

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

TITLE: Access Point Installation- 50 Sanatorium Road-
Building C, Pomona NY

BID NUMBER: RFB-RC-2025-086

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:

SYSTEC101

Address: 418 Broadway STE N Albany NY 12227

Remit to Address if different from above:

FID No.: 47-1644654

Name of Individual Completing this form: Murat Yildirim

Title/Position: Owner

Telephone Number: (970)646-2706

Telefax Number:

EMAIL address: my@systec101.com

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

my@systec101.com

Is your firm:

☐ NYS Certified MWBE or

☐ Service-Disabled Veteran Own Business

SIGNATORY FIRST & LAST NAME Murat Yildirim

SIGNATORY TITLE Owner

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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: **MY**

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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

☐ A Partnership

☒ A Corporation

☐ Municipality or Agency

☐ Not-for-profit Organization

Note: Pursuant to Chapter 323 of the Rockland County Administrative Code , contracts with other municipal bodies or agencies or nonprofit organizations are *excluded* from disclosure Please proceed to Section C.

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

 X 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

3. 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. List all contributions having a value in excess of \$200.00 per year made to any political party or any individual or any committee for an individual running for public office in County of Rockland or in a district in which County of Rockland is located, for a period of 3 years prior to the date of subscribed below.

Note: Answer "none" or list each contribution separately (if necessary, use additional sheets)

Name of Contributor	Relationship to Reporting Entity	Contribution Made To	Date of Contribution	Value and Nature of Contribution
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None

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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.

None

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.

None

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

None

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.

None

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

None

6. List any contracts not completed on time.

None

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

None

INITIAL: **MY**

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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.

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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.*

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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.



Systec 101, LLC
418 Broadway
STE N
Albany, New York 12207

Hello,

Enclosed is your **Certificate of Contractor Registration**. Please keep this document as proof of your registration.

This Certificate is valid for two (2) years, unless revoked or suspended.

If you bid or commence work on a public work project or covered private project without being properly registered, you may be subject to a civil penalty and denial of your registration application pursuant to NYS LL § 220-I(8).

If your registration or a subcontractor's registration lapses while performing contracted work on a covered project, the work for that project may be completed.

If you are determined unfit and your certificate is revoked or suspended, then a monitor approved by the Commissioner must be appointed to oversee the completion of the work at your expense.

If your certificate is to be suspended or revoked for any reason, you will receive a notice and an opportunity to contest at a hearing prior to the suspension or revocation taking effect.

Please note that any subcontractors or independent contractors you hire to work on a public work or covered private construction project must obtain their own Certificate of Contractor Registration to perform such work.

If you allow a subcontractor or independent contractor to perform work on a public work or covered private project without being properly registered, you and the other contractor may be subject to a civil penalty and revocation/suspension/denial of your registration pursuant to NYS LL § 220-I(8).

Any project where work is performed in violation of Contractor Registration requirements, or any provisions of NYS Labor Law Article 8, is subject to the issuance of a Stop Work Order, pursuant to NYS LL § 224-B.



Shaun McCready
Director of Public Work &
Prevailing Wage Enforcement

WE ARE YOUR DOL



DIVISION OF SAFETY AND HEALTH LICENSE AND CERTIFICATE UNIT, STATE OFFICE CAMPUS, BUILDING 12, ALBANY, NY 12226

CERTIFICATE OF CONTRACTOR REGISTRATION

This Certificate Entitles the Holder to Perform and Bid on Public Work and

Covered Private Construction Projects in the State of New York,

Subject to the Prevailing Wage Requirements of

NYS Labor Law Article 8

Systec 101, LLC

DBA: Systec 101, LLC

418 Broadway

STEN

Albany, New York 12207

Phone Number: 9706462706

Registration Number: 25-6HT4Y-CR

Date of Issue: 2025-09-02

Expiration Date: 2027-09-02

(This license is valid only for the contractor named above)

