

Immunization Clinic Equipment and Supplies /Human Services

BIDDER SIGNATURE PAGE

Rev. 9/20/05

1. If doing business under a trade name, partnership or a sole proprietorship, you must submit the bid under exact title of the trade name, partnership, or proprietorship, and the bid must be signed by either the owner or a partner and witnessed by a notary public.
2. If a Corporation, the bid must be signed by the President or Vice President and witnessed by Corporate Secretary, (Corporate title must be exact) and affix corporate seal.
3. Other persons authorized by Corporate Resolution to execute agreements in its behalf may also sign the bid documents (pages).
4. The Person who signs this bid form must also sign the Non-Collusion Affidavit.
5. You cannot witness your own signature.

[Signature]
SIGNATURE
CORPORATE SECRETARY

Ritesh Shah
PRINT NAME AND TITLE
CORPORATE SECRETARY

[Signature]
Ritesh Shah
RSH



AFFIX CORPORATE SEAL

Legacy Health US LLC
NAME OF BIDDER

255 Hudson St
ADDRESS OF BIDDER

Hoboken, NJ 07601

TELEPHONE: 1-877-200-1773

FAX: 1-877-518-8182

EMAIL: prajp@legacyhealthus.com

BY: [Signature]
SIGNATURE

5/25/23
DATE

Priya Patel President
PRINT OR TYPE NAME AND TITLE

WARNING: FAILURE TO FULLY, ACCURATELY, AND COMPLETELY SUPPLY THE INFORMATION REQUESTED ON THIS PAGE MAY RESULT IN THE REJECTION OF YOUR BID AS NON-RESPONSIVE

Eric Brinton

From: Priyal Patel <priyal@legacyhealthus.com>
Sent: Friday, June 9, 2023 5:15 PM
To: Pragnesh Patel
Cc: Eric Brinton
Subject: Re: FW: Regarding your bid submission, County of Union NJ BA 22-2023

*** CAUTION ***

This message came from an EXTERNAL address. DO NOT click on links or attachments unless you know the sender and the content is safe. If suspicious forward the message to pcsupport@ucnj.org

Eric,

We will reduce our total bid price to \$13,792.65. Thank you!

On Sat, Jun 10, 2023 at 1:08 AM Pragnesh Patel <prag@legacyhealthus.com> wrote:

Hello,

We will get back to you as soon as possible.

Thank you

Prag

On Fri, Jun 9, 2023 at 3:30 PM Eric Brinton <ebrinton@ucnj.org> wrote:

Good afternoon, following up with regards to your bid submission.

I had looked over the bid form that you had submitted. In case of discrepancy, unit prices prevail. I attached the bid form submission, anything marked in bright green has a corrected subtotal (note this is the items where you had not specified anything else regarding units. In these cases we can only take the unit price * quantity. Doing so would reduce the total bid from \$14,376.51 to \$13792.65 (see the attached excel sheet). Would you be willing to honor this total price to us and our cooperative members?

Thank you,

Eric Brinton
County of Union, NJ
Administrative Services
Division of Purchasing

-----Original Message-----

From: Eric Brinton

Sent: Friday, June 9, 2023 10:40 AM

To: 'prag@legacyhealthus.com' <prag@legacyhealthus.com>

Cc: 'priyal@legacyhealthus.com' <priyal@legacyhealthus.com>

Subject: FW: Regarding your bid submission, County of Union NJ BA 22-2023

Good morning, Please see below and attached. Thank you,

BID FORM PAGE

(Page 1 of 4)

HAVING CAREFULLY READ THE NOTICE TO BIDDERS, SPECIFICATIONS AND INSTRUCTIONS TO BIDDERS, THE UNDERSIGNED HEREBY AGREES TO PROVIDE AND DELIVER **IMMUNIZATION CLINIC EQUIPMENT AND SUPPLIES** FOR DEPARTMENT OF HUMAN SERVICES OF THE COUNTY OF UNION IN ACCORDANCE TO THE SPECIFICATIONS. BIDS FOR ALL LINES SHOULD BE PROVIDED. DO NOT ALTER THE FORMAT OF THE BID FORM PAGE IN ANY MANNER UNDER THE PENALTY OF DISQUALIFICATION.

LINE #	QUANTITY (MORE OR LESS)	DESCRIPTION	UNIT PRICE	SUB TOTAL
1	10 cases	Alcohol Prep Pads	X \$ <u>1.00</u> =	\$ <u>2,000</u>
<input type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input checked="" type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: <u>Homeaire</u> 100 ct per box Product #: <u>500027-0494</u> Total price for 20 cases				
2	8 cases	Safety Glide Needles	X \$ <u>5.40</u> =	\$ <u>216.00</u>
<input type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input checked="" type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: <u>MHC</u> Product #: <u>815200</u> 50 ct - 5 Boxes per case				
3	8 cases	Syringes, 3CC NDL Vanish Point	X \$ <u>10.80</u> =	\$ <u>518.40</u>
<input type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input checked="" type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: <u>MHC</u> Product #: <u>825230</u> 100 ct - 6 Boxes per case				
4.	10	Excursion Trac Thermometer	X \$ <u>107</u> =	\$ <u>1070</u>
<input type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input checked="" type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: <u>Traceable</u> Product #: <u>4731</u>				

