

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

TITLE: Apparel-Accessories and Reflective Apparel

RFB #: RFB-RC-2026-028

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 Thursday, April 23, 2026** 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 Year with Four (4) one-year options

DELIVERY: As needed

Prices are to be quoted F.O.B. DESTINATION, FREIGHT PREPAID AND ALLOWED with deliveries to be made to: Multiple addresses throughout Rockland County

IMPORTANT NOTICE – Bid Distribution:

The County of Rockland officially distributes bidding documents 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 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 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: 4/1/26

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 (Notarized)
- FEDERAL CONTRACT CLAUSES
- 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

- Bidders submitting an alternate style, must send sample for review and approval as an alternate prior to Bid Closing. Bidders must send samples, marked with Company Name, Bid No. and **Line No.** on bid. Samples must be received by Purchasing by the bid closing date otherwise bidder may be deemed non-responsive.
- Bidders must submit a Manufacturer product specifications data sheet including size chart with bid.
- Samples of Embroidery and Screenprint must be received by the purchasing department prior to the bid closing date otherwise bidder may be deemed non-responsive. **See Section 6 and section 7.**

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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
Manufacturer product Specification sheet if bidding an alternate for approval	File Type: PDF (.pdf)	1	Required	
Statement of Disclosures	File Type: PDF (.pdf)	1	Required	
Federal Contract Clauses	File Type: PDF (.pdf)	1	Required	
Certificate of Experience	File Type: PDF (.pdf)	1	Required	
Bid awarded by line (BT-12NW)	BidTable: Excel (.xlsx)	1	Required	You will need to fill out the provided Response Template for this BidTable. The Response

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
				Template can be downloaded from the 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	File Type: PDF (.pdf)	1	Optional	

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Name	Type	# Files	Requirement	Instructions
additionally insured)				

Commodity Codes

Commodity Set	Commodity Code	Title	Description
NIGP	20130	Caps, All Types, Except Disposable and Hospital Types	
NIGP	34579	Reflective Safety Apparel and Accessories (See 345-08 for Non-Reflective Type)	
NIGP	80016	Boots, Rubber	

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/229186>.

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

2. Upload your submission at:

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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<https://rocklandgov.bonfirehub.com/opportunities/229186>

Your submission must be uploaded, submitted, and finalized prior to the Closing Time of **Apr 23, 2026 3:00 PM EDT**. We strongly recommend that you give yourself sufficient time and **at least ONE (1) day** before Closing Time to begin the uploading process and to finalize your submission.

Important Notes:

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

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

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

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

Need Help?

Rockland County uses a Euna Procurement portal for accepting and evaluating proposals digitally. Please contact Euna Procurement at support.bonfire@eunasolutions.com for technical questions related to your submission. You can also visit their help forum at <https://customer.eunasolutions.com/public/s/knowledge-base/bonfire-hub/vendor-submission-support>

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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 referencing the County's contract and shall be liable for any payments due on such purchase orders; and shall accept sole responsibility for any payment due.
3. All purchases shall be subject to audit and inspection by the other political subdivisions and Rockland County non profit agencies for which the purchase was made.
4. No officer, board or agency of a county, town, village, or school district shall make any purchase through the County when bids have been received for such purchase by such officer, board or agency, unless such purchase may be made upon the same terms, conditions and specifications at a lower price through the County.
5. All Bidders shall be on notice that as a condition of the award of a County contract, the successful bidder shall accept the award of a similar contract with any other political subdivision in New York State and Rockland County non profit agencies authorized to use New York State's contracts, if called upon to do so. A listing of approved Rockland County non profit agencies is available on the Purchasing Division's website at www.rcpurchasing.com. 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

A Virtual Pre-Bid via Microsoft Teams will be hosted on Thursday, April 9, 2026 at 11:00am ETD -
To Participate select the link below.

Microsoft Teams Meeting Link:

[CLICK HERE TO JOIN MEETING](#)

Meeting ID: 250 605 422 713 69
Passcode: py9N7RT7

1. SCOPE

- 1.1. The Rockland County Purchasing Department is looking for qualified suppliers to provide reflective apparel and accessories (hats, caps, boots) as specified. Items will require customization with embroidery or screenprint, as specified.
- 1.2. Hats and Caps specified will require embroidery or screenprint customization
- 1.3. Suppliers must be able to provide digitized artwork upon receipt of a PDF file or PNG file with high resolution.
- 1.4. Bidders will be required to submit embroidery samples and screen printed samples as specified prior to the bid closing date or bidder may be deemed non-responsive.
- 1.5. Awarded suppliers will be required to provide the county with a sample of the awarded item at no cost to the county. The sample will be used by the county for reference for department review before ordering.
- 1.6. Orders will be on an "as needed" basis. Quantities listed are estimates and will not necessarily be ordered at one time.

2. TERM OF CONTRACT

- 2.1. The initial term of this contract will be for one year from date of award
- 2.2. The contract may be extended beyond the original contract period for four (4) additional one-year terms upon mutual agreement and upon review of requirements of participating entities, current market conditions, and contractor performance.

3. PRICE ADJUSTMENTS

- 3.1. 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. All prices must be held for the first year of the contract. A price adjustment request may only be requested upon each renewal year.