Roberta Reardon
Commissioner

New York State Department of
Labor



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CERTIFICATE OF EXPERIENCE

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

I Murat Yildirim HEREBY CERTIFY THAT (COMPANY) Systec101

_____ HAS PERFORMED THE FOLLOWING WORK WITHIN THE LAST THREE YEARS:

NAME OF BUSINESS: County Of Rockland CONTACT NAME: Mark Navarro

ADDRESS: 50 Sanatorium Road - Building L Pomona, NY 10970

AMOUNT OF CONTRACT: 21K TELEPHONE NO.: 845-364-3188

TYPE OF WORK: Network Cabling EMAIL ADDRESS: Mark.navarro@dfa.state.ny.us

FAX NO.: _____

NAME OF BUSINESS: New Canaan Public Schools CONTACT NAME: Ian McHugh

ADDRESS: 11 Farm Rd New Canaan CT

AMOUNT OF CONTRACT: 51K TELEPHONE NO.: 203-822-4929

TYPE OF WORK: Network Cabling EMAIL ADDRESS: ian.mchugh@ncps-k12.org

FAX NO.: _____

NAME OF BUSINESS: Montgomery County CONTACT NAME: Eric Mead

ADDRESS: 1 Venner Rd. Amsterdam NY 12010

AMOUNT OF CONTRACT: 49K TELEPHONE NO.: 518-853-3814

TYPE OF WORK: Network Cabling EMAIL ADDRESS: emead@co.montgomery.ny.us

FAX NO.: _____

NAME OF BUSINESS: Adams County School District 14 CONTACT NAME: David Powell

ADDRESS: 145291 East 60th Ave. Commerce City, CO 80022

AMOUNT OF CONTRACT: 367K TELEPHONE NO.: 303-853-3227

TYPE OF WORK: Network Cabling EMAIL ADDRESS: dpowell@adams14.org

FAX NO.: _____

NAME OF BUSINESS: Trinidad State College CONTACT NAME: _____

ADDRESS: 9101 E Lowry Blvd., Denver, CO 80230

AMOUNT OF CONTRACT: 135K TELEPHONE NO.: 720-858-2772

TYPE OF WORK: Network Cabling EMAIL ADDRESS: terry.hindsman@cccs.edu

FAX NO.: _____

NAME OF BIDDER: SYSTEC101

BY: Murat Yildirim

TITLE: Owner

SIGNATURE 

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CERTIFICATE OF EQUIPMENT

I, Murat Yildirim,

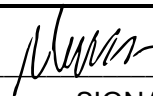
hereby certify that Systec101
 is the owner or leasee of the equipment necessary for the execution of this Contract, and further

certify that Systec101
 is fully prepared with the necessary capital, material and machinery to conduct this work as herein
 specified. The equipment available for the execution of this contract is listed below:

Fluke DSX8000 Cable Certifier
NetAlly LinkRunner Wifi Tester
Wilson Pro Cellular Network Scanner
Standard Cabling equipment and materials

Systec101

NAME OF BIDDER



SIGNATURE

Murat Yildirim

BY

09/01/2025

DATE

Owner

TITLE

IMPORTANT: THIS FORM MUST BE FILLED IN BY BIDDER

CERTIFICATE OF
NYS WORKERS' COMPENSATION INSURANCE COVERAGE

1a. Legal Name & Address of Insured (use street address only) Systec 101, LLC 418 Broadway Ste N Albany, NY 12207-2922 <i>Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)</i>	1b. Business Telephone Number of Insured (970)646-2706 1c. NYS Unemployment Insurance Employer Registration Number of Insured 1d. Federal Employer Identification Number of Insured or Social Security Number 47-1644654
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) New York 418 Broadway STE N Albany, NY 12207	3a. Name of Insurance Carrier The Hartford Financial Insurance Group 3b. Policy Number of Entity Listed in Box "1a" 01WECBF5TGH 3c. Policy Effective Period 04/17/2025 to 04/17/2026 3d. The Proprietor, Partners or Executive Officers are <input type="checkbox"/> included. (Only check box if all partners/officers included) <input checked="" type="checkbox"/> all excluded or certain partners/officers excluded.

This certifies that the insurance carrier indicated above in box "3" insures the business referenced above in box "1a" for workers' compensation under the New York State Workers' Compensation Law. **To use this form, New York (NY) must be listed under item 3A on the INFORMATION PAGE of the workers' compensation insurance policy.** The Insurance Carrier or its licensed agent will send this Certificate of Insurance to the entity listed above as the certificate holder in box "2".

