

Town of West New York
Hudson County, NJ
Notice for R.F.P.
(Request for Proposal)

Request for Proposals will be received by the **Town Clerk** of the Town of West New York, in the County of Hudson, New Jersey, at the **Town Clerk's Office** in the Municipal Building, 428-60th Street, West New York, N.J. on **Monday, October 19, 2009 at 10:00 a.m.** for the following, in accordance with the Request for Proposals now on file in the office of the Town Clerk, Municipal Building, 428-60th Street, West New York, N.J., where same may be obtained during office hours from 9:00 a.m. to 4:00 p.m.:

Workers Compensation Clinical Services

All RFPs shall be submitted in sealed envelopes addressed to the Town Clerk of West New York, the envelope shall have marked conspicuously on its face on the top right-hand side in letters not less than one inch the word **“Request for Proposals”** followed immediately below those words in letters not less than one half inch high: **“Request for Proposals for “Workers Compensation Clinical Services” for the Town of West New York”** and underneath that **“To be received on the 19th day of October, 2009 at 10:00 a.m.”** **Proposals will not be accepted by facsimile transmission or e-mail.**

Requests for Proposals are available in the Office of the Town Clerk, 428 – 60th Street, West New York, NJ (telephone no. 201-295-5090; fax no. 201-861-2576). Proposals shall be submitted on the forms provided and shall be in accordance with the specifications contained in the Request for Proposals.

The Town intends to award any contract for these services pursuant to N.J.S.A. 40A:11-5.

If RFPs are to be accepted by mail or courier, the RFPs must be placed in an outer envelope, which on the top right-hand side shall clearly designate in the same manner as set forth above, the same size and information. The inner envelope shall have specifically placed in the center the same information as set forth above and on the bottom left-hand side the name and address of the Respondent.

Proposals are being solicited through a fair and open process in accordance with N.J.S.A. 19:44A-20.5 et seq. Responders are required to comply with the requirements of N.J.S.A. 10:5-31 et seq. and N.J.A.C. 17:27 and all other requirements set forth in the Request for Proposal.

Respondents must submit an original and three (3) copies of their Proposal to the designated contact person or designee:

Carmela Riccio, Town Clerk
West New York Municipal Building
428 – 60th Street (Room 2)
West New York, NJ 07093

The Town of West New York reserves the right to reject any or all Proposals, to waive any informalities or to accept a Proposal which, in its judgment, best serves the interest of the Town.

Dated: October 5, 2009

By Order of the Municipal Administrator of the
Town of West New York

Carmela Riccio, RMC
Town Clerk