

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

TITLE: LINENS-RC CORRECTIONAL JAIL**RFB-RC-2025-089**

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 AUGUST 14, 2025**, 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. 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: One (1) Year with Two (2) 1 Year Options

DELIVERY: Inside Delivery Required

Prices are to be quoted F.O.B. DESTINATION, FREIGHT PREPAID AND ALLOWED with deliveries to be made to:
 Rockland County Correctional Jail and Various Departments

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: 7/18/25

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



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



Samples and/or Specifications as required

Bidders must send material, marked with Company Name, Bid No. and Item No. on bid when bidding on or equal items. These must be received prior to bid opening.



Pre-Bid Meeting – See detailed Instructions under the Specification Section.



OTHER: **SAMPLES, CATALOGS AND TEAR SHEETS ARE REQUIRED IF BIDDING ALTERNATE ITEMS.**

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Electronic Bid Submission Instructions for Suppliers

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
IF BIDDING ALTERNATE ITEMS SAMPLES , TEAR SHEETS AND CATALOGS ARE REQUIRED	File Type: PDF (.pdf)	Multiple	Optional	
Statement of Disclosures	File Type: PDF (.pdf)	1	Required	
Certificate of Experience	File Type: PDF (.pdf)	1	Required	
LINENS-RC CORRECTIONAL JAIL (BT-03PW)	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

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.

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Name	Type	# Files	Requirement	Instructions
				project listing on the Bonfire portal.
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	

Commodity Codes

Commodity Set	Commodity Code	Title	Description
NIGP	51022	Bags, Laundry, Cloth	

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Commodity Set	Commodity Code	Title	Description
NIGP	85008	Bedsread, (Including Dust Ruffles	
NIGP	85012	Blankets, Bedding, All Types	
NIGP	85052	Mattress Covers, Cotton or Vinyl	
NIGP	85056	Mattress Pads	
NIGP	85060	Mattress Protectors and Pillow Covers, Synthetic	
NIGP	85063	Pillows, All Types	
NIGP	85064	Sheets and Pillow Cases	
NIGP	85076	Table Linens	
NIGP	85088	Toweling: Crash, Cup, Huck, and Terry, Including Dish Towels and Cloths	
NIGP	85092	Towels, Washcloths, and	

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Commodity Set	Commodity Code	Title	Description
		Bathmats, Huck and Terry	

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/192020>.

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

2. Upload your submission at:

<https://rocklandgov.bonfirehub.com/opportunities/192020>

Your submission must be uploaded, submitted, and finalized prior to the Closing Time of **Aug 14, 2025 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.

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Need Help?

Rockland County uses a Bonfire portal for accepting and evaluating proposals digitally. Please contact Bonfire at 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)**

Is your firm:

☐

NYS Certified MWBE or

☐

Service-Disabled Veteran Own Business

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**
2. Any other political subdivision or Rockland County non-profit agency will issue purchase orders directly to vendors within the specified contract period referring to 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. 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

- 1.1. The scope of this bid is to furnish linen products, to the Rockland County Correctional/Jail and various Rockland County departments located throughout the County.

2. GENERAL

- 2.1. **PLEASE READ THE BID CAREFULLY!!!**
- 2.2. Bid maybe entered in the Bonfire portal or returned as a physical bid prior to the closing date referenced on page number one. Please do not wait until the last day to enter or send in your bid so that it is received prior to the closing date.
- 2.3. The County of Rockland reserves the right to cancel this bid with thirty days' notice for any reason. The County of Rockland also reserves the right to rescind any award for poor service, quality, or any other valid reasons.
- 2.4. Do not call for results. Results should be available within 14 business days of the bid closing as long as all alternate samples have been received and evaluated.