The insurance carrier must notify the above certificate holder and the Workers' Compensation Board within 10 days IF a policy is canceled due to nonpayment of premiums or within 30 days IF there are reasons other than nonpayment of premiums that cancel the policy or eliminate the insured from the coverage indicated on this Certificate. (These notices may be sent by regular mail.) **Otherwise, this Certificate is valid for one year after this form is approved by the insurance carrier or its licensed agent, or until the policy expiration date listed in box "3c", whichever is earlier.**

This certificate is issued as a matter of information only and confers no rights upon the certificate holder. This certificate does not amend, extend or alter the coverage afforded by the policy listed, nor does it confer any rights or responsibilities beyond those contained in the referenced policy.

This certificate may be used as evidence of a Workers' Compensation contract of insurance only while the underlying policy is in effect.

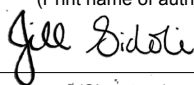
Please Note: Upon cancellation of the workers' compensation policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of Workers' Compensation Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Workers' Compensation Law.

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has the coverage as depicted on this form.

Approved by: Jill Sidoli

(Print name of authorized representative or licensed agent of insurance carrier)

Approved by: _____



(Signature)

JES

09/02/2025

(Date)

Title: Licensed Agent

Telephone Number of authorized representative or licensed agent of insurance carrier (815)297-3266

Please Note: Only insurance carriers and their licensed agents are authorized to issue Form C-105.2. Insurance brokers are not authorized to issue it.

Workers' Compensation Law

Section 57. Restriction on issue of permits and the entering into contracts unless compensation is secured.

1. The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, and notwithstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any compensation to any such employee if so employed.
2. The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of employees in a hazardous employment defined by this chapter, notwithstanding any general or special statute requiring or authorizing any such contract, shall not enter into any such contract unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that compensation for all employees has been secured as provided by this chapter.

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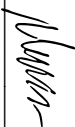
VENDOR: SYSTEC101

LINE NO.	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	EXTENDED PRICE
1	Hourly Rate for Installation of Access Point Services	120	hours	\$125.00	\$ 18,112.50
2	Percent Mark up for parts/equipment needed for installation. Percent Markup shall not exceed 10%. (Enter the percent as a whole number Example 10% 0.10)	\$1,000	Percent	10%	\$ 6,178.25
3				TOTAL BID	\$24,290.75

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

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VENDOR: SYSTEC101

LINE NO.	DESCRIPTION	EST. QTY.	UNIT	UNIT PRICE	EXTENDED PRICE
<p>Print Name: <u>Murat Yildirim</u> Name of person responsible for this solicitation</p> <p>By signing this solicitation, I acknowledge that I have downloaded, read, and accept Appendix A (Revised 08/2010) - General Terms and Conditions for this solicitation</p> <p>Signature: <u></u></p> <p>Email Address: <u>my@systec101.com</u></p> <p>Direct Phone Number: <u>970-646-2706</u></p> <p>Fax Number: _____</p> <p>I acknowledge the receipt of <u> </u> Addendum #1 and Addendum #2 <u> </u> addendums</p> <p>Date: <u>09-01-2025</u></p>					

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State of _____)
) ss:
 County of _____)

All statements, disclosures and representations stated hereinabove this *Statement Required Disclosures, Representations and Certifications*, comprised of the preceding 8 pages and this page, are based upon my personal review of the books and records of the reporting entity. I declare, under oath or affirmation that all of the foregoing information, as well as any supplemental responses and statements that may be attached hereto are true to the best of my knowledge. I make these statements under the penalty of perjury, in my position/title held at the above-named Reporting Entity.

BY: _____
 (Signature)

 (Print Name and Title/position)








Sworn to before me this





_____ day of _____, 20

 Notary Public

Bill Of Materials

Project : RFB-RC-2025-086 - Access Point Installation- 50 Sanatorium Road Building C

Product Photo	UPC	Name	Total Quantity	Unit Price	Cumulative Material Price	Cumulative Installation Time	Cumulative Labor Price	Extended Price
	74763 82400 18	<u>Cat 6 Plenum Cable</u>	5550 ft	\$0.49	\$2,736.15	72 Hrs 00 Mins	\$9,000.00	\$11,736.15
	B0000 67SG7	<u>Tripp Lite Cat6 Gigabit Snagless Molded Patch Cable Blue, 10-ft</u>	37 each	\$25.89	\$957.97	1 Hrs 14 Mins	\$154.17	\$1,112.14
	B01D1 KODA8	<u>Tripp Lite Cat6 Gigabit Patch Cable Snagless, Blue, 3 ft</u>	37 each	\$13.60	\$503.20	1 Hrs 14 Mins	\$154.17	\$657.37
	74763 82401 93	CAT6 Keystone Jacks Blue	37 each	\$10.63	\$393.13	4 Hrs 56 Mins	\$616.67	\$1,009.80
	SYSS MB2	<u>2-port surface mount box (white)</u>	35 each	\$6.80	\$238.00	2 Hrs 55 Mins	\$364.58	\$602.58
	fluke10 0	Cable Certification Report	35 each	\$0.00	\$0.00	2 Hrs 55 Mins	\$364.58	\$364.58
	B001U KGUV C	<u>ICC Faceplate with 1 Port, White</u>	2 each	\$3.40	\$6.80	00 Hrs 10 Mins	\$20.83	\$27.63

