



REQUEST FOR QUOTATIONS

OCEAN COUNTY BOARD OF HEALTH



NOTICE IS HEREBY GIVEN that the Ocean County Board of Health is seeking quotations for Client Transportation for the period January 1, 2025 to December 31, 2025

Background Information:

The Ocean County Board of Health is tax-exempt government unit. The award of an open-end contract or contracts to provide individual client transportation services to treatment centers on a limited basis as designated by authorized agents of the Ocean County Health Department. A contract award is anticipated to be made by December 11, 2024. Interested parties should/must submit quotes by November 26, 2024. Vendors and contractors are required to comply with applicable New Jersey public purchasing requirements; information on requirements and documentation/forms to be completed can be found at:

<https://www.ochd.org/rfp-rfq-bid-opportunities/>

General Requirements:

1. Quotes for provision of transportation to Ocean County Board of Health clients are being requested. Award of Contract(s) will be made by area of service identified below. Clients are to be transported from area of service to Ocean County Board of Health facilities at 75 Sunset Avenue in Toms River or designated treatment centers including but not necessarily limited to:

Bright Harbor Healthcare	160 Route 9, Bayville, NJ 08721
Bright Harbor Healthcare	35 West Water Street, Toms River, NJ 08755
Bright Harbor Healthcare	340 US 9, Bayville, NJ 08721
Bright Harbor Healthcare	122 Lien St, Toms River, NJ 08753
Bright Harbor Healthcare	40 Bey Lea Road, Toms River, NJ 08753
Iron Wellness and Recovery	226 Main Street Toms River, NJ 08753
New Hope Integrated Behavioral Health	80 Conover Road, Marlboro, NJ 07746
Ocean County Health Department	175 Sunset Avenue, Toms River, NJ 08754
Preferred Behavioral Health	700 Airport Rd., Lakewood, NJ 08701
Preferred Behavioral Health	591 Lakehurst Road, Toms River, NJ 08755
Preferred Behavioral Health	1191 Lakewood Ave, Toms River, NJ 08755
Preferred Behavioral Health	848 West Bay Avenue, Barnegat, NJ 08005
From client residence in OCEAN COUNTY to above list of locations. Other sites allowable but first must be approved by Ocean County Health Department – Department of Substance Abuse, Addiction and Opioid Dependence 732-341-9700 x7535	



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Public Health
Prevent. Promote. Protect.

2. Provide service pricing below. Price proposals are to include per mile rate and any wait time charge (rate and increment of time).
3. Vendor/contractor shall provide a copy of its W-9 before award of contract.
4. Vendor/contractor shall provide a copy of the New Jersey Business Registration Certificate and Iran, Russia and Belarus prohibited activities disclosure before award of contract.
5. Vendor/contractor shall provide a Certificate of Insurance naming Ocean County Board of Health as additional insured in a minimum amount of \$1,000,000/\$1,000,000 aggregate general liability; when a vehicle is used to provide the service \$1,000,000 auto liability each accident, combined single limit for bodily injury and property damage; worker's compensation in the statutory minimum and employer's liability coverage of at least \$100,000 for each accidental injury and with respect to bodily injury by disease, \$100,000 each employee and \$500,000 per policy year before award of contract.
6. Provide documentation identified below with quote:
 - a. List of Drivers and Valid NJ Driver's Licenses on page 4 below.
 - b. Copy of current driver's licenses, vehicle registration(s) and proof of inspection(s).
 - c. Evidence of Insurance

Pricing Proposal

Mileage rate: _____ Per Mile

Wait time rate: _____ per _____.

Identify Area(s) of Service: Region _____

REGION A	REGION B	REGION C
Beachwood	Bay Head	Barnegat
Berkeley	Brick	Barnegat Light
Toms River	Lakewood	Beach Haven
Island Heights	Lavallette	Eagleswood
Jackson	Mantoloking	Harvey Cedars
Lakehurst	Point Pleasant	Lacey
Manchester	Point Pleasant Beach	Little Egg Harbor
Ocean Gate	Seaside Heights	Long Beach
Pine Beach	Seaside Park	Ocean (Waretown)
Plumsted		Ship Bottom
South Toms River		Stafford
		Surf City
		Tuckerton



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Identify any limitations on service (hours or days, exclusions areas, etc.): _____

The undersigned hereby declares that they carefully examined the advertisements, specifications and conditions for the furnishing of Client Transportation and if awarded a contract, will complete said contract in all respects according to the specifications and conditions.

Name of Proposer (Company or Individual)

Name of Individual authorized to submit proposal

Address

Title

Telephone

Signature

Date

Email



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Licensed Drivers

List Drivers' name and NJ License Numbers, provide updated sheet when there are changes.

Initial List:

_____	_____
Driver Name	NJ Driver's License #
_____	_____
Driver Name	NJ Driver's License #
_____	_____
Driver Name	NJ Driver's License #
_____	_____
Driver Name	NJ Driver's License #
_____	_____
Driver Name	NJ Driver's License #
_____	_____
Driver Name	NJ Driver's License #

Remove:

_____	_____
Driver Name	NJ Driver's License #
_____	_____
Driver Name	NJ Driver's License #

New/Add (include copy of DL):

_____	_____
Driver Name	NJ Driver's License #
_____	_____
Driver Name	NJ Driver's License #