TOWNSHIP OF UPPER FREEHOLD

MONMOUTH COUNTY

NEW JERSEY

REQUEST FOR PROPOSALS FOR THE PROVISION OF DAILY 24-HOUR BASIC LIFE SUPPORT EMERGENCY MEDICAL RESPONSE AND TRANSPORTATION SERVICES

RESPONDENT: Capital Health

ADDRESS: 750 Brunswick Avenue

Trenton, New Jersey 08638

TEL. NO.: 609-815-7000

SUMMARY OF CONTENTS

PUBLIC NOTICE

TOWNSHIP OF UPPER FREEHOLD

SOLICITATION OF RESPONSES TO REQUEST FOR PROPOSALS

NOTICE IS HEREBY GIVEN that the Township of Upper Freehold (hereinafter, the "Municipality") are jointly soliciting responses to a **Request for Proposals for the Provision of Daily 24-Hour Basic Life Support Emergency Medical Response and Transportation Services**.

Sealed proposals will be received by the Municipality on January 6, 2020 at 10:00 a.m. prevailing time at the Upper Freehold Township Municipal Building, 314 Route 539, Cream Ridge, New jersey , New Jersey 08514, at which time and place, the responses to the Municipality' Request for Proposals for the Provision of Daily 12-Hour Basic Life Support Emergency Medical Response and Transportation Services will be opened and read in public.

Information may be obtained at the Upper Freehold Township Municipal Building during business hours (8:30 a.m. to 3:30 p.m.) Monday through Friday, or by calling (609) 758-7738 Ext. 210. Information may also be obtained from Upper Freehold Township's website at https://uftnj.com.

Responses are being solicited in accordance with the fair and open process in accordance with N.J.S.A. 19:44A-20.4, *et seq*. An overview of the Pay-to-Play Law may be obtained on http://www.nj.gov/dca/lgs/p2p.

Dana Tyler, RMC

Upper Freehold Township Clerk

Publication Date: December 11, 2019

INTRODUCTION AND GENERAL INFORMATION

Introduction and Purpose.

The Municipality is soliciting Proposals from interested persons and/or firms for the provision of professional services, as more particularly described herein. Through the Request for Proposal process described herein, persons and/or firms interested in providing Basic Life Support Emergency Medical Response and Transportation Services to the Municipality must prepare and submit a Proposal in accordance with the procedure and schedule in this RFP. The Municipality will review Proposals only from those persons and/or firms that submit a Proposal which includes all the information required to be included as described herein (in the sole judgment of the Municipality). The Municipality intends to qualify person(s) and/or firm(s) that (a) possesses the professional, financial and administrative capabilities to provide the proposed services, and (b) will agree to work under the compensation terms and conditions determined by the Municipality to provide the greatest benefit to the taxpayers of the Municipality.

Procurement Process and Schedule.

The selection of Qualified Respondents is not subject to the provisions of the Local Public Contracts Law, N.J.S.A. 40A:11-1 et seq. The selection is subject to the "New Jersey Local Unit Pay-to-Play" Law, N.J.S.A. 19:44A-20.4 et seq. The Municipality have structured a procurement process that seeks to obtain the desired results described above, while establishing a competitive process to assure that each person and/or firm is provided an equal opportunity to submit a Proposal in response to this RFP. Proposals will be evaluated in accordance with the criteria described in Exhibit B of this RFP, which will be applied in the same manner to each Proposal received.

Proposals will be reviewed and evaluated by the Municipality' respective governing bodies. The Proposals will be reviewed to determine if the Respondent has met the minimum professional, administrative and financial areas described in this RFP. Based upon the totality of the information contained in the Proposal, including information about the reputation and experience of each Respondent, the Municipality will (in their sole judgment) determine which Respondents are qualified (professionally, administratively and financially). Each Respondent that meets the requirements of the RFP (in the sole judgment of the Municipality) will be designated as a Qualified Respondent and will be given the opportunity to participate in the selection process determined by the Municipality. The Municipality's process may result in the selection of one or more firms to perform the services described herein.

All communications concerning this RFP or the RFP process shall be directed to the Municipality' Designated Contact Person, in writing.

Designated Contact Person:

Dana Tyler, RMC
Upper Freehold Township
314 Route 539
Cream Ridge, New Jersey 08514
(609) 758- 7738 Ext. 210
dtyler@uftnj.com

Proposals must be submitted to, and be received by, the Municipality, via mail or hand delivery, by 10:00 a.m. prevailing time on January 6, 2020. Proposals will not be accepted by facsimile transmission or e-mail.

Subsequent to issuance of this RFP, the Municipality (through the issuance of addenda to all persons and/or firms that have received a copy of the RFP) may modify, supplement or amend the provisions of this RFP in order to respond to inquiries received from prospective Respondents or as otherwise deemed necessary or appropriate by (and in the sole judgment of) the Municipality.

Conditions Applicable to RFP.

Upon submission of a Proposal, the Respondent acknowledges and consents to the following conditions relative to the submission and review and consideration of its Proposal:

- All costs incurred by the Respondent in connection with responding to this RFP shall be borne solely by the Respondent.
- The Municipality reserves the right (in its sole judgment) to reject for any reason any and all responses and components thereof and to eliminate any and all Respondents responding to this RFP from further consideration for this procurement.
- The Municipality reserves the right (in its sole judgment) to reject any Respondent that submits incomplete or conditional responses to this RFP, or a Proposal that is not responsive or contains errors.
- The Municipality reserves the right, without prior notice, to supplement, amend, or otherwise modify this RFP, or otherwise request additional information.
- All Proposals shall become the property of the Municipality and will not be returned.

- All Proposals will be made available to the public at the appropriate time, as determined by the Municipality (in the exercise of their sole discretion) in accordance with law.

- The Municipality may request Respondents to send representatives for interviews.

- The Municipality may waive any technical non-conformance with the terms of this RFP.

- The Municipality shall be under no obligation to complete all or any portion of the procurement process described in this RFP.

- Neither the Municipality, Respondents, nor their respective staffs, shall be liable for any claims or damages resulting from the solicitation or preparation of the Proposal, nor will there be any reimbursement to Respondents for the cost of preparing and submitting a Proposal or for participating in this procurement process.

SCOPE OF SERVICE

It is the intent of the Municipality to solicit Proposals from Respondents that have expertise in the provision of professional services as set forth in the attached Notice of Solicitation for Responses and the title page of this RFP. Respondents must demonstrate that they will have the continuing capabilities to perform these services.

EXHIBIT A

PROJECT SPECIFICATIONS & FEE PROPOSAL

A-I PERIOD OF CONTRACT

Term: The contract to be awarded by the Municipality under this RFP shall be for an initial term of three (3) years, unless terminated sooner as further described hereinbelow.

Capital Health agrees to this specification

Renewal: The term of the contract to be awarded by the Municipality under this RFP shall automatically renew for consecutive terms of (1) year following the expiration of the initial term, unless either party gives notice to the other in writing of its intention not to renew the contract at least ninety (90) days prior to the end of the then-current term.

Capital Health agrees to this specification

Early Termination: The contract to be awarded by the Municipality under this RFP may be terminated by either party upon no less than one-hundred-eighty (180) days' prior written notice to the other party.

Capital Health agrees to this specification

A-2 SCOPE OF WORK

Designation: The successful Respondent shall be recognized as the Municipality's designated contractor for providing Basic Life Support Emergency Medical Response and Transportation Services. Upon contract award, the Municipality will provide with written notice to the appropriate authorities, which notice shall state with specificity when and how emergency medical calls should be directed to the successful Respondent.

Capital Health agrees to this specification

Primary Ambulance: The successful Respondent shall maintain one (1) primary ambulance in a ready state to respond to emergency medical service ("EMS") calls received within the Municipality 24 hours per day every day of the year.

Capital Health agrees to this specification

Hours of Service: The successful Respondent shall respond to any and all requests for EMS within the Municipality 24-hours per day on a daily basis.

Capital Health agrees to this specification

Licensure: All ambulances dispatched for service within the Municipality shall meet the requirements of all acceptable Federal, State and local laws, regulations and standards.

Capital Health agrees to this specification

Markings: Each ambulance provided by the successful Respondent shall be conspicuously lettered to denote that it is being operated by the successful Respondent.

Capital Health agrees to this specification

Maintenance: All ambulances to be used for service to the Municipality shall be maintained in sound mechanical condition and shall be cleaned and properly stocked with the usual, necessary and appropriate supplies as to their purpose and need.

Capital Health agrees to this specification

Equipment: The successful Respondent agrees to provide all equipment and supplies necessary to perform the services sought under this RFP. Equipment and supplies shall include, but not be limited to, stretchers, backboards, splints, oxygen tanks, bandages, gauze pads, dressings, saline solutions, and all other equipment and medical supplies as required by the New Jersey Department of Health.

