Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY RFP 2024-01

### PROPOSAL FORM 1 SIGNATURE PAGE

To Rockland Green a/k/a Rockland County Solid Waste Management Authority:

The Proposer, in compliance with your Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY, having examined the Proposal documents and being familiar with all conditions surrounding the project, including the Site, materials, labor and equipment required, hereby proposes to furnish all labor, equipment, materials and supplies necessary to meet the obligations of the Proposal in accordance with the solicitation, within the time and prices set forth therein.

Proposer understands that Rockland Green reserves the right to reject any or all Proposals and to accept any item or items in any one Proposal and to waive any informalities in the RFP process.

Respectfully Submitted:
Name of Proposer
Signature
Printed Name
Date

Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY RFP 2024-01

### PROPOSAL FORM 2 ADDENDA ACKNOWLEDGEMENT FORM

The undersigned hereby acknowledges receipt of the following Addenda (if any) to the Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY:

Addendum No.		Dated
Person, firm or corporation maki	ng this Proposal:	
Proposer		
Signature		
Name/Title		
Date		

Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY RFP 2024-01

### PROPOSAL FORM 3 QUALIFICATIONS FORM

Contractor and all Subcontractors must complete this Qualifications Form in its entirety. Failure to complete and submit this Qualifications Form may result in the Contractor being deemed non-responsive and, consequently, not eligible to participate further.

A.	General Information	
1.	Company Name:	
2.	Address:	
3.	Telephone:	
4.	Contact Person:	
	Contact person's contact information:	
	Title:	
	Telephone Number:	
	Fax Number:	
	Email address:	
	Type of Organization (e.g., a corporation; limited liability company; joint venture; partnershidividual):	nip; and
6.	Name of Parent Company, if any:	
7.	Name of Affiliate Companies, if any:	
8.	Identity of Joint Venture Partners, if any:	
9.	Financial References:	
10	O. New York Surety:	

B.

**Business Information** 

Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY RFP 2024-01

### PROPOSAL FORM 3 (Continued) QUALIFICATIONS FORM

### QUALIFICATIONS FORM

]	Number of Years in Business:Years			
4	Annual Value of contracting work (Range): \$			
,	Value of contracts normally accepted: Minimum Maximum			
•	Current Backlog:			
]	Number of Employees (Range).			
,	Гуре of work (approximate): Industrial % Commercial % Res	sidential	·	%
]	Do you hold a license for the work (as the work requires) † Yes † No	†	N/A	
]	Labor relations: Open Union - If Union, local or national agreement?	_		
]	Name and address of all partners, key shareholders, principals and/or owners:			
-				
]	Has Company ever failed to complete any contract awarded to it?			
]	If so, where and why for each contract not completed on time:			

### PROPOSAL FORM 3 (Continued) QUALIFICATIONS FORM

In what oth	er lines	of business i	is Comp	any dire	ectly or indire	ctly involve	ed?	<u>,                                     </u>		
With what :	individu	ual or entities	s have yo	ou been	associated as	partner or	otherw	ise during	g the past f	ive (
Describe	the	principal	and	any	secondary	nature	of	your	current	b
	h you h	ave done bus	iness: _		business unde					
under which Has any incadministrat	h you had be seen to see the seen to see the seen the see	ave done bus , partner, sha	reholde	r, princi	pal, owner or	Affiliate of	f your t	firm been	the subjec	et of
Has any inc administrat details and	h you hadividual	, partner, sha	areholden for an a	r, princi	pal, owner or	Affiliate of ate or feder	f your t	firm been s or regul	the subject ations? If s	et of
Has any incadministrat details and	dividual ive or ju disposit	, partner, shaudicial action	areholden for an a	r, princi	ipal, owner or violation of st	Affiliate of atte or feder	f your to	firm been s or regul	the subject ations? If s	et of so st

### PROPOSAL FORM 3 (Continued) QUALIFICATIONS FORM

List any and all current jurisdiction of the Company or any Affiliate	any, any Affiliate of the			
List any and all actions of any permit or authori Affiliate of the Company	ty to do business in an	y Federal, State or lo	cal jurisdiction, by	the Company
List any and all actions of by the Company, any Affany Affiliate thereof.	filiate of the Company,	or any key shareholde	r, officer or directo	r of the Compa
List any bankruptcy proc any shareholder, of	eedings in the past five		pany, any Affiliate	
	claims, arbitration process? † Yes	(5) years by the Com of the Compa eedings or suits pendition † No	pany, any Affiliate ny or any ng, current, or outs	of the Compar Affiliate the
Are there any judgments, organization or its officer Has your organization fil the last five years?	claims, arbitration process? † Yes  ded any lawsuits or request † Yes	(5) years by the Com of the Compa eedings or suits penditive † No ested arbitration with o	pany, any Affiliate ny or any  ng, current, or outs regard to construct	of the Compar Affiliate the tanding against

