



## RESOLUTION REQUEST FORM

NAME OF REQUESTER: Lucinda Corrado, LNHA DEPARTMENT/DIVISION: Preakness Healthcare Center

### 1. DESCRIPTION OF RESOLUTION

TYPE OF RESOLUTION: Purchases of Goods and/or Services

PROJECT NAME & NO. (If applicable): Medical Vacuum/Suction Pump Replacement

PROJECT LOCATION (If applicable): Preakness Healthcare Center

#### SUMMARY:

Medical Vacuum/Suction Pump Replacement

- Resident unit 2-400 includes a central vacuum (suction) system installed in 2008/2009 for residents including residents on ventilators and with tracheostomies.
- System includes two pumps; one is operational at all time.
- Resolution request to replace the one pump that is not functional
- Quotes obtained:
  - Evergreen, \$14,943.51
  - DMR, \$16,826.00
  - NES Company, \$14,989.90

**2. CERTIFICATION OF FUNDS**

**AMOUNT OF EXPENDITURE:** \$ 14,943.51 \_\_\_\_\_

**REQUISITION #** R5-09357 \_\_\_\_\_  
(A copy of the requisition from Edmunds must be attached)

**PURCHASE ORDER #** \_\_\_\_\_  
(A copy of the purchase order and change order request form must be attached)

**ACCOUNT #** C-04-55-188-002-906 \_\_\_\_\_  
(If more than one account please list individually below, with designated amounts)

**ACCOUNT #** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
**ACCOUNT #** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
**ACCOUNT #** \_\_\_\_\_ **Amount:** \_\_\_\_\_  
**ACCOUNT #** \_\_\_\_\_ **Amount:** \_\_\_\_\_

**3. METHOD OF PROCUREMENT**

**RFP #:** \_\_\_\_\_

**RFQ #:** \_\_\_\_\_

Add qualifying resolution no. if requesting an award

**BID #:** \_\_\_\_\_

**CO-OP:** \_\_\_\_\_ **Number:** \_\_\_\_\_

Did the vendor agree to extend pricing to Passaic County Cooperative Pricing #38PCCP?

Yes  No

**STATE CONTRACT #:** \_\_\_\_\_

**EXCEPTIONS** (per N.J.S.A. 40A:11-5 et seq.): \_\_\_\_\_

**QUOTES:** (Please add all solicited quotes herein; including vendor name and total amount.)

Evergreen, \$14,943.51  
DMR, \$16,826.00  
NES Company, \$14,989.90

**NON-FAIR & OPEN:** (A copy of an executed *Business Entity Disclosure Certification* must be attached)

**OTHER:** \_\_\_\_\_

**4. CERTIFICATION OF PROHIBITED ACTIVITIES:**

(Please check the Russia-Belarus Prohibited Activity Entity List & Chapter 25 List for this section)

**Confirmed not on Russia-Belarus Entity List**

Date Confirmed: 3/6/25

<https://sanctionssearch.ofac.treas.gov/>

**Confirmed not on Chapter 25 Prohibited Activities in Iran List**

Date Confirmed: 3/6/25

<http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>

**5. COMMITTEE REVIEW / DISTRIBUTION**

(Please check off the committee(s) the resolution request is being submitted to and the meeting date it is associated with)

Administration & Finance

Meeting Date: \_\_\_\_\_

Health & Human Services

Meeting Date: 3/4/25

Law & Public Safety

Meeting Date: \_\_\_\_\_

Planning & Economic Development

Meeting Date: \_\_\_\_\_

Public Works

Meeting Date: \_\_\_\_\_



Evergreen Medical Services Inc.  
505 5th Avenue, Suite 900  
Des Moines, IA 52309  
(800) 727-8321

Quote Name PHC Repairs/Replacement Nash Pump  
Quote Number 00049832  
Quote Date 2/26/2025

Quote expires after 30 days.