Capital Health agrees to this specification

Infectious Control Management: The successful Respondent shall be responsible for complying with all standards, practices and regulations governing the management, treatment and environmental control of patients, personnel and equipment to prevent exposure or transmission of infectious disease.

Capital Health agrees to this specification

Patient Transport Destination: The successful Respondent, while giving due consideration to patient's preference, shall transport patient(s) to the nearest appropriate health care facility.

Capital Health agrees to this specification

Non-Discrimination: The successful Respondent agrees not to differentiate or discriminate in the delivery of its services to individuals because of race, color, national origin, ancestry, religion, sex, marital status, LGBTQIA status, age, financial ability or medical condition, and agrees to render treatment and care to all persons in the same manner and in accord with the same standards as offered to other persons.

Capital Health agrees to this specification

Reporting Requirements: The successful Respondent shall provide monthly reports to the Municipality detailing statistical information including but not limited to the number of dispatches, response times, number of patient transports, and destination of these patient transports.

Capital Health agrees to this specification

Billing and Compensation: The successful Respondent may bill each patient its usual and customary fee for emergency ambulance transportation. All fees shall be charged in accordance with all applicable state and federal laws and regulations. All bills rendered to patients shall be in clear and readable form and shall clearly identify the services provided. The successful Respondent shall be solely responsible for collection of its bills and the Municipality shall have no liability for payment of any of The successful Respondent's charges without its prior written consent. The successful Respondent's reasonable collection efforts shall not include legal action against patients.

Capital Health agrees to this specification

Dispatch & Radio Equipment: All calls requesting EMS within the Municipality are received by the Monmouth County Communication Center. The successful Respondent shall supply and maintain radio equipment that shall integrate into a seamless system to provide EMS service to the residents of the Municipality. All personnel shall carry compatible radio equipment.

Capital Health agrees to this specification

Vehicle Operators: Each ambulance supplied by the successful Respondent to provide EMS to the Municipality shall be staffed by two (2) certified Emergency Medical Technicians ("EMTs") with the minimum certification of EMT-B who shall be employed by the successful Respondent and who are equipped with and trained in the use of Naloxone (Narcan), Epinephrine, and Continuous Positive Away Pressure (CPAP) oxygen delivery device.

Capital Health agrees to this specification

Training and Appearance: All personnel assigned to staff an ambulance that will be servicing the Municipality are required to have a valid current driver's license and will receive driver training as well as safety training from the successful Respondent. Additionally, all such personnel shall be groomed and neatly dressed in a recognizable uniform with name badge visible and will perform their duties in a professional and caring manner.

Capital Health agrees to this specification

Post Location: The Municipality shall supply the successful Respondent with an adequate location within the Municipality for stationing personnel and parking the assigned ambulance(s) during the hours of service. The assigned ambulance(s) shall be based at the designated post location, unless transporting a patient to or from a hospital.

Capital Health agrees to this specification

Quality Assurance Prociram: The successful Respondent agrees to maintain a Quality Assurance Program to monitor and ensure compliance to the standards listed herein and to make reasonable modifications to the manner in which services are provided, if appropriate.

Capital Health agrees to this specification

A-3 INSURANCE

The successful Respondent shall maintain insurance policies of the type and with the minimum limits indicated below and in a form satisfactory to the Municipality:

Capital Health agrees to this specification

Liability Insurance: The successful Respondent shall maintain General and Professional Liability Insurance with limits of $1,000,000 per individual and $3,000,000 per occurrence, which may be furnished with self-insurance policies. The successful Respondent will add the Municipality as additional insureds and provide the Municipality with a Certificate of Insurance evidencing such coverage upon request.

Capital Health agrees to this specification

Automobile Liability Insurance: The successful Respondent shall maintain Automobile Liability Insurance covering owned, hired and non-owned vehicles used to perform the EMS services, with limits of not less than $1,000,000 per individual and $3,000,000 per occurrence for bodily injury and $500,000 per occurrence for property damage.

Capital Health agrees to this specification

Workers' Compensation Insurance: The successful Respondent shall maintain Workers' Compensation Insurance on all personnel engaged in performance of services, as required by and in amounts specified under New Jersey law.

Capital Health agrees to this specification

A-4 DISCLOSURE REQUIREMENTS

Respondents are advised of the responsibility to file an annual disclosure statement on political contributions with the New Jersey Election Law Enforcement Commission pursuant to N.J.S.A. 19:44A-20.13 (P.L. 2005, c.271, s.3) if the contractor receives contracts in excess of $50,000 from public entities in a calendar year. It is the contractor's responsibility to determine if filing is necessary. Additional information on this requirement is available from ELEC at 888-313-3532 or at www.elec.state.nj.us."

Capital Health agrees to this specification

A-5 FEE PROPOSAL TO PROVIDE THE SERVICES OUTLINED ABOVE

All Respondents shall provide a fee proposal in response to this RFP, including all fees, charges, and/or expenses of all personnel and equipment expected to perform services under the potential contract with the Municipality, as well as any reimbursements that the Respondents may require in the course of the anticipated work.

Capital Health agrees to this specification

ZURICH

Healthcare Practice Group

Binder for

Capital Healthcare, Inc.

Policy Term

06/01/2019 to 06/01/2020

Submitted to

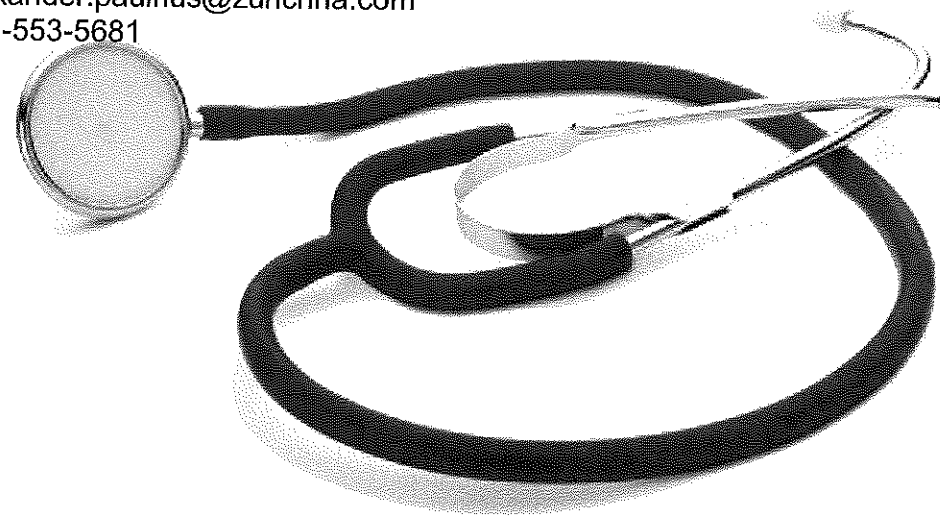
Edward Fink
BEECHER CARLSON INS SVCS LLC

Release Date

05/14/2019 11:38:10

Underwriter

Alexander Paulhus
alexander.paulhus@zurichna.com
212-553-5681



Binder

ZURICH®

Re: Capital Healthcare, Inc.

Coverage: Facultative Reinsurance

Policy Number: HPC 0281567 - 02

1. **Reinsurer:** Zurich American Insurance Company
2. **Reinsured:** CAPITAL REGION INSURANCE COMPANY
3. **Reinsured Address:** 750 Brunswick Ave
   Trenton, NJ 08638-4143
4. **Agreement Period:** 06/01/2019 to 06/01/2020 12:01 a.m. Standard Time at the address stated above
5. **Binder Effective:** 06/01/2019

   This binder will be terminated and superseded upon delivery of formal policy(ies) or certificate(s) issued to replace it.
6. **Schedule of Reinsurance:**

Reinsured's Policy Original

Insured: Coverage	Capital Healthcare, Inc.	
Description:	Capital Region Insurance Company	
Coverage Type:	Umbrella - Claims Made	
Policy Period:	06/01/2019 to 06/01/2020	
Retroactive Date:	06/01/1976	PL
	06/01/1976	GL
Original Policy Limits:	$50,000,000	Each Medical Incident
	$50,000,000	Each Claim, Occurrence, or Wrongful Act Limit
	$50,000,000	Aggregate Limit

Allocated Loss Adjustment Expense: Will contribute to the erosion of the Limits of Liability

Reinsurance Offered:

100 % of $10,000,000 Specific Loss Aggregate

Basis of Acceptance: Excess of Loss

Underlying Insurance:

Professional Liability:	$2,000,000 Each Medical Incident $8,000,000 Aggregate (CRIC Shared)
Professional Liability:	$2,000,000 Each Medical Incident A $2,000,000 Each Medical Incident B $2,000,000 Aggregate

If you want to learn more about the compensation Zurich pays agents and brokers visit: http://www.zurichnaproducercompensation.com or call the following toll-free number: (866) 903-1192. This Notice is provided on behalf of Zurich American Insurance Company and its underwriting subsidiaries.

ZURICH

Re: Capital Healthcare, Inc.