30. Total Recordable Incident Rate (TRIR Rate) for current year and three previous years. \_\_\_2023 \_\_\_\_\_\_\_2022 2024 31. Company Safety Contract: Has your company been cited with any regulatory (EPA, OSHA, DOH, etc.) citations, violations, or fines 32. within the past three years? (If Yes, then include a copy of the actual citation and provide a detailed explanation of violation with final findings. Attach additional pages as needed.) † Yes 33. Do you have a Health & Safety Orientation Program for new hires? † Yes † No Do you hold daily/weekly Health & Safety meetings? 34. † Yes † No 35. Do you have a Substance Abuse and Firearms Policy in effect? † Yes † No If you use a subcontractor are they required to adhere to your company's safety policies and practices? 36. † Yes † No 37. Does your company meet the Project Insurance Requirements? † Yes † No If No, then why not? The undersigned warrants the truth and accuracy of all statements and answers herein contained. Include additional sheets if necessary. Authorized Signature Date

Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY

PROPOSAL FORM 3 (Continued)
QUALIFICATIONS FORM

Name & Title

Rockland Green

RFP 2024-01

Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY RFP 2024-01

#### **D. Financial Information** (To be signed before a Notary Public)

Attach financial statements, prepared on an accrual basis, in a form which clearly indicates the Company's assets, liabilities and net worth over the most recent three (3) year period or as many years as your firm has been in business if less than three (3) years.

Dates of financial statements:	
Name(s) of firms(s) preparing statemen	ts:
Dated this day of	, 20
(Print or Type Name of Company)	
By:	
Title:	
	being duly sworn, deposes and says that the financial
statement(s) referenced above are a true and account and all of the foregoing qualification information	urate statement of Company's financial condition as of the date hereof; on is true, complete and accurate.
Sworn to before me this day of	
Notary Public	

### PROPOSAL FORM 4 AFFIDAVIT OF NON COLLUSION

Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY RFP 2024-01

NAME OF PROPOSER: _	
BUSINESS ADDRESS:	
E-MAIL ADDRESS:	

#### **CERTIFICATION AND SIGNATURE FORM**

I hereby attest that I am the person responsible within my firm for the final decision as to the prices(s) and amount of this Proposal or, if not, that I have written authorization, enclosed herewith, from that person to make the statements set out below on his or her behalf and on behalf of my firm.

#### I further attest that:

- 1. The price(s) and amount of this proposal have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition with any other contractor, proposer or potential proposer.
- 2. Neither the price(s), nor the amount of this proposal, have been disclosed to any other firm or person who is a proposer or potential proposer on this project, and will not be so disclosed prior to proposal opening.
- 3. No attempt has been made or will be made to solicit, cause or induce any firm or person to refrain from proposing on this project, or to submit a proposal higher than the proposal of this firm, or any intentionally high or non-competitive proposal or other form of complementary proposal.
- 4. The proposal of my firm is made in good faith and not pursuant to any agreement or discussion with, or inducement from any firm or person to submit a complementary proposal.
- 5. My firm has not offered or entered into a subcontract or agreement regarding the purchase of materials or services from any other firm or person, or offered, promised or paid cash or anything of value to any firm or person, whether in connection with this or any other project, in consideration for an agreement or promise by any firm or person to refrain from proposing or to submit a complementary proposal on this project.
- 6. My firm has not accepted or been promised any subcontract or agreement regarding the sale of materials or services to any firm or person, and has not been promised or paid cash or anything of value by any firm or person, whether in connection with this or any project, in consideration for my firm's submitting a complementary proposal, or agreeing to do so, on this project.
- 7. I have made a diligent inquiry of all members, officers, employees, and agents of my firm with responsibilities relating to the preparation, approval or submission of my firm's proposal on this project and have been advised by each of them that he or she has not participated in any communication, consultation, discussion, agreement, collusion, act or other conduct inconsistent with any of the statements and representations made in this affidavit.

The person signing this proposal, under the penalties of perjury, affirms the truth thereof.

