



CONTRACT DATA SHEET

Monroe County Division of Purchasing
200 County Office Building, Rochester NY 14614

TITLE: INDUSTRIAL & SPECIALTY GASES

CONTRACT #: 0606-25 (7700000322)

CONTRACT DATES: 08/01/2025-07/31/2026

BUYER: Catherine Shafer
PHONE: 585/753-1183
FAX: 585/753-1104

A handwritten signature in blue ink, appearing to be "CS", is written over the buyer information.

VENDOR(S): JACKSON WELDING & GAS PRODUCTS
4 PIXLEY INDUSTRIAL PARKWAY
ROCHESTER NY 14624
ATTN: JIM SCHULTZ

ph: 585-235-2920
fax: 585-235-4663

XC: BP FILE
BUYER
VENDOR



MONROE COUNTY BID PROPOSAL

Division of Purchasing
County Office Building, Room 200
39 West Main Street
Rochester, NY 14614
(585) 753-1100

BID PROJECT NUMBER: 0606-25

BID TITLE: INDUSTRIAL & SPECIALTY GASES

BUYER: Catherine Shafer
PHONE: (585) 753-1183

BID TIME: 11:00 AM
BID DATE: THURSDAY July 17, 2025

BID SECURITY REQUIRED: No: X
Yes, in the amount of _____ as specified herein

ITEM AND/OR GROUP NO.	ESTIMATED ANNUAL QUANTITY	ARTICLES OR SERVICES	UNIT PRICE	EXTENSION
		INDUSTRIAL & SPECIALTY GASES (Per Attached Specifications & Unit Price Sheet)		\$ <u>42369.44</u>
		TOTAL FOR SPECIALTY GASES - GROUP A		\$ <u>27720.35</u>
		TOTAL FOR INDUSTRIAL GASES - GROUP B		
		TOTAL BID (GROUPS A + B)		\$ <u>70089.79</u>
		PLEASE SUBMIT ONE (1) ORIGINAL AND ONE (1) COPY OF BID PROPOSAL AT TIME OF BID OPENING.		

I have received, read and agree to the terms and conditions as set forth in General Terms and Conditions, Monroe County, attached, and any special terms and conditions set forth in the General and Technical Specifications herein. I have read, understand and agree to all instructions to Bidders (including the Non-Collusion Bidding Certification) on the reverse hereof. I hereby recognize and agree that upon execution of this document by an authorized officer of Monroe County, that this document, together with the Contractor's bid as accepted by Monroe County and all other documents prepared by or on behalf of Monroe County for this bid solicitation, shall become the binding contract between the parties for the services to be provided in accordance with the terms and conditions set forth herein.

FIRM NAME Jackson Weirub Supply

SIGNED BY [Signature]

ADDRESS 4 PLYMOUTH INDUSTRIAL DRIVE
ROCHESTER NY 14624

PRINTED NAME JIM SCHULZ

TITLE CO

FEDERAL ID NO. 160721369

PHONE NO. 585-235-2920

E-MAIL ADDRESS JSchulz@JacksonGases.com FAX NO. 585-235-4663

BID ACCEPTANCE AND CONTRACT AWARD

The above bid is accepted, except as noted, and the contract is awarded to you for the following item(s):

7700000322
Authorization to furnish supplies/services will be made via Purchase Order, as appropriate, signed by the
Monroe County Purchasing Manager, or designated agent. Contract period from 8/1/2025
to 7/31/2026

Date: 7/25/25

BY: [Signature]
Colleen D. Anderson, Purchasing Manager, Monroe County

INSTRUCTIONS TO BIDDERS

- **All public bids must be submitted to purchasing in sealed envelopes which clearly identify the bid project number and the title of the service/product being bid. Any other writing on the envelope, with the exception of Company logos, etc. may result in bids being misplaced and otherwise rejected.**
- **Unsigned bids may be rejected as informal.**
- **Questions regarding ambiguities or the propriety of these specifications should be addressed, in writing, to the Buyer, prior to the formal bid opening. Such questions will not be entertained after said bid opening.**
- **Where a Bid Security is indicated on the face of the proposal, the security must be attached to the Proposal as an earnest of good faith. In this case, any bid without a bid security may be rejected as informal.**

