017, the average number of daily bookings was between seven and ten, with a total 2,731 new admissions for the year. Forty percent of all individuals booked are released within three days.

This facility is NCCHC accredited.

Cape May County Correctional Center (NJ) – 2018 to present

CFG provided comprehensive medical, mental, substance abuse and dental services for an average daily population of approximately 173 male and 30 female offenders for the remainder of 2018; however, the CMCCC recently completed construction on a new 85,000 square feet building, capable of holding 340 inmates. The Cape May County Correctional Center is a maximum, medium and minimum security facility, housing both County and State detainees who have either already been sentenced or are awaiting sentencing.

This facility is NCCHC accredited.

Somerset County Adult Correctional Facility (NJ) – July 1, 2019 to present

On a daily basis, the Somerset County Adult Correctional Facility houses approximately 218 male and female, sentenced and pre-sentenced individuals, for both Somerset and Hunterdon counties. Care CFG provides includes comprehensive medical, dental, mental health and substance abuse services, as well as social services in the form of vocational counseling and educational programming.

EVALUATION CONTRACTS

CFG has been providing pre-employment, fitness-for-duty and other employment-based psychological screenings for various local organizations for nearly two decades. Notable for our thoroughness, professionalism, flexibility and promptness, we offer a list of both current and past evaluation-based contracts, in chronological order:

Youth Center. In addition, CFG administers fitness-for-duty examinations for existing employees and conducts testing for certain civilian positions, as determined by the department requesting the examination services.

PERSONNEL

Clinical Team

CFG employs a unique and diverse clinical team consisting of general practice physicians, psychiatrists, advanced practice nurses, registered nurses, social workers, substance abuse counselors and psychologists – all contributing to the vast breadth and depth of clinical expertise upon which we are able to regularly rely in our provision of unequivocal responsiveness and care. **CFG is one of the few non-hospital/non-community healthcare organizations legally structured to employ and supervise both psychologists and psychiatrists.**

Organization of Management Team

CFG's corporate management structure is organized along dual lines of authority representing administrative and clinical domains. Ultimate administrative authority rests with the CEO, while ultimate clinical authority is vested in the Chief Medical Officer, analogous to the "Lead Health Authority" defined by NCCHC standards.

CFG also employs support professionals who work with our customers in all aspects of healthcare. **Brief biographies of CFG's Senior Management Team and individuals assigned to this contract have been included below. The résumés and licensure of clinical staff assigned to this contract (marked with an asterisk) can be found in Appendix B of this proposal.**

Experience of Key Personnel

Les Paschall – *Chief Executive Officer and Vice President*

As the CEO of CFG Health Systems, LLC, Mr. Paschall brings over 35 years of creative leadership experience to the development, management and coordination of cost effective healthcare services -- in five major health provider venues. He has championed new models of needs-based healthcare services for large hospital systems and state health and education systems, and has also served as an advisor to the Governor's Task Force on Mental Health. Mr. Paschall is adept at reviewing systems that cross both the private and public sectors and has been successful in creating solutions to meet their common goals. His considerable business acumen has played a major role in CFG's rapid and sustained growth.

James Varrell, M.D. – *President, Chief Medical Officer and Director of Psychiatry*

Dr. Varrell is CFG's founder and President. For nearly 20 years, Dr. Varrell has trained, supervised and, when necessary, provided on-site coverage for the psychiatrists that are part of CFG's correctional healthcare network. Board certified in both adult and child/adolescent psychiatry, and recognized as a "Top Doc" in the area. His unique blend of private practice and community psychiatry experience, coupled with his thorough and objective knowledge of psychopharmacology, make him ideally suited for the development and oversight of formularies for psychotropic medications.

*Maasi Shamilov, M.D. – *Associate Medical Director*

Dr. Shamilov is a dedicated physician who has been an integral part of CFG's medical team since 1998. Board-certified in Child, Adolescent and Adult Psychiatry, as well as Neurology, he has gained ample experience practicing via telepsychiatry over the past 18 years. Across all CFG Network divisions, Dr. Shamilov provides psychiatric evaluations and follow-up care for correctional facilities, hospitals and outpatient offices in-person and via telepsychiatry throughout the United States.