3. REQUIREMENTS

- 3.1. Receipt Confirmation Form must be returned within five working days of receiving the bid. Do not send with bid.
- 3.2. Statement of required disclosures representations and certifications must be completely filled out, notarized, signed, and returned with bid.
- 3.3. The certificate of Experience form must be completed, signed, and returned with a bid.
- 3.4. Bidder may bid on any number of lines on the proposal pages, although the County would prefer that sheets and pillowcases come from one bidder.
- 3.5. Bids must be on the original bid form. No photocopies will be accepted.
- 3.6. Bid only one item to a line. Not all lines need to be bid on.
- 3.7. **Brand names, models or stock numbers and product code numbers are to be entered in brand column. If the brand name and number is not specified as requested, your bid may be considered non-responsive and subject to rejection.**
- 3.8. Unit price must be written in unit price columns and multiplied by estimated quantity price and placed in extended price column if returning physical bid. If entering in Bonfire only the unit price needs to be entered into the system as it will calculate the extended pricing.
- 3.9. Vendor must not accept verbal orders.
- 3.10. All orders must have a Purchase Order number and a delivery address.
- 3.11. Rockland County's commodity code number and purchase order number must be referenced on all packing slips and invoices.

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- 3.12. All products must be first quality products, no open packages, floor samples or discontinued models will be accepted.
- 3.13. "Bidders are encouraged to propose alternative sourcing options from tariff-free or lower-tariff jurisdictions, provided the products meet the required specifications. The County reserves the right to consider alternative sourcing proposals that reduce overall costs while maintaining compliance with contract requirements

4. DELIVERIES

- 4.1. The vendor must advise the County of Rockland Purchasing Division of any delays.
- 4.2. Delivery time shall be no longer than 20 business days after receipt of Purchase Order. Bid only on items capable of being delivered within the specified delivery time frame.
- 4.3. All orders shall be shipped completely. Split or partial shipments may be refused, unless agreed upon with the County of Rockland Purchasing Division. The County of Rockland Purchasing Division must be notified of any split or partial shipments. Broken (split) shipments and long delays in shipment will only cause problems for the department's use and will delay payment.
- 4.4. If products are not delivered within the specified time frame, the County of Rockland may purchase the product elsewhere and charge back any cost differences to the supplier.
- 4.5. The County of Rockland's inventory is based on a fluid receiving of products. Any delays in shipping may cause a supply problem. If unable to comply with the delivery date specified on the purchase order, call the Purchasing Division at (845) 364-3817.
- 4.6. All deliveries must be accompanied by a bill of lading and packing slip.

5. SAMPLES

- 5.1. If bidding alternate items are specified, the bidder must send tear sheets or a catalog with specifications (marked appropriately with the item number) with bid.
- 5.2. Alternate samples bid must be provided and will be utilized in bid evaluation. Samples should be sent with the bidder's name, company, item number, and bid number. Samples should be addressed to Richard Ryan c/o Rockland County Division of Purchasing 50 Sanatorium Bldg. A 6th Floor Pomona N.Y. 10970
- 5.3. Samples may be returned upon request. A call tag will be required for all samples to be returned.

6. QUANTITIES/SIZES/PACKAGING

- 6.1. All quantities shown are estimates based on previous usage. Actual quantities ordered may be during the term of this Contract. Total quantities may not be ordered at one time. Each department does its own ordering. Therefore, some orders may be small quantities.
- 6.2. If packaging information or specifications are different than specified, it is the bidder's responsibility to note this on the Bid in the Brand Name and Product Code Section on the proposal pages.
- 6.3. Should the packaging of a product be changed, Bidder must notify the County of Rockland Purchasing Division and the Receiving Department before shipping. The County of Rockland shall pay the lowest price, either Bid or invoiced.

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- 7.1. Each purchase order shall be invoiced separately. Do not combine purchase orders on one (1) invoice. Each department must be invoiced separately.
- 7.2. Invoices and packing slips must reflect the department name and address in the "Ship To" column.
- 7.3. Do not combine various destinations or departments on the same manifest, invoice or packing slips.
- 7.4. All invoices must have the purchase order number.