<p>The Purchasing Manager reserves the right to reject any and all bids, to waive any informality in the bids and to make awards in the best interest of Monroe County.</p>
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NON-COLLUSION BIDDING CERTIFICATION

By submission of this bid, each bidder and each person signing on behalf of any bidder, certifies and in the case of a joint bid, each party thereto certifies as to its own organization, under penalty of perjury, that to the best of knowledge and belief:

- 1. The prices in this bid have been arrived at independently without collusion, consultation, communication, or agreement, for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor.**
- 2. Unless otherwise required by law, the prices, which have been quoted in its bid, have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to opening, directly or indirectly, to any other bidder or to any competitor.**
- 3. No attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit a bid for the purpose of restricting competition.**

**CERTIFICATION REGARDING
DEBARMENT, SUSPENSION AND RESPONSIBILITY**

The undersigned certifies, to the best of his/her knowledge and belief, that the Contractor and its principals:

1. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded by any Federal department or agency;
2. Have not within a three (3) year period preceding this transaction/application/proposal/contract/agreement been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph 2 of this certification; and
4. Have not within a three (3) year period preceding this transaction/application/proposal/contract/agreement had one or more public transactions (Federal, State or local) terminated for cause or default.

**CERTIFICATION REGARDING MONROE COUNTY PROCUREMENT POLICY
AND CONSEQUENCES FOR VIOLATION**

The undersigned certifies, to the best of his/her knowledge and belief, that the Contractor and its principals:

5. Have read and understand the Monroe County Procurement Policy and agree to abide by its terms (<http://www2.monroecounty.gov/purch-overview.php>);
6. Understand that any violation of the Monroe County Procurement Policy may result in the exclusion of any response to a public bid, Request for Proposals (RFP) or Request for Qualifications (RFQ) submitted on our behalf; and
7. Understand that any contract or agreement entered into subsequent to a violation of this policy during the procurement process is null and void.

Date: 7/16/15

Jackson Wong Spry
[Print Name of Contractor]

By: [Signature]
[Signature]

Jim Sutton
[Print Name]

CW
[Print Title/Office]

MONROE COUNTY EQUAL PAY CERTIFICATION

The undersigned certifies, to the best of his/her knowledge, that the Contractor:

1. Compensates its employees in compliance with the Federal Equal Pay Act, 29 USC § 206, and the New York State Labor Law § 194, as amended from time to time ("Equal Pay Laws").
2. Has not been subject to an adverse finding by the United States Department of Labor, New York State Department of Labor or a court of law with regard to the Equal Pay Laws within the previous five years ("Adverse Finding"). If the Contractor has been subject to an Adverse Finding, the Contractor shall immediately disclose in writing the outcome and circumstances of such Adverse Finding to the County Purchasing Manager at the following address: Room 200, County Office Building, 39 West Main Street, Rochester, New York 14614.
3. Is not the subject of any currently pending claims involving the Equal Pay Laws. If the Contractor is the subject of any currently pending claims involving the Equal Pay Laws, the Contractor shall immediately disclose in writing to the County's Purchasing Manager the nature and status of such claims.
4. Acknowledges that the violation of one or more of the Equal Pay Laws or its filing of a false or misleading Monroe County Equal Pay Certification during the term of the Contractor's agreement with Monroe County may constitute grounds for the County in its sole discretion to immediately terminate such agreement with the Contractor and for determining the Contractor to be not qualified to participate in future Monroe County contracts.
5. Acknowledges that the Contractor will cooperate with the County's compliance monitoring and periodic auditing of Certifications provided by the Contractor to the County.

Date:

7/10/15

John Wood
[Print Name of Contractor]

By:

[Signature]
[Signature]

Jim Schen
[Print Name]

CO
[Print Title/Office]

9/4/2020

TERMS AND CONDITIONS

BID ITEM:

INDUSTRIAL & SPECIALTY GASES

FOR:

Monroe County (ALL DEPARTMENTS)

**PURCHASING
CONTACT:**

Catherine Shafer, (585) 753-1183

The Buyer, identified below, is the sole point of contact regarding this Bid from the date of issuance until the bids are opened and the results made public.

Catherine Shafer
Monroe County Division of Purchasing
200 County Office Building
39 West Main Street
Rochester, NY 14614

Email: cshafer@monroecounty.gov

All requests for bid clarification must be submitted in writing to the Buyer referenced above and received no later than noon (12:00 PM Eastern Standard Time) on **MONDAY JULY 7, 2025**.