*Norman Schaffer, Ph.D. – *Psychologist*

Dr. Schaffer's career in mental healthcare spans 40 years and is notable for experience in both clinical and forensic settings – including State prisons, county jails and the New Jersey Division of Youth and Family Services. Skilled in crisis intervention, suicide risk assessment and forensic evaluation – including parole, sex offender and parental fitness assessments – Dr. Schaffer has been an ideal candidate for serving the multifaceted needs of CFG's customers.

*Joseph Selm, Psy.D. – *NJ Licensed Psychologist*

Since 1995, Dr. Selm has been providing individual, group and family counseling, while also conducting thorough competency evaluations, risk assessments (including pre-parole and sex offender risk assessments), fitness-for-duty assessments, comprehensive personality evaluations and mental status evaluations. Dr. Selm's career is further broadened by his participation in and leadership of workshops targeting family treatment of addictions, men charged with domestic violence and the risk of recidivism among offender populations. His unique professional experience enables Dr. Selm to capably provide clinical services for detainees and jail personnel, while also making accurate determinations regarding the fitness and aptitude of correctional staff and law enforcement recruits.

*Diane DeBlase – *Psychiatric Advanced Practice Nurse*

Ms. DeBlase currently provides direct care services to inmates housed at the Salem County Correctional Facility. She has over 16 years of diverse nursing experience that includes roles as a nurse supervisor, charge nurse and preceptor. She has served on a variety of units, including Psychiatric, ER, Cardiac Care, Geriatrics, Substance Abuse Rehabilitation, Pediatrics, Oncology and Medical/Surgical. Her considerable skills, plus her conscientiousness, have earned Ms. DeBlase recognition from management for her excellence in nursing, for the consistent high-quality of the patient care she provides, and for her ability to develop and maintain an environment conducive to patient wellness.

*Nakia Perry-Goffney – *NJ Licensed Psychologist*

Ms. Perry-Goffney began her career in behavioral healthcare nearly two decades ago, serving adults with developmental disabilities and special needs. She has since gone on to obtain dual Master's degrees (in Clinical Psychology and Criminal Justice), plus a Doctorate in Forensic Psychology. Throughout her career, she has worked with children, youth, adults and families – providing care, psychoeducation and life skills training. Ms. Perry-Goffney's experience is especially notable for her involvement with veterans and both men and women with comorbid mental health, substance abuse and chronic medical conditions, often in tandem with limited social and economic resources.

James Neal, M.D., FACP, CCHP, ACCP – *Corporate Medical Director*

JAIL CONTRACT REFERENCES

Schenectady County Correctional Facility
320 Veeder Avenue
Schenectady, NY 12307
James J. Barrett, Undersheriff
Phone: (518) 388-4300 x5186
Fax: (518) 388-4593
james.barrett@schenectadycounty.com

Atlantic County Justice Facility
5060 Atlantic Avenue
Mays Landing, NJ 08330
David Kelsey, Warden
Phone: (609) 645-5855 or (609) 909-7439
Fax: (609) 909-7451
kelsey_david@aclink.org

Camden County Correctional Facility
330 Federal Street
Camden, NJ 08103
David Owens, Director
Phone: (856) 225-7632
Fax: (856) 614-8097
david.owens@camdencorrections.com

Warren County Correctional Center
Adult Correction Center
175 County Road 519 South
Belvidere, NJ 07823
Kenneth J. McCarthy, Warden
Phone: (908) 475-7902
Fax: (908) 475-7915
kmccarthy@co.warren.nj.us

Albany County Correctional Facility
840 Albany-Shaker Road
Albany, NY 12211
Michael Lyons, Superintendent
Phone: (518) 869-2741
Fax: (518) 869-3928
michaellyons@albanycounty.com

Essex County Correctional Facility
354 Doremus Avenue
Newark, NJ 07105
Alfaro Ortiz, Director
Phone: (973) 274-6253
Fax: (973) 274-6955
aortiz@eccorrections.org

Mercer County Correction Center
P.O. Box 8068
Trenton, NJ 08650
Charles Ellis, Warden
Phone: (609) 583-3553
Fax: (609) 583-3560
cellis@mercercounty.org

