

BID RESULTS						
AB2017-02 NURSING SERVICES FOR THE COUNTY OF MERCER FOR A PERIOD OF TWO YEARS						
BID OPENING DATE: MARCH 17, 2017						
NURSING SERVICES FOR THE COUNTY OF MERCER FOR A PERIOD OF TWO YEARS, AWARD ONE CONTRACT; REFER TO PAGE 13 FOR CONTRACT CONTACT						
NUMBER OF BIDDERS	6					
NAME OF BIDDER	ALL AMERICAN HEALTHCARE SERVICES INC.	CARNEGIE HEALTHCARE CORP T/A FIRSTAT NURSING SERVICES	HORIZON HEALTHCARE STAFFING	STAFF TODAY INC (STI)	MAXIM HEALTHCARE SERVICES, INC.	NEW WAVE PEOPLE, INC.
ADDRESS	100 LAKEVIEW AVENUE, SUITE 1A	20 TEXAS AVENUE	198 US 9 NORTH - SUITE 107	212 E. ROWLAND ST. #313	7227 LEE DEFOREST FRIVE	490 ROUTE 33 WEST BUILDING 2 UNIT 3
CITY, STATE, ZIP	JAMESBURG, NJ 08831	LAWRENCEVILLE, NJ 08648	MANALAPAN, NJ 07726	COVINA, CA 91723	COLUMBIA, MD 21046	MILLSTONE TOWNSHIP, NJ 08535
CONTACT	ANIL BHAVNANI	SATISH JUNEJA	NANCY GOLDSTEIN	ABY LILIAN MAMBOLEO	DAWN WILSON	KATHRYN AMENEIROS
TELEPHONE	866 629 2242	609 530 1899	732 817 0500	800 928 5561	410 910 9224	732 786 9070
FAX	866 629 2242	609 530 9800	732 817 0555	877 858 6263		732 810 0431
E-MAIL	<a href="mailto:CORPORATE@AAHCS.ORG">CORPORATE@AAHCS.ORG</a>	<a href="mailto:INFO@FIRSTATNURSE.COM">INFO@FIRSTATNURSE.COM</a>	<a href="mailto:NANCY@HSTAFF.COM">NANCY@HSTAFF.COM</a>	<a href="mailto:LILIAN@STAFFTODAYINC.COM">LILIAN@STAFFTODAYINC.COM</a>	<a href="mailto:DAW@WILSON@MAXHEALTH.COM">DAW@WILSON@MAXHEALTH.COM</a>	<a href="mailto:KA@NWPLUSA.COM">KA@NWPLUSA.COM</a>
LICENSE NO. HEALTH CARE SERVICE FIRM	HP0042500 EXP 6/30/17	HP0211400 EXP 6/30/17	HP0152200 EXP 6/30/17	NOT INCLUDED	HP0274803 EXP 6/30/17	HP0208000 EXP 6/30/17
INSURANCE AND INDEMNIFICATION	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED
INSURANCE REQUIRED FROM AWARDED VENDOR	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED	REQUIRED IF AWARDED
NEW JERSEY BUSINESS REGISTRATION	OK	OK	OK	OK	OK	REQUIRED IF AWARDED
STOCKHOLDER DISCLOSURE	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED
ADDENDUM NO. ONE	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED
HOLD PRICING BEYOND 60 DAYS	YES	YES	YES	YES	NOT PROVIDED	YES
CONTINUITY OF OPERATIONS	WILL PROVIDE	WILL PROVIDE	WILL PROVIDE	WILL PROVIDE	NOT PROVIDED	WILL PROVIDE
REFERENCES	PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED	PROVIDED
EXHIBIT A	INCLUDED	INCLUDED	INCLUDED	NOT INCLUDED	NOT INCLUDED	INCLUDED
EIC	35927 EXPIRES 9.15.18	29111 EXPIRES 9.15.18	44006 EXPIRES 9.15.19	56443 EXPIRES 8.15.19	4704 EXPIRES 2.15.18	REQUIRED IF AWARDED
IRAN CERTIFICATION	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED	SIGNED AND DATED
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED	39.90	45.90	58.00	60.91	60.00	60.50
TOTAL FOR 14,000 HOURS ANNUALLY YEAR ONE	558,600.00	642,600.00	812,000.00	852,740.00	840,000.00	847,000.00
LPN CORRECTION CENTER IF REQUIRED	29.90	35.75	42.00	39.69	43.00	44.95
TOTAL FOR 6,400 HOURS ANNUALLY YEAR ONE	191,360.00	228,800.00	268,800.00	254,016.00	275,200.00	287,680.00
TOTAL COST YEAR ONE	749,960.00	871,400.00	1,080,800.00	1,106,756.00	1,115,200.00	1,134,680.00
RN CORRECTION CENTER AND PUBLIC HEALTH IF REQUIRED	39.90	45.90	59.00	60.91	61.00	60.50
TOTAL FOR 14,000 HOURS ANNUALLY YEAR TWO	558,600.00	642,600.00	826,000.00	852,740.00	854,000.00	847,000.00
LPN CORRECTION CENTER IF REQUIRED	29.90	35.75	43.00	39.69	43.50	44.95
TOTAL FOR 5100 HOURS ANNUALLY YEAR TWO	191,360.00	228,800.00	275,200.00	254,016.00	278,400.00	287,680.00
<b>TOTAL COST ANNUALLY YEAR TWO</b>	<b>749,960.00</b>	<b>871,400.00</b>	<b>1,101,200.00</b>	<b>1,106,756.00</b>	<b>1,132,400.00</b>	<b>1,134,680.00</b>
TOTAL COST YEAR TWO	1,499,920.00	1,742,800.00	2,182,000.00	2,213,512.00	2,247,600.00	2,269,360.00
EXCEPTIONS	NONE	NONE	NONE	NONE	YES; SEE ATTACHED	NONE
FATAL FLAW	NO	NO	NO	YES	NO	NO