

DEPARTMENT OF GENERAL SERVICES, PURCHASING DIVISION

Dr. Robert L. Yeager Health Center
50 Sanatorium Rd, Building A
Pomona, New York 10970
Phone: (845) 364-3820 Fax: (845) 364-3809
Email: purchasing@co.rockland.ny.us

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

CONTRACT OPTION

BID NO: RFB-RC-2023-095

SUPPLIER: Driven Brands Holdings, Inc d/b/a AGN Glass, LLC (Auto Glass

Now)

TITLE: Automotive Glass-Replacement & Repair for

Automobiles, Trucks & Equipment

ATTN: Tina Felker

The County of Rockland may wish to exercise the option to extend all awards in relation to the above noted bid for one additional year. If extended, the bid pricing will remain firm for the period of: From: November 20, 2025, to November 19, 2026 w/ 1-year option.

If you agree to extend all pricing and other requirements of the above noted bid, please sign a copy of this contract extension below and complete the attached **Statement of Required Disclosures**, **Representations and Certifications** and email it to: <u>Stephanie Velez (velezst@co.rockland.ny.us)</u> by <u>8/29/25</u>. The County of Rockland requires a current **Insurance Certificate** naming the County of Rockland as additional insured, detail requirements are provided below. If applicable, please supply a current copy of your **Rockland County Trade License**.

If you **DO NOT** wish to extend all pricing and other requirements in accordance with the above noted bid, please indicate below and return.

	II extend our pricing through <u>Novemb</u> OR	
NO, we will	not extend our pricing through <u>Nove</u>	ember 19, 2026 w/ 1-year option.
Auh Ga Company Na Signature	0	Name (please print clearly) of Soles Date
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Director of Purchasing

INSURANCE REQUIREMENTS

Upon renewal of this contract, the County of Rockland requires an original valid insurance certificate with the specified limits. The County of Rockland must be listed as additional insured.

COI Certificate Instructions

The Red highlighted verbiage needs to be in the box denoted (Description of Operations) and the proper address in the Certificate Holder Box on the accord form. Of course, all limits of limited must be stated in the bid specifications.

Description of Operations

THE COUNTY OF ROCKLAND INCLUDING ITS EMPLOYEES, ITS OFFICIALS, ITS VOLUNTEERS AND ROCKLAND COUNTY SEWER DISTRICT #1 ARE NAMED AS ADDITIONALLY INSURED.

County address for Certificate Holder is as follows:

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

You are also required to provide a valid NYS Worker's Compensation Certificate or a current Certification of Exemption as issued by the NYS Department of Labor.

Please review the Worker's Compensation and Disability Insurance requirements and procedures as specified in the solicitation.

Note: According to NYS Labor Law, it is no longer acceptable to provide proof of these limits on an Accord Certificate. NY State Department of Labor requirements for Worker's Compensation and Disability forms can be accessed online at: http://www.wcb.ny.gov/content/main/forms/AllForms.jsp

Thank you for your consideration in this matter.

STATEMENT OF REQUIRED DISCLOSURES, REPRESENTATIONS AND CERTIFICATIONS

Instructions:

- 1. All forms must be completed & submitted.
- 2. A notary is only required for one page.

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:
Driven Brands DBA: Auto Glass Now LLC
Address: 440 S. Church Co
Charolette, NC 28202
Remit to Address if different from above:
P. O.BOX 84675Z
Los Angeles, CA 90084
FID No.: 473595252
Name of Individual Completing this form:
Title/Position: DIVELOV OF GALOS
Telephone Number: (allo) 599-959
Telefax Number:
EMAIL address: Tina. FELKER @ autoplass NOW. Con
EMAIL address: Tina. Fourth autoglass now, com EMAIL address for Purchase orders (Mandatory): AR E autoglass now, com
SIGNATORY FIRST & LAST NAME TIME FELLER
SIGNATORY TITLE Director of SALES

*<u>Note:</u> <u>ALL</u> Sections on the following pages must be completed and this Statement must be signed before a Notary