Prepared By Shelly Vaccaro  
Email shelly@evergreenmedical.com

Contact Name Michael Jordan

Bill To Name Preakness Healthcare Center  
Bill To 305 Oldham Rd  
Wayne, NJ 07470

Ship To Name Preakness Healthcare Center  
Ship To 305 Oldham Rd  
Wayne, NJ 07470

Product Name	Product Desc	Quantity	Sales Price	Total Price
LABOR - Standard	Technicians to repair/replace Nash pump	1.00	\$3,080.00	\$3,080.00
	Nash SX10 Monoblock Liquid Ring Vacuum Pump	1.00	\$10,126.03	\$10,126.03
	1/2" Flow Control Valve, .5GPM	2.00	\$280.55	\$561.10
	1/2" Bronze Check Valve	2.00	\$165.14	\$330.28
	1/2" Water Control Solenoid	2.00	\$423.05	\$846.10
Shipping	TBD & added to invoice	1.00	\$0.00	\$0.00

Total Price \$14,943.51  
Grand Total \$14,943.51

Confidential, for intended party only. Not for distribution.

Actual Shipping costs and Sales Tax to be calculated and added to the Final invoice.

Signature \_\_\_\_\_

Date \_\_\_\_\_



# DMR Services

Suite 4 C | 43 College Drive | Jersey City, New Jersey 07305  
(908) 930-4400 | mike.razzoli@gmail.com

**RECIPIENT:**

**MICHAEL JORDAN**  
PREAKNESS HEALTHCARE CENTER  
305 OLDHAM ROAD  
WAYNE, NEW JERSEY 07470

**Quote #2511053**

Sent on Mar 04, 2025

**Total \$16,826.00**

Product/Service	Description	Qty.	Unit Price	Total
NASH PUMP REPAIR/ REPLACEMENT	We will provide the necessary labor, equipment, and materials to remove and repair the non-functioning pump.  **Technicians**: \$2,920.00  **NASH SX10 Monoblock Liquid Ring Vacuum Pump**: \$9,995.00  **Components**: - 1/2" Flow Control Valve - 0.5 GPM - 1/2" Check Valve - 1/2" Water Solenoid TOTAL \$1,697  Please note that shipping costs will be added to the invoice.	1	\$16,826.00	\$16,826.00

**Total \$16,826.00**

ALL APPLICABLE TAXES APPLY

\*\*This quotation remains valid for the next five days. Subsequently, prices are subject to change. All relevant taxes will be applicable. Additionally, a 15% service fee will be imposed on any outstanding balance after 30 days, and every subsequent 30 days on any remaining unpaid amount.\*\*

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Jordan, Michael**

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**From:** Russ Bleeker <RBleeker@ips.us>  
**Sent:** Tuesday, March 4, 2025 11:44 AM  
**To:** Jordan, Michael  
**Subject:** Fw: Nash Monoblock-NES NHF-50 Liquid Ring Vacuum Pump – Pricing & Availability  
**Attachments:** Vectra SX Brochure.pdf; NHF-50 PC.pdf; NHF\_Series\_Data\_Sheet\_Mar15\_1.pdf; NHF\_envelope\_dimensions.PDF

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**From:** Ben Banerjee <ben@nescompany.com>  
**Sent:** Tuesday, March 4, 2025 9:37 AM  
**To:** Bill Linder <BLinder@ips.us>  
**Cc:** Russ Bleeker <RBleeker@ips.us>  
**Subject:** RE: Nash Monoblock-NES NHF-50 Liquid Ring Vacuum Pump – Pricing & Availability

CAUTION: This email originated from outside of IPS.

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Hi Mike,

Good morning.

Please see the details below for the NES NHF-50 liquid ring vacuum pump:

**Part #:** NHF-50

**Description:** NHF-50 Cast Iron/SS Fitted Liquid Ring Vacuum Pump – A new after-market drop-in replacement for a Nash MHF-50 pump. Includes a 3 HP TEFC 230/460/3/60 volt motor. Factory-tested and backed by a **1-year warranty**.

- **Net Price:** \$14,989.90
- **List Price:** \$15,699.90
- **Lead Time:** In Stock

Let me know if you have any questions.

Tx.

Best Regards,

**Ben Banerjee | General Manager**

NES Company Inc. | 333 Route 46 W Building A · Fairfield · NJ 07004

Office: 1-800-297-3550 X 700 | Cell: (201) 704-2081 | Fax: 973-933-6322 | [ben@nescompany.com](mailto:ben@nescompany.com)

Connect With Us: [Instagram](#) | [LinkedIn](#) | [nescompany.com](http://nescompany.com)



**Our Vacuum Pumps suck.  
Our People don't.**

**Ramaglia, Heather**

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**From:** Matthew Jordan  
**Sent:** Wednesday, March 5, 2025 12:16 PM  
**To:** Ramaglia, Heather  
**Cc:** Corrado, Lucinda; Arvanitakis, Sherry; Jordan, Michael  
**Subject:** RE: Preakness Request

No objections.