All questions will be answered and documented in writing as an Addendum to the Bid. These will be sent out to all Bidders who received the original Bid no later than **THURSDAY JULY 10, 2025**.

DUPLICATE COPIES:

PLEASE SUBMIT YOUR BID IN DUPLICATE; THE ORIGINAL AND ONE (1) COPY.

BID INFORMATION:

At the time of bid, the bidder shall supply detailed specifications covering the item(s) contained herein and shall clearly indicate any areas in which item or items offered do not fully comply with the specifications contained herein.

**SUBMITTAL OF
FORMAL
PROPOSAL:**

Bid proposal must be legible and submitted in the original form, bearing an original signature. **EMAILS AND FACSIMILES ARE NOT ACCEPTABLE.**

All bidders must submit proof that they have obtained the required **Workers' Compensation and Disability Benefits Insurance** coverage or **PROOF** that they are exempt. (Visit www.wcb.ny.gov for forms.)

**SPECIFICATION
ALTERATIONS:**

Specifications will be construed to be complete and be considered the entire description of the goods or services upon which Monroe County is now seeking bids. **Only formal written addenda can materially alter this set of specifications.** No verbal statement made by a Monroe County employee or anyone else is binding nor shall such statement be considered an official part of this public bid proposal.

QUANTITIES:

The quantities listed are the estimated annual requirements and should not be construed to represent either maximum or minimum quantities to be ordered during the contract term. **Estimates are based upon actual annual usage for 2024 by County departments only.**

**BRAND
REFERENCE:**

References to a manufacturer's product by brand name or number are done solely to establish the minimum quality and performance characteristics required. Bidders may submit bids on alternates, but must attach two (2) copies of manufacturer specifications for any alternate at the time of the bid. Further, the bidder must demonstrate that the alternate proposed has a sufficient operating track record to show the equipment will perform per the specified brand. The acceptance of a bidder's alternate rests solely with Monroe County.

QUALIFIED BIDDER:

Each bidder must be prepared to present satisfactory proof of his capacity and ability to perform this contract. Such proof may include, but is not limited to, an inspection of the bidder's facilities and equipment, financial statements, references and performance of similar contracts. **The Purchasing Manager reserves the right to reject any bid where the bidder cannot satisfy the County as to their ability to perform.** Monroe County reserves the right to reject any and all bids if the Monroe County Purchasing Manager deems said action to be in the best interests of Monroe County.

**METHOD OF
AWARD:**

Monroe County intends to award the bid to the lowest responsive and responsible bidder, based on the **TOTAL. Bidder must bid on all items in order to be considered.** **The County reserves the right to reject any and all bids** if the Purchasing Manager deems said action to be in the best interest of the County.

CONTRACT TERM:

Contract will start with the date of the contract award and run through **JULY 31, 2026**, with the option to renew the contract up to four (4) additional twelve (12) month periods with the mutual consent of both parties.

PRICE CHANGES:

Price changes may be proposed by either party no later than forty-five (45) days prior to contract extension, based upon manufacturer price changes which must be supported with documentation. Should price changes not be acceptable to both parties, the contract will not be extended. Prices may change only at the time of extension.

MINIMUM ORDER:

No minimum order is specified for this contract. Agencies must be able to order as needed. **Political subdivisions and others authorized by law may participate in this contract.**

DELIVERY:

All deliveries to be F.O.B. Monroe County to agency as specified by a Purchase Order. Delivery costs must be built into the unit prices bid. Deliveries must be made within **two (2) days** after receipt of purchase order number. The County reserves the right to terminate the contract in the event the specified delivery time is not met.

SECURITIES AND INSURANCE:

Any Certificates of Insurance, Bonds or other forms of security required by this bid are to be submitted to the Purchasing Manager no later than ten (10) normal business days following the date of notification of award. Documents must be received by the close of business, 5:00 pm, on that day.

PURCHASE ORDER ISSUANCE:

Delivery of services may be directed by the receipt of a Purchase Order only. **Items that are not part of this bid will not be paid for by Monroe County.** As to all purchase orders issued by Monroe County, exceptions may only be authorized, in writing, by the Purchasing Manager or her authorized agent prior to delivery.

