

**DEPARTMENT OF GENERAL SERVICES, PURCHASING DIVISION**

Dr. Robert L. Yeager Health Center  
50 Sanatorium Rd, Building A  
Pomona, New York 10970  
Phone: (845) 364-3820 Fax: (845) 364-3809  
Email: [purchasing@co.rockland.ny.us](mailto:purchasing@co.rockland.ny.us)

**Paul Brennan, FNIGP, NIGP-CPP, CPPO**  
*Director of Purchasing*

## **Public Bid Opening Announcement**

Due to the COVID-19 Pandemic and in line with the directives issued by the offices of the NYS Governor and the Rockland County Executive regarding public safety, we have decided to limit public access to our office building.

Until further notice, we will conduct our Public Bid Openings for all of our Request for Bids (RFB), in person at our office, at the designated time, however, only one representative from each bidder will be allowed to attend. Face masks must be worn by everyone attending the public bid opening.

COUNTY OF ROCKLAND - DGS-PURCHASING  
BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

TITLE: BOILER RENTAL –  
DR. ROBERT L. YEAGER CENTER – POMONA NY

RFB #: RFB-RC-2022-132

**ELECTRONIC BID SUBMISSION ENCOURAGED**

Proposals may be submitted electronically through the County’s BONFIRE BID Submission Portal. Please refer to the instructions titled: **Electronic Bid Submission Instructions for Suppliers**

BIDDER’S NAME: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_  
**Bidders must list a physical address**

MAILING ADDRESS : \_\_\_\_\_  
(P.O. BOX NUMBER, IF APPLICABLE)

Bids for the above referenced bid number and title will be received until **3:00 PM on September 29, 2022**, via electronic bid submission through the **BONFIRE Portal** or at the Rockland County Purchasing Department, at the above address and **at that time** all bids will be publicly opened and read. Specifications and bid forms may be downloaded at: <https://rocklandgov/bonfirehub.com/portal> and/or [www.bidnetdirect.com](http://www.bidnetdirect.com). Please make note that the United States Postal Service does not deliver directly to this facility, however, other overnight couriers DO deliver directly to our facility. It is recommended that proposals be submitted in advance, at least one day prior to the specified date and time to allow for a timely receipt. **LATE BIDS will NOT be considered**

**TERMS: NOVEMBER 1, 2022 THROUGH APRIL 30, 2023**

**DELIVERY: DELIVERED TO POMONA, NY 10970 BY OCTOBER 31, 2022**

**Prices are to be quoted F.O.B. DESTINATION, FREIGHT PREPAID AND ALLOWED with deliveries to be made to:  
50 SANATORIUM ROAD, POMONA, NY 10970**

**IMPORTANT NOTICE – Bid Distribution:**

The County of Rockland officially distributes bidding documents from the Purchasing Division Office or through the Empire State Purchasing Group's Regional Bid Notification System. Copies of bidding documents obtained from any other source are not considered official copies. Only those vendors who obtain bidding documents from either the Purchasing Division Office or the Regional Bid Notification System are guaranteed to receive addendum information, if such information is issued. *Appendix A (Revised 08/2010) – General Terms and Conditions for all Purchasing Division Contracts is a separate attachment. Bidders must download, read, and acknowledge acceptance of Appendix A on the proposal page.* If you have obtained this document from a source other than the Rockland County Purchasing Division or the Empire State Regional Bid Notification System, it is recommended that you obtain an official copy.

NOTE: The proposal of each bidder must contain the certification to non-collusive bidding as set forth in section 103-d of the General Municipal Law included in the specifications. This requirement must be strictly complied with. Filing of Affidavit of Disclosure is mandatory when submitting your bid for this project.

The undersigned reserves the right to reject any and all proposals and to accept any proposal or proposals as submitted, or as modified, which in the opinion of the undersigned will be in the best interests of the County of Rockland.

DATED: 9/12/22

COUNTY OF ROCKLAND  
POMONA, NY  
BY: PAUL J. BRENNAN, FNIGP,NIGP-CPP CPPO, DIRECTOR OF  
PURCHASING

**PLEASE MAKE COPY OF BID FOR YOUR RECORDS**

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### BIDDER’S CHECK LIST

Your response to the above referenced bid may be considered unresponsive and may be rejected if the following forms are not included at the time of the bid opening. If submitting your pricing via electronic bid submission please see **Electronic Bid Submission Instructions for Suppliers.**

#### FORMS

- STATEMENT OF REQUIRED DISCLOSURES, REPRESENTATIONS AND CERTIFICATIONS
- Experience / References form
- Valid NYS Worker’s Compensation and Disability Certificates or Attestation of Exemption
- Signed Bid Acknowledgment Form

#### BID DEPOSIT

- BID SECURITY**  
If required, each bid must be accompanied by a certified check made payable to the County of Rockland in the amount indicated below. In lieu of such check, the bidder may furnish a bid bond in the same amount and having as surety thereon a surety company licensed to do business in the State of New York and approved by the County Attorney. Checks or bid bonds of all formal bidders will be returned after an award has been made.  
The amount of the bid deposit required for this bid is:  
\$500.00    5% of Total Bid    Waived    Other: \_\_\_\_\_

#### INSURANCE INFORMATION

- As per insurance requirements specified in this bid package, the County of Rockland requires a current insurance certificate, with the County of Rockland listed as additional insured, to be on file in the Purchasing Department. You will be given five (5) business days from notice of award to supply this form, or the award will be rescinded.

#### OTHER INFORMATION/REQUIREMENTS

- Specifications as required  
Bidders must submit a detailed layout, description, and schedule for the proposed heating system
- OTHER: \_\_\_\_\_

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## Electronic Bid Submission Instructions for Suppliers

Please follow these instructions to submit via our Public Portal.

### 1. Prepare your submission materials:

#### Requested Information

Name	Type	# Files	Requirement	Instructions
RFB-RC-2022-132 (BT-34TZ)	BidTable: Excel (.xlsx)	1	Required	You will need to fill out the provided Response Template for this BidTable. The Response Template can be downloaded from the project listing on the Bonfire portal.
Statement of Disclosures	File Type: PDF (.pdf)	1	Required	
Valid NYS Wkm's Compensation and NYS Disability Certificates or Attestation of Exemption	File Type: PDF (.pdf)	1	Optional	
Valid Certificate of Liability Insurance (see sample certificate which identifies the coverage and limits required as well as sample language to name the County of Rockland as additionally insured)	File Type: PDF (.pdf)	1	Optional	
Certificate of Experience	File Type: PDF (.pdf)	1	Required	
Detailed layout, description, and schedule for the proposed heating system	File Type: PDF (.pdf)	1	Required	

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### **Requested Documents:**

Please note the type and number of files allowed. The maximum upload file size is 1000 MB.

