

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 for Dept of Social Services

BID NUMBER:

RFP-RC-2024-006

**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 sent (this is mandatory)

SIGNATORY FIRST & LAST NAME

SIGNATORY TITLE

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Access Point Installation for DSS Building L

RFP NUMBER:

RFP-RC-2024-006

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☐ 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*
-):

_____ 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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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.

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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.

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TITLE:**Access Point Installation for the Dept of Social Services****BID NUMBER:****RFP-RC-2024-006****Section I. CERTIFICATION OF COMPLIANCE LABOR REGULATIONS**

The contractor named below certifies compliance with all applicable labor laws and regulations of the State of New York and the United States of America including the following:

1. Prevailing Wage Rate

The contractor agrees to comply with the schedule of wages applicable to the performance of the said contract and the statutory requirements and rules of the State of New York.

- Where delivery and installation of material is required, the contractor agrees to comply with Article 8-Public Work, of the NYS Labor Law and its current prevailing wage schedule.
- Where delivery in place is required, the contractor agrees to comply with Article 9, Prevailing Wages for Building Service Employees, of the NYS Labor Law and its current prevailing wage schedule.
- The contractor acknowledges their obligation and agrees to furnish Certified Payrolls with each and every invoice requesting payment to the County Department that utilized the services of the contractor. Filing of the required Certified Payrolls is a condition of payment. No payment will be made to the contractor without receipt of the required Certified Payrolls.
- The contractor and all subcontractors agree to provide written notice to all laborers, workers, or mechanics of the prevailing wage rate for their particular job classification on each pay stub*. The contractor and subcontractors also agree to post a notice at the beginning of the performance of every public work contract on each job site that includes the telephone number and address for the New York State Department of Labor and a statement informing laborers, workers, or mechanics of their right to contact the Department of Labor if he/she is not receiving proper prevailing wage rates and/or supplements for his/her particular job classification.

**In the event that the required information will not fit on the pay stub, an accompanying sheet or attachment of the information will suffice.*

2. Social Security Taxes

The contractor promises and agrees to pay the taxes measured by the wages of their employees required by the Federal Social Security Act and all amendments thereto, and to accept the exclusive liability for said taxes.

3. Labor Laws

The contractor certifies compliance with all the provisions of laws in the State of New York and the United States of America which affect municipalities and municipal contracts, and more particularly the Labor Law, the Immigration and Naturalization Laws and Regulations, the General Municipal Law, the Workers Compensation Law, the Lien Law, Personal Property Law, State Unemployment Insurance Law, Federal Social Security Law, State, Local and Municipal Health Laws, and any and all regulations promulgated by the State of New York, insofar as the same must be applicable to the contract awarded to the contractor.

INITIAL: _____

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TITLE:

Access Point Installation ofr the Dept of Social Services

BID NUMBER:

RFP-RC-204-006

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

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CERTIFICATE OF EQUIPMENT

I, _____,

hereby certify that _____

is the owner or leasee of the equipment necessary for the execution of this Contract, and further

certify that _____

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:

NAME OF BIDDER

SIGNATURE

BY

DATE

TITLE

IMPORTANT: THIS FORM MUST BE FILLED IN BY BIDDER

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CERTIFICATE OF EXPERIENCE**(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 _____

Department of Labor
Bureau of Public Work

WEEKLY PAYROLL

For Contractor's Optional Use. Use of this form meets payroll notification requirements; as stated on the Payroll Records Notification.

NAME OF CONTRACTOR <input type="checkbox"/>		SUBCONTRACTOR <input type="checkbox"/>		ADDRESS																
FEIN		FOR WEEK ENDING		PROJECT AND LOCATION								PROJECT OR CONTRACTOR NO.								
NAME, ADDRESS, AND SOCIAL SECURITY NUMBER OF EMPLOYEE	NO. OF WITH- HOLDINGS	WORK CLASSIFICATION	ST or OT	DAY AND DATE							TOTAL HOURS	RATE OF PAY	GROSS AMOUNT EARNED	DEDUCTIONS					NET WAGES PAID FOR WEEK	
				Hours Worked										FICA	WITH- HOLDING	OTHER	TOTAL DEDUCTIONS			
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THIS CERTIFICATION MUST BE COMPLETED ON EACH WEEKLY PAYROLL FORM USED BY THE CONTRACTOR OR SUBCONTRACTOR

Date _____

I _____
(Name of signatory party) (Title)

do hereby state:

(1) That I pay or supervise the payment of the persons employed by _____

(Contractor or Subcontractor)

_____, that during the payroll period commencing on the _____
day of _____, 20____, and ending the _____ day of _____, 20____

all persons employed on said project have been paid the full weekly wages earned, that no
rebates have been or will be made either directly or indirectly to or on behalf of said

_____ from the full
(Contractor or Subcontractor)

weekly wages earned by any person and that no deductions have been made either directly or
indirectly from the full wages earned by any person, other than permissible deductions as
defined in Articles 8 and 9 and described below:

(2) That any payrolls submitted for the above period are correct and complete; that the
wage rates for laborers, workers or mechanics contained therein are not less than the
applicable wage rates contained in any wage determination incorporated into the contract; that
the classifications set forth therein for each laborer, worker or mechanic conforms with the work
he/she performed.

(3) That any apprentices employed in the above period are duly registered in a bona fide
apprenticeship program registered with the Commissioner of Labor in conformity with the provisions
of Article 23 of the New York State Labor Law.

(4) That:

(a) WHERE FRINGE BENEFITS ARE PAID TO APPROVED PLANS, FUNDS, OR PROGRAMS

☐ - In addition to the basic hourly wage rates paid to each laborer, worker or mechanic listed
in the above referenced payroll, payments of fringe benefits as listed in the
contract have been or will be made to appropriate programs for the
benefit of such employees, except as noted in Section 4(c).

(b) WHERE FRINGE BENEFITS ARE PAID IN CASH

☐ - Each laborer, worker or mechanic listed in the above referenced payroll has been
paid, as indicated on the payroll, an amount not less than the sum of the
applicable basic hourly wage rate plus the amount of the required fringe benefits
as listed in the contract, except as noted in Section 4(c) below.

(c) EXCEPTIONS

EXCEPTION (CRAFT)	EXPLANATION

REMARKS:

SIGNATURE:

THE WILLFUL FALSIFICATION OF ANY OF THE ABOVE STATEMENTS MAY SUBJECT THE CONTRACTOR OR SUBCONTRACTOR TO CIVIL
OR CRIMINAL PROSECUTION. SEE ARTICLES 8 AND 9.