

**MANDATORY Pre-Proposal Meeting**

**Long Term Structured Residence**

SPEC #10-03/18

**February 13, 2018 1:00 PM**

**NOTICE:** Obtaining all bid documents including Addendums is the responsibility of the Bidder.

**1. YOU MUST PRINT CLEARLY!**

NHS Phone: 215 316 1147  
Company Name  
131 Thunder Cr Fax: \_\_\_\_\_  
Street Address Unit /Suite # Email:  
Bersalem PA 19020 VKimblewallums@nhsonline.org  
City State Zip  
I have read and understand the the Notice above:  
Signature: [Signature] Printed Name and Title Veronica Kimble-wallums, Residential Director

**2. YOU MUST PRINT CLEARLY!**

Penndel Mental Health Phone: 267-587-2300 x 1101  
Company Name  
2005 Cabot Blvd W, Fax: 267-587-2305  
Street Address Unit /Suite # Email:  
Langhorne, PA 19047 Kgrafft@penndelmhc.org  
City State Zip  
I have read and understand the the Notice above:  
Signature: [Signature] Printed Name and Title Karen Graff, Exec. Director

**3. YOU MUST PRINT CLEARLY!**

Lenape Valley Foundation Phone: 267-218-3024 893-5500  
Company Name  
500 N. West St Fax: 267-893-5505  
Street Address Unit /Suite # Email:  
Doylertown PA 18901 sharon.curran@lenapevf.org  
City State Zip  
I have read and understand the the Notice above:  
Signature: [Signature] Printed Name and Title Sharon Curran COO

**4. YOU MUST PRINT CLEARLY!**

Wood Services/ Legacy Treatment Services Phone: 267 566-8998  
Company Name  
40 Martin Gross Drive Email:  
Street Address Unit /Suite # lhayden@woods.org  
Langhorne PA 19047  
City State Zip  
I have read and understand the the Notice above:  
Signature: [Signature] Printed Name and Title Elizabeth Hayden  
Strategic Development Director

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5. **YOU MUST PRINT CLEARLY!**

Horizon House Phone: 610-279-5050  
Company Name

601 Dekalb St Suite 101 Email:  
Street Address Unit /Suite # Cathleen.murphy@hhinc.org

Norristown PA 19104  
City State Zip

I have read and understand the the Notice above:

Signature: Cathleen Murphy Printed Name and Title Cathleen Murphy Reg Dir

6. **YOU MUST PRINT CLEARLY!**

Keystone Human Services Phone: \_\_\_\_\_  
Company Name

882 Adams Drive Email: \_\_\_\_\_  
Street Address Unit /Suite #

Hummelstown PA 17036  
City State Zip

I have read and understand the the Notice above:

Signature: Kara McClain Printed Name and Title Kara McClain - Exec Director

7. **YOU MUST PRINT CLEARLY!**

Keystone Human Services Phone: 717-682-4071  
Company Name

211 Granite Run Drive Email:  
Street Address Unit /Suite # jbenedic@keystonehumanservices.org

Lancaster PA 17601  
City State Zip

I have read and understand the the Notice above:

Signature: Justin Benedict Printed Name and Title Justin Benedict - Regional Director

8. **YOU MUST PRINT CLEARLY!**

Deverey Adult Services Phone: 610 251-2017  
Company Name

139 Leopard Rd, Email:  
Street Address Unit /Suite # dsulli@deverey.org

Berwyn PA 15312  
City State Zip

I have read and understand the the Notice above:

Signature: Deborah Sulli Printed Name and Title Deborah Sulli, MS  
Director of Community Relations & Admissions

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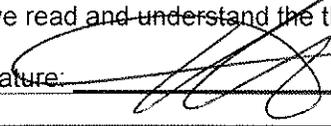
9. **YOU MUST PRINT CLEARLY!**

Company Name: NHS Phone: 267 409 3236

Street Address: 2506 N. Broad St. Unit /Suite #: 201 Email: kcaten@nhs online.org

City: Colmar State: PA Zip: 18915

I have read and understand the the Notice above:

Signature:  Printed Name and Title: Kimberly Caten, Executive Director

10. **YOU MUST PRINT CLEARLY!**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit /Suite #: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have read and understand the the Notice above:

Signature: \_\_\_\_\_ Printed Name and Title: \_\_\_\_\_

11. **YOU MUST PRINT CLEARLY!**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit /Suite #: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have read and understand the the Notice above:

Signature: \_\_\_\_\_ Printed Name and Title: \_\_\_\_\_

12. **YOU MUST PRINT CLEARLY!**

Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Street Address: \_\_\_\_\_ Unit /Suite #: \_\_\_\_\_ Email: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I have read and understand the the Notice above:

Signature: \_\_\_\_\_ Printed Name and Title: \_\_\_\_\_

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County of Bucks and ~~Engineer~~ Representatives in Attendance:

Name:

From:

Janine Alexander

Purchasing

Maureen McElvaine

Purchasing

Tina Mammone

MH/DP

Jane Cramer

MH/DP

Jennifer Landis

MH/DP

2:10 AM