Please do not embed any documents within your uploaded files, as they will not be accessible or evaluated.

### **Requested BidTables:**

The BidTable Response Templates can be obtained at <https://rocklandgov.bonfirehub.com/opportunities/75077>.

Please note that BidTables may take a significant amount of time to prepare.

## **2. Upload your submission at:**

<https://rocklandgov.bonfirehub.com/opportunities/75077>

Your submission must be uploaded, submitted, and finalized prior to the Closing Time of **Sep 29, 2022 3:00 PM EDT**. We strongly recommend that you give yourself sufficient time and **at least ONE (1) day** before Closing Time to begin the uploading process and to finalize your submission.

### **Important Notes:**

Each item of Requested Information will only be visible after the Closing Time.

Uploading large documents may take significant time, depending on the size of the file(s) and your Internet connection speed.

You will receive an email confirmation receipt with a unique confirmation number once you finalize your submission.

Minimum system requirements: Microsoft Edge, Google Chrome, or Mozilla Firefox. Javascript must be enabled. Browser cookies must be enabled.

### **Need Help?**

Rockland County uses a Bonfire portal for accepting and evaluating proposals digitally. Please contact Bonfire at [Support@GoBonfire.com](mailto:Support@GoBonfire.com) for technical questions related to your submission. You can also visit their help forum at <https://vendorsupport.gobonfire.com/hc/en-us>

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**RECEIPT CONFIRMATION FORM**

**PLEASE COMPLETE AND RETURN THIS CONFIRMATION FORM  
WITHIN 5 WORKING DAYS OF RECEIVING BID PACKAGE TO:**

PAUL J. BRENNAN, FNIGP, NIGP-CPP, CPPO  
Director of Purchasing, Department of General Services  
County of Rockland  
Sanatorium Road, Bldg. A, Pomona, NY 10970  
Tele. (845) 364-3820 Fax: (845) 364-3809 Email: Purchasing@co.rockland.ny.us

**Failure to return this form may result in no further communication or addenda regarding this Bid.**

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

Address: \_\_\_\_\_

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

Contact Person: \_\_\_\_\_

Phone Number: \_\_\_\_\_ EXT: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email: \_\_\_\_\_

I have received a copy of the above noted BID.

We will be submitting a Bid

We will NOT be submitting a Bid – (please indicate reason)

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Title: \_\_\_\_\_

If a bidders meeting has been arranged for this Bid, please indicate if you plan to attend: Yes / No

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## PURCHASES BY OTHER

### LOCAL GOVERNMENTS, SCHOOL DISTRICTS, AND NON-PROFIT AGENCIES

As per the New York State General Municipal Law, all political subdivisions of New York State are allowed to make purchases through the resulting contract(s). As per Rockland County Procurement Policy, Non-Profit Agencies approved to participate in New York State's Contract Extension Program are authorized to make purchases through the resulting contract(s).

1. The County of Rockland shall make all contract award information available to other political subdivisions and non-profit agencies through our website: [www.rcpurchasing.com](http://www.rcpurchasing.com)
2. Any other political subdivision or Rockland County non-profit agency will issue purchase orders directly to vendors within the specified contract period referencing the County's contract and shall be liable for any payments due on such purchase orders; and shall accept sole responsibility for any payment due.
3. All purchases shall be subject to audit and inspection by the other political subdivisions and Rockland County non-profit agencies for which the purchase was made.
4. No officer, board or agency of a county, town, village, or school district shall make any purchase through the County when bids have been received for such purchase by such officer, board or agency, unless such purchase may be made upon the same terms, conditions and specifications at a lower price through the County.
5. All Bidders shall be on notice that as a condition of the award of a County contract, the successful bidder shall accept the award of a similar contract with any other political subdivision in New York State and Rockland County non-profit agencies authorized to use New York State's contracts, if called upon to do so. A listing of approved Rockland County non-profit agencies is available on the Purchasing Division's website at [www.rcpurchasing.com](http://www.rcpurchasing.com). The County, however, will not be responsible for any debts incurred by the participants pursuant to this or any other agreement.
6. Necessary deviations from the County's specifications in the award of a participant contract, whether such deviations relate to quantities, or delivery points shall be resolved between the successful bidder and the other political subdivisions and Rockland County non-profit agencies.

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## **SPECIFICATIONS**

### **1. SCOPE OF WORK**

- 1.1. The County of Rockland is in need of a temporary heating system consisting of two, trailer mounted, 30,000,000 BTU/HR, oil fired water boilers for use at the Dr. Robert L. Yeager Center in Pomona, NY 10970. The contractor shall furnish, setup, maintain, teardown and remove the specified heating system.

### **2. SITE VISIT**

- 2.1. All contractors are encouraged to visit the facilities to familiarize themselves with all covered equipment and conditions prior to submitting their bid. Site inspections can be scheduled by calling Facilities Management @ 845-364-2958.

### **3. HEATING SYSTEM AND OPERATION**

- 3.1. The required operating season is from November 1, 2022, through April 30, 2023.
- 3.2. Location is 50 Sanatorium Rd. Pomona, NY 10970 outside Building E.
- 3.3. System shall consist of,
- 3.3.1. Two (2) packaged 30,000,000 BTU/HR, No.2 oil fired water boilers mounted on trailers, complete with automatic independent controls.
- 3.4. The Dr. Robert L. Yeager Health center is equipped to connect temporary heating equipment via existing 6" Flange/Victaulic hose adaptors. There are 4 in total, 2 for supply and 2 for return.
- 3.4.1. The rental company will be responsible for providing all necessary hoses, unions, and fittings as required to connect to the owner supplied connection points. The connection point is located just inside the utility plant garage door which is approx. 50' to 100' from where temporary heating equipment will be stationed.
- 3.4.2. Rental shall include hookup to existing oil supply and return piping, hydronic water piping as well as all electrical cabling and setup of equipment. All wiring shall be placed in a neat and organized manor with grounding established. Building Power is 208v 3p 60hz. 110v power is available, 480/460v is not available.
- 3.4.2.1. The County of Rockland shall supply all operating No.2 fuel oil.
- 3.4.2.2. The County of Rockland Facilities Management Employees will operate the equipment
- 3.4.3. Typical HWS&R temperatures are between 140-180 and are adjusted based on outdoor air temp.
- 3.4.4. Estimate 24 hours a day of operation for each unit under typical operation.
- 3.5. Setup, teardown, rigging, scheduled maintenance, and training for the temporary boilers shall be included in the bid price.
- 3.5.1. Scheduled maintenance shall be set up at an interval not to be less than every other week
- 3.5.2. Calls for service shall be answered within 2 hours of the initial call with emergency response on site made within 4 hours.
- 3.5.3. An initial training session with the Employees of the utility plant will be required following setup and startup of the equipment