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.

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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.

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.

- 4. **USE OF FEDERAL FUNDS:** Purchases made under this contract may be funded in whole or in part with federal funds. Therefore, the following provisions will apply as required by the Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, also known as the Uniform Guidance (2 CFR Part 200). The contractor must comply with all federal laws, regulations, and the specific terms and conditions related to the use of federal funds. This includes but is not limited to the following:
 - 4.1. **Equal Employment Opportunity:** The contractor must comply with Executive Order 11246, as amended by Executive Order 11375, and all regulations issued by the Secretary of Labor (41 CFR Part 60), prohibiting employment discrimination.
 - 4.2. **Davis-Bacon Act:** For contracts subject to the Davis-Bacon Act, the contractor agrees to pay prevailing wages to laborers and mechanics as determined by the U.S. Department of Labor.
 - 4.3. **Contract Work Hours and Safety Standards Act:** The contractor must comply with this Act, which governs the hours and safety standards for labor on federally funded contracts over \$100,000.
 - 4.4. **Rights to Inventions Made Under a Contract or Agreement:** If the contract involves experimental, developmental, or research work funded by federal dollars, the contractor must comply with the provisions of 37 CFR Part 401.
 - 4.5. **Clean Air Act and Federal Water Pollution Control Act:** For contracts exceeding \$150,000, the contractor must comply with all applicable standards, orders, or regulations issued under these Acts.
 - 4.6. **Debarment and Suspension:** Contractors are prohibited from awarding contracts to any party listed on the General Services Administration's (GSA) System for Award Management (SAM) as debarred, suspended, or otherwise excluded from participation in federal programs.
 - 4.7. **Byrd Anti-Lobbying Amendment:** Contractors who apply or bid for an award exceeding \$100,000 must file the required certification that they will not use federal funds to influence or attempt to influence any government official or employee in connection with obtaining any federal contract or award.
 - 4.8. **Procurement of Recovered Materials:** The contractor must comply with Section 6002 of the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act, which requires that items designated by the Environmental Protection Agency (EPA) be made from recovered materials.

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The contractor is responsible for completing and submitting the **Federal Contract Clauses** included in this solicitation with their Offer and ensuring that these and any other applicable federal contract clauses are included in any subcontracts and are adhered to throughout the performance of the contract. Failure to comply with these federal requirements may result in termination of the contract and other penalties as prescribed by law.

5. MINIMUM QUALIFICATIONS

5.1. At a minimum, Supplier must meet or exceed the following qualifications:

- 5.1.1. Must have a minimum of five years of experience in the apparel and customization industry including sales, distribution, embroidery and screen printing.
- 5.1.2. Must have provided work uniforms and related items for government and public-sector accounts for a minimum of three years. References must be provided.
- 5.1.3. Have in-house or contracted facilities for both screen printing and embroidery with capacity to fulfill large-scale orders.
- 5.1.4. Be able to provide customer service and account management support.
- 5.1.5. Comply with any applicable labor and environmental regulations
- 5.1.6. Must be able to provide quality workmanship for embroidery and screen printing
- 5.1.7. Must be able to handle large volume of orders from multiple departments, with different customizations, within all Agencies.
- 5.1.8. Must be a direct reseller or distributor for brands and items specified that they are submitting bids for.
- 5.1.9. Must be able to meet the delivery terms and requirements of the contract.
- 5.1.10. Must have an inventory warehouse that can easily service the needs of the County.
- 5.1.11. Must provide one point of contact to work closely with the County as an Account Manager who will manage the successful execution of the awarded contract.
- 5.1.12. An alternate contract, in senior management, must be provided in case the Account Manager is not available to respond to the needs of the county within one business day.

6. EMBROIDERY SAMPLE REQUIREMENTS must be received prior to bid opening date

6.1. Bidders must submit samples of embroidery on hats as specified at no additional cost to the county. Bidders must send samples to the Purchasing Department at: 50 Sanatorium Road, Building A, 6th floor, Pomona, NY 10970, Attn: Michele Phillips.

6.1.1. EMBROIDERY SAMPLES REQUIRED

- 6.1.1.1. **Attachment #1-** HAZMAT LOGO on Sport-Tek STC-17 hat- Navy
- 6.1.1.2. **Attachment #2-** District Attorney Logo on Hissin hat - Green
- 6.1.1.3. **Attachment #3-** PARKS DEPARTMENT logo on Richardson R65 hat- Green

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6.2. All samples must be received by the bid opening date or bidder may be deemed non-responsive

- 6.3. Samples will be viewed for quality and workmanship and must reflect embroidery to be awarded.
 6.4. Additional embroidery samples may be required before final award.

7. SCREEN PRINT SAMPLES REQUIREMENTS

7.1. All bidders for category 2, must send sample of Screen printing:

7.1.1. **Attachment #4** - County Highway Department Logo screen printed in black on hi-viz yellow fabric as specified.