8. CONTRACT PRICE ADJUSTMENTS UPON RENEWAL

- 8.1 The County recognizes this product has a price component that may have a commodity with changing costs. The Contractor/Supplier may request a Price Adjustment no more frequently than once each year. A Price Adjustment request must be made in writing and include the reason for the request, documentation supporting the request (i.e., commodity increases), the current pricing, and the requested revised pricing.
- 8.2 The County will review the Price Adjustment request. If the Price Adjustment is deemed reasonable the Price Adjustment request will be accepted by written acknowledgement. If the request is not accepted the County may entirely reject the request or may counter with revised pricing. In either case the County will provide a written explanation in support of the decision.
- 8.3 The Director of Purchasing may use available indexes (e.g., CPI or PPI) to determine if the requested Price Adjustment is reasonable. Typically, a Price Adjustment that exceeds 5% will not be approved unless very unusual and significant changes have occurred in the industry.
- 8.4 In the event industry costs decline, the County shall have the right to receive, from the Contractor, a reasonable reduction in prices/pricing that reflect such cost changes in the industry. The County will make a written request to the Contractor for a Price Adjustment in writing with supporting documentation.

9. AWARD

- 9.1. The award will be made to the lowest responsible bidder line by line item that meets the stated requirements. Bidders are not required to bid on every line.
- 9.2. Substitutions on awarded items will not be permitted without the written approval of the County of Rockland Purchasing Division.

10. PRICE ADJUSTMENTS DUE TO TARIFF MODIFICATIONS "In the event of changes to import tariffs or duties imposed by the U.S. government on the goods covered under this contract, the Contractor may request an adjustment to contract pricing. The following conditions apply:

1. Requests for price adjustments must be submitted in writing and include official government documentation on the tariff change.

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2. Adjustments shall be limited to the actual cost impact of the tariff change and must not exceed the difference between the tariff rate at the time of bid submission and the new rate.
3. The County reserves the right to audit and verify the tariff impact before approval of any price adjustment.
4. Any approved increase shall be effective only for orders placed after the effective date of the tariff change.
5. If tariffs are reduced or removed, the contractor must adjust pricing downward accordingly."

- 11. Tariff Refund & Price Reduction Clause-**"Should tariffs be reduced or removed during the contract term, the contractor shall pass the cost savings on to the County through an equivalent price reduction. The contractor must notify the County within 30 days of any tariff reduction and submit revised pricing accordingly."

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TITLE: LINENS-RC CORRECTIONAL JAIL**RFB-RC-2025-089****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, the 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 the 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 the 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

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	VENDOR CLASSIFICATION CHECK APPROPRIATE BOX (cont'd on next page)	Commodities Delivered by Vendor <input type="checkbox"/>	Commodities Delivered by Common Carrier <input checked="" type="checkbox"/>	Purchase or Lease of Equipment and/or Maintenance and repair of equipment <input type="checkbox"/>	Lease / Use of Facilities or Ground / Prop to Others W/out Liquor <input type="checkbox"/>	Lease / Use of Facilities or Ground for Filming <input type="checkbox"/>	Maintenance & Repair of Buildings & Property <input type="checkbox"/>
	Type of Insurance						
A	Commercial General Liability (CGL) Each Occurrence						(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	Auto Liability – Incl BI and PD (AL)			(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
C	Excess / Umbrella Liability						
	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
D	Workers Compensation and Employers Liability	(3)	(3)	(3)	(3)	(3)	(3)
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
	Each Accident	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
E	Disability Benefits	(3)	(3)	(3)	(3)	(3)	(3)
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory	Statutory
F	Other-Professional Liability or errors and Omissions or Malpractice						
	Per Claim						
Opt	Owners and Contractors Protection						
	Each Occurrence						
	Aggregate						
	3rd Party Property Damage					\$1,000,000	
*	All Other Insurance as Required by Law						
	Rockland County to be named as Additional Insured on these coverage's	GL-AL		GL-AL	GL-AL- EXCESS	GL-AL- EXCESS	GL-AL- EXCESS

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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.

(3A) For vendors of commodities that have no locations or employees in the State of New York, and the commodities are going to be shipped from out of State to our location via common carrier evidence of Workers Compensation and Disability or the New York Attestation are not required. If the vendor does have locations in New York State and the particular product is manufactured or shipped from out of State, we should still get evidence of New York State Workers Compensation and Statutory Disability.

(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 an 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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TITLE: LINENS-RC CORRECTIONAL JAIL**RFB-RC-2025-089****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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**ALL QUESTIONS PERTAINING TO THIS SOLICITATION MUST BE
SUBMITTED IN WRITING.**

Questions shall be emailed to purchasing@co.rockland.ny.us and addressed to Paul J. Brennan, FNIGP, NIGP-CPP, CPPO, Director of Purchasing. The Solicitation Number must appear in the subject line of the email communication. All questions must be submitted within five (5) business days prior to the scheduled close date and time of the solicitation.

