



Town of
Washington

BID FORM

RFP 2025

Window Replacement

Proposal Issued March 17, 2025

Contractor Name: ACT CONSTRUCTORS LLC

Street Address: 3 STEPHEN STREET

City: State: Zip Code: ALBANY NY 12202

Telephone: _____ Cell Phone: 518 368 5294 Email: Anthony.Du121@Gusith.com

Bid Amount (Lump Sum): ONE HUNDRED AND FIFTEEN THOUSAND dollars \$ 115,000.00

(\$) 85.22 (must be using prevailing wage)

Alternates—Please Describe:

Exceptions—Please Describe: NONE

☒ I have read the Request for Proposals dated March 17, 2025

Authorized Signature: Sonia Joseph Date 9-28-26

Title OWNER

1. The first part of the document is a list of the names of the persons who have been named in the proceedings.

CONTRACTOR'S INSURANCE REQUIREMENTS

Contractor's RiskComplete Building Limit=\$ 1,000,000.00

General Liability.....Limit= \$1,000,000.00/per
occurrence \$ 2,000,000.00/aggregate

Automobile Liability.....combined single limit = \$ 1,000,000.00

Commercial Umbrella....Limit= \$ 1,000,000.00

Worker's Compensation..As mandated by NYS

HOLD HARMLESS

The Contractor shall, to the fullest extent permitted by law, at all times indemnify and save harmless the Town of Washington from and against any and all claims and demands whatsoever, including costs, litigation expenses, counsel fees and liabilities in connection therewith arising out of injury to or death of any person whomsoever or damage to any property of any kind by whomsoever, to the extent caused in whole or in part, directly or indirectly, by the negligent acts or omissions of the Contractor, any person employed by the Contractor, or anyone for whom the Contractor is liable, while engaged in the work hereunder. This clause shall not be construed to limit, or otherwise impair, other rights or obligations of indemnity which exist in law, or in equity, for the benefit of the Town.

IN WITNESS WHEREOF, the CONTRACTOR has set its hand this 21 day of, September 2026

SIGNATURE Anthony Ducreay

NAME & TITLE Anthony Ducreay / Supervisor

VENDOR INFORMATION FOR THE TOWN OF WASHINGTON

Please complete the following information for the Town of Washington to track vendor applicant information and for the Town's purchasing process.

Business Name ACT CONSTRUCTORS LLC

Address 3 Stephen Street Albany NY 12202

Phone 518 368 5294 Contact person Anthony Ducreay

Business Type (Sole Proprietorship, Corporation, LLC, etc.) _____

Is your business a Disadvantaged Business Enterprise (DBE)? Yes No its a woman owned

Is your business a Minority and Women-Owned Business Enterprise (MWBE)? ☒ Yes ☐ No

Is your business a Service Disabled Veteran Owned Business (SDVOB)? Yes ☐ No ☒

Does your business have a small business status? ☒ Yes ☐ No BUT NOT OFFICIALLY

Any other business status, please provide information: RRP CERTIFICATE and DOL CERTIFICATE

Provide the name of the Certifying Entity

(ties): CORNELL COOPERATIVE EXTENSION and DEPT OF LABOR

Have you conducted business with the TOWN before? Yes ☐ No ☒

If the answer to the above question is NO, please provide your Federal ID Number and

attach a copy of your W-9 Form. FEIN #: 47-4959882

How did you discover this Bid opportunity? through "CONSTRUCT Connect" CONSTRUCTION SERVICES

Completing the above information does not change your chances of being awarded a contract. The information collected will NOT be sold and will not be used to contact you.

Thank you.

REFERENCES -

- ① ANDREW MATHIAS #5194191135 1706 VAN ORANKEN AVE - SELENCETADY NY 12308
- ② FRANK BLINSKI #5183282875 2150 CURRY ROAD ROTTERDAM NY 12303
- ③ LATOSHA HARRINGTON #5188579175 38 STEPHEN STREET ALBANY NY 12202

MATERIALS + EQUIPMENT TO BE USED

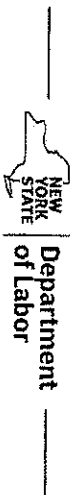
BUCKET LIFT, CAUTION TAPE and TRAFFIC CONES, SILICONE, CHALK, STAIR INSULATION, BAKERS SCAFFOLD, 5 MIL PLASTIC, PAINTERS TAPE, TRIM NAILS and SCREWS, WINDOW STOPS, etc....