7.2. Same terms as embroidery sample request apply.

8. APPROVED EQUALS

- 8.1. Bidders may propose "approved equal" alternatives to the specified brands or products.
 8.2. "Approved equals" must meet or exceed the quality, specifications, and performance standards of the listed brands/items.
 8.3. Bidders must include a product specification sheet listing all product details, size specs and colors available, with their bid submission or they may be deemed non-responsive.
 8.4. Samples of all alternate styles being submitted must be sent for approval prior to the bid opening date. Samples must be received by the bid opening date, otherwise bidder may be deemed non-responsive and removed from evaluation for that item(s).
 8.5. All samples must be sent to Rockland County Purchasing Dept, 50 Sanatorium Road, Building A, 6th Floor, Pomona, NY 10970. Attn: Michele Phillips. Samples must include the Bid Item number(s) for which the item is being submitted and the bidders company name.
 8.6. The Rockland County Purchasing Department will have the final say on what is an approved equal.
 8.7. Awarded styles will not be returned.
 8.8. Bidders must provide a return label for all non-awarded styles to be returned at no cost to the county.

9. REQUIREMENTS

- 9.1. Bidders must provide contact information for minimum three (3) Agencies that they currently hold contracts with for similar work, for three or more years.
 9.2. Bidders must have accounts with Manufacturer Brands they are submitting pricing for. Verification must be provided within 3 business days if requested.
 9.3. All colors listed must be available by any alternates submitted. Orders are not limited to the colors listed.
 9.4. Additional colors available for specified manufacturer style number, must be offered at contract prices if requested.

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- 9.5. Bidders must submit prices including the customization specified for that line. Additional customization may be requested for orders requiring additional customization.
- 9.6. All bidders must submit pricing for all Add-On costs as specified.
- 9.7. The ADD-ON cost for patch application will be for patches provided by the county at time of order.
- 9.8. All items shipped must be “new” material and free from any defects. No irregulars.
- 9.9. Proofs of all work must be sent for approval prior to production at no additional cost. Orders that are shipped without proof approval will not be paid for if an error was made by the supplier.
- 9.10. There must be NO SET UP FEES for any orders.
- 9.11. There should be NO FEES FOR VECTOR ARTWORK or DIGITIZING.
- 9.12. There should be NO MINIMUMS per order. Bidders requiring minimums must include minimum order details in the comments section for each line. The county reserves the right to deny requests for minimums and will proceed to the next lowest bidder if acceptable minimums can not be agreed on.
- 9.13. If additional sizes offered by the manufacturer are offered but not listed, supplier must offer these sizes at an upcharge not to exceed 8% more than the next lowest size.
- 9.14. ALL ORDERS MUST SHIP FOB DESTINATION PREPAID AND ALLOWED

10. RESTRICTIONS

- 10.1. Bids containing restrictions will not be acceptable unless the County of Rockland deems that the restrictions conform to County requirements.

11. CUSTOMIZATION SERVICES

11.1. Embroidery

- 11.1.1. Digitizing logos and artwork at no extra cost to the county
- 11.1.2. Embroidery on hats, T-shirts, jackets etc.
- 11.1.3. Stitch counts as needed
- 11.1.4. Multi-location stitching as needed
- 11.1.5. Double backing to reduce crinkling
- 11.1.6. Embroidery should include up to 10 colors included in price

11.2. Screen Printing

- 11.2.1. Single and multi-color printing may be required
- 11.2.2. Must include front chest, full front, full back and sleeve placements
- 11.2.3. Pantone color matching (as requested)

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- 11.2.4. It is the contractor's responsibility to determine if any fabrics awarded require any special bonding agent. Must be offered and included in the bid price.
- 11.2.5. Must not fade or peel away from garment.
- 11.2.6. No other processes for printing may be applied unless alternate process is of equal quality and pre-approved, in writing, by the ordering entity.
- 11.2.7. Heat Seal is not acceptable.

12. ARTWORK AND PROOFING

- 12.1. Awarded supplier(s) must provide digital mockups/proofs for approval within three days of receipt of all orders.
- 12.2. Must allow for at least (2) rounds of revisions per item at no additional cost.
- 12.3. All proofs must be approved prior to production
- 12.4. Must maintain a repository of approved artwork for reorders.
- 12.5. Proofs for reorders must also be provided.

13. DISCONTINUED ITEMS

- 13.1. If an awarded style or color has been discontinued by the manufacturer, the county Purchasing Department must be notified immediately, Supplier must not wait to notify the county until a purchase order is received.
- 13.2. If an awarded style is discontinued, supplier must offer an equivalent style for replacement at the contracted price of the style being replaced.
- 13.3. If a color specified on the contract is discontinued, the supplier must offer an alternate product that offers the required color, at the contracted price for the style/color it is replacing.
- 13.4. Samples for all replacements must be sent for Purchasing approval prior to contract revision approval.
- 13.5. The offered replacement of the discontinued contracted style or color must be sent to the Rockland County Purchasing Department within 5 business days, for evaluation and approval.
- 13.6. The Supplier must receive approval from the County Purchasing Department, in writing, before the alternate can be shipped.
- 13.7. The supplier must only ship pre-approved manufacturers and styles.
- 13.8. No unauthorized substitutions will be allowed. Any unauthorized substitutes may be returned to the supplier at the supplier's expense, regardless of customization.