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#### **4. ALTERNATE SYSTEM**

- 4.1. Where a 30MBtu/HR water boiler is unavailable, 800 HP steam boilers with heat exchangers may be substituted (subject to review of Facilities Management Representative) for each water boiler of equal capacity.
- 4.2. If this substitute is proposed, contractor must provide all ancillary devices and equipment necessary to facilitate the deployment and operation of the steam to hot water plant. Including but not limited to; High/Low pressure steam piping, Steam control devices, control systems, condensate pump packages, condensate return piping etc.
- 4.3. Contractor shall be responsible for installation and setup of all equipment.

#### **5. EXPERIENCE - REFERENCES**

- 5.1. All bidders shall submit a list of references demonstrating at least three (3) years of experience where similar temporary heating systems have been completed of similar scope and size of this project.
- 5.2. List completed projects (Certificate of Experience/Reference form).

#### **6. EQUIPMENT**

- 6.1. The contractor is responsible for providing all tools and equipment necessary to efficiently perform all work in a professional and workmanlike manner.
  - 6.1.1. The contractor shall have tools and equipment common to the trade that are necessary to perform required work. The County will not pay for the rental or replacement of any of the common tools.

#### **7. SAFETY**

- 7.1.1. The Contractor shall have the necessary safety equipment to adhere to all OSHA, federal, state and local rules while the work is in progress. Contractor is responsible for any damage to vehicles or structures resulting from the Contractor's negligence.
- 7.1.2. At no additional cost to the County, the contractor shall supply and maintain all of the safety equipment required by the trade and or by State and Federal regulations.

#### **8. REQUIREMENTS AND COORDINATION OF WORK**

- 8.1. The contractor must submit a detailed layout, description and schedule for the proposed heating system and must coordinate with any other contractors working in the vicinity. The layout, description and schedule must be approved by The Director of Facilities Management or the Assistant Director of Facilities Management prior to implementation of the heating system.
- 8.2. The heating system must be set up and ready to operate 24-hours per day starting on November 1, 2022. The contractor must have personnel available 24-hours per day for the duration of the rental to respond to any alarm or emergency associated with the heating equipment.

#### **9. PRICING**

- 9.1. Contractor shall bid a monthly rental rate in accordance with the proposal pages.
- 9.2. For rental and bidding purposes, a month shall consist of 28 days (4 Weeks)

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## **10. TRAVEL TIME**

- 10.1. The County of Rockland will not accept nor authorize payment for travel time or expenses of service personnel to the County facility location.

## **11. USE OF PREMISES**

- 11.1. On or about the premises and adjacent areas, the Contractor shall ensure that all apparatus, storage of materials, and activities of workmen be confined to the limits indicated by law, ordinances, permits and the direction of the authorized County of Rockland representative, and shall not encumber or permit the premises or adjacent areas to be encumbered with such materials or apparatus.
- 11.2. The work site shall be kept in an orderly and safe fashion so as not to interfere with the progress of the work or the work of any other Contractor.
- 11.3. The Contractor shall be responsible for repairing and replacing anything damaged by his operations, within thirty (30) days after notification by the authorized County of Rockland representative that damage has occurred.
- 11.4. It will be the responsibility of the Contractor to report, to the authorized County of Rockland representative, any damages found prior to any work at this site.

## **12. CLEANING UP**

- 12.1. The Contractor shall at all times keep the premises and adjacent areas free from accumulations of waste material or rubbish. At the completion of the work, he/she shall remove from and about the premises, including adjacent areas, all rubbish, tools, and surplus materials used for work and shall have the area "Broom Clean" and ready for use. In case of a dispute, the County of Rockland may remove rubbish and clean up, then may charge the Contractor either by deduction of amounts unpaid to the Contractor, or by other means as determined to be fair and equitable by the authorized County of Rockland representative.

## **13. AWARD**

- 13.1. Award shall be made to the lowest responsible responsive bidder meeting the stated requirements of this bid solicitation.

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**INSURANCE: THE BID NUMBER IS TO APPEAR ON ALL INSURANCE CERTIFICATES**

**INDEPENDENT CONTRACTOR:** The CORPORATION / CONTRACTOR/ AGENCY / CONSULTANT, is an independent contractor and covenants and agrees that it, its agents, servants and/or employees, will neither hold itself/themselves out as, nor claim to be an employee, servant or agent of the COUNTY, and that it, its agents and employees will not make claim, demand or application to or for any right or privilege applicable to an officer or employee of the COUNTY including, but not limited to, Worker's Compensation coverage, unemployment insurance benefits, Social Security Coverage or retirement membership or credit.

**ROCKLAND COUNTY'S INSURANCE REQUIREMENTS:**

**GENERAL LIABILITY:** Prior to commencing work, the CONTRACTOR or CONSULTANT must, at its/his/her own cost and expense, procure and maintain insurance to cover his/her/its work, services, employees, agents and servants under the terms of the contract or purchase order which must include, but not be limited to the coverage that is selected on the attached matrix. Insurance must be obtained from insurance companies licensed in the State of New York, carrying a Best's financial rating of A or better. Upon failure to furnish, deliver and maintain such insurance, the agreement, contract award or purchase order may be declared suspended, discontinued or terminated or canceled. If at any time any of the policies required herein must be or become unsatisfactory to the County, as to form or substance, or if a company issuing any such policy must be or become unsatisfactory to the County, the CONTRACTOR OR CONSULTANT must upon notice to that effect from the County, promptly obtain a new policy and submit same with a certificate for approval by the County.

**Forced Placed Insurance.** If CONTRACTOR OR CONSULTANT does NOT provide the County of Rockland with evidence of the insurance coverage required by this Agreement, the County may purchase insurance (at Contractor's or Consultant's sole expense) to protect the County's interests. This insurance may, but need not, protect Contractor's or Consultant's interest. If the County purchases insurance under this Section, Contractor or Consultant will be responsible for the cost of that insurance, including interest and any other charges the County may impose in connection with the placement of the insurance, until the effective date of the cancellation or expiration of the insurance. The cost of insurance under this Section may be more than the cost of insurance that Contractor or Consultant may be able to obtain on its own.

