



REQUEST FOR QUOTATIONS

OCEAN COUNTY BOARD OF HEALTH



NOTICE IS HEREBY GIVEN that the Ocean County Board of Health is seeking quotations for Social Adult Day Care services for the period beginning January 1, 2025 through December 31, 2025.

Background Information:

The Ocean County Board of Health is tax-exempt government unit. The award of a one-year open-end contract for the provision of Social Adult Day Care services is anticipated to be made by January, 2025. Social Adult Day Services Program is for residents experiencing confusion, disorientation or memory loss due to aging, illness or social isolation. Interested parties should/must submit quotes by December 3, 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 Adult Day Care services are being requested.
 - a. A professional assessment of the participants is to be completed prior to admission by a nurse or social worker and an individual plan of care established with the input from the caregiver.
 - b. The program shall provide socialization and therapeutic activities designed to stimulate memory.
 - c. Routine activities of daily living are to be provided as needed by the staff.
 - d. A hot lunch and snacks are to be provided daily.
2. Provide service pricing below.
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.



REQUEST FOR QUOTATIONS

OCEAN COUNTY BOARD OF HEALTH



Pricing Proposal

_____ per hour

The undersigned hereby declares that they carefully examined the advertisements, specifications and conditions for the furnishing of Social Adult Day Care services 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