Burlington County Correctional Facilities
54 Grant Street
Mt. Holly, NJ 08060
Matthew Leith, Warden
Phone: (609) 265-5979
Fax: (609) 265-5805
MLeith@co.burlington.nj.us

Cumberland County Department of Corrections
P.O. Box 717
Bridgeton, NJ 08302
Richard T. Smith, Warden
Phone: (856) 453-4832
Fax: (856) 453-9501
richardsm@co.cumberland.nj.us

Union County Jail (Ralph Oriscello Correctional Facility)
15 Elizabethtown Plaza
Elizabeth, NJ 07207
Ronald L. Charles, Director
Phone: (908) 558-2610
Fax: (908) 558-6944
RCharles@ucnj.org

APPENDIX A

REQUIRED FORMS

APPENDIX A – REQUIRED FORMS – TABLE OF CONTENT

Request for Proposals
For Psychological/Psychiatric Services

Checklist

THE ITEMS THAT ARE CHECKED BELOW ARE TO BE SUBMITTED WITH YOUR BID	Read, Acknowledged, Signed & Submitted Respondent's Initial
☒ Complete Bid Packet with Each Page Initialed	
☒ Official Bid Proposal (Maximum 20 Pages)	
☒ Statement of Authority	
☒ Vendor Information Sheet	
☒ Questionnaire	
☒ Affirmative Action Requirements	
☒ Equal Employment Opportunity Language	
☒ Corporate Disclosure Statement pursuant to N.J.S.A. 52:25-24.2-**Notarized and Raised Seal**	
☒ Consent of Insurance-**Notarized and Raised Seal**	
☒ Non-Collusion Affidavit- **Notarized and Raised Seal**	
☒ Disclosure of Investment Activity in Iran	
☒ Acknowledge of Receipt of Addenda Form	
THE ITEMS THAT ARE CHECKED BELOW MUST BE SUBMITTED BY CONTRACT AWARD DATE	
☒ Certificates of the Required Insurance naming Salem County Additional Insured	
☒ New Jersey Business Registration Certificate	
☒ W-9 Taxpayer Identification Number and Certificate	
READ ONLY	
☒ Americans With Disability Act of 1990 Language	

The items and/or forms indicated above must be reviewed and/or submitted with your bid. This checklist is provided for informational purposes only. All required documentation may not be listed above and it shall be the responsibility of the bidder to carefully review the complete the bid packet, familiarize themselves with the requirements of the packet, and to submit with their bid all required documentation.

The undersigned hereby acknowledges that they have submitted and/or reviewed the above listed requirements:

Name of Company: CFG Health Systems, LLC

Signature: _____ Date: 12/4/2019

Print Name: Les Paschall Title: CEO

Initial

Statement of Authority

By my signature, I hereby state that I have the Authority to submit this Bid:

BID SUBMITTED FOR:

Company: CFG Health Systems, LLC

Physical Address: 765 East Route 70, Building A-100

Marlton, NJ 08053

Mailing Address (if different than above): _____

Bid Submitted By: Les Paschall (Please Print)

Signature: _____

(Bid must be signed to be valid)

Title: CEO & Vice President Date: 12/4/19

Telephone: (856)797-4803

Facsimile: (856)797-4813

Cell Phone Number: (856)296-4770

Email Address lpaschall@cfgpc.com

Taxpayer Identification Number: 223659031

Vendor Information Sheet

In order to guarantee that all future correspondence is directed to the correct person, assure proper ordering, and to expedite future payments, the following information must be provided with this bid:

Name of Business: CFG Health Systems, LLC

Physical Address: 765 East Route 70, Building A-100

Marlton, NJ 08053

Mailing Address (if different than above): _____

Phone: (856)797-4800 Fax: (856)797-4813

Email: kend@cfgpc.com

Website: www.cfghealthsystems.com

Contractor's Contact Information:

Name: Les Paschall

Business Hours Phone: (856)797-4735 Mobile Phone: (856)296-1939

After Hours Phone: (856)296-1939 Pager: _____

Contractor's Project Superintendent:

Name: Dr. Joel Friedman

Business Hours Phone: (856)797-4735 Mobile Phone: (856)296-1939

After Hours Phone: (856)296-1939 Pager: _____

Contractor's Emergency Contact Person:

Name: Dr. Joel Friedman

Business Hours Phone: (856)797-4735 Mobile Phone: (856)296-1939

After Hours Phone: (856)296-1939 Pager: _____

Salem County is Going Green! We invite you to join our purchase order e-mail team if awarded this contract. Should you wish to receive purchase orders via e-mail, simply complete the following information and we will establish or update your file accordingly. Please set your e-mail settings to receive messages from purchasing@salemcountynj.gov

Name of Accounts Receivable Staff: Kathy Lynn End, Controller

E-Mail Address to use for receipt of purchase orders:
kend@cfgpc.com

Questionnaire

References: List three (3) public agencies presently or previously contracted to whom you provide or have provided the services as herein specified. Include a contact, telephone number and the number of years serviced.

1) Essex County Correctional Facility

Alfaro Ortiz, Director

(973)274-6253

Year Installed/Service Provided: 2008

2) Atlantic County Justice Facility

David Kelsey, Warden

(609)645-5855

Year Installed/Service Provided: 2004

3) Burlington County Correctional Facilities

Matthew Leith, Warden

(609)265-5979

Year Installed/Service Provided: 2014

How many employees does your company presently employ? 1,250

How many years has your company been providing this product/service? 20

Has your company ever failed to complete any contract with regard to any of the services herein described? Yes [ ] No [X]. If yes, provide details here:

Are you agreeable to an interview if requested? yes

Affirmative Action Requirements

RESPONDENTS ARE REQUIRED TO COMPLY WITH THE REQUIREMENTS OF P.L. 1975, c. 127 (N.J.S.A. 10:5-31, et seq.). See also N.J.A.C. 17:27 et seq.

REQUIRED AFFIRMATIVE ACTION EVIDENCE:

A. **PROCUREMENT & SERVICE CONTRACTS** (which are not subject to a federally approved or sanctioned affirmative action program). All successful vendors must submit within seven (7) calendar days of the notice of intent to award or the signing of the contract, whichever is sooner, one of the following:
   1. A PHOTOCOPY OF THEIR FEDERAL LETTER OF AFFIRMATIVE ACTION PLAN APPROVAL
   2. A PHOTOCOPY OF THEIR CERTIFICATE OF EMPLOYEE INFORMATION REPORT
   3. A COMPLETED AFFIRMATIVE ACTION EMPLOYEE INFORMATION REPORT AA-302

B. **CONSTRUCTION CONTRACTS** ALL SUCCESSFUL CONTRACTORS MUST SUBMIT WITHIN THREE (3) CALENDAR DAYS OF THE SIGNING OF THE CONTRACT AN INITIAL PROJECT MANNING REPORT AA-201 FOR ANY CONTRACT AWARD THAT MEETS OR EXCEEDS THE PUBLIC AGENCY BIDDING THRESHOLD.

COMPANY NAME: CFG Health Systems, LLC

SIGNATURE: _____ DATE: 12/4/19

PRINT NAME: Les Paschall

TITLE: CEO & Vice President

Certification 32347

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-MAY-2017** to **15-MAY-2020**

CFG HEALTH SYSTEMS,LLC.
765 ROUTE 70 EAST, BLDG. A
MARLTON NJ 08053

FORD M. SCUDDER
State Treasurer

12/4/19

Equal Employment Opportunity Language

EXHIBIT A (Revised 04/10)

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
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE 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 contractor's commitments under this chapter and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

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

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

The contractor or subcontractor agrees to inform in writing its appropriate recruitment agencies including, but not limited to, employment agencies, placement bureaus, colleges, universities, and labor unions, that it does not discriminate on the basis of age, race, creed, color, national origin, ancestry, marital status, affectional or sexual orientation, gender identity or expression, disability, nationality or

sex, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices.

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

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

The contractor shall submit to the public agency, after notification of award but prior to execution of a goods and services contract, one of the following three documents: Letter of Federal Affirmative Action Plan Approval, Certificate of Employee Information Report or Employee Information Report Form AA302 (electronically provided by the Division and distributed to the public agency through the Division's website at www.state.us/treasury/contract_compliance)

The contractor and its subcontractors shall furnish such reports or other documents to the Division of Public Contracts Equal Employment Opportunity Compliance 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 Public Contracts Equal Employment Opportunity Compliance for conducting a compliance investigation pursuant to **Subchapter 10 of the Administrative Code at N.J.A.C. 17:27**.