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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)

_____ :

Is your firm:

☐ NYS Certified MWBE or

☐ Service-Disabled Veteran Own Business

SIGNATORY FIRST & LAST NAME _____

SIGNATORY TITLE _____

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Section A. AFFIDAVIT OF NON-COLLUSION**(This form must be initialed and included with the 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.

INITIAL: _____

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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 transact 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 transact 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 includes 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**
 The contractor must submit valid NYS Workman's Compensation and NYS Disability Certificates or Attestation of Exemption with the bid/proposal.

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

TITLE: LINENS-RC CORRECTIONAL JAIL**RFB-RC-2025-089****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: _____

Is your firm:

☐ **NYS Certified MWBE or**

☐ **Service-Disabled Veteran Own Business**

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: LINENS-RC CORRECTIONAL JAIL

RFB-RC-2025-089

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 _____, 2025

Notary Public

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

TITLE: LINENS-RC CORRECTIONAL JAIL

RFB-RC-2025-089

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 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.

LINEN PRODUCTS

<div style="display: flex; justify-content: space-between; align-items: center;"> <div style="text-align: center;"> COUNTY OF ROCKLAND DGS – PURCHASING DEPARTMENT BLDG. A, 6TH FLOOR, 50 SANATORIUM ROAD POMONA, NY 10970 TELEPHONE NO.: 845-364-3820 FAX NO.: 845-364-3809 </div> <div style="text-align: right;"> VENDOR: _____ _____ </div> </div>								
LINE NO.	DESCRIPTION	ITEM NUMBER	EST. QTY.	UNIT	UNIT PRICE	EXTENDED PRICE	BRAND NAME & PRODUCT CODE	
Linen Products								
1	Bedspreads 100% cotton, Rib Cord Size: 76" x 110" Color: Raspberry Standard Textile 32090186, Charmtex BL/BS 7611ORS or approved equal	85008000002	10	DOZEN				
2	Blankets Thermal, 100% cotton Weight: 2 ½ lb. Size: 66" x 90" Color: White Acme #66300, HWL BCSF6690 approved equal	85012000001	15	DOZEN				
3	Thermal Blankets 100% cotton, thermal, Weight: 2 ½ lbs. Size: 66" x 90" Color: White Acme 17473, HWLBSCF669025 or Approved Equal	85012000002	15	DOZEN				
4	Pillow Cases 50% polyester/50% cotton, Size: 42" x 36", Type 180 2" hem at open end Color: White Acme #29563, HWL Standard Textile 037174OC or approved equal	85064000001	10	DOZEN				
5	Pillow Cases 50% polyester/50% cotton, Size: 21" x 30", 1" hem at open end, Type 130 Color: White ACME #29565, Bob Barker Co. PC4234 or approved equal	85064000004	20	DOZEN				
6	Half Pillow Microvented 100% polyester core with 68% Viny/32% polyester Cover, 13" x 20" Bob Barker MV2013 or approved equal	85063100002	20	DOZEN				
7	Half Pillow Case 22" x14" White or Orange color, Minimum thread count 130 Bob Barker Co. PC1422 Or Approved Equal	85064000008	20	DOZEN				
8	Pillow Microvented Staph Check Fiber Filled, 21" x 27" StandradTtextile 93390100 or Approved Equal	85063100001	20	DOZEN				
9	Sheets 100% cotton knit, Size: 36" x 80" x 14", Color: White (Stitching on hem must be white thread) Knitted fitted and 19/20 oz. per sq. yd. Standard Textile 07245405,HWL SKF19 or Approved Equal	85064000006	20	DOZEN				