Coverage: Facultative Reinsurance

Policy Number: HPC 0281567 - 02

General Liability:	$1,000,000 (6/1/1976 Retro) Each Occurrence $1,000,000 Personal and Advertising Injury Life Sciences $5,000,000 Products Completed Ops Aggregate $8,000,000 General Aggregate (CRIC Shared)
Automobile Liability:	$1,000,000 CSL & $250,000 Garage Keeper Liability Bodily Injury and Combined Single Limit Per Accident
Employee Benefits Liability:	$1,000,000 (6/1/1976 Retro) Each Employee $8,000,000 Aggregate (CRIC Shared)
Heliport Liability:	$10,000,000 Occurrence Aviation Premises Liability
Non-Owned Aircraft Liability:	$10,000,000 Occurrence Non-Owned Aircraft Liability
Life Sciences Products Completed Operations:	$5,000,000 Each Claim and Aggregate Life Sciences Products Completed Operations
Employer's Liability:	$1,000,000 Bodily Injury Per Accident $1,000,000 Bodily Injury Per Disease Total $1,000,000 Bodily Injury Per Disease Each Employee
Allocated Loss Adjustment Expense:	Will contribute to the erosion of the underlying Professional and General Liability Limits

7. **Reinsurance Premium:** $1,292,589.00

8. **Minimum Earned Premium:** 25%

9. **Premium Due:** Full payment must be received within 30 days of the Policy Effective Date.

ZURICH

Re: Capital Healthcare, Inc.

Coverage: Facultative Reinsurance

Policy Number: HPC 0281567 - 02

10. **Terms and Conditions:**

- Refer to the attached Schedule of Forms and Endorsements
- Applicable forms are subject in all respects to the terms, conditions, exclusions and limitations of the policy(ies) or certificate(s) in current use by the Company, unless otherwise specified.
- The binder considers the following Reinsured Policy:
  - CAPITAL REGION INSURANCE COMPANY
    HPL Excess-2019
    06/01/2019 - 06/01/2020

  The binder is not valid if there is a change in the Reinsured Policy unless specifically accepted in writing by the Company.
- Should there be any conflict between coverage descriptions shown on a binder and the actual Reinsurance Agreement, the Reinsurance Agreement will prevail and supersede the binder.
- Company has the right to adjust the terms, conditions, provisions and exclusion if additional exposures are added during the policy year. This includes the attachment point.
- Any commercial underlying insurance, as required by the Underlying Insurance Section of this proposal, must be provided by an insurer having and maintaining an A. M. Best rating of "A-" or better.
- The reinsurer may withdraw or modify this agreement to bind coverage if a material change in the risk occurs between the date of this binder and the effective date of the proposed policy (including condition of the applicant or an occurrence or event which could change the underwriting evaluation of the application).

11. **Subject To:** Refer to the attached Binder Subjectivities

12. **Intermediary:** BEECHER CARLSON INS SVCS LLC
6 CONCOURSE PKWY NE STE 2300
ATLANTA, GA 30328-6185

13. **Commission:** 0.00%

14. **Date of Binder:** 05/14/2019

15. **Authorized Representative:** Alexander Paulhus

Schedule of Forms and Endorsements

ZURICH®

Re: Capital Healthcare, Inc.

Coverage: Facultative Reinsurance

Policy Number: HPC 0281567 - 02

The following schedule contains a general description of the coverages provided. For a detailed description of the terms conditions, exclusions and limitations of this insurance you must refer to the applicable policy forms and endorsements identified.

Title *	Form Number
Sanctions Exclusion Endorsement	U-GU-1191-A CW
Facultative Reinsurance Agreement	U-HCU-954-B CW
Fungus or Bacteria Exclusion	U-HCU-952-A CW

* The titles of the endorsements are provided for convenience only. Coverage provided pursuant to these endorsements shall be interpreted and applied without regard to such titles.

Binder Subjectivities

Re: Capital Healthcare, Inc.

Coverage: Facultative Reinsurance

Policy Number: HPC 0281567 - 02

This binder is subject to the Underwriter's receipt, review and acceptance of the following information.

- Receipt, review and acceptance of the underlying policies.
- Executed captive policy.
- Receipt, review and acceptance of the underlying binder(s).

Fee Schedule

Year 1 - $400,000

Year 2 - $400,000

Year 3 - $400,000

If Exorcized Year 4 - $400,000

Capital Health will, if awarded the contract, bill all patients for services rendered in regards to all calls for emergency medical services according to all applicable State and Federal Law and our agreements with any commercial, private or governmental insurance programs including but not limited to the Centers for Medicare and Medicaid Services (CMS). Should these insurers have co-pays or deductable, Capital Health will seek payment from the patient's or their legal guardian, any applicable healthcare representative as directed by the insurer.

EXHIBIT B

RESPONSE SECTION

In its response, the Respondent must include responses to all of the following:

Failure to submit the following documents shall be cause for rejection of the response.

Required Items	INITIAL
B-1) An executive summary of not more than two pages identifying and substantiating why the Respondent is best qualified to provide the requested services.	
B-2) A staffing plan listing those persons who will be assigned to the engagement if the Respondent is selected, including the designation of the person who would be the Respondent's officer responsible for all services required under the engagement. This portion of the response should include the relevant resume information for the individuals who will be assigned. This information should include, at a minimum, a description of the person's relevant professional experience, years and type of experience, and number of years with the Respondent.	
B-3) A description of the Respondent's experience in performing services of the type described in the scope of work specifications. Specifically, identify client size and specific examples of similarities with the scope of services required under scope of work specifications.	
B-4) The location of the office, if other than the Respondent's main office, at which the Respondent proposes to perform services required under this RFP. Describe Respondent's presence in New Jersey.	
B-5) Provide references including names, titles, address and phone numbers.	
B-6) In its response, the Respondent must identify any existing or potential conflicts of interest and disclose any representation of parties or other relationships that might be considered a conflict of interest with regard to this engagement, or the Municipality.	
B-7) Documentation that the Respondent meets the minimum qualifications for the position.	
B-8) Business Registration Certificate **(as per N.J.S.A. 40A:11-23.2)**	

capitalhealth

Center for Emergency Services
433 Bellevue Avenue, Suite 1
Trenton, New Jersey 08618
Tel.: 609 815 7000

capitalhealth.org

January 2, 2020

Dana Tyler, RMC
Upper Freehold Township
314 Route 539
Cream Ridge, New Jersey 08514

Dear Ms. Tyler,

RE: Proposal for Emergency Medical Services for the Township of Upper Freehold

Capital Health is a non-profit corporation consisting of the Capital Health Regional Medical Center and the Capital Health Medical Center Hopewell. Capital Health has provided comprehensive health care services to the residents of Mercer County for over 100 years. In response to Upper Freehold's recent request for proposal, Capital Health is pleased to present this proposal to provide full-spectrum Emergency Medical Services (EMS) to the citizens and visitors of Upper Freehold.

Capital Health EMS offers critical advantages above other choices to the citizens and visitors to Upper Freehold to provide ambulances services:

- More than forty years of dedication to Mercer County and its surrounding communities, including all levels of EMS care and multiple acute-care hospitals in the community providing specialty trauma, cardiac, and stroke care locally
- An extensive network of EMS resources, including ambulances and paramedic units, available for the Municipality for additional calls, special events, and disaster response from the areas immediately surrounding Upper Freehold, resulting in shorter response times and enhanced support capabilities
- A "road supervisor" (Tour Chief) available from within Mercer County to monitor conditions in Upper Freehold, respond to requests for service, and provide major event and disaster coordination
- Meeting or exceeding all of the requirements of the Request for Proposals, including billing and response time considerations

EXECUTIVE SUMMARY

Capital Health has provided Emergency Medical Services (EMS) to the citizens of Mercer County and surrounding communities since 1978. We are pioneers of one of the first Advanced Life Support (ALS) Units in New Jersey and established the region's first designated trauma center. We are responsible for the development and initiation of Central New Jersey's first ground based Critical Care Transport (ALS Inter-facility/Critical Care Transport division), established the region's first NJ Department of Health and Joint Commission designated Comprehensive Stroke Center, and the first Mobile Stroke Unit on the East Coast.

The current EMS Services include:

1. The Mercer County Mobile Intensive Care program with six ALS units stationed throughout Mercer County.
2. An ALS Paramedic unit in Morrisville, Bucks County, Pennsylvania
3. A Mobile Stroke Unit, a specialized ambulance dedicated to bringing time-critical stroke treatment directly to the patient's door. The unit incorporates a CT Scan that is remotely read by a neuro-radiologist, the patient is examined by a teleneurologist and when indicated, the patient receives the specialized medication that can dissolve the clot and reverse the stroke right on the scene.
4. A Specialty Care Transport Unit (SCTU) ambulance staffed by a critical care nurse and EMS providers that can perform transports of intensive care level patients between hospitals. The SCTUs are utilized in the 9-1-1 system and can provide ALS or Basic Life Support (BLS) service to our region whenever they are available without impacting the dedicated 911 County resources.