I, the undersigned, do hereby agree to the terms as outlined in EXHIBIT A (Revised 04/10) from the New Jersey Public Law 1975, c. 127 (NJAC 17:27) MANDATORY AFFIRMATIVE ACTION LANGUAGE FOR GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS in the State of New Jersey.

SIGNATURE _____

PRINT NAME Les Paschall TITLE CEO & Vice President

COMPANY CFG Health Systems, LLC

ADDRESS 765 East Route 70, Building A -100 Marlton, NJ 08053

12/4/19

Americans with Disabilities Act

The Contractor and the County do hereby agree that the provisions of Title II of the Americans With Disabilities Act of 1990 (The "Act") (42 U.S.C. S12.101 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 thereunto, are made part of this Contract. In providing any aid, benefit, or service on behalf of the County pursuant to this contract, the Contractor agrees that the performance shall be in strict compliance with this Act. In the event the that the Contractor, its agents, servants, or employees, or subcontractors violate or are alleged to have violated this Act during the performance of this contract, the Contractor shall defend the County in any action or administrative proceeding commenced pursuant to this Act. The Contractor shall indemnify, protect, and save harmless, the County, 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 his own expense, appear, defend, and pay any and all 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 County's grievance procedure, the Contractor agrees to abide by any decision of the County which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the County or if the County 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 County 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 County or any of its agents, servants, and employees, the County shall expeditiously forward or have forwarded to the Contractor, every demand, complaint, notice, summons, pleading, or other process received by the County or its representatives.

It is expressly agreed and understood that any approval by the County 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 County pursuant to this paragraph.

It is further agreed and understood that the County 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 the 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 constructed to relieve the Contractor from any liability, nor preclude the County from taking other actions available to it under any other provisions of this Agreement or otherwise at law.

Corporate Disclosure Statement

N.J.S.A. 52:25-24.2 (P.L. 1977 c33)

Failure of the bidder/respondent to submit the required information is cause for automatic rejection.

CHECK ONE:

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

OR

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

Check the box that represents the type of business organization:

[ ] Partnership [ ] Corporation [ ] Sole Proprietorship

[ ] Limited Partnership [X] Limited Liability Corporation [ ] Limited Liability Partnership

[ ] Subchapter S Corporation

**CFG Health Systems, LLC is owned by Onobo, LLC- 100%. Below is the breakdown of Onobo, LLC's stockholders holding 10% or more stock. **

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

Name		Address
James R. Varrell, MD	79.42%	205 East Central Ave Moorestown, NJ 08057
Les Paschall, CEO	10.62%	6429 Woodcrest Ave. Philadelphia, PA 19151

Subscribed and sworn before me
this 4th day of December, 20 19

Kathy Lynn End
(Notary Public)

My Commission expires: 1/10/22

Kathy Lynn End
Notary Public
State of New Jersey
My Commission Expires
1/10/22

(Affiant)

Les Paschall, CEO & Vice President
(Print Name and Title)

Consent of Insurance Coverage

WHEREAS, CFG Health Systems, LLC as principal, has submitted a response to provide goods and/or services as specified herein to the County of Salem, and whereas, in order for such bid to be considered, proof of insurance must be submitted therewith; **NOW, THEREFORE BE IT KNOWN THAT**, if the County of Salem shall accept the proposal of the Principal and the Principal shall enter into a contract with the County of Salem in accordance with the terms of such proposal, we the undersigned, do hereby state that we will provide the Principal with insurance coverage as set below:

A. The successful vendor shall not commence any work in connection with the awarded contract until all of the following types of insurance have been obtained and the Solicitor for the County or Risk Management Consultant of Salem has approved the insurance policies. All insurance policies shall be obtained from an insurance company authorized to conduct business in the State of New Jersey, with a minimum financial rating of A-(Excellent) VII or better or better rating as published in the most recent editions of Best Insurance Key Rating. The vendor shall furnish proof of insurance coverage by Certificate of Insurance accompanying the contract documents and shall name the County of Salem as additional insured (see paragraph below) on a primary and non-contributory basis. Additional insured status shall apply to General Liability, Automobile Liability and Umbrella (Excess) policies.

