

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****Department of General Services Purchasing Division**

Request for Proposal

BID DISTRIBUTION - Important Notice - The County of Rockland officially distributes bidding documents from the Bonfire Portal.

Firms wishing to participate in this solicitation can download all of the RFP documents from the link provided below:

<https://rocklandgov.bonfirehub.com/portal>

Where applicable, see RFP Document for Scheduled Pre-Proposal Meeting and Deadline for Receipt of questions.

Closing date for the Request for Proposal is 3:00 pm, local time, on October 15, 2026

PRE-PROPOSAL MEETING

A pre-proposal meeting will be held as detailed below. Attendance may or may not be mandatory. A transcript of the questions and answers will be distributed, to all attendees and proposers who have returned the Receipt Confirmation Form. Verbal questions will be allowed at the meeting. However, questions of a complex nature, or questions where the proposer requires anonymity, should be forwarded in writing to the County prior to the meeting.

Date: September 29, 2026

Time: 10:00 AM

Location: MS TEAMS

[Click here for Pre-Proposal Meeting](#)

Meeting ID: 249 580 078 072 946

Passcode: Ew3Fc3H7

QUESTIONS

All inquiries related to this Request for Proposal are to be in writing via email noted below. The solicitation number and title must appear in the subject line of the email communication.

Paul J. Brennan, FNIGP, NIGP-CPP, CPPO

Director of Purchasing

Department of General Services – Purchasing Division

50 Sanatorium Road, Building A, 6th floor

Pomona, NY 10970

purchasing@co.rockland.ny.us

Telephone: 845-364-3820

Telefax: 845-364-3809

Deadline for submission of questions is October 9, 2026, at 3pm. Answers will be given via addenda issued in response to the questions received

The County encourages submission of Proposals by certified Minority- and/or Women-Owned Business Enterprises (MWBE) and/or Disadvantaged Business Enterprises (DBE).

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 (845) 364-3820. Please request these accommodations four (4) business days in advance so that we can seek to meet your needs.

Department of General Services – Purchasing Division

Edwin J. Day, County Executive

TITLE: Early Childhood Clinic Based Program**RFP NUMBER: RFP-RC-2026-027****Required forms to be completed and uploaded with the proposal**

- **Statement of Required Disclosures, Representations and Certifications (see separate attachment)**
- **Past & Present Performance (see separate attachment)**
- **Federal Contract Clauses (see separate attachment)**

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****Receipt Confirmation Form**

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

EMAIL : purchasing@co.rockland.ny.us

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

Company Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Contact Person: _____

Phone Number: _____ EXT: _____ Fax Number: _____

Email: _____

I have received a copy of the above noted RFP.

_____ We will be submitting a RFP

_____ We will NOT be submitting a RFP – **(please indicate reason)**

Signature: _____

Title: _____

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

rectconf.frm

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****PURPOSE OF REQUEST FOR PROPOSAL (RFP)**

The Rockland County Department of Mental Health (RCDMH) is issuing a Request for Proposals (RFP) to select one or more MHOTRS programs to provide evidence-based mental health services to children aged 0-6 in Rockland County.

This funding is intended to support the MHOTRS programs to provide:

- Diagnostic evaluations, including the ability to make provisional autism diagnoses, for children aged 0-6
- Child-Centered Play Therapy (CCPT) along with additional evidence-based therapies for children aged 0-6
- Curriculum-based group and individual parent training programs for parents of children aged 0-6
- Note: Strong preference will be given to applicants that include staff capability to provide psychiatric evaluations and medication management, when needed.

This RFP is designed to provide interested offerors with sufficient basic information to submit proposals meeting minimum requirements, but is not intended to limit a proposal's content or exclude any relevant or essential data. Offerors are at liberty and are encouraged to expand upon the specifications to evidence service capability under any agreement.

BACKGROUND

Mental health services for young children are most effective when they are developmentally informed, evidence-based, and delivered through a dyadic model that supports both the child and their primary caregivers. Because early childhood mental health concerns often emerge in the context of their family's routines and interactions, parent training is an essential component of effective treatment. These programs help caregivers understand their child's emotional and behavioral needs, build consistent, nurturing routines, and strengthen the parent-child relationship, which is the primary influence on long-term outcomes at this age. Early childhood mental health services require flexible, collaborative approaches that center caregiver engagement and are tailored to the unique developmental needs of children ages 6 and under.

Parent training programs play a central role in early childhood mental health services by equipping caregivers with concrete skills to support their child's development and manage challenging behaviors effectively. These interventions are delivered in both group-based formats, such as the Incredible Years, which provide peer support and opportunities to learn within a shared community, and individualized formats like Positive Parenting Program (Triple P), Kazdin Method/Parent Management Training, and Parent-Child Interaction Therapy (PCIT), which allow for tailored coaching that addresses the specific needs of each family. Offering both group-based and one-on-one parent training formats ensures that families can access interventions that best match their learning style, level of support needed, and cultural preferences, ultimately strengthening caregiver engagement and improving treatment outcomes.