14. DELIVERY

- 14.1. All orders must **ship within 30 days** of receipt of order.
- 14.2. Proofs must be sent within three business days of receipt of purchase order.

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- 14.3. Provide estimated turnaround times with each order.
- 14.4. Description of, if any, Back Ordered Items and Quantities and ETA date for backorder
- 14.5. Supplier is permitted to deliver partial orders upon approval of ordering entity.
- 14.6. All items delivered must meet or exceed the quality level as specified.
- 14.7. Any items rejected upon review, for deficient quality, will be returned by the County at the supplier’s expense for full credit issued by the Offeror within five business days.
- 14.8. If an alternate product, with and/or without alterations, is shipped without written authorization by the county, the items will be returned to the suppliers at the supplier’s expense.
- 14.9. Return labels must be provided within three days of request for return.

15. SAMPLES OF AWARDED STYLES

- 15.1. Awarded suppliers must provide a sample of the items awarded, even if style awarded is as specified, at no cost to the county. All samples will be kept by the Purchasing Department for reference. Samples must be received within 5 business days of request. The sample must be labeled with the Bid number and line numbers for which the item was awarded.

16. INVOICES

- 16.1. Invoices containing deviations, revisions, omissions or errors will be returned to the account manager for correction and re-submission. Offeror shall not bill or invoice items or prices that deviate at all from the Purchase Order.
- 16.2. All invoices must be emailed to AP_Invoices@co.rockland.ny.us
- 16.3. No orders shall be processed without an authorized purchase order number.
- 16.4. Invoices must reflect the final PO as processed

17. COUNTY LOGOS - EMBROIDERY & SILK SCREENING (ATTACHMENTS)

- 17.1. Customization requests will be specified at time of order.
- 17.2. Suppliers must notify ordering entity of embroidery stitch counts, if Customization exceeds the stitch count included in price.
- 17.3. Suppliers are responsible for reviewing all purchase orders upon receipt, to make sure they correctly reflect the customization as awarded.
- 17.4. Suppliers must notify the ordering entity of any discrepancies, such as embroidery stitch counts, missing ADD-ON costs, etc, within 3 business days of receipt of order.
- 17.5. Any discrepancies, that are confirmed by the ordering entity, will require a PO modification before the Purchase order can be processed.
- 17.6. Invoices must reflect the final PO as processed.

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TITLE: Apparel-Accessories and Reflective Apparel

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- 17.7. The County reserves the right to modify its logos during the Term of the Agreement.
- 17.8. Departmental representatives will provide the Supplier with information regarding any changes to logos at the time an order is placed. The Supplier shall be responsible for making the necessary adjustments to its templates to reflect the changes.

18. AWARD

18.1. It is the intent of the County of Rockland to award this total bid to one vendor. Bid will be awarded to the overall lowest responsive, responsible vendor that meets the stated requirements. **The County of Rockland reserves the right to award this bid on a line-by-line basis, by Category, or by Groups (as indicated below) to the lowest responsive responsible bidder(s) that meet the stated requirements. The contract will be awarded as determined to be in the best interest of the county.**

18.2. The following lines may be awarded as a group to one supplier:

GROUPS
Lines 0-3 to 0-4
Lines 1-1 to 1-4
Lines 1-5 to 1-12
Lines 1-13 to 1-14
Lines 1-15 to 1-16
Lines 1-17 to 1-18
Lines 1-19 to 1-20
Lines 1-22 to 1-23

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

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

ROCKLAND COUNTY'S INSURANCE REQUIREMENTS:

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

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

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

COVERAGES – (SEE ATTACHED MATRIX)

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

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

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

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

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

To comply with coverage provisions of the Workers' Compensation Law ("WCL"), businesses must:

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

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

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

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

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

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

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

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

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

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

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

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

EMPLOYERS LIABILITY with minimum statutory requirements

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

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

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

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

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

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

SEE FOLLOWING PAGE FOR INSURANCE COVERAGE MATRIX

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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

Cont'd on next page

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(1) The per occurrence and Aggregate limits for specified coverage should apply on a per location or per project basis.

(2) Automobile Liability Coverage is required IF an automobile is used in the execution of their contract. A vendor using a third party for shipment or transport does not require Automobile Liability Insurance.

(3) An ACORD form is NOT acceptable proof of NYS Workers Compensation (WC) or Disability Benefits (DBL) Insurance coverage. For WC, secure form C-105.2 or U-26.3. For DBL, secure form DB.120.

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

(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 and award is made will be returned to the person or persons making the proposal immediately after the contract and bonds have been executed.

NONRESTRICTIVE USE OF BRAND NAME OR EQUAL SPECIFICATIONS

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

FORM OF PROPOSAL

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

EXPERIENCE

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

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INFORMATION TO BIDDERS cont'd

EXCULPATORY CLAUSE

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

AMERICANS WITH DISABILITIES

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

NOTICE TO BIDDER

APPENDIX A

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

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

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VENDORS NAME: _____

NON-BIDDER’S RESPONSE

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

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

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

_____ Our items and/or materials do not meet specifications.

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

_____ Quantities too Small.

_____ Insufficient time allowed for preparation of bid.

_____ Incorrect address used. Our correct mailing address is: _____

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

_____ **OTHER:** _____

Thank you for your participation in this bid.