B. ADDITIONAL INSURED **(this language must be included in the description field of the COI):**

C. Salem County, 94 Market Street, Salem, NJ 08079 (including Affiliates) shall be named as an ADDITIONAL INSURED on all liability policies (General Liability, Automobile Liability and Umbrella (Excess), except Workers' Compensation and Professional Liability, for ongoing operations and completed operations on a primary and non-contributory basis.

D. WAIVER of RIGHTS OF SUBROGATION:

E. Contractor shall waive all rights of recovery, where allowed by law, against Salem County and all the additional insured for loss or damage covered by any of the insurance maintained by the Contractor.

F. Such Certificate of Insurance shall provide that the insurance company gives the County of Salem thirty (30) days prior notice of any changes or cancellation terms of such policies during the period of coverage. The County of Salem shall be exempt from, and in no way liable for, any sums of money that may represent a deductible in any insurance policy. The payment of any such deductible shall be the sole responsibility of the vendor providing such insurance.

G. The bidder's liability under this agreement shall continue after the termination of this agreement with respect to any liability, loss, expense or damage resulting from acts occurring prior to termination.

H. On any construction, reconstruction, alteration, or similar project, the Contractor shall require each Subcontractor to carry insurance coverage equal to or exceeding the type and level of coverage required to be carried by the Contractor. This coverage shall be in addition to the coverage carried by the Contractor and shall list the County of Salem Additional Insured on the policy.

I. It shall be the responsibility of the successful vendor to maintain in force such insurance policies named herein during the life of this contract.

J. Workers' Compensation and Employer's Liability: including Occupational Diseases, shall be required of the successful vendor, covering its employees engaged in the work, in accordance with the statutory requirements of the laws of the State of New Jersey. The Worker's Compensation Insurance Policy shall contain an Employee's Liability endorsement providing limits of not less than statutory requirements, provided in the State in which the work is to be performed and elsewhere as may be required and shall include:

   a. **Workers' Compensation Coverage**: Statutory Requirements
   b. **Employers Liability Limits** not less than:
   c. Bodily Injury by Accident:$100,000 Each Accident

d. Bodily Injury by Disease:$100,000 Each Employee
e. Bodily Injury by Disease:$500,000 Policy Limit
f. Includes coverage for sole proprietors, partners, members or officers working at the job site

K. **Commercial General Liability**: Provided on ISO form CG 00 01 04 13 or an equivalent form including Premises - Operations, Independent Contractors, Products/Completed Operations, Broad Form Property Damage, Contractual Liability, and Personal Injury and Advertising Injury.
   a. Occurrence Form with the following limits:
   b. General Aggregate: $2,000,000
   c. Products/Completed Operations Aggregate:$2,000,000
   d. Each Occurrence:$1,000,000
   e. Personal and Advertising Injury:$1,000,000

L. **Automobile Liability:** Coverage to include All Owned, Hired and Non-Owned Vehicles (or "Any Auto/Vehicle"), if you do not have any Owned Vehicles you are still required to maintain coverage for Hired and Non-Owned Vehicles as either a stand-alone policy or endorsed onto the Commercial General Liability policy above.
   a. Per Accident Combined Single Limit $1,000,000

M. **Commercial Umbrella/Excess Liability**: Policy(ies) to apply on a Following Form Basis of the following:
   a. Commercial General Liability,
   b. Automobile Liability, and
   c. Employers Liability Coverage.
   d. Minimum Limits of Liability
   e. Occurrence Limit:$5,000,000
   f. Aggregate Limit:$5,000,000

N. **Professional Liability:** During the life of this contract the Contractor shall procure and maintain Professional Liability Insurance with limits not less than $1,000,000 per claim/$1,000,000 annual aggregate. This insurance shall provide coverage for wrongful acts the contract is responsible for rendering or failing to render processional services. If coverage is on a "claims made" basis, the Contractor must maintain comparable coverage and limits for a minimum of four (4) years following the expiration of said contract.

O. All required insurance coverage must be in effect no later than 12:01 A.M., prevailing time, at the start of the day of the contract and remain in effect for the duration of the contract, including any extensions.