Evidence-based, child-centered therapies also play a critical role in supporting the mental health of young children by addressing developmental, relational, and trauma-related needs through developmentally appropriate modalities. Interventions such as Child-Centered Play Therapy (CCPT) and Child Parent Relationship Therapy (CPRT) use play and caregiver-child interactions to build emotional regulation, strengthen attachment, and promote adaptive social-emotional skills. Child-Parent Psychotherapy (CPP) provides a relationship-based, trauma-informed framework for helping young children and their caregivers process and heal from stressful or traumatic experiences, while Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) offers structured, evidence-based

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strategies for reducing trauma symptoms and building coping skills. Together, these therapeutic models ensure that treatment is responsive to the child's developmental stage, grounded in the caregiver–child relationship, and aligned with best practices for early childhood mental health.

Rockland County has historically faced, and continues to experience, a significant shortage of providers with clinicians trained to deliver developmentally appropriate, evidence-based services to children ages 0–6 and their families. This longstanding gap has resulted in limited access to timely assessment, diagnosis, and treatment, contributing to prolonged wait times and significant disparities in care. Families often must travel outside the county or incur substantial out-of-network costs to secure services that should be readily available within their own community. Expanding the local provider network is therefore essential to ensuring that young children and their caregivers can receive high-quality and accessible mental health support during the years when intervention has the greatest potential to influence long-term outcomes.

ISSUING OFFICE AND RFP REFERENCE NUMBER

The County of Rockland's Department of General Services – Purchasing Division is the issuing office for this document and all subsequent addenda relating to it, on behalf of the Rockland County Department of Mental Health. The reference number for the transaction is Solicitation # RFP-RC-2026-027. This number must be referred to on all proposals, correspondence, and documentation relating to the RFP.

REFERENCES

Unless otherwise stated, proposal must include a minimum of three (3) current projects and two (2) past projects.

LENGTH OF CONTRACT

The Contract resulting from this RFP will be for a period of one year with four (4) one (1) year options to renew.

ELIGIBLE APPLICANTS

In order to be eligible, applicants must be an existing OMH-licensed MHOTRS clinic. Applicants are not required to have an existing presence in Rockland County prior to applying; however, preference will be given to agencies that already operate within the county and can provide ongoing treatment as children transition out of early childhood services.

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****STATEMENT OF OBJECTIVES**

The selected contractor must identify qualified staff or recruit qualified staff to undergo the necessary training and ongoing consultation to effectively provide the services outlined in this RFP to the identified population. The contractor must establish a clinic-based program specializing in addressing behavioral health concerns (including diagnosis and treatment) of children ages 0-6, including their caregivers and families in the treatment as developmentally appropriate.

Behavioral health concerns to be addressed will include, but not be limited to,

- anxiety disorders,
- trauma,
- ADHD,
- ODD,
- behaviors related to ASD, etc.

The program should be designed to integrate developmentally appropriate assessment tools, evidence-based intervention models, and consistent caregiver engagement, ensuring that services are responsive to the rapid developmental changes that characterize early childhood.

The developed program will offer Child-Centered Play Therapy (CCPT) as its core evidence-based early childhood therapy. This developmentally responsive, play-based therapy is a best practice treatment for children ages 3-10 with behavioral, social, and emotional difficulties. CCPT should serve as the foundation of the therapeutic model, ensuring that providers are equipped to support children in building emotional regulation skills, strengthening resilience, and expressing themselves in a modality aligned with their developmental stage.

In addition, applicant will also offer additional evidence-based early childhood therapies that must include at least one of the following:

- Child Parent Relationship Therapy (CPRT)
- Child-Parent Psychotherapy (CPP)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- CBT for anxiety

Clinicians must be fully trained, and certified if applicable, in the evidence-based therapy they are providing. In addition, all clinicians will complete the DC 0-5 diagnostic system full clinical training, as it is expected that clinicians will have a good understanding of how to provide a diagnosis for the population described in this RFP.

Programs should include a plan for sustaining clinical fidelity over time, such as participation in ongoing consultation or supervision with certified trainers or approved consultants.

The contractor will also be expected to maintain appropriate staffing levels, ensure culturally responsive service delivery, and demonstrate the capacity to collaborate with pediatric, educational, and social service systems to support comprehensive, coordinated care for young children and their caregivers. Preference will be given to agencies with the ability to deliver services in Spanish, Haitian Creole, and Yiddish.

The clinic program must also incorporate structured parent training components as a core element of service delivery. Because caregiver capacity, consistency, and confidence are central to successful early childhood

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intervention, the applicant will be expected to offer parent training in formats that meet the diverse needs of families and complement the therapeutic modalities provided by the clinic. Contractor must also offer parent training programs in both group and one-on-one formats.

The applicant will be required to offer a group-based parent training program using The Incredible Years model. This evidence-based curriculum provides caregivers with practical strategies to strengthen positive parenting practices, build nurturing routines, and support children's social-emotional development within a collaborative group setting. The group format allows parents and caregivers to learn from one another, share challenges, and build a supportive network, which enhances engagement and reinforces skill development. The applicant must ensure that facilitators are fully trained in The Incredible Years curriculum and that groups are offered consistently and at accessible times to meet the needs of Rockland County families.

The applicant must also provide two individualized, one-on-one parent training programs to ensure that caregivers have access to targeted support tailored to the specific needs of their child and family system. The first required model is Parent-Child Interaction Therapy (PCIT), an evidence-based intervention that strengthens the caregiver-child relationship and builds effective behavior-management skills through live coaching and real-time feedback. PCIT is delivered in two phases: first teaching relationship-enhancement skills to parents and caregivers (Child-Directed Interaction), followed by effective, non-coercive behavior management techniques (Parent-Directed Interaction).