In relation to purchases that are not a result of a County Bid, RFP or Contract; Vendors who cannot provide the coverage limits on the attached matrix may provide the County with an ACORD Certificate detailing the coverage limits they currently have in place and the County will review such certificates on a case-by-case basis to determine if sufficient coverage is in place in relation to the perceived risks associated with the proposed purchase.

**COVERAGES – (SEE ATTACHED MATRIX)**

An ACORD Certificate of Insurance will confirm that the required policies have been issued to the named insured; for the policy period indicated. The ACORD Certificate is to be provided to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order. Please NOTE: the Certificate of Insurance must be updated to give the County of Rockland immediate notice of the following:

1. Dilution of the limits of insurance shown on the Certificate of Insurance by more than 20% as a result of the payment of claims or expenses;
2. The downgrading of any insurer listed on the Certificate of Insurance by AM Best to less than an "A" rating;
3. The receipt, from any listed insurer, of a notice of cancellation before the expiration date thereof or non-renewal will be delivered in accordance with the policy provisions;
4. The receipt, from any listed insurer, of any failure of the named insured to comply with an insurance policy term or condition.

**All Certificates of Insurance must be updated at least annually to remain valid.**

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The ACORD Certificate of Insurance must contain a Description of Operations and include any exclusions or special provisions added by endorsement that in any way restrict coverage. The Contract Number and/or Purchase Order Number and the name of the department requiring the insurance should be stated under the description. The description must also contain a statement to the effect that “The following are named as Additional Insured’s under General Liability and (if required) Automobile Liability, Excess Umbrella Liability, and Professional Liability (if applicable) on a primary basis, and on the broadest form available through the listed insurers with respect to this Contract or Purchase Order: **The County of Rockland, its employees, elected officials and affiliated municipal entities.** The signing authorized representative warrants that the insurance carrier(s) have been informed of and accepted the County of Rockland as an additional insured.

**WORKERS COMPENSATION REQUIREMENTS UNDER WORKERS’ COMPENSATION LAW §57:** The Vendor must procure, pay for, and maintain during the entire term of the contract such insurance as will protect both the owner and the vendor from claims under worker’s compensation acts and amendments thereto and from any other claims for property damage and for personal injury including death, which may arise from operations under this contract, whether such operations by the Vendor or by any other party directly or indirectly employed by the Vendor. Vendors must provide copies of the required certificate to the County of Rockland within five (5) business days of notice of contract award or of notice of intent to issue a Purchase Order.

To comply with coverage provisions of the Workers’ Compensation Law (“WCL”), businesses must:

- A. Be legally exempt from obtaining workers’ compensation insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer or participate in an authorized group self-insurance plan.

The Contractor must prove that they are in compliance with §57 of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form C-105.2 or U-26.3** – (All private insurance carriers and their licensed insurance agents are authorized to use the Form C-105.2 as their Certificate of NYS Worker’s Comp Insurance. The State Insurance Fund uses the U-26.3 form as its Certificate of Workers Compensation Insurance). Upon obtaining a permit, license or contract from a government agency Employers must obtain this form from their private insurance carrier. Carriers and their licensed agents may contact the Board’s [Bureau of Compliance](#) to obtain this form.
- **Self-Insured Form SI-12** – Certificate of Worker’s Compensation Self-Insurance or Form GSI-105.2 Certificate of Participation in Worker’s Compensation Group Self-Insurance). Upon obtaining a permit, license or contract from a government agency. Board-approved self-insurers must obtain this form from Board’s Self-Insurance Office.
- **Exempt Form CE-200** – Certificate of Attestation of Exemption from NYS Worker’s Compensation Insurance) (Effective 12/1/08) Applicants for permits, licenses or contracts from State, county or municipal agencies in New York State that are not required to carry NYS workers’ compensation and/or disability benefits insurance coverage. These exemption forms can ONLY be used to attest to a government entity that an applicant requesting a permit, license or contract from that government entity is not required to carry NYS workers’ compensation and/or disability benefits insurance.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence must contain the Solicitation Number and Title.

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***DISABILITY BENEFITS REQUIREMENTS UNDER WORKERS' COMPENSATION LAW §220(8):***

To comply with coverage provisions of the WCL regarding disability benefits, businesses may:

- A. Be legally exempt from obtaining disability benefits insurance coverage; or
- B. Obtain such coverage from insurance carriers; or
- C. Be a Board-approved self-insured employer.

The Vendor must prove that they are in compliance with Section 220(8) of the Workers Compensation Law (WCL) by providing ONE of the following forms indicating that they are:

- **Insured Form DB-120.1** – Certificate of Disability Benefits Insurance (the businesses insurance carrier will send this form to the County upon request).
- **Self-Insured Form DB-155** – Certificate of Disability Benefits Self-Insurance (the business calls the Board's Self-Insurance Office at 518-402-0247).
- **Exempt Form CE-200** – Certificate of Attestation of Exemption from NYS Worker's Compensation and/or Disability Benefits Coverage.

The Vendor will send the appropriate forms to the Purchasing Division within five (5) business days of notification of contract award. All correspondence must contain the Solicitation Number and Title.

**Please note that ACORD forms are NOT acceptable proof of New York State Workers Compensation or Disability benefits insurance coverage.**

NY State Department of Labor requirements for Workmen's Compensation and Disability forms. Online address: <http://www.wcb.ny.gov>

**EMPLOYERS LIABILITY** with minimum statutory requirements

***All policies of the Contractor or Consultant must be endorsed to contain the following clauses:***

(a) Insurers must have no right to recovery or subrogation against the County of Rockland (including its employees and other agents and agencies), it being the intention of the parties that the insurance policies so affected must protect both parties and be primary coverage for any and all losses covered by the above-described insurance.

(b) The clause "other insurance provisions" in a policy in which the County of Rockland is named as an insured, must not apply to the County of Rockland.

**All contractual insurance requirements in any contract between the Contractor or Consultant and the County must contain the following clauses:**

(a) The insurance companies issuing the policy or policies must have no recourse against the County of Rockland (including its agents and agencies as aforesaid) for payment of any premiums or for assessments under any form of policy.

(b) Any and all deductibles in the above described insurance policies must be assumed by and be for the account of, and at the sole risk of, the Contractor or Consultant.