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**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: _____

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

TITLE: Apparel-Accessories and Reflective Apparel

RFB #: RFB-RC-2026-028

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

COUNTY OF ROCKLAND - DGS-PURCHASING
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Section C. DISCLOSURE OF SUPPLIER RESPONSIBILITY STATEMENT

If none apply enter "None" on each line

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

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

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

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

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

6. List any contracts not completed on time.

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

INITIAL: _____

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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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TITLE: Apparel-Accessories and Reflective Apparel

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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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TITLE: Apparel-Accessories and Reflective Apparel

RFB #: RFB-RC-2026-028

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.

COUNTY OF ROCKLAND - DGS-PURCHASING
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TITLE: Apparel-Accessories and Reflective Apparel

RFB #: RFB-RC-2026-028

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
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TITLE: Apparel-Accessories and Reflective Apparel

RFB #: RFB-RC-2026-028

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 _____

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.

COUNTY OF ROCKLAND
 DGS – PURCHASING DEPARTMENT
 BLDG. A, 6TH FLOOR, 50 SANATORIUM ROAD
 POMONA, NY 10970
 TELEPHONE NO.: 845-364-3820

VENDOR: _____

LINE NO.	DESCRIPTION	ITEM #	EST. QTY.	UNIT	UNIT PRICE	BRAND	STYLE NUMBER
CATEGORY 1: ACCESSORIES							
0-1	<p>CAPS, BASEBALL TYPE - Flexfit, moisture-wicking performance, structured, mid profile solid twill all around, Fabric: Nylon/Cotton/Spandex, pre-curved visor Sizes: S/M (6 3/4-7 1/4), L/XL (7 1/8-7 5/8) Colors: Navy, Forest Green, Black Price to include one location Embroidery up to 10,000 stitches SPORT-TEK STC17 or approved equal. Equal MUST be available in all colors and sizes listed</p>	20130120002	75	Each			
0-2	<p>CAPS, BASEBALL TYPE - 100% Cotton Twill all around, Velcro adjustable closure, 6 panel unstructured, cotton sweatband, Pre-curved visor Size: One size fits most (7-7 3/4) Colors: Navy, Dark Green, Black Price to include One location embroidery up to 10,000 stitches Richardson R65 or approved equal. Equal MUST be available in all colors listed</p>	20130	25	Each			
0-3	<p>CAPS, BASEBALL TYPE - Flexfit, mid profile, Fabric: Poly/Cotton twill/Spandex, pre-curved visor, stretch fit closure Sizes: S/M (6 3/4-7 1/4), L/XL (7 1/8-7 5/8) Colors: Navy, Forest Green, Black Price to include one location Heat Transfer up to 2 colors. Heat transfers with low cure adhesive and bleed blockers are required for this product PORT AUTHORITY STYLE C865 or approved equal.</p>	20130	30	Each			
0-4	<p>CAPS, BASEBALL TYPE - Flexfit, mid profile, Fabric: Poly/Cotton twill/Spandex, pre-curved visor, stretch fit closure Sizes: S/M (6 3/4-7 1/4), L/XL (7 1/8-7 5/8) Colors: Navy, Forest Green, Black Price to include one location Embroidery up to 10,000 stitches PORT AUTHORITY STYLE C865 or approved equal.</p>	20130	60	Each			

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 TELEPHONE NO.: 845-364-3820

VENDOR: _____

LINE NO.	DESCRIPTION	ITEM #	EST. QTY.	UNIT	UNIT PRICE	BRAND	STYLE NUMBER
0-5	<p>CAPS, BASEBALL TYPE, CONSTRUCTED- 100% brushed Cotton Twill all around, 6 panel w/ fused backing, self fabric strap with brass buckle @ embroidered eyelets unstructured, cotton sweatband, Pre-curved visor Size: One size fits most (7-7 3/4) Colors: Navy, Dark Green, Black Price to include one location embroidery up to 10,000 stitches (metallic thread included) Brand: NISSIN, Style APBGC or approved equal. Equal MUST be available in all colors listed.</p>	20130120004	25	Each			
0-6	<p>BEANIE- Hi-Viz Knit Cap, 100% acrylic knit, polyester fleece lining, silver reflective stripe. Color to be specified at time of order Colors: Yellow, Black Size: one size fits all Occumonix LUX-KCR-Y-P, LUX-KCR-B-P or approved equal</p>	34579000005	25	Each			
0-7	<p>BEANIE, RIB KNIT FOLD UP CUFF HAT 100% Acrylic stretch knit, covers head and ears. Embroidery up to 5,000 stitches must be included in price. Higher thread counts may be requested at Add-on costs awarded Colors: Navy, Black Size: One-Size Fits Most Carhartt, style #A18, or approved equal</p>	20147000001	40	Each			
0-8	<p>BEANIE KNIT CUFF HAT- One size fits most, 100% Acrylic, Embroidery up to 5,000 stitches must be included in price. Higher thread counts may be requested at Add-on costs awarded Colors: Yellow, Black, Navy. Berne style H150 or approved equal</p>	20147	20	Each			
0-9	<p>BOOTS RUBBER, OVER THE SHOE BOOTS Waterproof, heavy duty cleated or grooved soles, fully lined, extra wide last, 17" height, top adjustable strap with buckle on top. Must be full cut for easy fit over work shoes. Must order 2-3 sizes larger than shoe size when ordering boots Color: Safety Yellow Sizes: 12-18, Full Size Brands: Powerpak style 81712 Slush Series or approved equal</p>	80016300002	15	Pair			