Dear
Prodesk-1239@HomeDepot

102

Alison
845 331 2255 X 2761

WE ARE YOUR DOL



DIVISION OF SAFETY AND HEALTH LICENSE AND CERTIFICATE UNIT, STATE OFFICE CAMPUS, BUILDING 12, ALBANY, NY 12226

CERTIFICATE OF CONTRACTOR REGISTRATION

This Certificate Entitles the Holder to Perform and Bid on Public Work and

Covered Private Construction Projects in the State of New York,

Subject to the Prevailing Wage Requirements of

NYS Labor Law Article 8

ACT Constructors LLC

3 Stephen Street

Albany, New York 12202

Phone Number: 5183685294

Registration Number: 26-66UTK-CR

Date of Issue: 2026-04-13

Expiration Date: 2028-04-13

(This license is valid only for the contractor named above)

A handwritten signature in cursive script, appearing to read "Roberta Reardon".

Roberta Reardon

Commissioner

New York State Department of
Labor



**CORNELL COOPERATIVE EXTENSION
ALBANY COUNTY**

24 MARTIN ROAD
VOORHEESVILLE, NEW YORK 12186
(518) 765-3500 FAX 765-2490

Cornell Cooperative Extension | Albany County

**CERTIFICATE OF ATTENDANCE AND
SUCCESSFUL COMPLETION**

RENOVATOR INITIAL—ENGLISH
PER 40 CFR PART 745.225

Anthony P. Duceay

3 Stephen Street, Albany, NY 12202

CERTIFICATE# R-I-114911-25-05455

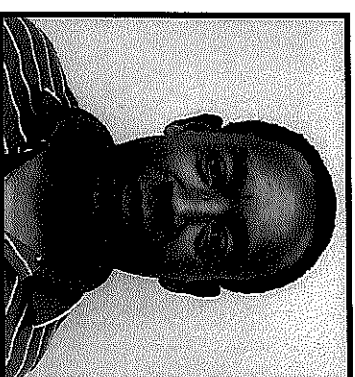
Course Date: 07/22/2025

Examination Date: 07/22/2025

Expiration Date: 07/22/2030

Nicholas E. Blow Alexander R. Kleinberger
PRINCIPAL INSTRUCTOR/TRAINING MANAGER

07/22/2025





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

9/28/2026

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 Lancaster Insurance Center PO Box 708 Palatine Bridge NY 13428		CONTACT NAME: Terina Lancaster PHONE (A/C, No, Ext): (518) 844-1510 FAX (A/C, No): (518) 216-0699 E-MAIL ADDRESS: terina@lancasterinsurancecenter.com	
INSURED Act Constructors, LLC 3 STEPHEN ST ALBANY NY 12202-1512		INSURER(S) AFFORDING COVERAGE INSURER A: Security Mutual Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	

COVERAGES	CERTIFICATE NUMBER:	REVISION NUMBER:
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 SUBR INSD 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 ☐ PRO-JECT ☐ LOC OTHER:	Y	0210009480	08/06/2026	08/06/2027	EACH OCCURRENCE	\$ 1,000,000
	DAMAGE TO RENTED PREMISES (Ea occurrence)					\$ 100,000	
	MED EXP (Any one person)					\$ 5,000/50,000	
	PERSONAL & ADV INJURY					\$ 1,000,000	
	GENERAL AGGREGATE					\$ 2,000,000	
						PRODUCTS - COMP/OP AGG	\$ 1,000,000
							\$
	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ SCHEDULED AUTOS ☐ HIRED AUTOS ONLY ☐ NON-OWNED AUTOS ONLY					COMBINED SINGLE LIMIT (Ea accident)	\$
						BODILY INJURY (Per person)	\$
						BODILY INJURY (Per accident)	\$
						PROPERTY DAMAGE (Per accident)	\$
							\$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$					EACH OCCURRENCE	\$
						AGGREGATE	\$
							\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y / N ☐ N / A	N / A				PER STATUTE	OTH-ER
						E.L. EACH ACCIDENT	\$
						E.L. DISEASE - EA EMPLOYEE	\$
						E.L. DISEASE - POLICY LIMIT	\$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

Town of Washington is listed as Additionally Insured.