SWORN TO BEFORE ME THIS

Signature

DAY OF

DAY OF

Company Name

NOTARY PUBLIC

Date Signed

#### PROPOSAL FORM 5 DISCLOSURE AFFIDAVIT

(Proposer must sign this form before a Notary Public)

Request for Proposals for th RFP 2024-01	e Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY
STATE OF NEW YORK	)
	) ss
COUNTY OF	_)
I,D	esign,  (TITLE - Officer, Partner or Principal)
(NAME)	(TITLE - Officer, Partner or Principal)
being duly sworn depose an	d swear under the penalties of perjury:
	with the Proposal in response to the Request for Proposals for Build-Out of a New Animal 7 Beach Road in Haverstraw, NY no other person will have any direct or indirect interest ept:
	ons, all officers of the corporation and stockholders owning more than 5% of the st be listed. Use attached sheet if necessary.)
2. That	related to any officer one of the officers or stockholders are)
(I am not) (no	one of the officers or stockholders are)
or employee of Rock	land Green except
3. There is not any Stapplication.	tate or local officer or employee or a member of Rockland Green interested in such
Signature, Name and Title	
Sworn to before me this	day of

Notary Public

Rockland Green

### PROPOSAL FORM 6 AFFIRMATIVE ACTION PLAN

STATE OF NEW YORK )
) ss:
COUNTY OF ROCKLAND )
hains duly syrom dances and save that ha/sha is the
being duly sworn, deposes and says that he/she is the of the of the corporation. That *I do [do not]
employ fifteen (15) employees and *I do [do not do] a minimum of \$50,000 per annum business with the Rockland
County Solid Waste Management Authority a/k/a Rockland Green.
Based on the above information (check one, and provide Plan if required):
[ ] attached hereto is an Affirmative Action Plan, or
[ ] because of the above, no Affirmative Action Plan is necessary.
(SIGNATURE, NAME AND TITLE)
Sworn to before me this day of,
Notary Public, County
* strike out non-applicable information.

Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY RFP 2024-01

### PROPOSAL FORM 7 EXCEPTIONS TAKEN TO THIS REQUEST FOR PROPOSALS AND CONTRACT

Exceptions taken to the Request for Propos	sals
No exceptions taken.	
Exceptions taken.	
Please provide a mark-up of the releva	ant language of the RFP where exceptions have been taken.
Exceptions and/or Mark-ups to the Contra	<u>ct</u>
No exceptions taken.	
Exceptions taken and/or mark	z-ups made.
Please provide a mark-up of the relevant lang	guage of the contract where exceptions have been taken.
	Proposer
	Signature
	Name/Title
	Date

# PROPOSAL FORM 8 CONSENT OF SURETY FOR PERFORMANCE BOND AND LABOR AND MATERIALS PAYMENT BOND

Mr. Gerard Damiani Jr. **Executive Director** Rockland Green 172 Main Street Nanuet, NY 10954 Dear Mr. Damiani: (the "Proposer") has submitted herewith a Proposal in response to the Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY (RFP 2024-01) (the "RFP"). The RFP requires the selected Proposer to enter into an agreement to transform the existing warehouse structure located at 427 Beach Road, Haverstraw, New York into a state of the art Animal Shelter (the "Contract"). The Surety has reviewed the Proposer's Proposal which will form the basis of the Contract. The Surety hereby certifies that it intends to issue on behalf of the Proposer, as security under the Contract, (1) a Performance Bond, and (2) a Labor and Materials Payment Bond for the benefit of Proposer, with Rockland Green as co-beneficiary, in the event the Proposer is selected for final negotiations and execution of the Contract, in the forms set forth in the RFP at Appendix I. Name of Surety Name and Title of Authorized Signatory Signature

#### PROPOSAL FORM 9 FOIL ACKNOWLEDGEMENT FORM

The Proposer hereby acknowledges and recognizes that the New York State Freedom of Information Law, Public Officers Law, Article 6, Section 84-90 provides for public access to government records. However, Proposals may contain trade secrets and other technical, financial, or administrative data whose public disclosure could cause substantial injury to the Proposer's competitive position.

Please indicate whether your Proposal contains trade secrets and other technical, financial or administrative data whose public disclosure could cause substantial injury to your competitive position by marking the applicable below.