5. "9-1-1" BLS division for EMS. Our BLS Ambulance Service provides "911" EMS and are licensed by the New Jersey Department of Health and Senior Services. These units are staffed by two certified Emergency Medical Technicians (EMT-B).
6. Non-emergency (BLS) Transport division. Our BLS Transport Service provides routine inter-facility transports between healthcare facilities and transports to home upon discharge of non-ambulatory patients. Services are available throughout the Mercer County / Metropolitan Trenton area and surrounding counties, and include transports to advanced care facilities in Philadelphia and New York. Equipped to provide the same level of care as our "911" BLS Ambulances, these units back up regional 911 services when available without impacting the dedicated 911 County resources.
7. The Life Support Education Center (LSEC) offers a wide array of education & training for hospital-based healthcare providers, the volunteer and career EMS communities, and the general public. The LSEC is an authorized Training Center of the American Heart Association, the National Association of EMTs, the Emergency Care & Safety Institute, and the National Safety Council. We are a participating training agency for the "Stop the Bleed" initiative of the Federal Government and American College of Surgeons.
8. Emergency Management, Special Operations Division – a facility based Special Operations Response Team that is available to all individuals exposed to any Chemical, Biological, Radiological, Nuclear and Explosive agents that need to be decontaminated before more definitive patient care can continue safely.
9. We are an active participant in and the primary EMS training agency for the Mercer County Rapid Response Partnership.
10. Capital Health, through an agreement with Cooper Medical Center and the Department of Defense (DoD) is assisting in the training of Special Operations Combat Medics for all branches of the military. The students that have come through this program at Capital Health have had the highest scores of all the locations nationwide that are training these groups on their Paramedic Final exams.

Capital Health is one of the larger providers of pre-hospital medical care in the state of New Jersey. All care is rendered pursuant to protocols developed under the supervision of the Emergency Medical Services Division Medical Director, Dr. Andrea Marquis Baptista, a board-certified physician in Emergency Medicine.

The Capital Health Regional Medical Center was designated as the regional Level II Trauma Center for the Central Region of New Jersey in 1998 and as a Comprehensive Stroke Center in 2008. Capital Health Medical Center - Hopewell has achieved the designations of Primary Stroke Center, Chest Pain Center and the regions only Level Three Neonatal Intensive Care Unit. These designations, coupled with our ALS services, puts Capital Health in a unique position to offer comprehensive, full-spectrum EMS to the residents and visitors of Upper Freehold. Capital Health has the necessary resources, equipment and experienced personnel to provide continued, uninterrupted service to Upper Freehold. The in-depth proposal contained in the following pages will outline how and why Capital Health's combination of services will assure the best provision of emergency care in Upper Freehold.

Capital Health is a routine provider of service for ALS calls in Upper Freehold. That coupled with the fact that we operate emergency and non-emergency transportation services in the area of Upper Freehold means we consistently have ambulances traveling through or available near Upper Freehold. If we were to successfully be awarded the contract, our proposal will include the required units to service the needs of the contract. We also would have the ability to augment the units available by shifting our existing units from our non-emergency pool to handle overflow requests from Upper Freehold.

Capital Health has, over the last few years, replaced all of our front line units, including all BLS, SCTU and ALS responders. Our vehicles and the reusable hard equipment are new and the most current available. We are continuing to add new vehicles and as we age out our back up units we replace them with newer ones. We have committed to equipping all of our new units with Stryker Power Load systems. We do this to ensure that our staff and patients are as safe as possible and to minimize the potential for back injuries. We also recognize that these units make the process of being loaded and unloaded from the ambulances more mechanical and less concerning than having a person do it manually. The devise lends an air of security from the jostling of being lifted manually and the bumps of being put into and out of the ambulance.

Capital Health has an experienced team of managers and leadership located at our main offices at 433 Bellevue Avenue in Trenton. We are in close in proximity to Upper Freehold should the need arise we can have leadership on a scene shortly. We have a supervisor on duty twenty four hours a day and an additional BLS supervisor in house or on call. Our location also gives us the ability to bring additional resources into Upper Freehold very quickly should the needs of the system dictate. We have a fleet of ambulance maintained at our Trenton location.

Respectfully submitted,

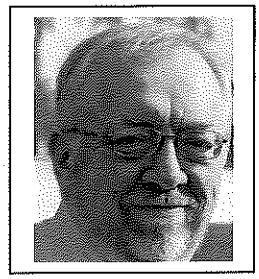
James P. Boozan
Divisional Director, EMS

BLS Staff Information					
Last Name	First Name	Date of Hire	Years with Captial Health	Date Certified	Years as an EMT
Aponte	Gerry	6/6/17	2 years, 6 months	3/24/2011	8 years, 9 months
Balasco	Jessie	9/12/18	1 years, 3 months	8/21/2017	2 years, 4 months
Barron	Gregory	9/14/10	9 years, 3 months	9/11/2006	13 years, 3 months
Beecher	Brian	9/12/18	1 years, 3 months	1/30/1995	24 years, 11 months
Brandau	Richard	3/4/19	0 years, 9 months	1/30/1999	20 years, 11 months
Burckley	John	5/19/14	5 years, 7 months	8/28/2012	7 years, 4 months
Burrough	Sean	4/29/19	0 years, 8 months	1/30/2006	13 years, 11 months
Bush	Paul	2/8/16	3 years, 10 months	2/17/1998	21 years, 10 months
Bush	Robin	12/14/15	4 years, 0 months	7/11/2012	7 years, 5 months
Byrne	Nicholas	2/21/17	2 years, 10 months	6/23/2016	3 years, 6 months
Corbin	Tony	9/4/18	1 years, 3 months	9/15/2017	2 years, 3 months
Cunningham	Daniel	12/12/05	14 years, 0 months	9/30/2005	14 years, 3 months
D'Or	Amber	9/4/18	1 years, 3 months	12/21/2017	2 years, 0 months
Dempsey	Bryan	2/4/19	0 years, 10 months	6/14/2012	7 years, 6 months
Dickerson	Craig	7/9/18	1 years, 5 months	4/15/2017	2 years, 8 months
Distelcamp	Tressa	7/22/19	0 years, 5 months	10/25/2011	8 years, 2 months
Duggan	Brian	12/16/13	6 years, 0 months	12/20/2017	2 years, 0 months
Emile	Lilkha	4/1/19	0 years, 9 months	5/23/2018	1 years, 7 months
Estwan	Michael	6/17/19	0 years, 6 months	7/11/2012	7 years, 5 months
Francis	Melissa	11/19/01	18 years, 1 months	11/20/2002	17 years, 1 months
Gates	Scott	9/9/02	17 years, 3 months	10/22/1997	22 years, 2 months
Goldfarb	Benjamin	6/17/19	0 years, 6 months	5/24/2012	7 years, 7 months
Goodman	Lisa	10/28/19	0 years, 2 months	1/12/2019	0 years, 11 months
Grudzinski	Gregory	4/8/13	6 years, 8 months	4/22/2002	17 years, 8 months
Guido	Kevin	1/7/19	0 years, 11 months	3/4/2005	14 years, 9 months
Hastings	Daniel	4/1/19	0 years, 9 months	1/12/2019	0 years, 11 months
Hathaway	Gene	9/12/18	1 years, 3 months	6/30/1996	23 years, 6 months
Hayes	Michael	9/12/18	1 years, 3 months	1/30/2001	18 years, 11 months
Hotzman	Andrew	9/12/18	1 years, 3 months	6/30/2015	4 years, 6 months
Huber	Brian	9/12/18	1 years, 3 months	1/30/1990	29 years, 11 months
Hutchinson	Chad	7/23/07	12 years, 5 months	3/22/2001	18 years, 9 months
Jefferson	Dashawn	9/3/19	0 years, 3 months	12/12/2016	3 years, 0 months
Kerekes	Ashley	4/6/17	2 years, 8 months	3/30/2017	2 years, 9 months
Kirby	Charles	2/19/19	0 years, 10 months	6/7/2018	1 years, 6 months
Maiorana	Nathan	2/4/19	0 years, 10 months	7/19/2017	2 years, 5 months
McKenzie	James	4/29/19	0 years, 8 months	2/21/2017	2 years, 10 months
Mohamed	Alhasan	2/4/19	0 years, 10 months	6/26/2018	1 years, 6 months
Mohl	Kevin	5/15/17	2 years, 7 months	1/24/2017	2 years, 11 months
Nunez-Arce	Angiely	11/11/19	0 years, 1 months	7/8/2019	0 years, 5 months
Ortiz	David	10/28/19	0 years, 2 months	5/26/2010	9 years, 7 months
Pagliocca	Georgette	10/31/16	3 years, 2 months	6/26/2014	5 years, 6 months
Portella	Nicholas	9/3/19	0 years, 3 months	8/29/2005	14 years, 4 months
Pugh	Kevin	9/12/18	1 years, 3 months	6/30/2011	8 years, 6 months