CERTIFICATE HOLDER Town of Washington 10 Reservoir Drive Millbrook NY 12545	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE Terina Lancaster
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New York State Insurance Fund

PO Box 66699, Albany, NY 12206

| nysif.com

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE



SCAN TO VALIDATE
AND SUBSCRIBE

***** 474959882
MARSHALL & STERLING INC
110 MAIN STREET
POUGHKEEPSIE NY 12601

POLICYHOLDER
ACT CONSTRUCTORS LLC
3 STEPHEN STREET
ALBANY NY 12202

CERTIFICATE HOLDER
TOWN OF WASHINGTON
10 RESERVOIR DRIVE
MILLBROOK NY 12545

POLICY NUMBER A2372 134-3	CERTIFICATE NUMBER 720610	POLICY PERIOD 09/23/2026 TO 09/23/2027	DATE 9/28/2026
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THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 2372 134-3, COVERING THE ENTIRE OBLIGATION OF THIS POLICYHOLDER FOR WORKERS' COMPENSATION UNDER THE NEW YORK WORKERS' COMPENSATION LAW WITH RESPECT TO ALL OPERATIONS IN THE STATE OF NEW YORK, EXCEPT AS INDICATED BELOW, AND, WITH RESPECT TO OPERATIONS OUTSIDE OF NEW YORK, TO THE POLICYHOLDER'S REGULAR NEW YORK STATE EMPLOYEES ONLY.

IF YOU WISH TO RECEIVE NOTIFICATIONS REGARDING SAID POLICY, INCLUDING ANY NOTIFICATION OF CANCELLATIONS, OR TO VALIDATE THIS CERTIFICATE, VISIT OUR WEBSITE AT [HTTPS://WWW.NYSIF.COM/CERT/CERTVAL.ASP](https://www.nysif.com/cert/certval.asp). THE NEW YORK STATE INSURANCE FUND IS NOT LIABLE IN THE EVENT OF FAILURE TO GIVE SUCH NOTIFICATIONS.

THIS POLICY DOES NOT COVER THE SOLE PROPRIETOR, PARTNERS AND/OR MEMBERS OF A LIMITED LIABILITY COMPANY.

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS NOR INSURANCE COVERAGE UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICY.

NEW YORK STATE INSURANCE FUND

DIRECTOR, INSURANCE FUND UNDERWRITING

VALIDATION NUMBER: 446760414





CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

09/28/2026

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 Marshall+Sterling 110 Main Street Poughkeepsie NY 12601		CONTACT NAME: Allison Williams PHONE (A/C No, Ext): (845) 454-0800 FAX (A/C No): E-MAIL ADDRESS: awilliams@marshallsterling.com	
INSURED ACT CONSTRUCTORS LLC 3 STEPHEN ST Albany NY 12202		INSURER(S) AFFORDING COVERAGE INSURER A: NGM Insurance Company INSURER B: INSURER C: INSURER D: INSURER E: INSURER F:	
		NAIC # 14788	

COVERAGES**CERTIFICATE NUMBER:** CL267927579**REVISION NUMBER:**

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
	COMMERCIAL GENERAL LIABILITY ☐ CLAIMS-MADE ☐ OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: ☐ POLICY ☐ PRO-JECT ☐ LOC OTHER:						EACH OCCURRENCE \$ DAMAGE TO RENTED PREMISES (Ea occurrence) \$ MED EXP (Any one person) \$ PERSONAL & ADV INJURY \$ GENERAL AGGREGATE \$ PRODUCTS - COMP/OP AGG \$ \$
A	AUTOMOBILE LIABILITY ☐ ANY AUTO ☐ OWNED AUTOS ONLY ☐ HIRED AUTOS ONLY ☒ SCHEDULED AUTOS ☐ NON-OWNED AUTOS ONLY			CA00051351	07/23/2026	07/23/2027	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
	UMBRELLA LIAB ☐ OCCUR EXCESS LIAB ☐ CLAIMS-MADE DED RETENTION \$						EACH OCCURRENCE \$ AGGREGATE \$ \$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below Y/N ☐ N/A						PER STATUTE ☐ OTH-ER ☐ E.L. EACH ACCIDENT \$ E.L. DISEASE - EA EMPLOYEE \$ E.L. DISEASE - POLICY LIMIT \$

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

CERTIFICATE HOLDER**CANCELLATION**Town of Washington
10 Reservoir Drive

Millbrook

NY 12545

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

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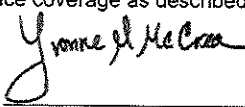
**Workers'
Compensation
Board**

**CERTIFICATE OF INSURANCE COVERAGE
DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW**

PART 1. To be completed by Disability and Paid Family Leave Benefits Carrier or Licensed Insurance Agent of that Carrier