	INS30	Hardware Installation	40 each	\$0.00	\$0.00	40 Hrs 00 Mins	\$5,000.00	\$5,000.00
	PM100	Project Management	1 each	\$0.00	\$0.00	8 Hrs 00 Mins	\$1,000.00	\$1,000.00
	PA100	Project Administrative Work	1 each	\$0.00	\$0.00	8 Hrs 00 Mins	\$1,000.00	\$1,000.00
	78100 21638 0	<u>Fire Rated Putty Stick</u>	10 each	\$134.30	\$1,343.00	3 Hrs 30 Mins	\$437.50	\$1,780.50
Total:					\$6,178.25	144 Hrs 54 Mins	\$18,112.50	\$24,290.75
Shipping & Handling Charges:								\$0.00
Sales Tax: Equipment						0 %	\$0.00	
Grand Total:								\$24,290.75

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

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

ADDENDUM # 1

RFB #: RFB-RC-2025-086 **Access Point Installation**

The information in this addendum supersedes any contradictory information set forth in the contract documents. Acknowledge receipt of this addendum in the space provided on the signature page of the bid proposal. Failure to do so, may subject the bidder to disqualification. This addendum forms a part of the contract documents.

A pre-bid walk through was held Wednesday 8/20 at 50 Sanatorium Road Building C, Pomona NY 10970. Included in this addendum is a sign-in sheet of all those in attendance. The following questions were asked and answered.

Question #1: When do you expect the work to be done? During business hours or after?

Response #1: All work should be performed during business hours.

Question #2: What are the access hours?

Response #2: The building is accessible Monday- Friday 7am-7pm.

Question #3: Do you have all Fortinet Hardware?

Response #3: Yes, the County is in possession of all Fortinet Hardware.

Question #4: Are all ceilings drop ceilings?

Response #4: Yes

Question #5: Are they single dropped API's?

Response #5: Yes

Question #6: Is CAT6 or CAT6A required, and what color?

Response #6: CAT6 no color requirements.

Question #7: Does the vendor supply the patch cord, and what color is required?

Response #7: Yes, the vendor must supply the patch cord, and we would require white to be consistent with all other cords.

Note: If there any dead spots noted the contractor is responsible for completing any wiring to mitigate the dead spots.

SIGNED:

Paul J. Brennan

**PAUL J. BRENNAN, FNIGP, NIGP-CPP, CPPO
DIRECTOR OF PURCHASING**

ADDENDUM

8/21/25

Addendum Acknowledgement

Company: SYSTEC101

Title: Owner






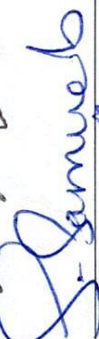


Signature: Murat Yildirim



Date: 09/02/2025

Access Point Installation 50 Sanatorium Road Building C

August 20, 2025

PRINT NAME	SIGNATURE	COMPANY	PHONE: FAX NUMBER: EMAIL
Danielle Lee		Leighton & Alex Distributors, Inc	PHONE: 929-395-3141 FAX NUMBER: EMAIL: leighton.lee@leightondk.com
Stuart Wells		topline communications	PHONE: 845-621-3800 FAX NUMBER: EMAIL: DAPRA@toplinecommunications.com
Vick Chetovra		VOTEL VOIP CORP	PHONE: 518-316-0505 FAX NUMBER: EMAIL: VICK@VOTEL.COM
Murat Yildirim		Systec101	PHONE: 970-646-2706 FAX NUMBER: EMAIL: ny@systec101.com
Michael Moscarelli		Fcas Corp	PHONE: 908-415-3959 FAX NUMBER: EMAIL: mmoscarelli@fcascorp.com
SABRINA SAMUELS		Purchasing	PHONE: FAX NUMBER: EMAIL
Mark Navarro		DSS	PHONE: FAX NUMBER: EMAIL
Sharon Mindlich		DSS	PHONE: FAX NUMBER: EMAIL
			PHONE: FAX NUMBER: EMAIL
			PHONE: FAX NUMBER: EMAIL
			PHONE: FAX NUMBER: EMAIL