LINEN PRODUCTS

<p style="text-align: center;">COUNTY OF ROCKLAND DGS – PURCHASING DEPARTMENT BLDG. A, 6TH FLOOR, 50 SANATORIUM ROAD POMONA, NY 10970 TELEPHONE NO.: 845-364-3820 FAX NO.: 845-364-3809</p> <p style="text-align: right;">VENDOR: _____</p>								
LINE NO.	DESCRIPTION	ITEM NUMBER	EST. QTY.	UNIT	UNIT PRICE	EXTENDED PRICE	BRAND NAME & PRODUCT CODE	
10	Sheets 50% polyester/50% cotton, Size: 66" x 110", Finished with 1" hem at top and bottom, Edges fast selvage, Type 130 Color: White Acme 22304, HWLSE266104 or Approved equal	85064000002	20	DOZEN				
11	Jail Sheets 50% polyester/50% cotton Size: 54" x 90", Finished with 1" top and bottom hems, Edges fast selvage, Type 130 Color: White Tabb Textile #4638, Acme Supply 26090 or approved equal	85064000005	75	DOZEN				
12	Bath Towels 100% cotton, terry cloth, Size: 22" x 44", Approx. wgt. 6 lbs. per dozen, Hems bar tacked, Color: White Acme #11633, Amerassoci or approved equal SHIP IN BALES ONLY QTY. PER BALE _____	85092000004	50	DOZEN				
13	Bath Blankets Size: 70" x 90", Cotton napped unbleached, 1.45 lb. each Color: White or Beige Standard textile 80102100,HWLBBath15 or Approved Equal	85012000003	15	DOZEN				
14	Bath Towels 100% cotton, terry cloth Size: 20" x 40", Approx. wgt. 5 1/2 lbs. per dozen, Hems bar tacked, Color: White Standard Textile 40525420,Tabb Textile #HT-120, Standrad Textile or approved equal	85092000006	35	DOZEN				
15	Dish Towels 100% cotton, terry cloth, terry weave, Size: 15" x 18", Hemmed ends, Approx. wgt. 1.1 lbs./dozen Color: White Standard Textile 4079340, American Assoc. #TL-01-108, KSE TBM20T 12/PK or approved equal	85088000005	10	DOZEN				
16	Washcloths 100 % cotton, terry cloth, Size: 12" x 12", Hems bar Tacked, Approx. wgt. .75 lbs./dozen, Color: White Acme #15312, Standrad Textile 43375409 or approved equal	85092000002	150	DOZEN				

COUNTY OF ROCKLAND
DGS – PURCHASING DEPARTMENT
BLDG. A, 6TH 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	UNIT PRICE	EXTENDED PRICE	BRAND NAME & PRODUCT CODE	
17	Laundry Bags, Mesh 100% Poly, Size: 30" x 40", Top Closure zippered or 3 hole rubber closure	51022000003	10	DOZEN				
	Total Lines 1-17							



The Certificate Date of issuance must be
within 6 months of Request

DATE (MM/DD/YYYY)

CERTIFICATE OF LIABILITY INSURANCE

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).

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

INSURED COMMODITIES DELIVERED BY COMMON CARRIER 123 MAIN STREET NEW CITY, NY 10956	Submit a Valid Certificate of Liability Insurance with the coverage and limits provided on this sample Name of Insured must be that of contract Holder
---	---

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						EACH OCCURRENCE \$ 1,000,000
	<input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	Required	Required	Required	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
	GEN'L AGGREGATE LIMIT APPLIES PER:						PRODUCTS - COMP/OP AGG \$ 2,000,000
	<input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						\$
	OTHER:						
B	AUTOMOBILE LIABILITY						COMBINED SINGLE LIMIT (Ea accident)
	<input type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS						BODILY INJURY (Per person) \$
	<input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY						BODILY INJURY (Per accident) \$
							PROPERTY DAMAGE (Per accident) \$
							\$
	UMBRELLA LIAB <input type="checkbox"/> OCCUR						EACH OCCURRENCE \$
	EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE						AGGREGATE \$
	DED <input type="checkbox"/> RETENTION \$						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY						PER STATUTE <input type="checkbox"/> OTH-ER <input type="checkbox"/>
	ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y / N <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 \$

INFORMATION ONLY

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

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, volunteers and Rockland County Sewer District #1 are named as additionally Insured.

CERTIFICATE HOLDER

County of Rockland
50 Sanatorium Road, Bldg. A
Pomona, NY 10970

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

Signature is Required