**SEE FOLLOWING PAGE FOR INSURANCE COVERAGE MATRIX**

**COUNTY OF ROCKLAND - DGS-PURCHASING**  
 BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
 TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

**TITLE: BOILER RENTAL –  
 DR. ROBERT L. YEAGER CENTER – POMONA NY**

**RFB #: RFB-RC-2022-132**

	<b>VENDOR CLASSIFICATION</b>	Commodities Delivered by Vendor	Commodities Delivered by Common Carrier	<b>Purchase or Lease of Equipment and/or Maintenance and repair of equipment</b>	Lease / Use of Facilities or Ground / Prop to Others W/out Liquor	Lease / Use of Facilities or Ground for Filming	Maintenance & Repair of Buildings & Property
	<b>CHECK APPROPRIATE BOX (cont'd on next page)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<b>Type of Insurance</b>						
<b>A</b>	<b>Commercial General Liability (CGL) Each Occurrence</b>						(1)
	General Liability	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	Personal & Adv Injury	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000	\$1,000,000
	Med. Expense Any One Person	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
	Damage to Rented Premises	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000	\$50,000
	General Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
	Products-Comp / Op Aggregate	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000	\$2,000,000
<b>B</b>	<b>Auto Liability – Incl BI and PD (AL)</b>			(2)	(2)	(2)	(2)
	Combined Single Limit per accident						
	Any Auto	\$1,000,000		\$1,000,000		\$1,000,000	\$1,000,000
	Or						
	All Owned	\$1,000,000		\$1,000,000		\$1,000,000	\$1,000,000
	All Hired	\$1,000,000		\$1,000,000		\$1,000,000	\$1,000,000
	All Non-Owned	\$1,000,000		\$1,000,000		\$1,000,000	\$1,000,000
<b>C</b>	<b>Excess / Umbrella Liability</b>						
	Each Occurrence	XXXXX	XXXXX	\$1,000,000	\$1,000,000	\$10,000,000	\$5,000,000
	Aggregate	XXXXX	XXXXX	\$1,000,000	\$1,000,000	\$10,000,000	\$5,000,000
<b>D</b>	<b>Workers Compensation and Employers Liability</b>	(3)	(3)	(3)	(3)	(3)	(3)
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
	Each Accident	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
<b>E</b>	<b>Disability Benefits</b>	(3)	(3)	(3)	(3)	(3)	(3)
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
<b>F</b>	<b>Other-Professional Liability or errors and Omissions or Malpractice</b>						
	Per Claim						
<b>Opt</b>	<b>Owners and Contractors Protection</b>						
	Each Occurrence						
	Aggregate						
	<b>3<sup>rd</sup> Party Property Damage</b>					\$1,000,000	
*	<b>All Other Insurance as Required by Law</b>						
	<b>Rockland County to be named as Additional Insured on these coverage's</b>	GL-AL		GL-AL	GL-AL- EXCESS	GL-AL- EXCESS	GL-AL- EXCESS

**Cont'd on next page**

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- (1) The per occurrence and Aggregate limits for specified coverage should apply on a per location or per project basis.
- (2) Automobile Liability Coverage is required IF an automobile is used in the execution of their contract. A vendor using a third party for shipment or transport does not require Automobile Liability Insurance.
- (3) An ACORD form is NOT acceptable proof of NYS Workers Compensation (WC) or Disability Benefits (DBL) Insurance coverage. For WC, secure form C-105.2 or U-26.3. For DBL, secure form DB.120.

Workers Compensation/Employers Liability, and NYS Disability are not required of: a) a business that is owned by one individual, is not a corporation, and does not have any other employees, b) a self-employed individual, c) an out of state employer with no NYS employees. IN EACH CASE, the employer must file Form CE-200, Certificate of Attestation of Exemption, with the NYS Workers Compensation Board certifying that they are not required to obtain NYS specific Workers Compensation Insurance or NYS statutory Disability Benefits.

(4) A consultant is someone who gives expert or professional advice. Consultants are ordinarily hired on an independent contractor basis. Therefore, the County is not liable to others for the acts or omissions of the consultant. A consultant is an individual who possesses special knowledge or skills and provides that expertise the County for a fee. Consultants help find and implement solutions to a wide variety of problems, including those related to business, marketing, manufacturing, strategy, organization structure, environmental compliance, health and safety, technology, and communications. Some consultants are self-employed, independent contractors who offer specialized skills in a certain field; other consultants work for large consulting firms, that offer expertise in a wide range of business areas; and still other consultants hail from academia. Specialists in various professional fields that work with the general public and have greater than average expertise in particular areas, for example lawyers, doctors, pharmacists and insurance agents, require additional coverage for someone who is injured as a result of their negligent acts or omissions. Therefore, Professional Liability Insurance is required if commercially available for your profession.

**SAMPLE ACORD CERTIFICATES:** Sample ACORD Certificates detailing the required insurance coverage are included in each Invitation to Bid or Request for Proposal. These are provided as for informational purposes only to County Vendors and their Insurance Brokers to assist you in obtaining the correct insurance required for County contracts. Please note that the attached certificates reflect the standard types and limits of insurance the County requires most often. The requirements of each proposal may differ in which case the proposal's specific requirements must prevail. Please review the insurance requirements of your proposal carefully with your broker.

Exceptions: The limits shown in the matrix and samples will generally be required for service providers involved in low-risk activities. Higher limits may be required for service providers performing potentially high-risk activities.

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**INFORMATION TO BIDDERS**

**OBLIGATION OF BIDDERS**

A Contractor must not plead misunderstanding or deception because of estimates of quantities, character, location, or other conditions surrounding the same. Permission will not be given to withdraw, or modify, or explain any proposal or bid after it has been opened.

The proposal must specify the costs, in the manner hereafter described for which the items will be supplied according to the specifications, together with a unit price for each of the separate items as called for. Any proposal must be deemed informal which does not contain prices set opposite to each of the several items for which there is a quantity exhibited in the itemized proposal.

**AWARD OF CONTRACT**

Award of contract will be made to the lowest responsible qualified bidder whose proposal must comply with all of the provisions required to render it formal. The County or the Director of Purchasing reserves the right to waive any informality or to reject any or all proposals and may advertise for new proposals, if the best interest of the county will be served. The County or the Director of Purchasing may require any or all bidders to present evidence of experience, ability and financial standing as well as a statement as to the equipment which the bidder will have available for the executing of this contract. The county reserves the right to award this contract either on an item-by -item basis or as a total award of all items in combination.

The Director of Purchasing reserves the right to reject a materially or mathematically unbalanced bid or to make "NO AWARD" on individual listings or sub-items if individual bid prices are deemed to be unbalanced or excessive or if an error in the solicitation becomes evident. In such case, ranking and evaluation of bids may be made on remaining items. Award may be made on the remaining items. The acceptance or rejection of an unbalanced bid must be at the sole discretion of the County.