DEPARTMENT OF GENERAL SERVICES, PURCHASING DIVISION

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

ADDENDUM #2

RFB #: RFB-RC-2025-086 **Access Point Installation**

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Question #1: I see in the Bid Package that it specifies "LICENSE: In accordance with Local Law #11 of 1967, Licensing of Electricians and Local Law #17 of 1974, Licensing of Plumbers, HVAC and Refrigeration, and subsequent amendments, the contractor must possess a valid license at the time of execution of the contract." Low Volt work usually doesn't require a licensing of Electrician or other trades person. Is this license mandatory to be awarded this project?

Response #1: A license is not required for this project.

Question #2: Is this rate (Unit Price) inclusive of all employees or per employee? For example, if the Unit Price is \$100.00 would that be per person or for however many employees are on site during that hour?

Response #2: Please provide the total hourly rate for all employees and note the # of employees. If 2 employees at \$100/hr./person, please enter price for \$200/hour.

SIGNED:

Paul J. Brennan

PAUL J. BRENNAN, FNIGP, NIGP-CPP, CPPO
DIRECTOR OF PURCHASING

ADDENDUM

8/29/25

Addendum Acknowledgement

Company: SYSTEC101
Title: Owner
Signature: Murat Yildirim

Murat Yildirim
Date: 09/02/2025



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
03/08/2025

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 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).

PRODUCER KAPLAN INSURANCE AGENCY INC 01111450 12 BARRISTERS ROW WAPPINGERS FALLS NY 12590	CONTACT NAME:	
	PHONE (866) 467-8730 (A/C, No, Ext):	FAX (888) 443-6112 (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE NAIC#	
INSURED Systec 101, LLC 418 BROADWAY STE N ALBANY NY 12207-2922	INSURER A : Hartford Underwriters Insurance Company 30104	
	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES

CERTIFICATE NUMBER:

REVISION NUMBER:

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 INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/Y YY)	LIMITS	
A	COMMERCIAL GENERAL LIABILITY			01 SBM BF5TPR	04/17/2025	04/17/2026	EACH OCCURRENCE	\$1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR						DAMAGE TO RENTED PREMISES (Ea occurrence)	\$1,000,000
	<input checked="" type="checkbox"/> General Liability						MED EXP (Any one person)	\$10,000
							PERSONAL & ADV INJURY	\$1,000,000
							GENERAL AGGREGATE	\$2,000,000
							PRODUCTS - COMP/OP AGG	\$2,000,000
GEN'L AGGREGATE LIMIT APPLIES PER:								
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC							
	OTHER:							
A	AUTOMOBILE LIABILITY			01 SBM BF5TPR	04/17/2025	04/17/2026	COMBINED SINGLE LIMIT (Ea accident)	\$1,000,000
	ANY AUTO						BODILY INJURY (Per person)	
	ALL OWNED AUTOS	<input type="checkbox"/>	SCHEDULED AUTOS				BODILY INJURY (Per accident)	
	HIRE AUTOS	<input checked="" type="checkbox"/>	NON-OWNED AUTOS				PROPERTY DAMAGE (Per accident)	
	UMBRELLA LIAB EXCESS LIAB						EACH OCCURRENCE	
							AGGREGATE	
	DED		RETENTION \$					
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE	OTH-ER
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)	<input type="checkbox"/>	N/A				E.L. EACH ACCIDENT	
	If yes, describe under DESCRIPTION OF OPERATIONS below						E.L. DISEASE -EA EMPLOYEE	
							E.L. DISEASE - POLICY LIMIT	
A	Data Breach - Defense & Liab Covg			01 SBM BF5TPR	04/17/2025	04/17/2026	Limit	\$500,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The Business Liability Coverage Part includes a Blanket Additional Insured By Contract Endorsement, Form SL 30 32.

CERTIFICATE HOLDER

CANCELLATION

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

Susan L. Castaneda

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