

**RFP#2024-08**

**REQUEST FOR PROPOSALS  
FOR RECYCLABLES COLLECTION, TRANSPORTATION AND DISPOSAL FOR THE  
TOWN OF STONY POINT, NEW YORK**

*DATED JUNE 10, 2024*

**TO: RECIPIENTS OF THE REQUEST FOR PROPOSALS**

**FROM: ROCKLAND GREEN**

**DATE: JULY 12, 2024**

**SUBJECT: ADDENDUM NUMBER 1**

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This Addendum Number 1 shall be part of Request for Proposals No. 2024-08 for Recyclables Collection, Transportation and Disposal for the Town of Stony Point, New York issued by Rockland Green on June 10, 2024, (the "RFP").

**1. Please find attached the missing business proposal forms 13, 14, and 15.**

Attachments

**BUSINESS PROPOSAL FORM 13: FLOW CONTROL DISCLOSURE FORM**

Please indicate below whether the Proposer, or the parent company of the Proposer, has ever received a flow control violation in any jurisdiction, including Rockland County:

**No:** \_\_\_\_\_

**Yes:** \_\_\_\_\_

If you marked “Yes”, please provide the following information for **each** notice of violation received in connection with flow control (whether such event occurred within Rockland County or any other jurisdiction):

1. Date of Notice of Violation: \_\_\_\_\_

1. Location/Jurisdiction of Violation: \_\_\_\_\_

2. Description of Violation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

3. Disposition of Violation (include relevant dates): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Additional Comments: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**BUSINESS PROPOSAL FORM 14: STATEMENT OF PERMIT DENIALS, REJECTIONS  
AND RESCISSIONS**  
**(Proposers must complete this Business Proposal Form 14 for the Proposer and the  
Guarantor)**

Please indicate below whether the Proposer, an Interested Party of the Proposer, a Predecessor Company or an Interested Party of a Predecessor Company or, to the extent a Guarantor is required by Rockland Green, the Guarantor, has ever been denied the issuance of a permit or license or a permit or license of such entity was revoked or rescinded in Rockland County or any other jurisdiction:

**No:** \_\_\_\_\_

**Yes:** \_\_\_\_\_

If you marked “Yes”, please provide the following information with respect to each denial or revocation or rescission (whether such event occurred within the State or any other jurisdiction):

1. Permit/License: \_\_\_\_\_
2. Location/Jurisdiction of Violation: \_\_\_\_\_
3. Date of application denial, or permit or license revocation or rescission: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
4. Reason for denial, revocation or rescission (as applicable): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
5. Additional Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

To the extent additional space is required, Proposers may attach additional pages.

**BUSINESS PROPOSAL FORM 15**

**STATEMENT OF PREVAILING WAGE LAW VIOLATIONS**

Please indicate below whether the Proposer, an Interested Party of the Proposer, a Predecessor Company, or an Interested Party of a Predecessor Company, has ever been investigated for and/or found to be in violation of the Prevailing Wage Law in New York State or any similar law in any other jurisdiction:

**No:** \_\_\_\_\_

**Yes:** \_\_\_\_\_

If you marked “Yes”, please provide the following information for **each** notice of violation received in connection with the payment of prevailing wages (whether such event occurred within the State or any other jurisdiction):

1. Date of Notice of Violation: \_\_\_\_\_

2. Location/Jurisdiction of Violation: \_\_\_\_\_

3. Description of Violation: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

4. Disposition of Violation (include relevant dates): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. Additional Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

To the extent additional space is required, Proposers may attach additional pages.