In addition to PCIT, the applicant must select and implement one of the following evidence-based parent training programs:

- Triple P (Positive Parenting Program)
- Kazdin Method/Parent Management Training

Providers delivering these interventions must be fully trained, and certified when applicable, to ensure fidelity to the model and consistency in treatment outcomes.

In addition, the contractor will have or create a waiting room and/or playroom that is child-friendly, accessible, and welcoming. The room should have age-appropriate toys and books available for the families waiting to be seen. If this room is staffed and supervised, it can also allow a place for children to play while their parents are being seen or trained. The applicant should ensure that this space is thoughtfully designed to support emotional safety, reduce anxiety, and create a positive first point of engagement for young children and their caregivers. Consideration should also be given to ensuring that the space accommodates children with diverse developmental needs, including those who may require sensory-friendly options.

OBJECTIVES

The provider(s) chosen for funding will deliver services to comprehensively address the behavioral health needs of Rockland County children between the ages of 0-6, along with their families as developmentally appropriate. Provider(s) must ensure that the program's clinical staff receives appropriate and ongoing professional training and will maintain a plan for regular supervision of all staff members.

The funded organization(s) will provide:

- Child-Centered Play Therapy (CCPT)
- At least one additional evidence-based early childhood therapy. Additional therapies must include one of the following:
 - Child Parent Relationship Therapy (CPRT)

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- Child- Parent Psychotherapy (CPP)
- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- CBT for anxiety
- Group-based parent training program using The Incredible Years model
- Parent-Child Interaction Therapy (PCIT)
- At least one additional individualized parent training program. Additional parent trainings must include one of the following:
 - Triple P – Positive Parenting Program
 - Kazdin Method/Parent Management Training
- A waiting room and/or playroom that is child-friendly, accessible, and welcoming.
- Preference will be given to applicants that include staff capability to provide psychiatric evaluations and medication management, when needed.

Reporting

Contracted agency will be responsible for quarterly and annual reports regarding progress on stated goals and objectives, along with quarterly meetings. Additional reporting and meetings may be requested by the Rockland County Department of Mental Health.

Required reporting will include:

- Monthly Service Delivery Report
- Quarterly Progress Report
- Annual Report
- Additional Reports as requested by RCDMH

Required meetings will include:

- Initial kick-off meeting
- Quarterly meetings
- Additional meetings as requested by RCDMH

Payment for Services Delivered

- MHOTRS program will be paid a monthly case rate of \$350 due to the complexity of the population being served to support the time required for training, consultations, coordination of care, etc. To be eligible for payment, the child must be between the ages of 0-6 and have received at least two of the following required services listed below in any given month.
 - Child-Centered Play Therapy (CCPT)
 - Child Parent Relationship Therapy (CPRT)
 - Child- Parent Psychotherapy (CPP)
 - Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
 - Parent Child Interaction Therapy (PCIT)
 - CBT for anxiety
- MHOTRS program will be paid a group rate of \$125 per group held, for a maximum of one (1) group per week, for the following:

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- Group-based parent training program using The Incredible Years model
- To be eligible for payment, a parent/caregiver from at least three (3) different families must be in attendance.
- The following items will be reimbursed:
 - Start-Up Costs
 - Initial Training
 - Supplies
 - Equipment
 - Renovation costs
 - Ongoing Costs
 - Ongoing Consultant Services
 - Ongoing Supplies
 - Ongoing Training
 - To be reimbursed, receipts and other supporting documentation as required must be provided along with the invoice.
- MHOTRS program is expected to bill Medicaid, Medicaid/Managed Care and third-party insurance, as applicable, for services provided.
- Invoices may be submitted quarterly following the end of each calendar quarter.

Narrative Requirements

Applicants must submit a narrative, in a maximum of 5 pages, that addresses the following components:

- Provide a brief summary of your agency, the services for which you are licensed and provide, and the populations you serve.
 - Outline your history of providing youth mental health services, including any prior experience working with the early childhood population.
 - If new to providing early childhood services, explain why your MHOTRS program is interested in expanding to serve this age group, as well as how this expansion would be good fit for your program.
 - Describe your understanding of the service needs of children/youth who are experiencing behavioral health struggles in a family setting.
 - Describe your experiences in delivering services that are trauma-informed, equitable, strength-based, and developmentally appropriate.
 - Explain your organizational structure and supervisory support for an early childhood clinic program
 - Describe your agency's approach to engaging caregivers as partners in treatment, including strategies for reducing barriers to participation in both parent training and child-focused therapeutic services.
- Outline plan to develop an early childhood clinic-based program, in line with the requirements of this RFP.
 - Identify what staffing will look like for this program, along with your plan to fill these positions by training existing staff, or hiring if necessary.