1a. Legal Name & Address of Insured (use street address only) ACT Constructors LLC 3 Stephen Street Albany, NY 12202	1b. Business Telephone Number of Insured
Work Location of Insured (Only required if coverage is specifically limited to certain locations in New York State, i.e., a Wrap-Up Policy)	1c. Federal Employer Identification Number of Insured or Social Security Number 474959882
2. Name and Address of Entity Requesting Proof of Coverage (Entity Being Listed as the Certificate Holder) Town of Washington 10 Reservoir Drive, Millbrook NY 12545	3a. Name of Insurance Carrier Arch Insurance Company, Writing Company 3b. Policy Number of Entity Listed in Box "1a" 11DBL0611600 3c. Policy effective period 9/22/2026 to 9/22/2027
4. Policy provides the following benefits: ☒ A. Both disability and paid family leave benefits. ☐ B. Disability benefits only. ☐ C. Paid family leave benefits only.	
5. Policy Covers: ☒ A. All of the employer's employees eligible under the NYS Disability and Paid Family Leave Benefits Law. ☐ B. Only the following class or classes of the employer's employees: _____ _____	

Under penalty of perjury, I certify that I am an authorized representative or licensed agent of the insurance carrier referenced above and that the named insured has NYS Disability and/or Paid Family Leave Benefits insurance coverage as described above.

Date Signed September 28, 2026 By 
(Signature of insurance carrier's authorized representative or NYS Licensed Insurance Agent of that insurance carrier)

Telephone Number (845)454-0800 Name and Title Authorized Signature

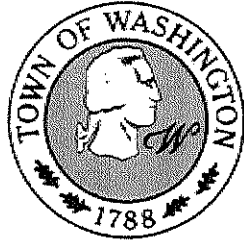
IMPORTANT: If Boxes 4A and 5A are checked, and this form is signed by the insurance carrier's authorized representative or NYS Licensed Insurance Agent of that carrier, this certificate is COMPLETE. Mail it directly to the certificate holder.

If Box 4B, 4C or 5B is checked, this certificate is NOT COMPLETE for purposes of Section 220, Subd. 8 of the NYS Disability and Paid Family Leave Benefits Law. It must be mailed for completion to the Workers' Compensation Board, Plans Acceptance Unit, PO Box 5200, Binghamton, NY 13902-5200.

PART 2. To be completed by the NYS Workers' Compensation Board (Only if Box 4C or 5B of Part 1 has been checked)

State of New York Workers' Compensation Board	
According to information maintained by the NYS Workers' Compensation Board, the above-named employer has complied with the NYS Disability and Paid Family Leave Benefits Law with respect to all of his/her employees.	
Date Signed _____	By _____ (Signature of NYS Workers' Compensation Board Employee)
Telephone Number _____	Name and Title _____

Please Note: Only insurance carriers licensed to write NYS disability and paid family leave benefits insurance policies and NYS licensed insurance agents of those insurance carriers are authorized to issue Form DB-120.1. Insurance brokers are NOT authorized to issue this form.
DB-120.1 (10-17)



*Town of
Washington*

rec'd
9/28 11:48
~~11/1/26~~

REQUEST FOR PROPOSALS - 2025

The Town of Washington is issuing a Request for Proposals (RFP) from qualified window replacement contractors to replace the windows on the first and second floor of the Town Hall building located at 10 Reservoir Drive. To be considered for this contract, your business must meet the qualifications and satisfy the requirements set forth in this Request for Proposals. Proposals must be received at the address listed below no later than noon, local time on Monday, September 28th, 2026

Town of Washington

Town Clerk

"Proposal for Window Replacement- Town of Washington"

10 Reservoir Drive

Millbrook, NY 12545

SCOPE

The Town is seeking interested and qualified contractors to submit a proposal to replace the existing windows located on the first and second floor of the Town Hall Building.

Providers must include all labor using NYS prevailing wage rate, materials, personnel and equipment needed. Interested parties must demonstrate qualifications, experience, and abilities associated to accomplish and support all aspects of prescribed scope of work.

- Removal of Thirty existing windows on the first and second floor of building
- Installation of Thirty Retrofit Windows

INSTRUCTIONS

Proposals will be received until noon local time on Monday, September 28th, 2026 at the Town of Washington Town Hall, Town Clerk's Office, located at 10 Reservoir Drive Millbrook, NY 12545 at which time and place bids will be opened. All submittals shall be in a sealed, clearly marked envelope. Envelopes should indicate the name of bidder and "RFP - Window Replacement" PO Box 667 Millbrook, NY 12545.