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VENDOR: _____

LINE NO.	DESCRIPTION	ITEM #	EST. QTY.	UNIT	UNIT PRICE	BRAND	STYLE NUMBER
0-10	<p>GLOVES- WORK- SAFETY, WINTER THERMAL - ANSI/ISEA 105-2016 -Cut Level A2, Abrasion level 4, Puncture Level 3, with black sandy nitrile palms, Twin Liner, 3/4 dipped sandy nitrile coating 100% breathable seamless liner. Color: Black, Yellow/black Sizes: Large (9), XL (10) Portwest A146 or approved equal</p>	20141000001	25	Pair			
CATEGORY 2: REFLECTIVE APPAREL							
1-1	<p>SHIRTS, MENS, REFLECTIVE, HI-VISIBILITY SHORT SLEEVE WORK SHIRT, REGULAR AND LONG Ripstop 65% polyester/35% cotton fabric (4.25 oz. - 4.50 oz.), with 2" Silver Reflective Striping front and back, complies with ANSI Type R, Class 2 requirements, two button through chest pockets, classic fit, Wrinkle Resistant, Color retention. Price to include sewing departmental patch above left pocket. Patch supplied by County at time of order. Colors: Fluorescent Yellow Size: Small, Medium, Large, X-Large, 2XL Brands: Red Kap SY24-HV-TRC2 or approved equal. GCA not approved equal.</p>	20092801001	40	Each			
1-2	<p>SHIRTS, MENS, REFLECTIVE, HI-VISIBILITY SHORT SLEEVE WORK SHIRT, REGULAR ONLY. Price to include sewing departmental patch above left pocket. Patch supplied by County at time of order. Colors: Fluorescent Yellow Sizes: 3XL, 4XL Brands: Red Kap SY24-HV-TRC2 or approved equal. GCA not approved equal.</p>	20092801003	10	Each			
1-3	<p>SHIRTS, MENS, REFLECTIVE, HI-VISIBILITY LONG SLEEVE WORK SHIRT, REGULAR AND LONG - Ripstop 65% polyester/35% cotton fabric (4.25 oz. - 4.50 oz.), with 2" Silver Reflective Striping front and back, complies with ANSI Type R, Class 2 requirements, two button through chest pockets, classic fit, Wrinkle Resistant, Color retention. Price to include sewing departmental patch above left pocket. Patch supplied by County at time of order. Colors: Fluorescent Yellow Size: Small, Medium, Large, X-Large, 2XL Brands: Red Kap SY14-HV-TRC2 or approved equal. GCA not approved equal.</p>	20092770101	40	Each			

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VENDOR: _____

LINE NO.	DESCRIPTION	ITEM #	EST. QTY.	UNIT	UNIT PRICE	BRAND	STYLE NUMBER
1-4	<p>SHIRTS, MENS, REFLECTIVE, HI-VISIBILITY LONG SLEEVE WORK SHIRT, REGULAR ONLY Price to include sewing departmental patch above left pocket. Patch supplied by County at time of order. Colors: Fluorescent Yellow Sizes: 3XL, 4XL SAME DESCRIPTION AS ITEM # 1-3</p>	20092770103	5	Each			
1-5	<p>SHIRTS-T, CREW NECK, ANSI CLASS 2, SHORT SLEEVE 100% ANSI wicking polyester, with 2" Silver Safety Reflective striping, pocket on left chest, ANSI R CLASS 2. Price to include One location, One color screenprint on front left chest or full back Color: Fluorescent Yellow Size: Small, Medium, Large, X-Large, 2XL Occunomix LUX-SSETP2B or approved equal</p>	20070000006	100	Each			
1-6	<p>SHIRTS-T, CREW NECK, ANSI CLASS 2, SHORT SLEEVE Price to include One location, One color (black)screenprint on front left chest or full back Color: Fluorescent Yellow Size: 3X, 4X, 5X SAME DESCRIPTION AS ITEM #1-5</p>	20070000008	6	Each			
1-7	<p>SHIRTS-T, CREW NECK, ANSI CLASS 2, LONG SLEEVE 100% ANSI wicking polyester, with 2" Silver Safety Reflective striping, ANSI R Class 2 Price to include one location, one color screen print on full back or right chest. Department logo and location supplied at time of order. Color: Fluorescent Yellow Sizes: Small, Medium, Large, X-Large, 2XL Occunomix LUX-LSET2B or approved equal</p>	20070000011	2	Each			
1-8	<p>SHIRTS-T, CREW NECK, ANSI CLASS 2, LONG SLEEVE Price to include One location, One color (black) screenprint on full back or right chest. Department logo and location supplied at time of order. Color: Fluorescent Yellow Size: 3X, 4X, 5X SAME DESCRIPTION AS ITEM # 1-7</p>	20070000012	2	Each			
1-9	<p>SWEATSHIRT, ANSI CLASS 3 TYPE R, CREW NECK, IMPRINTED 100% Polyester Fleece (8.5-9.5 oz), long sleeve, 2" Silver reflective striping, elastic ribbed waistband and cuffs Price to include One location, One color screenprint on front left chest or full back Color: Fluorescent Yellow Size: Small, Medium, Large, X-Large, 2XL Occunomix LUX-CSWTBK or approved equal</p>	20010880013	60	Each			