Purcell	Rebecca	9/16/19	0 years, 3 months	6/30/2017	2 years, 6 months
Rogers	Walter	2/2/00	19 years, 11 months	12/22/1988	31 years, 0 months
Russell	James	5/13/19	0 years, 7 months	6/30/2016	3 years, 6 months
Sakowski	Brian	4/29/19	0 years, 8 months	11/25/2009	10 years, 1 months
Sanders	Malik	12/9/19	0 years, 0 months	1/30/2018	1 years, 11 months
Scimone	Frank	4/10/00	19 years, 8 months	11/12/1998	21 years, 1 months
Scozzaro	Martin	3/21/17	2 years, 9 months	12/22/2016	3 years, 0 months
Thrall	Laura	9/17/18	1 years, 3 months	2/4/2014	5 years, 10 months
Vandegift	Joseph	4/1/19	0 years, 9 months	6/21/2018	1 years, 6 months
VanHest	Joseph	10/20/14	5 years, 2 months	8/29/2013	6 years, 4 months
Wells	Ashley	12/9/19	0 years, 0 months	10/27/2011	8 years, 2 months
Williams	Deron	2/5/17	2 years, 10 months	12/20/1988	31 years, 0 months
Woodward	Rebecca	8/17/19	0 years, 4 months	6/26/2019	0 years, 6 months

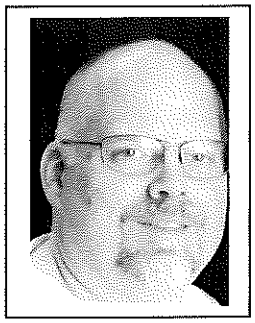
Leadership

We have a deep and diverse leadership group that oversees our EMS Department. Our combined experience is over 200 years of service and average more than 26 years per manager.



James P. Boozan, MICP – Divisional Director

Jim has been involved in EMS for over 45 years. He spent over 20 years as an instructor in multiple advanced and basic curriculums. Jim helped pioneer the first inter-facility critical care transport ambulances in New Jersey, as well as, one of the first Mobile Stroke Unit in the United States. As the Divisional Director of Emergency Medical Services, he is responsible for all EMS activities as well as Emergency Management for Capital Health. Jim has successfully transitioned several municipal or private EMS services into hospital run agencies including Hamilton Twp, East Windsor, Lawrence and Robbinsville. He serves as the chairperson for the NJ Department of Health - Central West Region Healthcare Coalition.



Scott C. Donohue, BS, NRP – Operations Manager

Scott is a graduate of the University of Maryland, Baltimore County Emergency Health Services Management program. He has been involved in EMS since 1986, starting as a basic First Aid provider, eventually trained as an EMT and in 1995 became a Paramedic. He holds many instructorships and has trained at the Center for Domestic Preparedness, New Mexico Tech and is a FEMA HSEEP Evaluator. Scott is involved with the Mercer County Rapid Response Partnership, was trained in CONTOMS (Counter Narcotics and Terrorism Operational Medical Support) and has worked as a Medic assigned to the Somerset County Prosecutors Office SWAT Team.

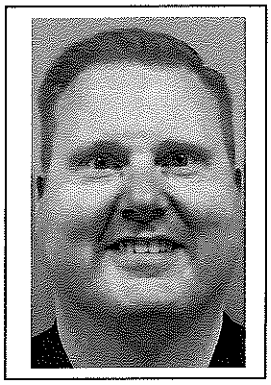
Joseph Saloma, MA, RN, MICN – Clinical Coordinator

Joe has been involved in EMS for more than 25 years (including 24 years as an ALS provider), starting in PA. Joe transitioned to NJ about eight years ago. As an RN, Joe has 25 years of experience, including ER/Trauma, Cardio-thoracic ICU, Pediatric ICU, Pediatric/Neonatal Transport, Research, Flight and EMS. Joe was a recipient of the 2015 NJ OEMS "Outstanding Call of the Year" award. Joe holds a Master's degree in Bioethics and has lectured both locally and internationally regarding Transplant Ethics.

Cheryl Hlubik, BSN, RN, NRP – Specialty Care Transport Coordinator

Cheryl has worked in the EMS field for more than 34 years including over 20 years as a Nationally Registered Paramedic. Additionally, she has worked as an Emergency Room, Trauma or Specialty Care Transport nurse in both New Jersey and Pennsylvania for over 29 years providing a diverse background. She holds a Bachelor's of Science in Nursing, and maintains status as a Certified Emergency Nurse and Certified Transport Registered Nurse, as well as, a Pennsylvania Pre Hospital Registered Nurse and American Heart Association Instructor. She is also a New Jersey certified Fire Fighter and has attended training at the National Fire Academy in Emmetsburg, MD.

Thomas Williams, MICP – Communications and Logistics Coordinator



Thomas has been involved in EMS since 1997, starting at the age of 16, as a volunteer in Princeton where he obtained his EMT certification. He then obtained his Paramedic certification in 2003 from Hahnemann University. He joined Capital Health in 2004 as a Paramedic and obtained the rank of Tour Captain before moving to Massachusetts in 2008. He started working for Boston EMS in 2008 as an EMT, once he secured his Massachusetts Paramedic certification; he had the opportunity to work at one of the most progressive EMS agencies in the country. Thomas then returned to Capital Health in 2011 as a paramedic but obtained the ranks of Field Training Officer and Tour Chief before attaining his current position. He is also certified as a NJ 911 Telecommunicator and worked in the Capital Health 911 Communications Center "LifeComm" prior to its closing. He now oversees the Capital Health Transfer Center as well as the information technology needs of the EMS Department.

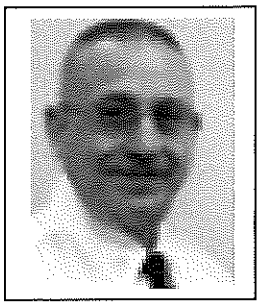
Supervisors

Guadalupe Verrecchio, MICP – Administrative Tour Chief

Lupe has been in EMS since 1991 and became a Paramedic in 2005. She worked at Trinitas Hospital as a Field Paramedic starting in 2005 and was promoted to Supervisor in 2010, remaining in that position until December, 2015. During that time she was also employed as a field paramedic for RWJUH at Rahway from 2005-2018. She started working at Capital Health in May, 2015 and was promoted to Administrative Tour Chief in December of 2018.

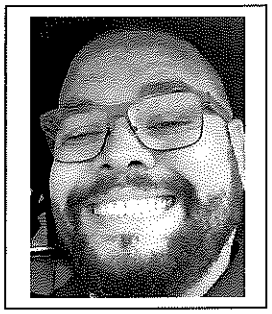
Tara Holbrook, MICP – Tour Chief

Tara has worked in health care since she was 16 yrs old. She began her EMS career in 1999 as an EMT. She joined the Capital Health EMS family in 2000. She became a paramedic in 2004, she has attained the positions of Field Training Officer and Tour Chief.



Scott Frank, NRP, A.S., FP, Tactical Paramedic, LEO – Tour Chief

Scott started his career in emergency services in early 1986. He graduated from the Bucks County Pennsylvania Paramedic Program in 1992. He has maintained his National Registry of Emergency Medical Technicians Paramedic Certification for over 20 years. He is currently the B Platoon Tour Chief, who leads our Special Operations Team. This team is responsible for providing patient decontamination efforts for our hospital system as well as training our emergency department staff in the decontamination process. As part of the special operation team he is assigned to the Mercer County Sheriff's Office (MCSO) as a tactical paramedic where he and his team provide the medical component for the MCSO Tactical Response Team. During the course of his career Scott has many accomplishments He has completed FEMA's Professional Development Series in Emergency Management. He also works as a flight paramedic, is a graduate of the Montgomery County Pennsylvania Police Academy and works as a part time police officer in Bucks County Pennsylvania.



Alex Velez, MICP – Tour Chief

Alex has been involved in EMS for 15 years. He is currently a Nationally Registered Paramedic. He holds many instructorships and is a National Registry Exam Coordinator. He has attended numerous classes at the Center for Domestic Preparedness and is a FEMA HSEEP Evaluator.

Jill Averack, MICP – Tour Chief

Jill has been involved in EMS for 44 years, originally trained in basic first aid, eventually became an EMT and then a Paramedic. She was a volunteer at both of the East Windsor Rescue Squads and with Nottingham Rescue Squad in Hamilton. She joined Capital Health in 1988 and became an EMS Supervisor in 2004. She has 44 years of service in EMS.

John Burckley, EMT – Tour Chief

John started his EMS career in 2004. He worked as an EMT until 2006. In 2006, he joined the United States Air Force and served until 2012. He came back to work in EMS and joined Capital Health in 2014, he eventually served as a Field Training Officer and currently the BLS Supervisor. He is also a Nationally Registered Emergency Medical Technician.