BILLING PROCEDURE:

All invoices for items sold any authorized agency as a result of this contract must be billed in the following manner: Purchase Order #, Quantity, Description of Item Purchased, BP#, Item #, Extension and Total. **ALL INVOICES MUST BE MARKED WITH THE PURCHASE ORDER NUMBER. INVOICES WITHOUT THIS INFORMATION WILL NOT BE PROCESSED FOR PAYMENT.**

WARRANTY/ GUARANTEE:

All warranties by manufacturer shall apply. Bidder shall, as part of its proposal, furnish its warranty/guarantee for all goods/services to be furnished hereunder. As a minimum, Bidder shall warrant all goods for a period of one (1) year from date of acceptance. Bidder shall be obligated to repair or replace all defects in material or workmanship, which are discovered or exist during said period. All labor, parts and transportation shall be at Bidder's expense.

**UNCONTEMPLATED
PURCHASES:**

Monroe County reserves the right to request separate bids for such quantities of items on this contract that may be best procured via separate public bid offering and to otherwise act in furthering its own best interests.

SUBCONTRACT:

The Contractor shall not subcontract any work without first obtaining the written consent of the Monroe County Purchasing Manager.

RELATED ITEMS:

The County reserves the right to add miscellaneous related items to this contract during the contract term upon agreement by both parties as to the price. Approval must be given in writing by the Purchasing Manager or her Designee.

**REPORT OF
PURCHASE:**

The Contractor must, upon request, provide the County Purchasing Manager with detailed information showing how much of each item was delivered to any and all agencies under this contract. This includes deliveries to not only the County but any other municipality or agency which orders from this contract.

OTHER AGENCIES:

The Contractor(s) **must** honor the prices, terms and conditions of this contract with political subdivisions or districts located in whole or in part within Monroe County. In addition, the contractor may, but is not required to, extend the prices, terms and conditions of this contract to any other political subdivision or district. Usage of this contract by any of these other political subdivisions or districts will have to be coordinated between that subdivision or district and the contractor. Orders placed against this contract between any subdivision or district will be contracts solely between the Contractor(s) and those entities. Monroe County will not be responsible for, nor will it have any liability or other obligation for, such contract between the Contractor(s) and any third party.

INDEMNIFICATION:

The Contractor agrees to defend, indemnify and save harmless the County, its officers, agents, servants and employees from and against any and all liability, damages, costs or expenses, causes of action, suits, judgments, losses and claims of every name not described, including attorneys' fees and disbursements, brought against the County which may arise, be sustained or occasioned directly or indirectly by any person, firm or corporation arising out of or resulting from the performance of the services by the Contractor, arising from any act, omission or negligence of the Contractor, its agents and employees or arising from any breach or default by the Contractor under this Agreement. Nothing herein is intended to relieve the County from its own negligence or misfeasance or to assume any such liability for the County by the Contractor.

INDUSTRIAL & SPECIALTY GASES
MONROE COUNTY
DELIVERY LOCATIONS

- | | |
|---|--|
| 1) Greater Rochester
International Airport,
BLDG.#4
1157 Scottsville Road
Rochester, NY 14624 | 8) MC Seneca Park Zoo
2222 St. Paul Street
Rochester, NY 14621-1097 |
| 2) Medical Examiner's Office
740 East Henrietta Road
Rochester, NY 14623 | 9) MC Fleet Maintenance
145 Paul Road, BLDG #10
Rochester, NY 14624 |
| 3) Monroe County
Crime Lab
85 West Broad Street
Rochester, NY 14614 | 10) MC Facilities Construction
50 West Main Street –
Basement
Rochester, NY 14614 |
| 4) MC Pure Waters
444 East Henrietta Road,
BLDG. #15
Rochester, NY 16420 | 11) MC Maintenance Dept.
39 West Main Street
Rochester, NY 14614 |
| 5) MC Pure Waters – FEV Water
Pollution Control
1574 Lakeshore Blvd.
Rochester, NY 14617 | 12) MC DOT
145 Paul Road, BLDG #9
Rochester, NY 14624 |
| 6) MC Pure Waters – BLDG #7
Lab 2 nd Floor
1574 Lakeshore Blvd.
Rochester, NY 14617 | 13) MC Sheriff's Fleet
Maintenance
145 Paul Road
Rochester, NY 14624 |
| 7) MC Parks Dept.
171 Reservoir Avenue
Rochester, NY 14620 | 14) MC DOT Regional Traffic
Operations
1155 Scottville Road
Rochester, NY 14624 |