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- Explain your organizational capacity to train (or recruit), retain, and support an adequate level of appropriately qualified staff to carry out the program. Include efforts/strategies to employ staff from cultural groups that represent predominant service recipients in the area.
- Describe how you will ensure that the staff possess or gain competencies in diagnosis and treatment of the early childhood population.
- Explain how you will ensure cultural responsiveness and linguistic accessibility across all aspects of the program, including assessment, therapy, and parent training.
- Explain your process for choosing which evidence-based therapy or therapies to provide, in addition to CCPT.
- Explain your process for choosing which individualized parent training program(s) to provide, in addition to PCIT.
- Describe your plan for providing ongoing clinical supervision and consultation to maintain fidelity to each evidence-based model implemented within the program.
- Outline your expected timeline for planning, hiring, and offering each modality and parent training.
- Describe your plan for ensuring that your physical space — including therapy rooms, observation areas for PCIT, and accessible play or waiting areas — meets the developmental and safety needs of children ages 0–6.
- Outline how your agency will manage referrals, intake, and prioritization, including processes for assessing risk, developmental concerns, and trauma history in young children.
- Explain how you will collaborate with external systems, such as Early Intervention, preschools, pediatric providers, and child-serving community agencies, to support coordinated care for young children and their families.
- Describe anticipated challenges in implementing a comprehensive early childhood mental health program and provide proposed strategies to address or mitigate these challenges.
- Outline your data collection and evaluation strategy, including how you will measure outcomes and track family engagement.
- Explain how you will address any behavioral health crises that may arise during the course of treatment.
- Explain your plan for sustainability, including how you will maintain staffing, support ongoing training needs, and ensure program viability beyond the initial funding period.

Budget/Budget Narrative Requirements

- The proposed contract period is one (1) year, with four (4) one-year options to renew, for a total of five (5) years.
- Attach a full operational budget for the contract period using the attached budget template including any start-up costs. Start-up costs should include amounts needed for the establishment of the program.
- The Year 1 Budget column may include one-time start-up costs, as applicable. The Annual Budget column should be based on an entire year of ongoing expenses.
 - Include narrative justification for all costs, including calculation of costs and explanation of allocations, if any.
 - Include calculations that show how shared resources (if any) are allocated (include basis of allocation).
 -

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- Briefly explain how your agency will ensure that it doesn't overspend and is fiscally responsible with the funding provided.

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****PROPOSAL EVALUATION CRITERIA**

An Evaluation Committee will evaluate proposals against the following weighted criteria. Each area of the evaluation criteria must be addressed in detail in proposal.

WEIGHT**EVALUATION CRITERIA****250 Points****Program Design & Alignment with Scope of Work**

Evaluates the completeness, clarity, and feasibility of the proposed program model.

- Clear plan for creating and operating a clinic specializing in diagnosis and treatment of children ages 0–6.
- Use of developmentally informed, caregiver-engaged therapeutic approaches.
- Integration of required assessment tools and DC 0–5 diagnostic capability
- Collaboration strategy with pediatric, educational, and social service systems.
- Approach to managing referrals, intake, risk assessment, and trauma screening

150 Points**Staffing Plan & Workforce Development**

- Clarity of staffing model, roles, hiring timelines, and training plans.
- Plans for DC 0–5 training; certification for CCPT, PCIT, Incredible Years, and other selected modalities.
- Sustainability of staffing levels across the multi-year contract.

200 Points**Organizational Capacity & Experience**

Assess how well the proposer demonstrates capability to operate an early childhood mental health program.

- Demonstrated history providing youth mental health services, especially for ages 0–6.
- Experience delivering trauma-informed, developmentally appropriate, and equitable care.
- Organizational structure and supervisory model appropriate for an early childhood specialty clinic.
- Evidence of capacity to train, recruit, retain, and support qualified staff.
- Inclusion of culturally representative staff and linguistic accessibility (Spanish, Haitian Creole, Yiddish preferred).

150 Points**Compliance with Eligibility Requirements**

- Applicant is an existing OMH-licensed **MHOTRS clinic**.
- If not currently in Rockland County, strength of plan to establish presence and continuity of care.

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- Inclusion of the required operational budget and narrative.
- Clear justification of start-up costs, staff training, consultation, supplies, and equipment.
- Transparency in allocation of shared resources.
- Demonstrated systems for preventing overspending and ensuring fiscal responsibility.
- Consistency with reimbursement expectations (case rate, group rate, insurance billing).

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****BUDGET PROPOSAL TEMPLATE**

The budget proposal is included as a separate attachment. Please complete the Budget Proposal Template and upload as a separate attachment.

Cost Proposals are to be uploaded as a separate attachment to your RFP response. Please refer to the separate attachment titled: [Proposal Submittal Procedures](#) for instructions on submitting your proposal electronically. Inclusion of any cost or pricing data within the technical proposal may result in your proposal being judged as non-responsive

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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
Does your proposal include exceptions to the County's Appendix B, Terms & Conditions?	Data Type: Yes/No	N/A	Required
Budget Proposal	File Type: PDF (.pdf)	1	Required
Federal Contract Clauses	File Type: PDF (.pdf)	Multiple	Required
Redacted Technical Proposal if Applicable	File Type: PDF (.pdf)	1	Optional
Exceptions to Appendix B, Terms & Conditions	File Type: PDF (.pdf)	1	Optional
Technical Proposal	File Type: PDF (.pdf)	1	Required
Past and Present Performance	File Type: PDF (.pdf)	1	Required
Statement of Required Disclosures, Representations and Certifications	File Type: PDF (.pdf)	1	Required
Valid NYS Wkm's Compensation and NYS Disability Certificates or Attestation of Exemption	File Type: PDF (.pdf)	1	Optional
Valid Certificate Of Liability (see sample certificate for coverage and limits required as well as sample language to name the County of Rockland as additionally insured)	File Type: PDF (.pdf)	1	Optional

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****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 Data:

Please note that text fields have a limit of 2000 characters. We recommend you prepare your responses in advance to ensure they fit within the length restrictions. Learn more about Requested Data at the [Euna Procurement Help Center](#).