**INSURANCE & BONDS**

The bidder whose proposal is accepted will be required to furnish bonds and evidence of insurance within five days from date of Notice of Award. In case of failure or refusal on the part of the bidder to furnish bonds, if required, within the set period, the amount of deposit may be forfeited to the county and the contract may be awarded to the next lowest responsible bidder. Upon the notification of award and approval of the bond, the deposit will be returned to the proposer. The deposit of persons other than the one to whom and award is made will be returned to the person or persons making the proposal immediately after the contract and bonds have been executed.

**NONRESTRICTIVE USE OF BRAND NAME OR EQUAL SPECIFICATIONS**

The use of a brand name is for the purpose of describing the standard of quality, performance, and characteristics desired and are not intended to limit or restrict competition.

**FORM OF PROPOSAL**

All proposals must be made upon forms furnished by the Director of Purchasing of the County of Rockland and must be contained in sealed envelopes addressed to PAUL J. BRENNAN, CPPO, Director of Purchasing, County of Rockland, DGS - Purchasing, Bldg. A, 6th Floor, 50 Sanatorium Road, Pomona, NY 10970. Form of proposal as issued by the county must be completely filled in, in ink or typing. No bid will be accepted which contains any changes, additions, omissions or erasures.

**EXPERIENCE**

Bidder must submit with the proposal a Certificate of Experience for the past three (3) years. Certificate of Experience is included in these documents, if applicable.

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**INFORMATION TO BIDDERS cont'd**

**EXCULPATORY CLAUSE**

The Contractor agrees to make no claim for damages for delay in the performance of this contract occasioned by any act or omission to act of the County or any of its representatives and agrees that any such claim must be fully compensated for by an extension of time to complete performance of the work as provided herein.

**AMERICANS WITH DISABILITIES**

“The County of Rockland is committed to full compliance with the Americans with Disabilities Act. To that end, the County is committed to creating an accessible environment for all. To request accommodations that you may require, please call Ann Marie Curley at (845) 364-3820. Please request these accommodations four (4) business days in advance so that we can seek to meet your needs.”

**NOTICE TO BIDDER**

**APPENDIX A**

Appendix A, General Terms and Conditions for Department of General Services Purchasing Division Contracts, **a separate attachment to this solicitation**, is hereby expressly made a part of this Bid Document as fully as if set forth at length herein. **Please retain this document for future reference.**

***Bidders must download, read, and acknowledge acceptance of Appendix A on the proposal page.***

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VENDORS NAME: \_\_\_\_\_

**NON-BIDDER’S RESPONSE**

For the purpose of facilitating your firm’s response to our invitation to bid, the County of Rockland is interested in ascertaining reasons for prospective bidder’s failure to respond to “Invitations to Bid”. If your firm is not responding to this bid, please indicate the reason(s) by checking any appropriate item(s) below and return this form to the above address.

We are *not* responding to this “Invitation to Bid” for the following reason(s):

\_\_\_\_\_ Items or materials requested not manufactured by us or not available to our company.

\_\_\_\_\_ Our items and/or materials do not meet specifications.

\_\_\_\_\_ Specifications not clearly understood or applicable (too vague, too rigid, etc.).

\_\_\_\_\_ Quantities too Small.

\_\_\_\_\_ Insufficient time allowed for preparation of bid.

\_\_\_\_\_ Incorrect address used. Our correct mailing address is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Our branch / division handles this type of bid. We have forwarded this bid on to them but for the future the correct name and mailing address is: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ **OTHER:** \_\_\_\_\_

\_\_\_\_\_

**Thank you for your participation in this bid.**



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**STATEMENT OF REQUIRED  
DISCLOSURES, REPRESENTATIONS AND CERTIFICATIONS**

**Note: ALL Sections on the following pages must be completed and this Statement must be signed before a Notary**

Name of the Reporting Entity:

\_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

Remit to Address if different from above:

\_\_\_\_\_

\_\_\_\_\_

FID No.: \_\_\_\_\_

Name of Individual Completing this form: \_\_\_\_\_

Title/Position: \_\_\_\_\_

Telephone Number: (\_\_\_\_\_) \_\_\_\_\_

Telefax Number: \_\_\_\_\_

EMAIL address: \_\_\_\_\_

EMAIL address for Purchase Orders to be emailed (this is mandatory)

\_\_\_\_\_:

SIGNATORY FIRST & LAST NAME \_\_\_\_\_

SIGNATORY TITLE \_\_\_\_\_

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RFB #: RFB-RC-2022-132

**Section A. AFFIDAVIT OF NON-COLLUSION**

**(This form must be initialed and included with bid package)**

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 bid 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 bid have been arrived at independently, without consultation, communication or agreement for the purpose of restricting competition with any other contractor, bidder or potential bidder.
2. Neither the price(s), nor the amount of this bid, have been disclosed to any other firm or person who is a bidder or potential bidder on this project, and will not be so disclosed prior to bid opening.
3. No attempt has been made or will be made to solicit, cause or induce any firm or person to refrain from bidding on this project, or to submit a bid higher than the bid of this firm, or any intentionally high or non-competitive bid or other form of complementary bid.
4. The bid 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 bid.
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 an firm or person to refrain from bidding or to submit a complementary bid 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 bid, 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 bid 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 bid, under the penalties of perjury, affirms the truth thereof.

INITIAL: \_\_\_\_\_.

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**Section B. DISCLOSURE OF POLITICAL CONTRIBUTIONS PURSUANT TO CHAPTER 323 OF THE ROCKLAND COUNTY CODE**

1. The reporting entity is (*check one*):

- An Individual
- Municipality or Agency
- A Partnership
- Not-for-profit Organization
- A Corporation

**Note:** Pursuant to Chapter 323 of the Rockland County Administrative Code municipal bodies, agencies, not-for-profit organizations and entities or individuals doing less than \$10,000.00 annually worth of business with the County, check off “Not Applicable” in paragraph 2 below and proceed to Section C.

1. The reporting entity (*check one*):

\_\_\_\_\_ Will enter into a contract with the County of Rockland, in excess of \$10,000.00, which did / did not (circle one) result from public bidding.