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VENDOR: _____

LINE NO.	DESCRIPTION	ITEM #	EST. QTY.	UNIT	UNIT PRICE	BRAND	STYLE NUMBER
1-10	SWEATSHIRT, ANSI CLASS 3 TYPE R, CREW NECK, IMPRINTED Price to include One location, One color screenprint on front left chest or full back Color: Flourescent Yellow Size: 3XL, 4XL, 5XL SAME DESCRIPTION AS ITEM # 1-9	20010880015	15	Each			
1-11	SWEATSHIRT, ANSI CLASS 3 TYPE R, HOODED W/ FRONT ZIPPER , IMPRINTED 100% polyester fleece (8.5-9.5 oz) long sleeve, ANSI Class 3-Type R, with 2" Silver Safety Reflective striping, elastic cuffs and waist, two lower front pockets Price to include One location, One color screenprint on front left chest or full back Color: Flourescent Yellow Size: Small, Medium, Large, X-Large, 2XL Occumonix LUX-HZSWT or approved equal	20010870027	6	Each			
1-12	SWEATSHIRT, ANSI CLASS 3 TYPE R, HOODED W/ FRONT ZIPPER , IMPRINTED Price to include One location, One color screenprint on front left chest or full back Color: Flourescent Yellow Sizes: 3XL, 4XL, 5XL SAME DESCRIPTION AS ITEM # 1-11	20010870029	2	Each			
1-13	SWEATSHIRT, THERMAL LINED, HOODED W/ FRONT ZIPPER, IMPRINT 100% heavy weight polyester fleece, long sleeve, metal zipper, with 2" Silver Safety Reflective striping, knit cuffs and waist, two lower front pockets, Teflon fabric protector, metal zippers, ANSI/ISEA 107-2020 Class 3 Certified Price to include one location one color screenrpint on front left chest or full back Color: Flourescent Yellow Size: Small, Medium, large, X-Large, 2XL VEA-603-ST-LB, Utility Pro UHV425 or approved equal. Petra Roc LBHSW-C3 is NOT an approved	34579000001	60	Each			
1-14	SWEATSHIRT, ANSI CLASS 3, THERMAL LINED, HOODED W/ FRONT ZIPPER, IMPRINTED Price to include one location one color screenrpint on front left chest or full back Color: Flourescent Yellow Sizes: 3XL, 4XL, 5XL SAME DESCRIPTION AS ITEM # 1-13	34579000003	8	Each			

COUNTY OF ROCKLAND
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VENDOR: _____

LINE NO.	DESCRIPTION	ITEM #	EST. QTY.	UNIT	UNIT PRICE	BRAND	STYLE NUMBER
1-15	<p>JACKET, WINDBREAKER- ANSI 3, High Visibility, 2" silver reflective tape, shell: 100% polyester with polyurethane back coating, Lining: 100% polyester brushed tricot, wind and water resistant, snap front closure with collar, elasticized cuffs, two front pockets, drawcord waist Price is to include sewing of departmental patches. Patches to be supplied by the county at time of order Color: Flourescent Yellow or lime Sizes: Medium, Large, X-Large, 2XL Liberty 561-MFL, Utility Pro UHV600 or approved equal</p>	20016550014	10	Each			
1-16	<p>JACKET, WINDBREAKER- ANSI 3, Price is to include sewing of departmental patches. Patches to be supplied by the county at time of order Color: Flourescent Yellow or lime Sizes 3XL, 4XL, 5XL SAME DESCRIPTION AS ITEM # 7-15</p>	20016550011	1	Each			
1-17	<p>JACKET, WINTER 5 IN 1 PARKA ANSI CLASS 3-TYPE R - 300 Denier, PVC coated polyester, waterproof with sealed seams, 2" reflective striping, removable and reversible quilted bodywarmer, 100% weatherproof material. Attached hood that rolls into collar. Ribbed inner cuffs. Heavy-duty zipper front with snap storm flap. fleece lined lower pockets and one inside pocket on outer shell, two outer pockets and 2 inner pockets on inside warmer, Mic Tabs Price to include one location one color screenprint (nonreflective) Color: Fluorescent yellow Size: Small, Medium, Large, X-Large, XX-Large(2X) Occunomix LUX-TJFS or approved equal</p>	20016320001	5	Each			
1-18	<p>JACKET, WINTER 5 IN 1 PARKA ANSI CLASS3-TYPE R Price to include one location, one color screenprint (nonreflective) Color: Fluorescent yellow Sizes: 3X, 4X, 5X SAME DESCRIPTION AS ITEM # 1-17</p>	20016320003	1	Each			