2. Upload your submission at:

<https://rocklandgov.bonfirehub.com/opportunities/255998>

Your submission must be uploaded, submitted, and finalized prior to the Closing Time of **Oct 15, 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.procurement@eunasolutions.com for technical questions related to your submission. You can also visit their help forum at <https://procurement-help.eunasolutions.com/hc/en-us>

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****PROPOSAL RESPONSE FORMAT**

All proposals must include:

- Section I: Executive Summary
- Section II: Detailed Response
- Section III: Value-Added Considerations
- Section IV: Protected Information (if any)
- Section V: Cost Proposal (Upload as separate attachment)
- Section VI: Exceptions to the RFP or Terms and Conditions
 - Upload Exceptions as a separate attachment
 - The County of Rockland Appendix B – Standard Terms and Conditions for Service Contracts must be downloaded and reviewed prior to submitting your proposal
- Section VII: Redacted Proposal if applicable (Upload as a separate attachment)
- Required Forms: Uploaded Separately on BonFire.
-

1. **Executive Summary.** The one or two-page executive summary is to briefly describe the offeror's proposal. This summary should highlight the major features of the proposal. It must indicate any requirements that cannot be met by the offeror. The reader should be able to determine the essence of the proposal by reading the executive summary.
2. **Detailed Response.** This section should constitute the major portion of the proposal and must contain at least the following information:
 - A. A complete narrative of the offeror's assessment of the work to be performed, the offeror's ability and approach, and the resources necessary to fulfill the requirements. This should demonstrate the offeror's understanding of the desired overall performance expectations. Clearly indicate any options or alternatives proposed.
 - B. A specific point-by-point response, in the order listed, to each requirement in the RFP.
 - C. A Statement of Objectives (SOO) is provided in the RFP. This Statement of Objectives represents the County's minimum objectives for this project. The Offeror shall use the Statement of Objectives to propose a Statement of Work, which expands upon these minimum objectives to the extent necessary to conduct this acquisition. The proposed Statement of Work shall define the tasks required for the successful completion of the County's goals and objectives ensuring all minimum requirements are met as detailed in the County's SOO.

The proposed SOW shall consist of tasking statements. Each tasking statement shall reference the deliverables, which will be provided by that task. The proposed SOW shall not contain informational notes, as the Technical Response subsection provides ample opportunity for discussion and description

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of the offeror's approach. The tasking statements in the SOW shall use a common numbering system. The proposed SOW, when accepted by the County, will be included in the final contract.

- D. **Work Breakdown Structure (WBS)** – The Offeror shall develop a Work Breakdown Structure, which reflects their view of the proposed contract effort. The WBS shall serve as a framework for organizing the proposed effort to include in-house, inter-divisional, subcontractor, and associate contractor activities. The WBS shall be developed to a depth (level) and breadth sufficient to accurately describe each participant's role and responsibilities in the project. The Offeror's proposed WBS shall be included with their Statement of Work and will be incorporated as part of the final contract.
- E. **Master Schedule (MS)** – The intent of this section is to obtain a functionally integrated understanding of the proposal in a way that provides the County confidence that the proposal is structured to be executable for the resources indicated. The Master Schedule is a detailed task and timing of the work effort in the SOW and is used as the primary tracking tool for technical and schedule status. The MS identifies all SOW events, accomplishments, criteria and the expected dates of each. These dates are based on a calendar date of **December 1, 2026** as the starting point and the logical flow of dates provided by calculating the duration of all tasks using typical schedule networking tools. The MS tasks will be directly traceable to the SOW and the WBS.

The Offeror shall provide a top level Master Schedule as part of the proposal submittal. The more detailed levels of the MS, as well as updates, will be submitted after contract award. The MS is intended as a tool for day-to-day tracking of the program/project. All tasks/activities in the MS should be logically linked together showing predecessor/successor relationships. The activities and tasks will be sufficient to account for the total proposed solution.

3. **Value-Added Considerations.** Offeror may include any relevant services or products that will be provided to the County which are not specifically priced in their proposal; but which enhance the Offeror's proposal.
4. **Protected Information.** All protected information must be included in this section of proposal response. Do not incorporate protected information throughout the proposal. Rather, provide a reference in the proposal response directing reader to the specific area of this Protected Information section.

If applicable, a redacted version of your proposal eliminating trade secrets/confidential information is to be uploaded with your submission. The redacted response will be the one given for any Freedom of Information requests. If you do not provide a redacted response, the response you provided will be sent for any FOIL requests.

5. **Cost Proposal.** Cost will be evaluated independently from the technical proposal. Please enumerate all costs on the attached Cost Proposal Form. Cost Proposals are to be uploaded as a separate attachment to your RFP response. Please refer to the separate attachment titled: Proposal Submittal Procedures for instructions on submitting your proposal electronically. Inclusion of any cost or pricing data within the technical proposal may result in your proposal being judged as non- responsive.
6. **Exceptions to Terms and Conditions.** Exceptions to the RFP Terms and Conditions, and/or the Standard Terms and Conditions for Professional Service Contracts must be submitted with the proposal response. Exceptions, additions, service level agreements, etc. submitted after the date and time for receipt of

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proposals will not be considered.