SECTION A. DISCLOSURE OF POLITICAL CONTRIBUTIONS PURSUANT TO CHAPTER 323 OF THE ROCKLAND COUNTY CODE

	Pursuant to Chapter 323 ies or nonprofit organizat				other municipal bodies or B.
2.	The reporting entity	(check one):			
		o a contract with t			\$10,000.00,
	Is currently	under a contract v	vith the County of	Rockland in exces	ss of \$10,000.00
3.					ajority shareholders, hav
	individual or any co	s having a value in mmittee for an in	excess of \$200.00 dividual running for	per year made to r public office in	organizations listed below o any political party or ar County of Rockland or in or to the date of subscribe
	List all contributions individual or any condistrict in which Con	s having a value in ommittee for an in unty of Rockland is	excess of \$200.00 dividual running for s located, for a peri	per year made to public office in o od of 3 years price	o any political party or ar County of Rockland or in or to the date of subscribe
	List all contributions individual or any codistrict in which Coubelow.	s having a value in ommittee for an in unty of Rockland is	excess of \$200.00 dividual running for s located, for a peri	per year made to public office in o od of 3 years price	o any political party or ar County of Rockland or in or to the date of subscribe
	List all contributions individual or any condistrict in which Conbelow. Note: Answer "non Name of	s having a value in ommittee for an in- unty of Rockland is e" or list each con- Relationship to Reporting	excess of \$200.00 dividual running for a periodic located, for a periodic located for a per	per year made to r public office in code of 3 years price y (if necessary, use Date of	o any political party or an County of Rockland or in or to the date of subscribe additional sheets) Value and Nature
	List all contributions individual or any condistrict in which Conbelow. Note: Answer "non Name of	s having a value in ommittee for an in- unty of Rockland is e" or list each con- Relationship to Reporting	excess of \$200.00 dividual running for a periodic located, for a periodic located for a per	per year made to r public office in code of 3 years price y (if necessary, use Date of	o any political party or an County of Rockland or in or to the date of subscribe additional sheets) Value and Nature

Section B. <u>DISCLOSURE OF SUPPLIER RESPONSIBILITY STATEMENT</u>

If none apply enter "None" on each line

List any convictions of any person, subsidiary, or affiliate of the company, arising out of obtaining, or attempting to obtain a public or private contract, or subcontract, or in the performance of such contract or subcontract.
none
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.
hone money and an analysis of 200,000 per arrows such as with the course of
List any convictions or civil judgments under state or federal antitrust statutes.
hone to the County of
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.
hone
List any prior suspensions or debarments by any government agency.
hone
List any contracts not completed on time.
hone was a spring story and my included at legal early in about the
List any documented violations of federal or state labor laws, regulations or standards, or occupational safety and health rules.
none
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Section C. 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 D. <u>BUSINESS DEALINGS IN NORTHERN IRELAND -MACBRIDE PRINCIPLES</u>

- The subscriber below, authorized on behalf of the Reporting Entity in the title/position indicated hereinabove, certifies the following, in accordance with Article III 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.

Section E. 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.

Section F. CERTIFICATION REGARDING BOYCOTT, DIVEST AND SANCTIONS (BDS) ACTIVITIES

 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 G. 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.

State of CA)
County of Elda Ado) ss:)

All statements, disclosures and representations stated hereinabove this Statement Required Disclosures, Representations and Certifications, comprised of the preceding 6 pages and this page, are based upon my personal review of the books and records of the reporting entity. I declare, under oath or affirmation that all of the foregoing information, as well as any supplemental responses and statements that may be attached hereto are true to the best of my knowledge. I make these statements under the penalty of perjury, in my position/title held at the above-named Reporting Entity.

RY. /

(Signature)

Print Name and Title/position

Sworn to before me this

12____day of SEPT___, 2025

Notary Public

SEE ATTACHED CA: AFFIDAVIT (B) 9/12/25

CALIFORNIA JURAT WITH AFFIANT STAT	EMENT GOVERNMENT CODE § 8202
See Attached Document (Notary to cross out	
Contract 8	Priors
5 A N 1-	
X John Stranger	
Signature of Document Signer No. 1	Signature of Document Signer No. 2 (if any)
	icate verifies only the identity of the individual who signed the the truthfulness, accuracy, or validity of that document.
State of California County of ELDEVACIO	Subscribed and sworn to (or affirmed) before me on this 12 day of SEPT 20 by Date Month Year (1) ///A HWDREA FELKE R
KEVIN P. JAMIESON COMM. # 2404214 HOTARY PUBLIC-CALIFORNIA DEL DORADO COUNTY	(and (2) Name(s) of Signer(s)),
MY COMM. EXP. MAY 13, 2026	proved to me on the basis of satisfactory evidence to be the person(s) who appeared before me.
	Signature of Notary Public
	Ograture of Hotaly Public
Seal Place Notary Seal Above	TIONAL
Though this section is optional, completing this	s information can deter alteration of the document or s form to an unintended document.
escription of Attached Document	0/5/5
tle or Type of Document: KOCKLANG	DOCUMENT Date: 4/2/25
umber of Pages: Signer(s) Other Than Na	