P.

NOTARY for PRINCIPAL
Sworn to and subscribed
Before me on this 4th
Day of December,
20 19.

Kathy Gail
NOTARY PUBLIC

My Commission expires: 1/10/22

PRINCIPAL:
CFG Health Systems, LLC
(Bidder's Company Name)

(Authorized Signature for the Principal)

INSURER:

Conner Strong & Buckelew
(Insurer's Company Name)

Client#: 295[illegible]2 CL[illegible]TEFORFA

ACORD™ CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY): 12/05/2019

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 any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER	CONTACT NAME: Josh Marcacci	
Conner Strong & Buckelew TRIAD 1828 CENTRE PO Box 99106 Camden, NJ 08101	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS: jmarcacci@connerstrong.com	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : Philadelphia Indemnity Insurance Co	18058
INSURED CFG Health Systems, LLC 765 Route 70 East, Building A Marlton, NJ 08053	INSURER B : Liberty Insurance Corporation	42404
	INSURER C : ProSelect Insurance Company	10638
	INSURER D :	
	INSURER E :	
	INSURER F :	

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

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

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS	
A	X COMMERCIAL GENERAL LIABILITY			PHPK2069445	12/31/2019	12/31/2020	EACH OCCURRENCE	$1,000,000
	CLAIMS-MADE X OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	$1,000,000
							MED EXP (Any one person)	$20,000
							PERSONAL & ADV INJURY	$1,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER:						GENERAL AGGREGATE	$3,000,000
	POLICY PRO-JECT LOC						PRODUCTS - COMP/OP AGG	$3,000,000
	OTHER:							$
A	AUTOMOBILE LIABILITY			PHPK2069445	12/31/2019	12/31/2020	COMBINED SINGLE LIMIT (Ea accident)	$1,000,000
	X ANY AUTO						BODILY INJURY (Per person)	$
	OWNED AUTOS ONLY / SCHEDULED AUTOS						BODILY INJURY (Per accident)	$
	X HIRED AUTOS ONLY / X NON-OWNED AUTOS ONLY						PROPERTY DAMAGE (Per accident)	$
								$
A	X UMBRELLA LIAB X OCCUR			PHUB702884	12/31/2019	12/31/2020	EACH OCCURRENCE	$5,000,000
	EXCESS LIAB CLAIMS-MADE						AGGREGATE	$5,000,000
	DED X RETENTION $10000							$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY Y/N			WC533S321797049	04/23/2019	04/23/2020	X PER STATUTE OTH-ER	
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? N	N / A		NJ ONLY			E.L. EACH ACCIDENT	$500,000
	(Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE - EA EMPLOYEE	$500,000
							E.L. DISEASE - POLICY LIMIT	$500,000
C	Claims Made Healthcare Prof. Liability			005NJ000026579	07/01/2019	07/01/2020	Each Incident: $1M Aggregate: $3M	

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

*** The following applies to the General Liability Policy ***

Transfer of Rights of Recovery Against Others to Us (Waiver of Subrogation):
The insured can waive the insurers Rights of Recovery prior to the occurrence of a loss, provided the waiver is made in a written contract and where permissible by state law.

(See Attached Descriptions)

CERTIFICATE HOLDER

County of Salem
94 Market Street
Salem, NJ 08079

CANCELLATION

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

AUTHORIZED REPRESENTATIVE

W. Michael Traynor

S3L

DESCRIPTIONS (Continued from Page 1)

Where required by written contract, Salem County, 94 Market Street, Salem, NJ 08079 (including Affiliates) shall be named as an ADDITIONAL INSURED on all liability policies (General Liability, Automobile Liability and Umbrella (Excess) for ongoing operations and completed operations on a primary and non-contributory basis. 30 days written notice provided except for Non-Payment which is 10 days.