\_\_\_\_\_ Is currently under a contract with the County of Rockland in excess of \$10,000.00

\_\_\_\_\_ Not Applicable

2. The reporting entity, its members, directors, policymaking officers, or majority shareholders, have directly or indirectly made the following contributions to the persons or organizations listed below. (*please list all contributions having a value in excess of two hundred dollars (\$200.00) per year made to any political party or any individual or any committee for an individual running for public office in Rockland county or in a district in which Rockland County is located, for a period of three (3) years prior to the date of subscribed below.*):

**Note: please answer “none” or list each contribution separately (Use Additional Sheets If necessary)**

Name of Contributor	Relationship to Reporting Entity	Contribution Made To	Date of Contribution	Value and nature of Contribution
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COUNTY OF ROCKLAND - DGS-PURCHASING  
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**Section C. DISCLOSURE OF SUPPLIER RESPONSIBILITY STATEMENT**

**If none apply enter "None" on each line**

1. List any convictions of any person, subsidiary, or affiliate of the company, arising out of obtaining, or attempting to obtain a public or private contract, or subcontract, or in the performance of such contract or subcontract.

\_\_\_\_\_

2. List any convictions of any person, subsidiary, or affiliate of this company for offenses such as embezzlement, theft, fraudulent schemes, etc. or any other offense indicating a lack of business integrity or business honesty which affect the responsibility of the contractor.

\_\_\_\_\_

3. List any convictions or civil judgments under state or federal antitrust statutes.

\_\_\_\_\_

4. List any violations of contract provisions such as knowingly (without good cause) to perform, or unsatisfactory performance, in accordance with the specifications of a contract.

\_\_\_\_\_

5. List any prior suspensions or debarments by any government agency.

\_\_\_\_\_

6. List any contracts not completed on time.

\_\_\_\_\_

7. List any documented violations of federal or state labor laws, regulations or standards, or occupational safety and health rules.

\_\_\_\_\_

\_\_\_\_\_

**INITIAL:** \_\_\_\_\_

COUNTY OF ROCKLAND - DGS-PURCHASING  
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**Section D. AFFIRMATIVE ACTION PLAN CERTIFICATION**

1. The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, states the following: **(please check one box in both (a) and (b))**

a.) The above-named Reporting Entity  DOES or  DOES NOT employ fifteen (15) or more employees AND

b.) The above-named Reporting Entity

DOES transacts a minimum of \$50,000 per annum business with the County of Rockland.

(i) IF SO, based on this above information, a copy of the Reporting Entity's Affirmative Action Plan OR

EEO (Equal Employment Opportunity) Policy is attached to this Form.

DOES NOT transacts a minimum of \$50,000 per annum business with the County of Rockland.

**Section E. BUSINESS DEALINGS IN NORTHERN IRELAND-MACBRIDE PRINCIPLES**

1. The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, certifies the following, in accordance with Article 5 of the County of Rockland Procurement Policy: **(check one)**

a.) The above-named Reporting Entity and any individual or legal entity in which the Reporting Entity holds a 10% or greater ownership interest and any individual or legal entity that holds a 10% or greater ownership in the contract, either: **(check, as applicable)**

(i)  has NO business operations in Northern Ireland

OR

(ii)  must take lawful steps in good faith to conduct any business operations in Northern Ireland in accordance with the MacBride Fair Employment Principles relating to the nondiscrimination in employment and freedom of workplace opportunity regarding such operations in Northern Ireland, and must permit independent monitoring of their companies with such Principles.

INITIAL: \_\_\_\_\_.

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## Section F. CERTIFICATION OF COMPLIANCE WITH THE IRAN DIVESTMENT ACT

Pursuant to State Finance Law §165-a, on August 10, 2012 the Commissioner of the Office of General Services (OGS) posted a prohibited entities list of "persons" who are engaged in "investment activities in Iran" (both are defined terms in the law) on the OGS website at: <http://www.ogs.ny.gov/about/regs/docs/ListofEntities.pdf>

By submitting a bid in response to a County solicitation or by assuming the responsibility of a Contract awarded hereunder, each Bidder/Contractor, any person signing on behalf of any Bidder/Contractor and any assignee or subcontractor and, in the case of a joint bid, each party thereto, certifies, under penalty of perjury, that once the Prohibited Entities List is posted on the OGS website, that to the best of its knowledge and belief, that each Bidder/Contractor and any subcontractor or assignee is not identified on the Prohibited Entities List created pursuant to SFL § 165-a(3)(b).

Additionally, Bidder/Contractor is advised that once the Prohibited Entities List is posted on the OGS Website, any Bidder/Contractor seeking to renew or extend a Contract or assume the responsibility of a Contract awarded in response to this solicitation must certify at the time the Contract is renewed, extended or assigned that it is not included on the Prohibited Entities List.

During the term of the Contract, should the County receive information that a Bidder/Contractor is in violation of the above- referenced certification, the County will offer the person or entity an opportunity to respond. If the person or entity fails to demonstrate that he/she/it has ceased engagement in the investment which is in violation of the Act within 90 days after the determination of such violation, then the County must take such action as may be appropriate including, but not limited to, imposing sanctions, seeking compliance, recovering damages or declaring the Bidder/Contractor in default.

The County reserves the right to reject any bid or request for assignment for a Bidder/Contractor that appears on the Prohibited Entities List prior to the award of a contract and to pursue a responsibility review with respect to any Bidder/Contractor that is awarded a contract and subsequently appears on the Prohibited Entities List.

**(Please check box)**

1.  The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, certifies that he/she is *neither the Bidder/Contractor nor any proposed subcontractor as identified on the Prohibited Entities List.*

**INITIAL: \_\_\_\_\_.**

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**Section G. CERTIFICATION REGARDING BOYCOTT, DIVEST  
AND SANCTIONS (BDS) ACTIVITIES**

1. The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, certifies the following, in accordance with Article 5 of the County of Rockland Procurement Policy: **(check box)**

The Reporting Entity/Contractor and any individual or legal entity in which the contractor/reporting entity holds a 10% (ten percent) or greater ownership interest and any individual or legal entity that holds a 10% (ten percent) or greater ownership in the contract does NOT engage in any Boycott, Divest and sanctions (BDS) activities [which activities are defined as advocating for the boycott of Israel, divestment from Israel and International sanctions against Israel, and otherwise engaging in, promoting or supporting the global campaign to increase economic and political pressure in Israel to comply with the stated goals of the BDS movement].