The Proposal <u>DOES</u> contain trade secrets and other technical, financial or administrative data whose public disclosure could cause substantial injury to our competitive position, and we have clearly marked pages in our Proposal containing such information.
The Proposal <u>DOES NOT</u> contain trade secrets and other technical, financial or administrative data whose public disclosure could cause substantial injury to your competitive position.
Person, firm or corporation making this Proposal:
Proposer
Signature
Name/Title
Date

#### PROPOSAL FORM 10 STATEMENT OF PREVAILING WAGE LAW VIOLATIONS

	e indicate below whether the Proposer has ever been investigated for and/or found to be ion of the Prevailing Wage Law in New York State or any similar law in any other jurisdiction	
	No:	
	Yes:	
in con	marked "Yes", please provide the following information for <b>each</b> notice of violation received in marked "Yes", please provide the following information for <b>each</b> notice of violation received in marked "Yes", please provide the following information for <b>each</b> notice of violation received in each notice of violation received in the payment of prevailing wages (whether such event occurred within the State of other jurisdiction):	
1.	Date of Notice of Violation:	
2.	Location/Jurisdiction of Violation:	
3.	Description of Violation:	
4.	Disposition of Violation (include relevant dates):	
5.	Additional Comments:	

To the extent additional space is required, Proposers may attach additional pages.

### PROPOSAL FORM 11 CERTIFICATION OF SITE CONDITIONS

By submission of this Proposal in response to the Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY, the undersigned hereby accepts and acknowledges that it has reviewed the Site description included in Appendix C-1 to the RFP, and is familiar with the Site, its limits and constraints. The undersigned hereby agrees to waive all claims based on ignorance or misunderstanding of the Site's conditions that exist or difficulties that may be encountered in the execution of the services under the Contract as a result of failure to make the necessary examinations and inspections, nor will the same be accepted as a basis for any claims whatsoever for extra compensation.

Signature of person duly authorized to submit on behalf of the Proposer.

Proposer		
Signature		
Name/Title		
Date		

#### PROPOSAL FORM 12 INSURANCE LETTER OF INTENT

Mr. Gerard Damiani Jr. Executive Director Rockland Green 172 Main Street Nanuet, NY 10954

Dear Mr. Damiani:	
Request for Proposals for the Build Haverstraw, NY (RFP 2024-01) (the	Proposer") has submitted herewith a Proposal in response to the d Out of a New Animal Shelter located at 427 Beach Road in "RFP"). The RFP requires the selected Proposer to enter into an warehouse structure located at 427 Beach Road, Haverstraw, New elter (the "Contract").
Contract. The Insurance Company he	reviewed the Proposer's Proposal which will form the basis of the ereby certifies that it intends to provide all Required Insurance set oser is selected for final negotiations and execution of the Contract.
<del>.</del>	Name of Insurance Company
<del>-</del>	Name and Title of Authorized Signatory
;	Signature

## PROPOSAL FORM 13 PAST AND PRESENT PERFORMANCE INFORMATION FORM \*Include information for a minimum of (5) five references

NAME OF CONTRACTOR/SUBCONTRACTOR:
Provide the information requested on this form for each contract/program being described as a reference. Provide frank, concise comments regarding your performance on the contracts you identify. Provide a separate completed form for each contract/program submitted. Limit the number of past efforts submitted and the length of each submission to the limitations, if any, set forth in specifications.
Name of Contracting Entity:
Contract Name/Title:
Term of Contract:
Original Contract Value:
Current or Final Contract Value:
Original Completion Date:
Current or Final Completion Date:
A. Brief Description of the project or work performed. Identify whether you were a Prime or Subcontractor.
B. Number of Change Orders (if any):
Primary Causes or Reasons of Change:

Rockland Green
Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in
Haverstraw, NY
RFP 2024-01

C. Primary Point of Contact:

### NOTE: CONFIRM CONTACT INFORMATION PROVIDED IS CURRENT PRIOR TO SUBMISSION.

Name:		
Address:		_
Telephone:_		
E-mail:		
If subcontractors were u	used, identify the names of the subcontractors and the percer the subcontractor was responsible for.	ntage of the contract

#### **PROPOSAL FORM 14**

#### ACKNOWLEDGMENT REGARDING DRAWINGS AND SPECIFICATIONS

The undersigned hereby acknowledges an understanding of and ability to comply with, at a minimum, the Specifications set forth in Appendix B and the Drawings set forth in Appendix C to the Request for Proposals for the Build Out of a New Animal Shelter located at 427 Beach Road in Haverstraw, NY:

Proposer	
Signature	
Name/Title	

#### **PROPOSAL FORM 15**

### ACKNOWLEDGMENT REGARDING ARTICLE 26-C OF NEW YORK AGRICULTURE AND MARKETS LAW, THE STANDARD OF CARE ACT

The undersigned hereby acknowledges that they have read and understand the Standard of Care Act, approved on December 15, 2022 and codified as Article 26-C of the New York Agriculture and Markets Law and which becomes effective in December of 2025. The undersigned further acknowledges that their Work under the Contract should they be selected, including any Proposed Alterations, will adhere to the standards and requirements of the Standard of Care Act, as applicable.