Non-Collusion Affidavit

State of New Jersey

County of Burlington ss: Tax ID: 223 659 031

I, Les Paschall (Name of Affiant) residing in Marlton (Name of Municipality)
in the County of Burlington and the State of New Jersey,
of full age, being duly sworn according to law on my oath depose and say that:

I am CEO & VP (Title or Position) of the firm CFG Health Systems, LLC (Name of Firm)
the bidder making the bid for the above named project, and that I executed the said bid with full authority so to do; that said bidder has not, directly or indirectly, entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive bidding in connection with the above named project; and that all statements contained in said bid and in this affidavit are true and correct, and made with full knowledge that the County of Salem in the State of New Jersey relies upon the truth of the statements contained in this affidavit in awarding the contract for the said project.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon an agreement or understanding for a commission, percentage, brokerage, or contingent fee, except bona fide employees or bona fide established commercial or selling agencies maintained by CFG Health Systems, LLC (Name of Contractor) (N.J.S.A. 52:34-15).

Sworn to and subscribed
Before me on this 4th
Day of December,
2019.

(Signature of Affiant)

Les Paschall
(Print Name of Affiant)

NOTARY PUBLIC

My Commission expires: 1/10/22

Disclosure of Investment Activity in Iran

OPS Number: _____ **Proposer:** CFG Health Systems, LLC

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 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:

☑ 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 New Jersey Turnpike Authority 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 box 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 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 State to notify the State 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 State of New Jersey and that the State at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print): Les Paschall Signature: _____

Title: CEO & VP Date: 12/4/19

Acknowledgment of Receipt of Addenda

The undersigned Bidder hereby acknowledges receipt of the following Addenda:

Addendum Number	Dated

☑ **No addenda were received**

Acknowledged for: CFG Health Systems, LLC
(Name of Bidder)

By: Les Paschall
(Signature of Authorized Representative)

Name:

Title: CEO and Vice President

FAILURE TO ACKNOWLEDGE AND RETURN WITH YOUR BID SUBMISSION THE RECEIPT OF ANY ISSUED ADDENDA FOR THIS BID ON THIS ACKNOWLEDGEMENT OF RECEIPT OF ADDENDA FORM SHALL BE CAUSE FOR YOUR BID TO BE REJECTED. N.J.S.A. 40A:11-23.2.e.

02/04/05

Taxpayer Identification# 223-659-031/000

Dear Business Representative:

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

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

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

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

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

I wish you continued success in your business endeavors.

Sincerely,

John E. Tully, CPA
Director

STATE OF NEW JERSEY

BUSINESS REGISTRATION CERTIFICATE

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

TAXPAYER NAME:

CFG HEALTH SYSTEMS, L.L.C.

TRADE NAME:

ADDRESS:

765 EAST ROUTE 70 BLDG A
MARLTON NJ 08053

SEQUENCE NUMBER:

0115313

EFFECTIVE DATE:

06/04/99

ISSUANCE DATE:

02/04/05

Director

FORM-BRC(08-01)

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

01/07/13

Taxpayer Identification# 454-872-912/000

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, NJ 08646-0252

TAXPAYER NAME:
JLM CORRECTIONAL MEDICINE GROUP, LLC

TRADE NAME:

ADDRESS:
765 EAST RTE 70 BLDG A
MARLTON NJ 08053

SEQUENCE NUMBER:
1763531

EFFECTIVE DATE:
01/07/13

ISSUANCE DATE:
01/07/13

Director
New Jersey Division of Revenue

FORM-BRC

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

Form **W-9**
(Rev. October 2007)
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.

Print or type
See Specific Instructions on page 2.

Name (as shown on your income tax return)
CFG Health Systems, LLC

Business name, if different from above

Check appropriate box: ☐ Individual/Sole proprietor ☐ Corporation ☐ Partnership
☑ Limited liability company. Enter the tax classification (D=disregarded entity, C=corporation, P=partnership) ▶ D
☐ Other (see instructions) ▶

☐ Exempt payee

Address (number, street, and apt. or suite no.)
765 Route 70 East, Bldg. A

Requester's name and address (optional)

City, state, and ZIP code
Marlton, NJ 08053

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 to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.

Social security number
: :

or

Employer identification number
22 : 3659031

Part II Certification

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).

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 on page 4.

Sign Here — Signature of U.S. person ▶ [signature] Date ▶ 12/4/19

General Instructions

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

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),

2. Certify that you are not subject to backup withholding, or

3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.

The person who gives Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States is in the following cases:

- The U.S. owner of a disregarded entity and not the entity,