Submittals shall consist of one (1) clearly marked original and one (1) copy of your response which shall be signed and submitted to the Clerk's Office no later than the time and date specified in this solicitation. Timely submission of the response is the responsibility of the

bidder. An electronic PDF version of the entire proposal package must be provided upon request after the submission deadline.

Bids submitted may not be withdrawn or modified for 60 days following the date on which they are opened by the Town Clerk.

Questions regarding this Request for Proposal shall be directed to Matthew Purcell, Groundskeeper, (phone) 845-476-0076 or (email) mattmillbrookrec@gmail.com

The Town of Washington reserves the right to reject any or all proposals, to negotiate separately with any source whatsoever in any manner necessary to attend to the best interests of the Town, to waive irregularities in any proposal, and to accept a proposal which best meets the needs of the Town's irrespective of the bid price.

GENERAL PROPOSAL REQUIREMENTS

The specifications outlined in this RFP will be made a part of any agreement entered into between the Town and the selected individual or firm. All bidders should follow the format specified below. Applicants should base their submissions on the details of this RFP, specifically the detailed information provided in the "Services Requested" section, along with any information provided in any addenda that may be issued.

1. Cover Page: The proposal shall include the RFP Title, date of submittal, company name, address, electronic-mail, and telephone numbers. This page should also include the main point of contact.

2. Resumes, Qualifications, and Experience: This section contains an overview of the bidder's background, training, and experience. Provide at least three but not more than five similar projects that you have completed in the last five years.

3. Services Provided: This section contains the information requested as detailed in "Services Requested" section of this RFP.

4. Pricing: The proposal shall include a complete scope of services and all associated costs and an explanation of how fees are calculated. Work performed by authorized subcontractors should be itemized using prevailing wages.

5. Performance Bond: The successful bidder will be required to post a Performance Bond in an amount equal to the construction contract.

6. Certification: The bidder will provide a certification that the statements contained in the proposal are true and correct to the best of their knowledge.

7. Additional Attachments: All other attachments, e.g. required forms, company information, etc. or any additional information to be included with the proposal. Provide any additional information you would like the Town to consider and any value-added goods or services that Town might be interested in.

This Request for Proposals is not an offer of contract. Receipt of a proposal neither commits the Town to award a contract to any party, even if all requirements stated in this proposal are met, nor limits the Town's right to negotiate in its best interest. The Town reserves the right to contract with a bidder whose proposal is determined to be in its best interests. The Town reserves the right to reject any and all offers received. No proposals will be accepted from anyone who is in arrears for prior expenses or fees owed to the Town.

Expenses incurred in the preparation of proposals in response to this Request for Proposals are the bidder's responsibility. No work performed by the selected contractor that is out of the scope as defined by the contractor's proposal will be reimbursed unless specifically authorized by the Town in writing. Once bids are opened, the information contained therein becomes freely accessible by the public.

SERVICES REQUESTED

The Town is seeking a qualified contractor to replace the Windows located on the first and second floor of the Town Hall building. The Town will rely upon the contractor's expertise and experience to suggest the best retrofit solution suited to the building. This Request for Proposals identifies the requirements that are considered to be the minimum by the Town. Specific details described within this Request for Proposals notwithstanding, it will be the obligation of the selected contractor to adhere to accepted industry standard methods and practices in completing work and to complete a project that is consistent in terms of appearance and quality of materials and workmanship of other areas of Town Hall.

The proposed services must include, but need not be limited to, the following:

1. Complete turnkey project to remove and replace thirty existing double hung windows located on the first and second floor of the the Town Hall Building located at 10 Reservoir Drive Millbrook, NY 12545

2. The general work to be performed in replacing the windows will be the following:

A. Measuring existing windows for new retrofits, windows to have aluminum clad exterior, white. Windows will have a bare pine interior. Windows to have awning on lower half of windows

B. Removal of thirty windows on the first and second floors of the building, in a safe and timely manner

C. Contractor is responsible for disposal of all and any construction debris and complete site restoration

D. Contractor will install new windows in a safe and timely manner

E. Contractor will install and blind stops as needed to install windows

F. Contractor will seal and insulate new windows

3. Contractor estimates must include the total cost of the project.

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4. Contractor Proposal must include a detailed description of the work to be performed.
5. Contractor proposals must describe a detailed description of the materials used.
6. Contractor proposals must provide a detailed description of warranty coverage, including manufacturer and installer warranties.
7. On- site space requirements must be made known for the contractor and equipment parking.
8. The contractor must work with on-site project coordinator on timelines for project start and end. This includes working with local staff for access inside the building when necessary.