Jackson Welding & Gas Products
 4 Pixley Industrial Pkwy
 Rochester NY 14624
 585-235-2920 * 585-235-4663 FAX

BP0606-25
 INDUSTRIAL AND SPECIALTY GASES
 SPECIFICATIONS UNIT PRICE SHEET

SPECIALTY GASES - GROUP A		PRODUCT OFFERED			EST. ANNUAL UNIT		EXTENSION	
ITEM	DESCRIPTION	INCLUDE CYL SIZE/PART#		QUANTITY	PRICE			
1013403	MONTHLY CYLINDER RENTAL FOR SPECIALTY GASES			800 CYL/MON	\$ 1.25		\$ 1000.00	
1004531	HAZARDOUS MATERIAL CHARGE FOR GASES REQUIRING MSDS			100 EACH	\$ 0		\$ 0	
1004536	ACETYLENE, PRE-PURE, 99.6% IN ACETONE, 330 CF	1432011 ACAC		330CU FT	\$ 211.09		\$ 211.09	
1004541	MEDICAL BREATHING AIR (COMPRESSED AIR), T, AL	CATN		35 CYL	\$ 24.46		\$ 856.10	
1004551	AIR, DRY GRADE, SIZE 1L, 311 CF/AL D300	32030		5 CYL	\$ 9.00		\$ 45.00	
1004557	ARGON, PRE-PURIFIED 99.998%, 336 CF/AR,	32200		5 CYL	\$ 25.00		\$ 125.00	
1030079	T ARGON, UAP, 99.999%	32180		10 CYL	\$ 27.00		\$ 270.00	
1004560	HYDROGEN, 99.999%, 261 CF/HY UHP300	1133505		5 CYL	\$ 85.78		\$ 428.90	
1004565	HYDROGEN, 99.99%, 261 CF/HY PP300	1133535		5 CYL	\$ 85.78		\$ 428.90	
1004581	NITROGEN, ULTRA HIGH PURITY, IL, 304 CF	34380		10 CYL	\$ 14.00		\$ 140.00	
1004587	NITROUS OXIDE, 99.9%, CP, 487 CF/NS CP200	P34610		5 CYL	\$ 475.00		\$ 2375.00	
1004595	OXYGEN, SIZE E, MEDICAL GRADE, 24 CF/OX,	044511		10 CYL	\$ 2.10		\$ 21.00	
1044061	OXYGEN, SIZE S, MEDICAL GRADE, 154 CF,	044511		5 CYL	\$ 4.35		\$ 31.75	
1004611	HELIUM, HIGH PURITY 99.995%, 291 CF/HE,	33360		30 CYL	\$ 329.50		\$ 9894.00	
1004616	HELIUM, ZERO, IL, 99.998%, THC<0.5 PPM, 291 CF	33400		20 CYL	\$ 329.50		\$ 6590.00	
1004620	CARBON DIOXIDE, 99.8%, WITH SIPHON TUBE, 50 LB.	06250L		5 CYL	\$ 12.00		\$ 60.00	
1017932	CARBON DIOXIDE, 10 LB.	06210		5 CYL	\$ 10.00		\$ 50.00	
1004630	ARGON 95%/METHANE 5%, P-5 MIX, IL, 307 CF	38520		5 CYL	\$ 103.75		\$ 518.75	
1004635	CARBON MONOXIDE, 2 CP, 99.5%, 66 CF/CM,	1132610		5 CYL	\$ 514.09		\$ 2570.45	
1013037	HELIUM UHP 99.999%, 291 CF	33340		50 CYL	\$ 329.50		\$ 16475.00	
1047368	HYDROGEN, COMPRESSED 2.1 UHP 99.000% 258	11405		50 CYL	\$ 51.50		\$ 257.50	
TOTAL FOR SPECIALTY GASES - GROUP A							\$ 42349.44	

7/10/06

Jackson Welding & Gas Products
 4 Pixley Industrial Pkwy
 Rochester NY 14624
 585-235-2920 * 585-235-4663 FAX