NAME OF BIDDER

Legacy Health US

BID FORM PAGE

(Page 2 of 4)

LINE #	QUANTITY (MORE OR LESS)	DESCRIPTION	UNIT PRICE	SUB TOTAL
5	2 cases	Bandages	X \$ <u>2.50</u>	= \$ <u>5.00</u>
<input checked="" type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: _____ Product #: _____				
6	9 cases	Sharps Container	X \$ <u>6.04</u>	= \$ <u>1087.20</u>
<input type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input checked="" type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: <u>Dynarex</u> Product #: <u>4624 20 in a case</u>				
7	3 cases	Tissue	X \$ <u>1.25</u>	= \$ <u>45</u>
<input type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input checked="" type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: <u>Scottie</u> Product #: <u>Everyday Comfort 64 ct.</u>				
8	125 Boxes	Influenza Vaccine	X \$ <u>35</u>	= \$ <u>4,375</u>
<input checked="" type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: _____ Product #: _____				
9	3 cases	Exam Gloves	X \$ <u>7.72</u>	= \$ <u>23.16</u>
<input type="checkbox"/> CHECK HERE: If supplying exact BRAND and PRODUCT # specified <input checked="" type="checkbox"/> CHECK HERE: If supplying equivalent product: Brand: <u>Blaze</u> Product #: <u>Latex - Medium</u>				

NAME OF BIDDER Legacy Health US

BID FORM PAGE

(Page 3 of 4)

LINE #	QUANTITY (MORE OR LESS)	DESCRIPTION	UNIT PRICE	SUB TOTAL
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10	3 cartons	C-Fold Towels	X \$ 68.22	= \$ 204.66
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☐ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☒ CHECK HERE: If supplying equivalent product: Brand: Pacific Blue
Product #: 2112014

11	2 cases	Disinfectant Spray	X \$ 4.00	= \$ ^{4x2=8} 96
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☐ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☒ CHECK HERE: If supplying equivalent product: Brand: Lysol
Product #: 12.5 62 Crisp Linen

12	3 cases	Table Paper, Crepe	X \$ 3.97	= \$ ⁵ 11.91 143.08
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☐ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☒ CHECK HERE: If supplying equivalent product: Brand: Dynarex
Product #: 4487

13	1	Vaccine Freezer	X \$ 2894.17	= \$ 2894.17
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☒ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☐ CHECK HERE: If supplying equivalent product: Brand: _____
Product #: _____

14	2 Pieces	Data Loggers	X \$ 93.20	= \$ 186.40
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☐ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☒ CHECK HERE: If supplying equivalent product: Brand: Traceable
Product #: UX-94460-72

15	2 packs	Epi Pens in. 0.3 mg	X \$ 190	= \$ 380
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☒ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☐ CHECK HERE: If supplying equivalent product: Brand: _____
Product #: _____

NAME OF BIDDER: Legacy Health US

BID FORM PAGE

(Page 4 of 4)

LINE #	QUANTITY (MORE OR LESS)	DESCRIPTION	UNIT PRICE	SUB TOTAL
16	2 packs	Junior Epi Pen inj. .015 mg X	\$ <u>190</u>	= \$ <u>380</u>

☒ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☐ CHECK HERE: If supplying equivalent product: Brand: _____
Product #: _____

17	2 pieces	Mobile Aneroid Sphygmomanometer X	\$ <u>27</u>	= \$ <u>54</u>
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☐ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☒ CHECK HERE: If supplying equivalent product: Brand: Honorio
Product #: 91237-0001-06

18	1 piece	Electronic Probe Thermometer X	\$ <u>375</u>	= \$ <u>375</u>
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☒ CHECK HERE: If supplying exact BRAND and PRODUCT # specified

☐ CHECK HERE: If supplying equivalent product: Brand: _____
Product #: _____

GRAND TOTAL: \$ ~~14,376.51~~
\$13,792.65 (NOT TO EXCEED)

NAME OF BIDDER: Legacy Health US

EXTENSION FORM FOR UNION COUNTY
COOPERATIVE CONTRACT PURCHASING SYSTEM

ACCOMMODATION OF LOCAL CONTRACTING UNITS WITHIN THE COUNTY OF UNION:

☒ **CHECK HERE** IF WILLING TO PROVIDE THE GOODS AND SERVICES HEREIN BID UPON TO LOCAL GOVERNMENTAL CONTRACTING UNITS LOCATED WITHIN THE COUNTY OF UNION, UNION COUNTY COOPERATIVE CONTRACT PURCHASING SYSTEM # **CK-06-UNION** WITHOUT SUBSTITUTION OR DEVIATION FROM SPECIFICATIONS, SIZE FEATURES, QUALITY, PRICE OR AVAILABILITY AS HEREIN SET FORTH. IT IS UNDERSTOOD THAT ORDERS WILL BE PLACED DIRECTLY BY THE CONTRACTING UNITS, SUBJECT TO THE OVERALL TERMS OF THE CONTRACT TO BE AWARDED BY THE COUNTY OF UNION, AND THAT NO ADDITIONAL SERVICE OR DELIVERY CHARGES WILL BE ALLOWED EXCEPT AS PERMITTED BY THESE SPECIFICATIONS.