-MPJ



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**Matthew P. Jordan, Esq.**  
**County Administrator**  
**County of Passaic**  
Office of the County Administrator  
Office: 973-881-4405 Cell: 973-714-6115  
Address: 401 Grand Street, Room 205, Paterson, NJ 07505  
[passaiccountynj.org](http://passaiccountynj.org)  
  

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**From:** Ramaglia, Heather <HeatherR@passaiccountynj.org>  
**Sent:** Wednesday, March 5, 2025 11:17 AM  
**To:** Matthew Jordan <MatthewJ@passaiccountynj.org>  
**Cc:** Corrado, Lucinda <lcorrado@passaiccountynj.org>; Arvanitakis, Sherry <sherrya@passaiccountynj.org>; Jordan, Michael <mjordan@passaiccountynj.org>  
**Subject:** Preakness Request

Good morning Mr Jordan,

Preakness would like to purchase a pump/repair through a Non-Fair and Open request. We are currently at \$15,253.74 in the aggregate with Evergreen Medical Services. Service and materials will be for the medical vacuum suction pump for the Vent and Trach Unit. Preakness needs to have two (2) operating pumps. We currently have one (1) pump operating and plug-in pumps on standby. Purchase is \$14,943.51 and there will be shipping charges.

Please let us know if approved.

Thank you!



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**Heather Ramaglia**  
**County of Passaic**  
**Department of Procurement-Preakness Healthcare Center**  
Office: 862-345-5904 Fax: 973-742-8295  
Address: 495 River Street, 2<sup>nd</sup> Floor, Paterson, NJ 07524  
[heatherr@passaiccountynj.org](mailto:heatherr@passaiccountynj.org)  
[passaiccountynj.org](http://passaiccountynj.org)  
  



# BUSINESS ENTITY DISCLOSURE CERTIFICATION

FOR NON-FAIR AND OPEN CONTRACTS

Required Pursuant to N.J.S.A. 19:44A-20.8

## COUNTY OF PASSAIC

### Part I - Vendor Affirmation

The undersigned, being authorized and knowledgeable of the circumstance, does hereby certify that the Evergreen Medical Services, its subsidiaries, assigns or principals controlling an excess of ten percent (10%) of the business entity has neither made a reportable contribution prohibited under N.J.S.A. 19:44A-20.4, et seq, in the year preceding the Non-Fair and Open Contract awarded in the year 2025 for Services ("Contract") nor will it make any reportable contributions during the term of the Contract to any of the following name candidate committees, joint candidate committees, and political party committees representing the elected officials of the County of Passaic, as defined pursuant to N.J.S.A. 19:44A-3(p), (q) and (r)

Bruce James for County Commissioner	Rodney A. De Vore for Commissioner
Friends of Pat Lepore	Friends of Danielle Ireland Imhof
Friends of John Bartlett	Friends of Cassanova for Surrogate
Friends of Terry Duffy	Friends of Adamo for Sheriff
Sandi Lazzara for Commissioner	
Friends of Orlando Cruz for Commissioner	

### Part II - Ownership Disclosure Certification

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

Check the box that represents the type of business entity:

- Partnership     
 Corporation     
 Sole Proprietorship     
 Subchapter S Corporation  
 Limited Partnership     
 Limited Liability Corporation     
 Limited Liability Partnership

Name of Stock or Shareholder	Home Address
<u>Technical Safety Services LLC</u> 100%	<u>4225 Executive Square, Box 370 San Diego CA</u> <u>92037-1484</u>

### Part 3 - Signature and Attestation

The undersigned is fully aware that if I have misrepresented in whole or in part this affirmation and certification, I and/or the business entity, will be liable for any penalty permitted under law.

Name of Business Entity: Evergreen Medical Services

Signed: [Signature]

Title: VP/GM

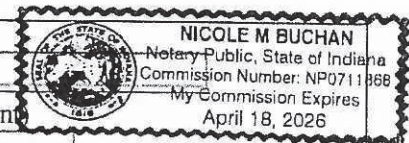
Printed Name: Doug Myers

Date: 3/6/2025

Subscribed and sworn before me this 6 day of March, 2025.