**Section H. ACKNOWLEDGMENT OF INSURANCE REQUIREMENTS**

**(Check Box to acknowledge each insurance requirement)**

1.  By submitting a bid/proposal in response to a County solicitation or by assuming the responsibility of a Contract awarded hereunder, each Bidder/Contractor, any person signing on behalf of any Bidder/Contractor acknowledges that they have read and understand the County’s insurance requirements as outlined in the solicitation documents.
2.  Bidder/Contractor agrees to provide a valid certificate of liability with the coverages and limits outlined in this solicitation (see matrix) within five (5) business days of request and include the following:
  - a. The Contract/Solicitation Number and/or Purchase Order Number should be stated under the description.
  - b. The description must also contain a statement to the effect that “The County of Rockland, its employees, elected officials, and affiliated municipal entities are included as additional insureds. The signing authorized representative warrants that the insurance carrier(s) have been informed of and accepted The County of Rockland as an additional insured”.
3.  **NYS Workman’s Compensation and NYS Disability Certificates**  
Contractor must submit valid NYS Workman’s Compensation and NYS Disability Certificates or Attestation of Exemption with the bid/proposal.

**INITIAL: \_\_\_\_\_**

COUNTY OF ROCKLAND - DGS-PURCHASING  
BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

TITLE: BOILER RENTAL –  
DR. ROBERT L. YEAGER CENTER – POMONA NY

RFB #: RFB-RC-2022-132

**BID ACKNOWLEDGMENT**

Upon receipt of all required approvals a Contract must be deemed executed and created with the successful Bidder(s) upon the Commissioner's mailing or electronic communication to the address on the bid of: i) a Letter of Acceptance; or ii) a fully executed contract; or iii) a Purchase Order authorized by the Commissioner

Print Name: \_\_\_\_\_  
Name of person responsible for this solicitation

**By signing this solicitation, I acknowledge that I have downloaded, read, and accept  
Appendix A - General Terms and Conditions for this solicitation**

**I acknowledge the receipt of \_\_\_\_\_ addendums**

Signature: \_\_\_\_\_

Email Address: \_\_\_\_\_

Direct Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

Date: \_\_\_\_\_

**NOTE: The County of Rockland dispatches authorized Purchase Orders through its eProcurement system via email.**

**Please provide a valid business email address (this is mandatory) to receive Purchase Orders e.g.:**

- orders@
- sales @

\_\_\_\_\_  
**PLEASE PRINT CLEARLY**



COUNTY OF ROCKLAND - DGS-PURCHASING  
BLDG. A., 6TH FLOOR, 50 SANATORIUM RD, POMONA, NY 10970  
TELEPHONE: 845-364-3820 / TELEFAX: 845-364-3809

TITLE: BOILER RENTAL –  
DR. ROBERT L. YEAGER CENTER – POMONA NY

RFB #: RFB-RC-2022-132

**CERTIFICATE OF EXPERIENCE/REFERENCE**

**(THIS FORM MUST BE COMPLETED BY VENDOR AND SUBMITTED WITH BID IF REQUIRED BY SPECIFICATIONS)**

I \_\_\_\_\_ HEREBY CERTIFY THAT (COMPANY) \_\_\_\_\_

\_\_\_\_\_ HAS PERFORMED THE FOLLOWING WORK WITHIN THE LAST THREE YEARS:

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

NAME OF BUSINESS: \_\_\_\_\_ CONTACT NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

AMOUNT OF CONTRACT: \_\_\_\_\_ TELEPHONE NO.: \_\_\_\_\_

TYPE OF WORK: \_\_\_\_\_ EMAIL ADDRESS: \_\_\_\_\_

FAX NO.: \_\_\_\_\_

NAME OF BIDDER: \_\_\_\_\_ BY: \_\_\_\_\_

TITLE: \_\_\_\_\_ SIGNATURE \_\_\_\_\_

Any alterations to this document made by the Offeror may be grounds for rejection of the proposal, cancellation of any subsequent award, or any legal remedies available to the County of Rockland.

**BOILER RENTAL  
DR. ROBERT L. YEAGER CENTER**

COUNTY OF ROCKLAND  
DGS – PURCHASING DEPARTMENT  
BLDG. A, 2ND FLOOR, 50 SANATORIUM ROAD  
POMONA, NY 10970  
TELEPHONE NO.: 845-364-3820  
FAX NO.: 845-364-3809

VENDOR: \_\_\_\_\_  
\_\_\_\_\_

LINE NO.	DESCRIPTION	ITEM NUMBER	EST. QTY.	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICING
1	Monthly Rate to Furnish, Deliver, Set-up, Maintain and Teardown Temporary Heating System as specified	98147	6	Month		

**Upon receipt of all required approvals a Contract shall be deemed executed and created with the successful Bidder(s) upon the Commissioner's mailing or electronic communication to the address on the bid of: (i) a Letter of Acceptance; or (ii) a fully executed contract; or (iii) a Purchase Order authorized by the Commissioner**



The Certificate Date of issuance must be within 3 months of Request

# CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

**IMPORTANT:** If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

<b>PRODUCER</b> The Ducey Agency, Inc 43 South Liberty Drive Stony Point, NY 10980	<b>CONTACT NAME:</b> Required	
	<b>PHONE (A/C, No, Ext):</b> Required	<b>FAX (A/C, No):</b>
	<b>E-MAIL ADDRESS:</b> Required	
	<b>INSURER(S) AFFORDING COVERAGE</b>	
	<b>INSURER A:</b>	<b>Rating as Required by Contract or Solicitation</b>
	<b>INSURER B:</b>	
	<b>INSURER C:</b>	
	<b>INSURER D:</b>	
	<b>INSURER E:</b>	
	<b>INSURER F:</b>	

**COVERAGES**      **CERTIFICATE NUMBER:** Required      **REVISION NUMBER:** Required if applicable

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSD	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR  GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	Required	Required	Required	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 50,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000 \$
B	<b>AUTOMOBILE LIABILITY</b> <input checked="" type="checkbox"/> ANY AUTO <input checked="" type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> NON-OWNED AUTOS ONLY	X	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
C	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	X	X				EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000 \$
	<b>WORKERS COMPENSATION AND EMPLOYERS' LIABILITY</b> ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A	<b>NYS Wokrs' Comp. Certificate Provide Form c-105.2 or u-26.3 - NYS Disability Certificate - Provide Form DB 120.1 Or Attestation of Exemption</b>			PER STATUTE OTH-ER E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$



Description of Operations/Locations/Vehicles (ACORD 101, Additional Remarks Schedule, may be attached if needed)

Language Required naming County of Rockland as additionally insured.

The County of Rockland including its employees, its officials and volunteers are named as additionally Insured.

<b>CERTIFICATE HOLDER</b>  County of Rockland 50 Sanatorium Road, Bldg. A Pomona, NY 10970	<b>CANCELLATION</b>  SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.  AUTHORIZED REPRESENTATIVE  Signature is Required
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