Scott Christopher Donohue
101 Aspen Drive
Sellersville, PA 18960
267-640-4343

Objective: To obtain a fulfilling position as an Operations Manager.

Education:

Cedar Ridge High School	Diploma Earned	June 1987
University of Maryland, Baltimore County	Emergency Health Services Management Bachelor's Degree Earned	May 1995

Work Experience:

Operations Manager June 2016 – Present

Currently serving as the Chief of Operations for an aggressive EMS Organization providing cutting edge EMS and Critical Care medicine in the prehospital and interfacility arena. We operate four chase car Paramedic Units in Mercer County, New Jersey; a Paramedic Unit in Morrisville, Bucks County, Pennsylvania; up to three Specialty Care Transport Units that also provide Paramedic Services and the seventh Mobile Stroke Unit in the Country. We operate a Basic Life Support Emergency Response Unit, several BLS interfacility Transport Units and a Transportation Communications System.

Paramedic Supervisor April 2012 – June 2016

Worked as a Paramedic Supervisor (Tour Chief) for Capital Health in Trenton, NJ. As such am responsible for the oversight and support of the EMS Operations on a day to day basis. Including, but not limited to providing oversight to four MICUs, three SCTUs and three BLS Units. This oversight includes managing the schedule, some QA and responding to higher acuity calls and whenever requested. On scenes, provide logistical and technical support to the staff.

Ambulance Service Operations Manager 1997 – 2005

Was part of a group that formed and operated a BLS ambulance service. As the Operations Manager I had direct oversight of up to 8 ambulances. Also provided service to large gatherings and events. As such, was involved with both the provision of care and the logistics of coordinating schedules, evaluating needs, providing for: infrastructure, communications and relief, coordinating care and transportation of personnel and patients.

Emergency Medical Technician – Paramedic Certified 1995

While seeking my Bachelor's Degree, attended a second college to receive certification as an EMT-P. Upon completion and certification, immediately and without interruption, began work as a primary 911 responder at the Advanced Level of Paramedic. Having worked in both the primary 911 response setting and as the primary provider on Critical Care Transport Units and have become well rounded in all facets of ALS care. Organizations worked for as a Paramedic include: Howard County, MD DFRS; Trans-Care, MD; NuCare Systems, PA; EmStat Health Services, PA; Somerset Medical Center, NJ. and Capital Health, NJ

Emergency Medical Technician – Basic Certified 1987

Worked for a number of organizations with increasing levels of responsibility from Wheelchair Van Operator to Critical Care Transport Team. Primary 911 responses starting in 1987 with a volunteer first aid squad, then urban experience in a high volume system. Organizations worked for include: Madison Park FAS, NJ; Multi-Care Ambulance, NJ; East Windsor, NJ EMS; Jersey City Medical Center, NJ EMS; Howard County, MD DFRS, and Hillsborough, NJ EMS.

Course Coordinator / Instructor 1989 - Present

As an EMS Instructor and Course Coordinator I was charged with overseeing the preparation and instruction of multiple EMS Courses. This required multiple instructor certifications, including the following:

AHA BCLS	AHA ACLS	AHA PALS	PEPP
ITLS	PHTLS	VFIS EVDT	BBP

NJ EMT Basic & Core Refresher Lectures

Other Areas of Employment:

Student Specialist in Poison Information 1993 - 1995

Maryland Poison Center

After being trained in the process of telephone triage and use of both online and desktop reference materials, was able to provide real time information to the general public and Emergency Medical Professionals, in both the Pre-Hospital and In-Hospital settings, on the care and treatment of poisonings and overdoses of medications and exposures to chemical substances.

Training Coordinator 1994 – 1997

International Critical Incident Stress Foundation

While employed as the training coordinator was charged with overseeing all aspects of the *3rd* and *4th World Congress on Stress, Trauma and Coping in the Emergency Services Professions.* The World Congresses are international conferences attended by over 1,000 attendees each year. In addition, I was responsible for traveling to monthly conferences to represent the organization and coordinate speakers and classes in the area of CISM.

As a special assignment while at ICISF, became responsible for the coordination, revision and expansion of the Basic CISM Instructor Program, including development and distribution of the Basic Course Workbook. Was also charged with layout, design and pre-publication of multiple books for the organization.

Publications:

Assessment and Treatment of Trauma Jones and Barletta Publishing 2009

Donohue, SC. Assessment and Treatment of Trauma. In: Mike Pante. Assessment and Treatment of Trauma. Sudbury Mass: Jones and Bartlett; 2009

Wrote a chapter for this book that is used in the teaching of a new trauma course for Pre-Hospital Providers. Chapter includes MCIs, Triage, Trauma Systems and Mass Casualty Triage. This new course is design to challenge the experienced provider and provide new and updated information.

Certifications:

NREMT-P #P0865088
NJ MICP #2400 / 519879
PA EMT-P #127530
AHA ACLS – Instructor
AHA BLS – Instructor
ITLS – Instructor
VFIS EVDT – Instructor
ICISF – Basic CISM
ICISF – Advanced CISM
ICISF – Peer Support Services
ICISF – Family Factor
ICISF – Basic CISM Instructor
PEPP – Coordinator
PHTLS TCCC Instructor

References Available on Request

B-3 Respondent Experience

In previous years, Capital Health EMS Administration has successfully transitioned several municipal or private EMS services into hospital run agencies including Hamilton Twp., East Windsor, Lawrence and Robbinsville.

B-4 Office Location

Capital Health will perform services from the location provided by the Municipality with additional support from other units in the area or our headquarters in Trenton. Capital Health has provided comprehensive health care services to the residents of Mercer County and the surrounding areas for over 100 years. The Emergency Medical Services Department has been providing services to Mercer County and the surrounding areas since 1978.

B-5 References

Robbinsville Township
2298 Route 33
Robbinsville, NJ 08691
Contact – Chief Daniel Schaffener, Robbinsville Fire Department, (609) 259-6052

Provide staffing for BLS 911 ambulance and additional staffing when requested by the Fire Department or the Township.

Morrisville Borough
35 Union Street
Morrisville, PA 19067
Contact – Scott Mitchell, Borough Manager, (215) 736-3760

Provide Advanced 911 Emergency Medical Services for Morrisville Borough and the surrounding areas.

Trenton Thunder
1 Thunder Road
Trenton, NJ 08611
Contact – Bryan Rock, Director of Baseball & Stadium Operations, (609) 394-3300

Provide Emergency Medical Services coverage for all home games and any additional events when requested.

Rider University
2083 Lawrenceville Road
Lawrenceville, NJ 08648
Contact – Michael Yeh, Coordinator, (609) 896-5029

Provide Emergency Medical Services coverage for large campus events.

New Jersey State Police
Division Headquarters
1040 River Road
Ewing, NJ 08628
Contact – Christine Wiess, (732) 449-5200 x4230

Provide Emergency Medical Services coverage for NJSP physical training and qualification exams.

B-6 Conflict of Interest

There is no known conflict of interest between Capital Health and the Municipality.

B-7 Minimum Qualifications

Capital Health is licensed by the NJ DOH Office of Emergency Medical Services to provide BLS/MAV/MICU/SCTU in the State of New Jersey. See attached OEMS License.

B-8 Business Registration Certificate

See attached Business Registration Certificate.

New Jersey Department of Health

New Jersey
OFFICE OF EMERGENCY MEDICAL SERVICES

The New Jersey Department of Health - Office of Emergency Medical Services recognizes that the requirements for licensure as set forth at N.J.A.C. 8:40-1.1, et seq. and hereby grant licensure to:

Capital Health System
433 Bellevue Avenue
Suite 1
Trenton, NJ 08618

As a provider of the following services:

BLS/MAV/MICU/SCTU

Provider ID: **1122021**
Valid: **1/1/2019**
Expiration: **12/31/2020**

Scot Phelps, JD, MPH, Paramedic
Director, Office of Emergency Medical Services

HSP1996

STATE OF NEW JERSEY

BUSINESS REGISTRATION CERTIFICATE

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

TAXPAYER NAME:

CAPITAL HEALTH SYSTEM INC A NEW JERSEY N

TRADE NAME:

TAXPAYER IDENTIFICATION#:

223-548-695/000

SEQUENCE NUMBER:

0086353

ADDRESS:

750 BRUNSWICK AVE
TRENTON NJ 08638-4174

ISSUANCE DATE:

09/27/04

EFFECTIVE DATE:

12/30/97

Acting Director

FORM-BRC(08-01)

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

EXHIBIT C

DOCUMENT SUBMISSION CHECKLIST

Failure to submit the following documents shall be cause for rejection of the response. (N.J.S.A. 40A:11-23.1b.)

		Initial each item
√	Non-Collusion Affidavit – Exhibit C-1	
√	Disclosure of Ownership Exhibit C-2	
√	Affirmative Action Exhibit C-3	
√	American with Disabilities Exhibit C-4	
√	Disclosure of Iran Investment Activities Exhibit C-5	

		Initial each item
√	Experience Sheet Exhibit C-6	

The following items, as checked, shall be required after award of the contract:

****

Certification of Insurance	√
Signed Contracts	√

SIGNATURE: The undersigned hereby acknowledges and has submitted the above listed requirements.