My Commission expires: 4-18-26

[Signature]



Nicole M Buchan

(Print name & title of affiant) (Corporate Seal)



**CERTIFICATION OF NON-INVOLVEMENT IN PROHIBITED ACTIVITIES IN  
RUSSIA OR BELARUS**

**SHORT DESCRIPTION** PHC Replacement Nash Pump Repair  
**REQUISITION No./CONTRACT No.** R5-09357

Pursuant to N.J.S.A. 52:32-60.1, et seq. (L. 2022, c. 3) any person or entity (hereinafter "Vendor") that seeks to enter into or renew a contract with a State agency, including a local government agency, for the provision of goods or services, or the purchase of bonds or other obligations, must complete the certification below indicating whether or not the Vendor is identified on the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, available here: <https://sanctionssearch.ofac.treas.gov/>. If the County of Passaic finds that a Vendor has made a certification in violation of the law, it shall take any 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.

**CERTIFICATION**

I, the undersigned, certify that I have read the definition of "Vendor" below, and have reviewed the Office of Foreign Assets Control (OFAC) Specially Designated Nationals and Blocked Persons list, and having done so certify:

*(Check the Appropriate Box)*

A. That the Vendor is not identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

B. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list on account of activity related to Russia and/or Belarus.

OR

C. That I am unable to certify as to "A" above, because the Vendor is identified on the OFAC Specially Designated Nationals and Blocked Persons list. However, the Vendor is engaged in activity related to Russia and/or Belarus consistent with federal law, regulation, license or exemption. A detailed description of how the Vendor's activity related to Russia and/or Belarus is consistent with federal law is set forth below.

**(Attach Additional Sheets if Necessary.)**

Signature of Vendor's Authorized Representative

**Sandy Tzetzos - Field Service Manager**

Print Name and Title of Vendor's Authorized Representative

**Evergreen Medical Services LLC**

Vendor's Name

**33 Wood Ave South**

Vendor's Address (Street Address)

**Iselin, NJ 08830**

Vendor's Address (City/State/Zip Code)

**3/5/2025**

Date

**82-5251877**

Vendor's FEIN, EIN or FTIN

**866-616-1115**

Vendor's Phone Number

Vendor's Fax Number

**sandyt@evergreenmedical.com**

Vendor's Email Address

**Definitions:**

Vendor means: (1) A natural person, corporation, company, limited partnership, limited liability partnership, limited liability company, business association, sole proprietorship, joint venture, partnership, society, trust, or any other nongovernmental entity, organization, or group; (2) Any governmental entity or instrumentality of a government, including a multilateral development institution, as defined in Section 1701(c)(3) of the International Financial Institutions Act, 22 U.S.C. 262r(c)(3); or (3) Any parent, successor, subunit, direct or indirect subsidiary, or any entity under common ownership or control with, any entity described in paragraph (1) or (2).

**DISCLOSURE OF INVESTMENT ACTIVITIES IN IRAN**

**Part 1: Certification**

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 the person or entity, or one of the person or entity's parents, subsidiaries, or affiliates, is not identified on a list created and maintained by the New Jersey Treasury's Chapter 25 list as a person or entity engaging in investment activities in Iran.

The Chapter 25 list is found on the State of New Jersey Division of Purchase and Property website at <http://www.state.nj.us/treasury/purchase/pdf/Chapter25List.pdf>. Bidders must review the list prior to completing the certification below. Failure to complete the certification will render a bidder's proposal non-responsive.

**PLEASE CHECK THE APPROPRIATE BOX:**

I certify, pursuant to Public Law 2012, c. 25, that neither the bidder listed herein nor any of the bidder's parents, subsidiaries, or affiliates is listed on the New Jersey Department of Treasury's list of entities determined to be engaged in prohibited activities in Iran pursuant to P.L. 2012, c. 25. 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 of more of its parents, subsidiaries, or affiliates is listed on the New Jersey Department of Treasury'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.**

Name NA Relationship to Bidder/Offerer NA

Description of Activities NA

Duration of Engagement NA Anticipated Cessation Date NA

Bidder/Offerer Contact Name NA Contact Phone Number NA

**Certification:** I, being duly sworn upon my oath, hereby represent and state that the foregoing information and any attachments thereto 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 Passaic County 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 to notify the County 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, and 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 Passaic County, New Jersey and that the County at its option may declare any contract(s) resulting from this certification void and unenforceable.