TIME OF WORK AND COMPLETION

The contractor shall complete all work by December 31st, 2026. The contractor shall not discontinue work for more than five (5) consecutive calendar days without the prior written approval of the Town Clerk or the Groundskeeper. The work to be completed pursuant to this Request for Proposals will be scheduled between the hours of 7:00 am and 5:00 pm, Monday through Friday, unless the contractor obtains written permission from the Town Clerk or the Groundskeeper.

MAINTENANCE OF PROJECT SITE

The contractor shall not work, store or operate equipment outside designated work areas without the permission of the Town Clerk or the Groundskeeper.

The contractor's operations shall not interfere with Town operations and/or emergency vehicles. The contractor shall protect all abutting property from injury or loss and shall defend and save the Town harmless from all such damages, injuries and loss occurring because of his/her work. The contractor shall furnish and maintain all passageways, barricades, guard fences, lights and danger signals, and shall provide watchmen and other facilities as required by local conditions, all at no additional cost to the Town. The contractor shall assume full responsibility for loss or damage to the work during the entire construction period resulting from conditions and from all other causes whatsoever not directly due to the acts or neglect of the Town, including fire, vandalism and malicious mischief, and shall complete the work in accordance with this request for proposals within the time provided in this Request for Proposals.

CONTRACTOR REQUIREMENTS

The successful bidder will be required to agree to the below requirements, as well as prepare and provide the following:

1. The selected contractor will be required to assume responsibility for all services offered in the proposal whether or not they possess them within their organization. Further, the Town will consider the selected business to be the sole point of contact with regard to all contractual matters, including payment of any and all charges resulting from the contract.

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2. The contractor shall be responsible for operating the site in a manner so as to minimize the risks associated with its being a nuisance during times when construction activities have been suspended and the site is not occupied by the contractor or its employees or subcontractors.
3. The proposal must include a list of similar window projects completed, as well as the name and contact information for that business or individual to use as reference.
4. Contractor, subcontractors and their employees shall be considered independent contractors and shall not be deemed employees of the Town for any reason.
5. The successful bidder will be required to post a Performance Bond in an amount equal to the construction contract.

SELECTION PROCESS

The Town will make its selection based on its review of the proposals submitted. The criteria will include qualifications, experience, fee structure, ability to meet the needs of the Town. The Town of Washington reserves the right to reject any or all the proposals, and to waive informalities in the proposals or the proposal process. The Town may interview selected bidder(s). The Town further reserves the right to award the contract to other than the lowest bidder if such action is deemed to be in the best interest of the Town. The Town reserves the right to consider other factors not named

here in making its decision. This includes timeliness, cost, quality of materials used, and documented experience pertaining to similar window projects.

PRE-BID ACCESS TO WINDOWS

Pre-bid access will be by appointment only. Prospective bidders are encouraged to conduct a site visit prior to bid submission. Access will be provided during regular business hours (9:00am to 3:00pm) the week of September 14th and 21st, 2026. Contact Matthew Purcell, Town Groundskeeper, 10 Reservoir drive Millbrook NY 12545. (phone) 845-476-0076; or (email) mattmillbrookrec@gmail.com, To arrange a date and time for inspection of the windows

FEES

The proposal must include a "not-to-exceed" price to perform the list of requirements itemized. The proposal should also include the total hours estimated to complete the work. Please see attached bid form.

SUBCONTRACTS

Any subcontracted services proposed by the bidder shall be described and information provided as to the nature of the services the subcontractor provides as it relates to this proposal. The bidder shall include the name of the subcontractor, describe prior business relationships with these firms, the experience and qualifications of said entities, and describe methods the contractor will employ to manage the subcontractor. The financial and legal relationship between the bidder and the subcontractor must be described in the proposal and approved by the

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Town prior to initiation of a contract. Bidders and their subcontractors must comply with all confidentiality laws and will be responsible for standard insurance requirements, which are part of these specifications.

QUESTIONS

Any interested party may submit, in writing via email to: mattmillbrookrec@gmail.com, questions regarding this RFP and proposed services not later than Friday, September 25th at 12:00 pm local time. All questions will be answered in writing, via email response to the sender, and posted as an addendum to the RFP.