7. **Required Forms.** The Statement of Required Disclosures, Representations and Certifications shall be completed and uploaded as separate pdf. file on the Bonfire Portal and includes:
- Affidavit of Non Collusion
 - Affidavit of Disclosure of Political Contributions
 - Certification Regarding Affirmative Action Plan and Business Dealings in Northern Ireland
 - Past and Present Performance Information Form for a minimum of three references
 - Disclosure of Supplier Responsibility Statement
 - Supplier Information Page
 - Certification Regarding Boycott, Divest and Sanctions (BDS) activities

Responsible Offeror: Award will be made only to “responsible” offerors possessing the ability, experience, willingness, and integrity to perform successfully under the terms and conditions of the contract.

Responsibility is a procurement issue that is determined by the recipient after receiving bids or proposals and before making contract award in ascertaining whether or not a bidder is responsible, information may be requested from bidder to discuss and assist in determining responsibility.

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****AWARD OF CONTRACT**

Award shall be made to the offeror whose proposal is the most advantageous to the County taking into consideration price and the other evaluation factors set forth in this request for proposals.

The County reserves the right to award the contract(s) to a higher technically qualified offeror(s) in the event the total scoring (technical + Cost) offer is determined to not be the best value offered to the County, based on a cost benefit analysis.

The County reserves the right to award a contract in part or in full, or not at all, on the basis of responses received.

If a contract is awarded, it shall be awarded to the responsive and responsible Offeror whose offer conforming to the Request for Proposal will be most advantageous to the County as set forth in the Evaluation Criteria.

When award Occurs: Award of contract occurs when a formal contract has been finalized or other evidence of acceptance by the County is provided to the Offeror. A Recommendation of Award does not constitute award of contract.

CONTRACT TERM – RENEWAL

In addition to any stated renewal periods in the Contract, any contract or unit portion thereof let by the Director of Purchasing may be extended by the Director of Purchasing for an additional period(s) of up to one year (cumulatively) with the written concurrence of the Contractor.

PRICE GUARANTEE PERIOD

The proposed price and/or hourly rates must remain firm through the first contract period with no adjustments allowed. If the County exercises any of the option years of the contract, the Offeror may submit a request for adjustment on the yearly anniversary date of the contract. Any request for price adjustment(s) must be submitted thirty (30) days in advance of the anniversary date; in writing to the Director of Purchasing. Any and all price adjustments will be limited to the percentage increase in applicable CPI Index for the preceding 12 months. The County reserves the right to reject any request for price increase deemed excessive.

STANDARD TERMS AND CONDITIONS OF THIS RFP

Any contract resulting from this RFP will include the County's Standard Terms and Conditions for Professional Service Contracts included in the RFP and Appendix B. Exceptions and or additions to the County's Standard Terms and Conditions are strongly discouraged.

Exceptions to the RFP Standard Terms and Conditions, of this RFP and/or the Standard Terms and Conditions for Professional Service Contracts as provided Appendix B must be submitted with the proposal response. Exceptions, additions, service level agreements, etc. submitted after the date and time for receipt of proposals will not be considered.

The County retains the right to refuse to negotiate on exceptions should the exceptions be excessive and not in the best

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER:** RFP-RC-2026-027

interest of the County. Offeror must provide all documents in Microsoft WORD format for redline editing. Offeror must provide the name, contact information, and access of the person(s) that will be directly involved in legal negotiations.

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****PROTEST PROCEDURES**

Protests Prior to RFP Opening: Protests regarding any aspect of the RFP document, attached materials and COUNTY award procedures must be submitted in writing prior to the RFP opening date and time (via e-mail, mail, or FAX) to:

Hon. Edwin J. Day
County Executive
11 New Hempstead Road
New City, NY 10956

The County Executive or his designee will respond to these protests within ten (10) business days.

Protests After Bid Opening/Notice of Intent to Award: Protests regarding the County's proposed selection of a Offeror after RFP opening and notice of intent to award announcement must be submitted in writing (via mail, FAX) to the Hon. Edwin J. Day, County Executive, 11 New Hempstead Road, New City, NY, 10956 (FAX: 845-638-5856). The protest must be submitted within three calendar days after such aggrieved person knows or should have known of the facts giving rise thereto. The County Executive or his designee will respond to these protests within ten (10) business days.

DISCUSSIONS WITH OFFERORS (ORAL PRESENTATION)

An oral presentation by an offeror to clarify a proposal may be required at the sole discretion of the County. However, the County may award a contract based on the initial proposals received without discussion with the Offeror. If oral presentations are required, they will be scheduled after the submission of proposals. Oral presentations will be made at the offerors expense. The County is not required to provide the opportunity for oral presentations to all offerors that submitted a proposal.

CONFIDENTIAL / TRADE SECRET INFORMATION

Offerors should be aware that pertinent facts relating to their proposals, excluding trade secrets or proprietary information, could potentially be released as soon as sixty (60) days after the selection of the successful supplier.

The County of Rockland is subject to New York State's Freedom of Information law (FOIL). Should your submission, to this RFP, contain "trade secrets", or other information that the disclosure of which could reasonably be expected to be harmful to business interests, you must insure that such information is clearly identified and marked as such. Identification must be specific by item or paragraph.

Marked information will be treated as Confidential Third Party Information. Should marked information be the subject of a request under FOIL, you may be requested either to consent to the request, or make representation explaining why the information should not be disclosed.

Unpublished information pertaining to the County or its customers obtained by the proposer as a result of participation in this project is confidential and must not be disclosed without written authorization from the County.