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 POMONA, NY 10970
 TELEPHONE NO.: 845-364-3820

VENDOR: _____

LINE NO.	DESCRIPTION	ITEM #	EST. QTY.	UNIT	UNIT PRICE	BRAND	STYLE NUMBER
1-19	JACKET- BOMBER JACKET HIGH VISIBILITY ANSI CLASS 3 Rip-Stop polyester 300D coated waterproof shell with tapes seams, Double front storm flap zipper closure, water tight D-Ring access, zip out 280 gram fleece lining with inner liner pockets and adjustable, detachable hideaway hood, elastic cuffs and elastic waist, Clear ID pocket and pocket for radio or cell phone, Color: Hi Vis Yellow Sizes: Small, Medium, Large, X-Large, 2XL Protective Industrial Products- Style # 333-1770-LY or approved equal Occunomix LUX-ETBJR and Portwest US363 are NOT approved equals	3457900007	10	Each			
1-20	JACKET- BOMBER JACKET HIGH VISIBILITY ANSI CLASS 3 Color: Hi Vis Yellow Sizes: 3XL, 4XL, 5XL Protective Industrial Products- Style # 333-1770-LY or approved equal Occunomix LUX-ETBJR and Portwest US363 are NOT approved equals SAME DESCRIPTION AS ITEM # 1-19	3457900008	1	Each			
1-21	VEST, ANSI CLASS 2 100% polyester , mesh front and back, 8 pockets, reinforced with two-tone reflective stripes and contract trim edge, zipper closure, ID pouch Color: High Visibility Yellow/orange and reflective striping Sizes: Small, Medium, Large, X-Large, 2XL, 3XL, 4XL Power Pak (SKU YC28PV) Rockland style # 82274-82279 or approved equal Awarded supplier must be able to add screenprint at ADD-ON cost Awarded. Portwest US394 is NOT an approved equal	34579000012	6	Each			
1-22	VEST-ANSI TYPE R CLASS 3 MESH BREAKAWAY WITH 2-TONE STRIPING, SHORT SLEEVES 100% Breathable mesh, 2" Retroreflective striping, 360-degree visibility on body and sleeves, break away safety feature, Clear ID pouch, zipper closure, D-Ring access slot, 8 pockets Colors: Safety Yellow with Safety Orange & reflective striping Sizes Small, Medium, Large, XL, 2XL, 3XL, 4XL Powerpak (SKU82569) 82570-82575 or approved equal. Petr-Roc LVM3-5PB-CBI is NOT an approved equal.	34579000013	30	Each			

COUNTY OF ROCKLAND
 DGS – PURCHASING DEPARTMENT
 BLDG. A, 6TH FLOOR, 50 SANATORIUM ROAD
 POMONA, NY 10970
 TELEPHONE NO.: 845-364-3820

VENDOR: _____

LINE NO.	DESCRIPTION	ITEM #	EST. QTY.	UNIT	UNIT PRICE	BRAND	STYLE NUMBER
1-23	VEST, SURVEYORS -ANSI Class 2 5 POINT BREAKAWAY , solid front and mesh back, 10 pockets and one clear ID pocket, microphone tab near shoulder, reinforced with two-tone reflective stripes and contrast trim edge, zipper closure, 100% polyester Color: High Visibility Yellow Sizes: Med, Large, X-Large, 2XL, 3XL, 4XL Power pak (SKU82199) Rockland style # 82194-82199 or approved equal . Portwest US378 is NOT an approved equal.	34579	12	Each			
ADD ON COSTS (The county reserves the right to refuse any add-on costs that are deemed excessive)							
2-1	ADD-ON cost for one location, one color screenprint not already included in price of style specified.	96684	12	Each			
2-2	ADD-ON cost for each additional color for screenprint. Cost is per color, per location, per item	96684	12	Each			
2-3	ADD-ON cost per 1,000 stitches, for Embroidery exceeding stitch counts specified	96278	12	Per 1000 stitches			
2-4	ADD-ON cost for Additional location Embroidery up to 3,000 stitches per additional location	96278	12	Each			
2-5	ADD-ON Cost for One location embroidery for patch application if not included in the price per item. Patches to be provided by the county	96278	12	Each			
					TOTAL BID		
<p>Upon receipt of all required approvals a Contract shall be deemed executed and created with the successful Bidder(s) upon the Commissioner's mailing or electronic communication to the address on the bid of: (i) a Letter of Acceptance; or (ii) a fully executed contract; or (iii) a Purchase Order authorized by the Commissioner</p>							



CERTIFICATE OF LIABILITY INSURANCE

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

DATE (MM/DD/YYYY)

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

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

PRODUCER The Ducey Agency, Inc 43 South Liberty Drive Stony Point, NY 10956	CONTACT NAME: Required	FAX (A/C, No):
	PHONE (A/C, No, Ext): Required	
	E-MAIL ADDRESS: Required	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A : Rating as Required by Contract or Solicitation	NAIC #
INSURED COMMODITIIES 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	INSURER B :	
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	
	INSURER G :	

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

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

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



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

Language Required naming County of Rockland as additionally insured.

The County of Rockland including its employees, its officials, 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
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