Name of Respondent: **Capital Health**

Signature: _____

EXHIBIT C-1

NON-COLLUSION AFFIDAVIT

STATE OF NEW JERSEY

§:

COUNTY OF

I, James Boozan, in the County of Mercer, in the State of New Jersey being of full age, and being duly sworn according to law on my oath depose and say that:

I am Divisional Director

of the firm of Capital Health EMS

The Respondent submitting the response for the above-referenced RFP, attests that they execute the said proposal with full authority to do so; that said Respondent has not directly or indirectly entered into any agreement, participated in any collusion, or otherwise taken any action in restraint of free, competitive proposals in connection with the above-referenced RFP; and that all statements contained in said proposal and in this affidavit are true and correct, and made with full knowledge that the Township of Upper Freehold will rely upon the truth of the statements contained in said response and in the statements contained in this affidavit in awarding the contract hereunder.

I further warrant that no person or selling agency has been employed or retained to solicit or secure such contract upon 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

CAPITAL HEALTH EMS (N.J.S.A. 52:34-15)
NAME OF COMPANY

Subscribed and sworn to

Before me this 02 day

Of JANUARY 2020

NOTARY PUBLIC OF

My Commission Expires 4/29/2024

BRADLEY L KING
Notary Public, State of New Jersey
My Commission Expires
April 29, 2024

JAMES P. BOOZAN
(Also type or print name of affiant under signature)

EXHIBIT C-2

DISCLOSURE OF OWNERSHIP

(If the Respondent is a sole proprietorship, check here [ ] and do not complete this statement.)

The UNDERSIGNED, as a Respondent, in accordance with N.J.S.A. 52:25-24..2, declares and submits this Statement of Ownership:

The Respondent is a Corporation [X] Partnership [ ] Joint Venture [ ]

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

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

	Full Name of Individual (Stockholder) (Partner)	Home Address of Individual (Stockholder) (Partner)	
1.	See Attached		
2.			
3.			
4.			
5.			
6.			
7.			

THIS STATEMENT MUST BE INLCUDED WITH PROPOSAL SUBMISSION

Notes: Attach additional sheets in this format, if necessary.

Subscribed and sworn before me

This 02 day of JAN 2020

(Notary Public)

My Commission expires:

4/29/2024

BRADLEY L KING
Notary Public, State of New Jersey
My Commission Expires
April 29, 2024

Signature

JAMES P. BOOZAN

Print Name

DIVISIONAL DIRECTOR EMS

Title

(Corporate Seal)

CAPITAL HEALTHCARE, INC
TRENTON, NEW JERSEY
BOARD OF TRUSTEES
2019

MEMBERS	BUSINESS ADDRESS	RESIDENCE
Samuel J. Plumeri, Jr. Chairman	Chairman New Jersey State Parole Board PO Box 862 Trenton, NJ 08625 609/292-0120 609/984-2188 Fax Samuel.Plumeri@spb.state.nj.us (Use Home Address)	822 Edinburg Rd Hamilton, NJ 08690 609/584-1780 609/588-6817 Fax
Sean S. Murray Treasurer	Senior Lender Windsor LPO Fulton Bank of New Jersey 1386 Route 130 & Main Street Windsor, NJ 08561 609/630-6704 609/443-4819 Fax semurray@fultonbanknj.com	448Washington Crossing Rd Titusville, NJ 08560 609/818-0014 Cell Phone: 908/692-1596 e-mail: dukemurray@msn.com
Joshua Markowitz, Esq. Secretary	Markowitz, Gravelle, LLP 3131 Princeton Pike Bldg 3-200 Lawrenceville, NJ 08648 609/896-2660	5 Twining Lane W. Trenton, NJ 08628 609/882-9201 609/915-9042 cell joshm@mgs-law.com
Guy Chiarello	President First Data Corporation 225 Liberty Street Floor 29 New York, NY 10281 212-515-3170	6 Harvest Bend Road Robbinsville, NJ 08691 609/468-6401 cell GuyChiarello@gmail.com
Louis F. D'Amelio, MD	Vice President, Clinical Performance Capital Health System 750 Brunswick Avenue Trenton, NJ 08638 609/394-7756 609/203-2022 cell	271 Pineville Road Newtown, PA 18940
Al Maghazehe, PhD, FACHE	President/ Chief Executive Officer Capital Health System 750 Brunswick Ave. Trenton, NJ 08638 609/394-6071 609/394-6687 Fax	314 Stoneyford Road Holland, PA 18966 215/504-4535

12/10/2019

CAPITAL HEALTH
TRENTON, NEW JERSEY
HOSPITAL BOARD OF DIRECTORS
2019

MEMBERS	BUSINESS ADDRESS	RESIDENCE
Sean S. Murray Chairman	Senior Lender Windsor LPO Fulton Bank of New Jersey 1386 Route 130 & Main Street Windsor, NJ 08561 609/630-6704 609/443-4819 Fax semurray@fultonbanknj.com	448Washington Crossing Rd Titusville, NJ 08560 609/818-0014 Cell Phone: 908/692-1596 e-mail: dukemurray@msn.com
Joshua Markowitz, Esq. Vice-Chairman	Markowitz, Gravelle, LLP 3131 Princeton Pike Bldg 3-200 Lawrenceville, NJ 08648 609/896-2660	5 Twining Lane W. Trenton, NJ 08628 609/882-9201 609/915-9042 cell
Randi A. Axelrod, MD	Pediatrix Medical Group, PA Capital Health NICU Office – 1st Floor 750 Brunswick Avenue Trenton, NJ 08638 609/537-6151 609/394-6319 Fax	1430 Hopeland Road Wyncote, PA 19095 Cell:215/266-7394
Ajay Choudhri, MD	Capital Health Advanced Imaging Capital Health Dept of Radiology 750 Brunswick Avenue Trenton, NJ 08638 609/815-7532 609/815-7545 Fax achoudhri@capitalhealth.org	315 Stratford Drive Lawrenceville,NJ 08648 609/356-0973 Cell:908/342-4081 achoudhri@capitalhealth.org
Carmen M. Garcia, Esq. Secretary	New Jersey State Parole Board PO Box 3274 Trenton, NJ 08619 609/292-3909 609/292-0120 Asst (Use Home Address)	PO Box 9491 Trenton NJ 08650 609/532-7673 cell
Carolyn Gaukler, MD President, Medical Staff	Capital Health Primary Care 1230 Parkway Avenue Suite 203 West Trenton, NJ 08628 609/883-5454 609/883-2565 Fax	3 Tindall Trail Princeton Junction, NJ 08550 609/439-7072
Julie A. Karns	Retired Karnsja@gmail.com	5 Aqua Terrace Pennington, NJ 08534 609/730-0443

MEMBERS	BUSINESS ADDRESS	RESIDENCE
Donald J. Loff	SeniorVicePresident and Senior Consultant Merrill Lynch 7 Roszel Road Princeton, NJ 08540 609/243-7921 609/454-0971 Fax USE HOME ADDRESS	172 Pheasant Lane Newtown, PA 18940 Cell Phone: (732) 735-0926
Armen Simonian, MD Vice-President, Medical Staff	Mercer Gastroenterology PC Two Capital Way Suite 487 Pennington, NJ 08534 609/818-1900 609/818-1908 Fax	
Telechery A. Sudhakar, MD	Retired	84 Parkside Drive Princeton, NJ 08540 609/921-2303

Dated 1/1/2019

EXHIBIT C-3

AFFIRMATIVE ACTION CERTIFICATION

If awarded a contract, all procurement and service Respondents will be required to comply with the requirements of P.L.1975,C.127,(N.J.A.C. 17:27). Within seven (7) days after receipt of the notification of intent to award the contract or receipt of the contract, whichever is sooner, the Respondent shall present one of the following to the Purchasing Agent:

1. A photocopy of a valid letter from the U.S. Department of Labor that the Respondent has an existing Federally-approved or sanctioned Affirmative Action Plan (good for one year from the date of letter).

OR

2. A photocopy of their approved Certificate of Employee Information Report.

OR

3. An Affirmative Action Employee Information Report (Form AA302)

OR

4. All successful construction Respondents shall submit within three days of the signing of the contract an Initial Project Manning Report (AA201) for any contract award that meets or exceeds the Public Agency proposal threshold (available upon request).

NO FIRM MAY BE ISSUED A CONTRACT UNLESS IT COMPLIES WITH THE AFFIRMATIVE ACTION REGULATIONS OF P.L.1975, C.127.

The following questions must be answered by all Respondents:

1. Do you have a federally-approved or sanctioned Affirmative Action Program?

YES_____ NO X

If yes, please submit a copy of such approval.