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****STANDARD TERMS AND CONDITIONS OF THIS RFP**

The term “County” shall mean the County of Rockland.

The term “Offeror” shall mean a person or entity who makes a specific proposal to another (the County) to enter into a contract.

ACCEPTANCE OF PROPOSALS

This RFP is not and should not be construed as a contract to purchase goods or services. The County is not bound to accept the lowest price or any proposal of those submitted.

ACCEPTANCE OF TERMS

All the terms and conditions of this RFP are deemed to be accepted by the Offeror and incorporated in its proposal except those conditions and provisions that are expressly excluded by the Offeror’s proposal.

AMENDMENTS TO REQUEST FOR PROPOSAL

Any verbal information obtained from or statements made by the Director of Purchasing or his designee at the time of pre-proposal meetings or site visits shall not be construed as, in any way, amending the RFP documents. Only such corrections or addenda as are issued by the Director of Purchasing in writing shall become a part of the Contract. Any addendum issued during the RFP process shall be included in proposals and become a part of the Contract Agreement.

BUSINESS CORPORATION LAW

The Offeror shall be licensed to do business in the State of New York and is fully qualified under the Business Corporation Law, Article 13 - Section 1304.

CHANGES TO PROPOSAL WORDING

No changes to wording of the proposal will be accepted after submission unless requested by the County.

CONTRACT ADMINISTRATOR

A County contract administrator will be assigned to oversee the contract awarded to the successful Offeror. In addition, the successful Offeror will be expected to name a counterpart contract administrator. The Offeror’s contract administrator will be responsible for providing scheduled status reports to the County’s contract administrator or his designee.

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****COMPLIANCE WITH LAWS**

The Offeror shall comply with all the provisions of laws in the County of Rockland, the State of New York and of the United States of America which affect municipalities and municipal contracts, and provide at his expense, any and all permits, licenses and registrations required for the fulfillment of this agreement, and more particularly the Labor Law, the Immigration and Naturalization Laws and Regulation, the General Municipal Law, the Workers' Compensation Law, the Lien Law, Personal Property Law, State Unemployment Insurance Law, Federal Social Security Law, State, Local and Municipal Health Laws, Rules and Regulation, and any and all regulations promulgated by the State of New York and of amendments and additions thereto, insofar as the same shall be applicable to any contract awarded hereunder with the same force and effect as if set forth at length herein.

FINANCIAL STABILITY

The successful Offeror shall demonstrate financial stability and the County reserves the right to conduct independent background checks to determine the financial strength of any and all organizations or individuals submitting proposals.

FIRM PRICING

Prices quoted in the proposals shall be firm for a period of at least 120 days after the submission deadline.

HIPAA

Offeror agrees and acknowledges that the nature of the services pursuant to this RFP may require the Offeror comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), as amended, and any regulations adopted there under. A Business Associate Agreement may be made a part the resulting Agreement. Offeror warrants and represents that its practices, policies and procedures for patient/medical record confidentiality are in full compliance with the "Standards for Privacy of Individually Identifiable Health Information" set forth in 45 CFR 160 et seq. as amended, if applicable.

INDEPENDENT CONSULTANT

Offeror, as an independent contractor, covenants and agrees that it, its agents, servants and/or employees will neither hold itself/themselves out as, nor claim to be an agent, servant or employee of County, and that it, its agents, servants and/or employees will not make a claim, demand or application to or for any right or privilege applicable to an officer or employee of County including, but not limited to, Workers' Compensation coverage, unemployment insurance benefits, Social Security coverage or retirement membership or credit.

LABOR DISRUPTIONS

Any contract resulting from this Request for Proposal process is subject to the right of the County to postpone acceptance of delivery and payment by the County in the event of any form of labor disruption.

LIABILITY OF ERRORS

While the County has used considerable efforts to ensure an accurate representation of information in this RFP, all prospective offerors are urged to conduct their own investigations into the material facts and the County shall not be held liable or accountable for any error or omission in any part of this RFP.

LOCAL LAWS AND RESOLUTIONS

Offeror shall comply with all local laws and resolutions of the Legislature of Rockland County, including, but not limited to, the filing of Disclosure Statements and Affirmative Action Plans, if required by law or resolution.

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****NEGOTIATION DELAY**

If any contract cannot be negotiated within thirty (30) days of notification to the designated offeror, the County may terminate negotiations with that offeror and negotiate a contract agreement with another offeror of its choice.

QUOTES FROM THE MARKETPLACE

The County reserves the right to consider quotes from the marketplace from suppliers other than those invited to respond to this solicitation.

REQUEST FOR PROPOSAL DATES

All dates referenced in the specifications relative to the solicitation timeline are tentative and can be changed in the best interest of the County. The County reserves the right to modify the timeline of the RFP at any time in its sole discretion.

SHORTLIST

Unless there is a successful offeror based on the responses, the evaluation procedure will be to develop a shortlist based on the stated criteria. The shortlist of offerors may be asked to prepare a presentation and/or provide additional information prior to the final selection.

SOCIAL SECURITY TAXES

The Offeror for the agreed consideration promises and agrees to pay the taxes measured by the wages of their employees required by the Federal Social Security Act and all amendments thereto, and to accept the exclusive liability for said taxes. The Offeror further promises and agrees to indemnify and hold the owner harmless on account of any tax measured by the wages aforesaid of employees of the contractor assessed against the owner under authority of said law.

