

RFP #21-05 OCCUPATIONAL HEALTH CARE

NUMBER OF RESPONDENTS: 1	1
NAME OF VENDOR	WORKNET OCCUPATIONAL MEDICINE
ADDRESS	9370 NORTH RT 130 SUITE 200
CITY STATE ZIP	PENNSAUKEN, NJ 08110
CONTACT NAME	STEPHEN G. BETLEY
TELEPHONE/FAX	856-662-0660 856-662-0798
EMAIL	sbetley@worknetocmed.com
STATEMENT OF OWNERSHIP	YES
ACKNOWLEDGEMENT OF RECEIPT OF NOTICES, REVISIONS OR ADDENDA TO RFP DOCUMENTS	N/A
EQUAL EMPLOYMENT OPPORTUNITY EXHIBIT A	YES
REQUIRED EVIDENCE EEO/AFFIRMATIVE ACTION COMPLIANCE NOTICE/QUESTIONNAIRE	YES
NJ BRC	YES
NON COLLUSION AFFADAVIT	YES
AMERICANS WITH DISABILITIES ACT OF 1990 LANGUAGE	YES
ETHICS COMPLAINT AFFIDAVIT	YES
DISCLOSURE OF INVESTMENT ACTIVITES IN IRAN	YES
BUSINESS ENTITY CONTRIBUTION STATEMENT	YES
EMPLOYEE INFORMATION REPORT	YES
CERTIFICATION OF NON-DEBARMENT FOR FEDERAL GOVERNMENT CONTRACTS	N/A
CERTIFICATE OF INSURANCE	YES
REFERENCES	YES
SUBCONTRACTOR(S)	N/A
W-9	REQUIRED AFTER EXECUTED CONTRACT
EXCEPTIONS (IF ANY)	N/A
COST PROPOSAL PRICE	INCLUDED
FATAL FLAW (IF ANY)	N/A