2. Do you have a State Certificate of Employee Information Report Approval?

YES X NO____

If yes, please submit a copy of such certificate.

The undersigned Respondent certifies that he or she is aware of the commitment to comply with the requirements of P.L.1975,c.127 and agrees to furnish the required documentation pursuant to the law.

COMPANY: Capital Health

SIGNATURE: _____

TITLE: Divisional Director

Note: A Respondent's proposal must be rejected as non-responsive if a Respondent fails to comply with the Requirements of P.L. 1975, c.127, within the time frame.

EXHIBIT C-3
(Continued)

MANDATORY AFFIRMATIVE ACTION LANGUAGE
GOODS, PROFESSIONAL SERVICE AND GENERAL SERVICE CONTRACTS
(Revised 1994)
P.L. 1975, C. 127 (N.J.A.C. 17:27)

During the performance of this contract, the Respondent agrees as follows:
The Respondent 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, sex, affectional or sexual orientation. The Respondent will take affirmative action to ensure that such applicants are recruited and employed, and that employees are treated during employment, without regard to their age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. Such action shall include, but not be limited to the following: employment, up-grading, 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 Respondent 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 Respondent or subcontractor, where applicable will, in all solicitations or advertisements for employees placed by or on behalf of the Respondent, state that all qualified applicants will receive consideration for employment without regard to of age, race, creed, color, national origin, ancestry, marital status, sex, affectional or sexual orientation. The Respondent or sub contractor, where applicable, will send to each labor union or workers' representative or workers with which it has a collective bargaining agreement or other contract or understanding, a notice, to be provided by the agency contracting officer advising the labor union or workers' representative of the Respondent's commitments under this act and shall post copies of the notice in conspicuous places available to employees and applicants for employment.

The Respondent or subcontractor, where applicable, agrees to comply with the regulations promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time and the Americans with Disabilities Act. The Respondent or subcontractor agrees to attempt in good faith to employ minority and female workers consistent with the applicable county employment goals prescribed by N.J.A.C. 17:27-5.2 promulgated by the Treasurer pursuant to P.L. 1975, c. 127, as amended and supplemented from time to time.

The Respondent or subcontractor agrees to inform in writing appropriate recruitment agencies in the area, including 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, sex, affectional or sexual orientation, and that it will discontinue the use of any recruitment agency which engages in direct or indirect discriminatory practices. The Respondent 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. The Respondent 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, sex, affectional or sexual orientation, and conform with the applicable employment goals, consistent with the statutes and court decisions of the State of New Jersey, and applicable Federal law and applicable Federal court decisions. The Respondent and its sub contractors shall furnish such reports or other documents to the Division of Contract Compliance and EEO Office 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 Contract Compliance and EEO Office for conducting a compliance investigation pursuant to Subchapter 10 of the Administrative Code (NJAC 17:27)

Form AA302
Rev. 11/11

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	3. TOTAL NO EMPLOYEES IN THE ENTIRE COMPANY
	☐ 1. MFG ☐ 2 SERVICE ☐ 3 WHOLESALE ☐ 4 RETAIL ■ 5 OTHER	4185

4 COMPANY NAME: Capital Health Regional Medical Center

5 STREET	CITY	COUNTY	STATE	ZIP CODE
750 Brunswick Avenue	Trenton	Mercer	NJ	08638

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: 2

9. TOTAL NUMBER OF EMPLOYEES AT ESTABLISHMENT WHICH HAS BEEN AWARDED THE CONTRACT: 4185

10. PUBLIC AGENCY AWARDING CONTRAC | 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										
				******** MALE ********					******** FEMALE ********					
	COL. 1 TOTAL (Cols.2 &3)	COL. 2 MALE	COL. 3 FEMALE	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN	BLACK	HISPANIC	AMER. INDIAN	ASIAN	NON MIN
Officials/ Managers	86	32	54	1	1	0	3	27	3	0	0	3	48
Professionals	936	192	744	40	13	0	27	112	136	37	2	119	450
Technicians	467	186	281	28	11	0	20	127	64	30	0	28	159
Sales Workers	0	0	0	0	0	0	0	0	0	0	0	0	0
Office & Clerical	186	15	171	9	2	0	2	2	80	18	0	5	68
Craftworkers (Skilled)	17	17	0	3	0	0	0	14	0	0	0	0	0
Operatives (Semi-skilled)	1	1	0	0	1	0	0	0	0	0	0	0	0
Laborers (Unskilled)	1	1	0	0	0	0	0	1	0	0	0	0	0
Service Workers	261	78	183	62	6	0	2	8	114	32	0	8	29
TOTAL	1955	522	1433	143	34	0	54	291	397	117	2	163	754
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)

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

15. IF NO, DATE LAST REPORT SUBMITTED
MO: 04 DAY: 07 YEAR: 16

13. DATES OF PAYROLL PERIOD USED
From 03/17/2019 To 03/30/2019

SECTION C - SIGNATURE AND IDENTIFICATION

16. NAME OF PERSON COMPLETING FORM (Print or Type)	SIGNATURE	TITLE	DATE MO / DAY / YEAR
Tatjana Kent		Human Resources Supv	05 / 31 / 19

17. ADDRESS NO. & STREET	CITY	COUNTY	STATE	ZIP CODE	PHONE (AREA CODE, NO ,EXTENSION)
2997 Princeton Pike	Lawrenceville	Mercer	NJ	08648	609 " 815 " 7418

Certification 24949

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-JUN-2019 to 15-JUN-2022

CAPITAL HEALTH - REGIONAL MEDICAL CENTER
750 BRUNSWICK AVE.
TRENTON NJ 08639

ELIZABETH MAHER MUOIO
State Treasurer

EXHIBIT C-4

AMERICANS WITH DISABILITIES ACT

Equal Opportunity For Individuals With Disabilities

The Respondent and the Borough of Allentown and Township of Upper Freehold (the "Municipalities") do hereby agree that the provision of Title II of the Americans With Disabilities Act of 1990 (the "Act") (42 U.S.C. S12101 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 a part of this contract. In providing any aid, benefit or service on behalf of the Municipalities pursuant to this contract, the Respondent agrees that the performance shall be in strict compliance with the Act. In the event that the Respondent, its agents, servants, employees or subcontractors violate or are alleged to have violated the Act during the performance of this contract, the Respondent shall defend the Municipalities in any action or administrative proceeding commenced pursuant to this Act. The Respondent shall indemnify, protect and save harmless the Municipalities, their 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 Respondent 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 Municipalities' grievance procedure, the Respondent agrees to a proposal by any decision of the Municipalities which is rendered pursuant to said grievance procedure. If any action or administrative proceeding results in an award of damages against the Municipalities or if the Municipalities incur any expense to cure a violation of the ADA which has been brought pursuant to their grievance procedure, the Respondent shall satisfy and discharge the same at its own expense.

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

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

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

EXHIBIT C-5

DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN

Bidder/Offeror: **Capital Health**

PLEASE CHECK THE APPROPRIATE BOX:

PART 1: CERTIFICATION
BIDDERS MUST COMPLETE PART 1 BY CHECKING EITHER BOX.

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

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

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

OR

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

PART 2: PLEASE PROVIDE FURTHER INFORMATION RELATED TO INVESTMENT ACTIVITIES IN IRAN

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

Name: _____ Relationship to Bidder/Offeror: _____

Description of Activities: _____

Duration of Engagement. _____ Anticipated Cessation Date: _____

Bidder/Offeror Contact Name: _____ Contact Phone: _____

(Attach Additional Sheet if Necessary)

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

Full Name (Print): **James Boozan**

Signature: _____

Title: **Divisional Director** Date: **1/2/2020**

EXHIBIT C-6

EXPERIENCE SHEET

NOTE: The Respondent is required to submit below detailed evidence that he/she is a competent organization which has constructed work similar in amount, value, cost character and proportions, and the necessary financial resources to perform the work in a satisfactory manner. Specifically identify client size and specific examples of similarities with the scope of services required under the technical specification. (Respondent may attach supplementary materials).

Year	Type of Work	Contract Amount	Name & Address of Municipality (or other organization)
3/2010 to Current	Emergency Basic Life Support	0 Dollars	Robbinsville Township 2298 Route 33, Robbinsville, NJ 08691
2005 to Current	EMS Support for Sporting/Large Events	0 Dollars	Trenton Thunder, Arm & Hammer Park 1 Thunder Road, Trenton, NJ 08611
5/2010 to 6/2015	Emergency Basic Life Support	$16,000/Year	East Windsor Township 16 Lanning Blvd, East Windsor, NJ 08520
6/2007 to 5/2009	Emergency Basic Life Support	$225,000/Year	Lawrence Township 2207 Lawrence Road, Lawrence Twp, NJ 08648
2001 to 2005	Emergency Basic Life Support	$16,000/Year	East Windsor Township 16 Lanning Blvd, East Windsor, NJ 08520

Capital Health
RESPONDENT

James Boozan
BY

Divisional Director
TITLE