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027****INSURANCE REQUIREMENTS: THE RFP 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;

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027**

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.

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

Edwin J. Day, County Executive**TITLE: Early Childhood Clinic Based Program****RFP NUMBER: RFP-RC-2026-027**

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.

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/content/main/forms/AllForms.jsp>

EMPLOYERS LIABILITY with minimum statutory requirements

COMMERCIAL GENERAL LIABILITY INSURANCE with a minimum limit of liability per occurrence of \$1,000,000/\$2,000,000 aggregate for bodily injury and \$100,000 for property damage or a combined single limit of \$1,000,000 (c.s.1), naming the County of Rockland as an additional insured. This insurance must include the following coverages:

- (i) Premises - Operations.
- (ii) Broad Form Contractual.
- (iii) Independent Contractor and Sub-Contractor.
- (iv) Products and Completed Operations.

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AUTOMOBILE LIABILITY INSURANCE with a minimum limit of liability per occurrence of \$1,000,000 for bodily injury and a minimum limit of \$100,000 per occurrence for property damage or a combined single limit of \$1,000,000 unless otherwise indicated in the contract specifications. This insurance must include for bodily injury and property damage the following coverages:

- (i) Owned automobiles.
- (ii) Hired automobiles.
- (iii) Non-owned automobiles.

PROFESSIONAL LIABILITY The Consultant must provide proof of such insurance. (Limits of \$1,000,000 per occurrence/\$3,000,000 aggregate).

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.

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

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

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

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

(4) A consultant is someone who gives expert or professional advice. Consultants are ordinarily hired on an independent contractor basis. Therefore, the County is not liable to others for the acts or omissions of the consultant. A consultant is an individual who possesses special knowledge or skills and provides that expertise the County for a fee. Consultants help find and implement solutions to a wide variety of problems, including those

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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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TITLE: Early Childhood Clinic Based Program
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	VENDOR CLASSIFICATION CHECK APPROPRIATE BOX	Garage Operations ☐	Technology Computer Consultants ☐	Cloud Based Data Storage and Software Programs ☐	Children Services no transport or housing ☒	Children Services with transport or housing ☐
	Type of Insurance					
A	Commercial General Liability (CGL) Each Occurrence					
	General Liability	\$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
	Med. Expense Any One Person	\$5,000	\$5,000	\$5,000	\$5,000	\$5,000
	Damage to Rented Premises	\$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
	Products-Comp / Op Aggregate	\$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)	(2)
	Combined Single Limit per accident					
	Any Auto	\$1,000,000	\$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	\$1,000,000
	All Hired	\$1,000,000	\$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	\$1,000,000
C	Excess / Umbrella Liability					
	Each Occurrence	\$1,000,000	\$1,000,000	\$1,000,000	\$5,000,000	\$10,000,000
	Aggregate	\$1,000,000	\$1,000,000	\$1,000,000	\$5,000,000	\$10,000,000
D	Workers Compensation and Employers Liability	(3)	(3)	(3)	(3)	(3)
	E.L. Each Accident	Statutory	Statutory	Statutory	Statutory	Statutory
	E.L. Each Disease-EA Employee	Statutory	Statutory	Statutory	Statutory	Statutory
	E.L. Disease-Policy Limit					
E	Disability Benefits	(3)	(3)	(3)	(3)	(3)
	Each Employee	Statutory	Statutory	Statutory	Statutory	Statutory
F	Other-Professional Liability or errors and Omissions or Malpractice			(4)	(4)	(4)
	Per Claim		\$1,000,000	\$1,000,000	\$1,000,000 (Sexual Abuse)	\$1,000,000 (Sexual Abuse)
	Garage Keepers Comprehensive and Collision	Primary & Direct				
	Per Vehicle	Based Specific Contract				
	Aggregate	Based Specific Contract				
	Data Breach and Privacy/Cyber Liability Higher Limits are recommended when Personal Identifying Information is part of the contract		\$ 2,000,000	\$2,000,000		
*	All Other Insurance as Required by Law					
	Rockland County to be named as Additional Insured on these coverage's	GL-AL- EXCESS	GL-AL- EXCESS	GL-AL	GL-AL-PROFESSIONAL	GL-AL- EXCESS- PROFESSIONAL



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

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

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

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

PRODUCER The Ducey Agency, Inc 43 South Liberty Drive Stony Point, NY 10980	CONTACT NAME: PHONE (A/C, No, Ext): E-MAIL ADDRESS:	Required Required Required	FAX (A/C, No):
INSURED ANY CHILDREN SERVICES NO TRANSPORT OR HOUSING 123 MAIN STREET NEW CITY, NY 10956	INSURER(S) AFFORDING COVERAGE INSURER A : INSURER B : INSURER C : INSURER D : INSURER E : INSURER F :		NAIC # Rating as Required by Contract or Solicitation

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	☒ COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☒ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☒ PROJECT ☐ 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 ☒ ANY AUTO ☒ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☒ HIRED AUTOS ONLY ☒ NON-OWNED AUTOS ONLY	X	X				COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
C	☒ UMBRELLA LIAB ☒ OCCUR ☐ EXCESS LIAB ☐ CLAIMS-MADE ☐ DED ☐ RETENTION \$	X	X				EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000
	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 \$
D	Sexual Abuse & Molestation	X					Per Claim \$1,000,000

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

CANCELLATION

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

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