☐ **CHECK HERE** IF **NOT** WILLING TO EXTEND PRICES TO CONTRACTING UNITS LOCATED IN THE COUNTY OF UNION AFFECT CONSIDERATION OF THIS BID WITH RESPECT TO THE NEEDS OF THE COUNTY OF UNION.

IF THE LOWEST RESPONSIBLE RESPONSIVE BIDDER DOES NOT EXTEND HIS PRICES TO THE REGISTERED MEMBERS, THE CONTRACT FOR THE STATED NEEDS OF UNION WILL BE AWARDED TO SAID LOWEST RESPONSIBLE RESPONSIVE BIDDER AND SPECIFICALLY **NOT** MADE AVAILABLE TO CONTRACTING UNITS WITHIN THE COUNTY.

PP

Initial

NAME OF BIDDER: Legacy Health US

Prohibited Russia-Belarus Activities & Iran Investment Activities

Person or Entity

Part 1: Certification

COMPLETE PART 1 BY CHECKING ONE OF THE THREE BOXES BELOW

Pursuant to law, any person or entity that is a successful bidder or proposer, or otherwise proposes to enter into or renew a contract, for goods or services must complete the certification below prior to contract award to attest, under penalty of perjury, that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list or Chapter 25 list as a person or entity engaging in prohibited activities in Russia, Belarus or Iran. Before a contract for goods or services can be amended or extended, a person or entity must certify that neither the person or entity, nor any parent entity, subsidiary, or affiliate, is identified on the Department of Treasury's Russia-Belarus list. Both lists are found on Treasury's website at the following web addresses:

<https://www.nj.gov/treasury/administration/pdf/RussiaBelarusEntityList.pdf>

www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf

As applicable to the type of contract, the above-referenced lists must be reviewed prior to completing the below certification.

A person or entity unable to make the certification must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran. The person or entity must cease engaging in any prohibited activities and provide an updated certification before the contract can be entered into.

If a vendor or contractor is found to be in violation of law, action may be taken as appropriate and as may be 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.

CONTRACT AWARDS AND RENEWALS



I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate appears on the N.J. Department of Treasury's lists of entities engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3 or in investment 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. (Skip Part 2 and sign and complete the Certification below.)

CONTRACT AMENDMENTS AND EXTENSIONS



I certify, pursuant to law, that neither the person or entity listed above, nor any parent entity, subsidiary, or affiliate is listed on the N.J. Department of the Treasury's lists of entities determined to be engaged in prohibited activities in Russia or Belarus pursuant to P.L. 2022, c. 3. 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. (Skip Part 2 and sign and complete the Certification below.)

IF UNABLE TO CERTIFY



I am unable to certify as above because the person or entity and/or a parent entity, subsidiary, or affiliate is listed on the Department's Russia-Belarus list and/or Chapter 25 Iran list. I will provide a detailed, accurate, and precise description of the activities as directed in Part 2 below, and sign and complete the Certification below. Failure to provide such will prevent the award of the contract to the person or entity, and appropriate penalties, fines, and/or sanctions will be assessed as provided by law.

Part 2: Additional Information

PLEASE PROVIDE FURTHER INFORMATION RELATED TO PROHIBITED ACTIVITIES IN RUSSIA OR BELARUS AND/OR INVESTMENT ACTIVITIES IN IRAN.


You must provide a detailed, accurate, and precise description of the activities of the person or entity, or of a parent entity, subsidiary, or affiliate, engaging in prohibited activities in Russia or Belarus and/or investment activities in Iran in the space below and, if needed, on additional sheets provided by you.

Part 3: Certification of True and Complete Information

I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments there, to the best of my knowledge, are true and complete. I attest that I am authorized to execute this certification on behalf of the above-referenced person or entity.

I acknowledge that the County of Union is relying on the information contained herein and hereby acknowledge that I am under a continuing obligation from the date of this certification through the completion of any contracts with the County of Union to notify the County of Union in writing of any changes to the answers of information contained herein.

I acknowledge that I am aware that it is a criminal offense to make a false statement or misrepresentation in this certification. If I do so, I recognize that I am subject to criminal prosecution under the law and that it will also constitute a material breach of my agreement(s) with the County of Union and that the County of Union at its option may declare any contract(s) resulting from this certification void and unenforceable.

Full Name (Print)	Prigal R. H.	Title	President
Signature		Date	5/30/23



STATE OF NEW JERSEY BUSINESS REGISTRATION CERTIFICATE

Taxpayer Name: LEGACY HEALTH US LLC

Trade Name:

Address: 12 ROUTE 17 N SUITE 102
PARAMUS, NJ 07652

Certificate Number: 2448524

Effective Date: May 11, 2020

Date of Issuance: May 14, 2020

For Office Use Only:

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