

**2014 AGENDA REQUEST**

march 19, 2014 meeting

DATE EMAILED TO LEGAL 3/7/14

Department Animal Shelter

Division Head Bill Lombardi

Phone Number 5912

Department Head Approval YES  NO

**Awarded by the following procedure**

BID# \_\_\_\_\_ Disclosure Form Received (Proprietary Vendors) YES  NO

RFP# 14-014 State Contract # \_\_\_\_\_ Verified YES  NO

**Type of Contract**

Purchasing Contract (Under \$17,500.00)  Purchasing Contract (Over \$17,500.00)  Resolution Only

Amendment - Extension of Term  Increasing/Decreasing Contract Amount

Extended date of term \_\_\_\_\_

Reason for Amendment \_\_\_\_\_

Date of Original Contract Resolution \_\_\_\_\_

Original Contract Amount \$ \_\_\_\_\_ Original Purchase Order # \_\_\_\_\_

Other: Shared Service Agreement  Memorandum of Understanding

**Vendor Information**

Name & Address of Company, Vendor or Contractor: (Include Inc., LLC, Corp.,)

Cross Keys Animal Hospital  
2071 N. Black Horse Pike  
Williamstown, NJ 08094

Original Contract  
Passed 3/13/13  
Term: 4/1/13 - 3/31/14  
\$30,000.00

Contact Person Dr. Deborah Masso or Dr. Mary Van Kooy 856-740-3700

Brief description of services/items to be provided by Vendor or Contractor:

\* Spaying and Neutering Services and other services related to the sterilization of the animals

\* Emergency Veterinary Services during normal business hours

Contract Amount: \$ 30,000.00 Amount not to exceed (Open Ended-No CAF Needed)

Total Amount - (Set Price for Purchase)

CAF # \_\_\_\_\_ Account # \_\_\_\_\_

**Necessary Documents Included**

If award by Bid, bid summary sheet

If award by RFP, RFP Cover Sheet and Proposal/Rate Sheet

If award is Proprietary please include an updated Disclosure Form

If CAF is required, provide a copy of the CAF form, signed by Purchasing.

\_\_\_\_\_  
Purchasing Director Signature

\_\_\_\_\_  
Date