**Name of Bidder** (Please Print): Evergreen Medical Services LLC

**Signature of Authorized Representative:** *Doug Myers*

**Name** (Please Print): Doug Myers

**Title** (Please Print): VP General Manager **Date:** Mar 5, 2025

**STATEMENT OF CORPORATE OWNERSHIP**  
**SIGNATURE REQUIRED ON PAGE 2**

*Check the applicable statement:*



I certify that the list below contains the names and addresses of all stockholders holding ten percent (10%) or more of the issued and outstanding stock of the undersigned.



I certify that no one (1) stockholder owns ten percent (10%) or more of the issued and outstanding stock of the undersigned.

**Legal Name of Bidder:** EVERGREEN MEDICAL SERVICES LLC

*Check the applicable business entity in the space provided below:*

Business Entity	Check the applicable business entity	
Partnership	<input type="checkbox"/>	
Corporation	<input type="checkbox"/>	
Sole Proprietorship	<input type="checkbox"/>	
Limited Partnership	<input type="checkbox"/>	
Limited Liability Partnership	<input type="checkbox"/>	
S Subchapter	<input type="checkbox"/>	
S Corporation	<input type="checkbox"/>	
Limited Liability Company	<input checked="" type="checkbox"/>	
Other:	<input type="checkbox"/>	

If the Bidder is either a Corporation, S Corporation, or Limited Liability Company, provide the date incorporated and the place of incorporation, if not, skip to next item:

**Dated Incorporated:** 04/17/2018      **Place of Incorporation:** Delaware

**Business Address (Please Print):** 8047 Castleton Road, Indianapolis, IN 46250

**Telephone:** 800-727-8321

**Fax:** \_\_\_\_\_

In accordance with N.J.S.A. 52:25-24.2, list below the names and addresses of all stockholders, partners, or individuals who own ten percent (10%) or more of stock of any class, or who own ten percent (10%) or greater interest therein. The disclosure shall be continued until the names and addresses of every non-corporate stockholder, and individual partner, and member, exceeding the ten percent (10%) ownerships criteria has been listed.

**Name (Please Print):** Technical Safety Services LLC

**Address (Please Print):** 4225 Executive Square, Suite 370, San Diego, CA 92037-1484

**Name (Please Print):** NA

**Address (Please Print):** NA

**STATEMENT OF CORPORATE OWNERSHIP** *(continued)*

**Name** *(Please Print)*: **NA**

**Address** *(Please Print)*: **NA**

*\*Continue on additional sheet if necessary*

**Publicly traded parent company disclosure.** Submit the URL providing the last annual Security and Exchange Commission, or foreign equivalent filing:

**Name of Bidder** *(Please Print)*: **EVERGREEN MEDICAL SERVICES LLC**

**Signature of Authorized Representative:** *Doug Myers*

**Name** *(Please Print)*: **DOUG MYERS**

**Title** *(Please Print)*: **VP GENERAL MANGER**

**Date:** **Mar 5, 2025**

**COUNTY OF PASSAIC**  
 PREAKNESS HEALTH, Co of Passaic  
 (Q) 973-585-1493  
 305 OLDHAM RD - WYKENA GREEN  
 WAYNE, NJ 07470

REQUISITION	
NO.	R5-09357

S H I P T O	COUNTY OF PASSAIC PREAKNESS HEALTHCARE CENTER 305 OLDHAM ROAD WAYNE, NJ 07470
V E N D O R	VENDOR #: 14793 EVERGREEN MEDICAL SERVICES, LLC 8047 CASTLETON ROAD INDIANAPOLIS, IN 46250

ORDER DATE: 03/06/25  
 DELIVERY DATE:  
 STATE CONTRACT:  
 F.O.B. TERMS:

QTY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	Technicians labor to repair/ replace Nash pump	C-04-55-188-002-906	3,080.0000	3,080.00
1.00	Nash SX10 Monoblock Liquid Ring Vacuum Pump	C-04-55-188-002-906	10,126.0300	10,126.03
2.00	1/2" Flow Control valve, .5gpm	C-04-55-188-002-906	280.5500	561.10
2.00	1/2" Bronze Check valve	C-04-55-188-002-906	165.1400	330.28
2.00	1/2" water control solenoid	C-04-55-188-002-906	423.0500	846.10
1.00	Shipping-TBD Quote# 00049832	C-04-55-188-002-906	0.0000	0.00
	Reso: Date:			
			TOTAL	14,943.51

REQUESTING DEPARTMENT

DATE