Propos	er	
 Signatı	ıre	
Name/	Title	

#### **PROPOSAL FORM 16**

#### PROPOSED ALTERATIONS

Please indicate below whether the Proposer's Proposal includes additional Proposed Alteration	ons:
-----------------------------------------------------------------------------------------------	------

No:		
Yes:		

As set forth in Section VIII(b)(i)(c) of the RFP, any such Proposed Alterations must be accompanied by revised Drawings and Specifications, as well as a detailed explanation as to how any such Proposed Alterations would:

- (i) maintain adherence to the standards and requirements set forth in the Standard of Care Act;
- (ii) impact the cost to construct the Project;
- (iii) impact the cost to operate or maintain the Animal Shelter over time,
- (iv) improve the function of the Animal Shelter,
- (v) add value for Rockland Green, the Animal Shelter operator, the employees who work at the Animal Shelter and/or the animals who will reside there; and/or
- (vi) shorten the construction time period (without jeopardizing the quality of the design).

Proposers must also include the cost or savings associated with such Proposed Alterations in the appropriate section of Proposal Form 17.

Proposer acknowledges that Rockland Green will consider any such Proposed Alterations during its evaluation of the Proposals received in response to this RFP; however, a Proposer's decision not to submit Proposed Alterations will not negatively impact Rockland Green's evaluation of that Proposal. Rockland Green is not obligated to accept or reject any such Proposed Alterations, but rather Rockland Green may discuss and negotiate them with the Proposer(s) who submit them, and may elect to implement any one or more or none of them, and if so, will include them in the scope of Work under the Contract.

Person, firm or corporation making this Proposal:

Proposer		
Signature		
Name/Title		
Date		

#### PROPOSAL FORM 17 CONTRACT PRICE PROPOSAL FORM

Proposers must provide a proposed cost for each line under each subgroup. As well as the total proposed Contract Price on this forms.

Subgroup	Proposed Cost
Division 01 - Alternates	
FACILITY CONSTRUCTION SUBGROUP	
<u>Division 02 – Existing Conditions</u>	
<u>Division 03 – Concrete</u>	
<u>Division 04 - Masonry</u>	
<u>Division 05 – Metals</u>	
<u>Division 06 – Wood, Plastics and Composites</u>	
<u>Division 07 – Thermal and Moisture Protection</u>	
<u>Division 08 – Openings</u>	
<u>Division 09 – Finishes</u>	
<u>Division 10 – Specialties</u>	
<u>Division 11 – Equipment</u>	
<u>Division 14 – Conveying Equipment</u>	
FACILITY SERVICES SUBGROUP	
<u>Division 21 – Fire Suppression</u>	
<u>Division 22 – Plumbing</u>	
<u>Division 23 – HVAC</u>	
<u>Division 26 – Electrical</u>	
<u>Division 27 – Communications</u>	
SITE AND INFRASTRUCTURE SUBGROUP	
<u>Division 31 – Earthwork</u>	
<u>Division 32 – Exterior Improvements</u>	
<u>Division 33 – Utilities</u>	
<u>EQUIPMENT SUBGROUP</u>	
<u>Division 48 – Electrical Power Generation</u>	
Site Mobilization	
<u>Insurance</u>	
Overhead and Profit	
Total proposed Contract Price	
<u>In words</u>	

#### **VOLUNTARY ALTERNATE PRICING FOR PROPOSED ALTERATIONS**

Proposers are encouraged (but not required) to offer Proposed Alterations for Rockland Green's consideration, as discussed in the RFP.

The selected Contractor will be paid a fixed Contract Price for all of the Work, which will include any Proposed Alterations that are selected by Rockland Green.

Include the cost or savings associated with any such Proposed Alterations below:

Voluntary Alternate Pricing: [+/- \$ In words:	]
Total proposed Contract Price for all Work, including Proposed Alterations:  [\$ ] In words:	