BP0606-25
 INDUSTRIAL AND SPECIALTY GASES
 SPECIFICATIONS, UNIT PRICE SHEET

INDUSTRIAL GASES-GROUP B

ITEM	MM#	DESCRIPTION	PRODUCT OFFERED INCLUDE CYL SIZE/PART#	EST. ANNUAL QUANTITY	UNIT PRICE	EXTENSION
1013405		MONTHLY CYLINDER RENTAL FOR INDUSTRIAL GAS CYLINDER	2000 CYL/MON		\$1.25	\$250.00
1004675		HAZARDOUS MATERIAL CHARGE FOR GASES REQUIRING MSDS	100 EACH		\$0	\$0
1013402		ACETYLENE, 10 CF/AC MC, (UNIT PRICE IS PER CF)	20 CYL		\$26.93	\$538.60
1013401		ACETYLENE, 40 CF/AC B, (UNIT PRICE IS PER CF)	5 CYL		\$37.40	\$187.00
1013400		ACETYLENE, WQ (60 CF), (UNIT PRICE IS PER CF)	25 CYL		\$57.51	\$1437.75
1013398		ACETYLENE, ACWS (130 CF), (UNIT PRICE IS PER CF)	30 CYL		\$65.14	\$1954.20
1004708		OXYGEN, 20 CF/IOX 20	15 CYL		\$2.75	\$41.25
1004713		OXYGEN, 57 CF/IOX 60	5 CYL		\$2.95	\$14.75
1028972		OXYGEN, 83 CF/IOX	20 CYL		\$3.25	\$65.00
1004718		OXYGEN, 95 CF/IOX 80	15 CYL		\$3.50	\$52.50
1004721		OXYGEN, 125 CF	5 CYL		\$4.25	\$21.25
1004727		OXYGEN, 154 CF/IOX 150	40 CYL		\$4.25	\$170.00
1004731		OXYGEN, 251 CF/IOX 200	15 CYL		\$4.75	\$71.25
1004736		NITROGEN, 17 CF/NI 20	30 CYL		\$2.75	\$82.50
1004741		NITROGEN, 80 CF	30 CYL		\$3.25	\$97.50
1004746		NITROGEN, 125 CF	10 CYL		\$4.25	\$42.50
1004753		NITROGEN, 304 CF/NI 300	10 CYL		\$6.00	\$60.00
1004757		ARGON, 20 CF/AR 20	20 CYL		\$6.50	\$130.00
1004761		ARGON, 92 CF/AR 80	5 CYL		\$8.00	\$40.00

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BP0606-25
 INDUSTRIAL AND SPECIALTY GASES
 SPECIFICATIONS UNIT PRICE SHEET

INDUSTRIAL GASES-GROUP B

ITEM	MM#	DESCRIPTION
1	1004764	ARGON, 336 CF/AR 300
1	1033502	LIQUID ARGON DEWAR, ARG43, 4300 CF
2	1004771	C25 ARGON, 380 CF/AR CD25300
3	1004777	C25S ARGON, 143 CF/AR CD25125
4	1004780	PROPANE, 6 LB/PR 6
5	1004785	PROPANE, 20 LB/PR 20
3	1004790	PROPANE, 30 LB/PR 30
7	1004794	PROPANE, 33.5 LB/PR 33.5
3	1004801	PROPANE, 44 LB/PR 44
9	1004808	PROPANE, 100 LB/PR 100
3	1029971	LIQUID NITROGEN, DEWAR REFILL, 35 L
1	1030203	NITROGEN, BULK REFILL
2	1030206	MONTHLY RENTAL FOR BULK NITROGEN DEWAR TANK
3	1046550	PROPANE, 40LB/PR40 TANK REFILL
4	1047807	MONTHLY RENTAL CYLINDER GAS
5	1047808	AGRON, 20CF/25%
3	1049861	TRI MIX 85%-90% HELLIUM 10% AGRON 2-5%
7	1049862	A1025T RENTAL TANK

PLEASE TRANSFER TOTALS TO FRONT PAGE.

Signature [Signature]

PRODUCT OFFERED
 INCLUDE CYL SIZE(PART#)

EST. ANNUAL
 QUANTITY

UNIT
 PRICE

EXTENSION

ARGT	10 CYL	\$ 23.00	\$ 230.00
ARG43	20 CYL	\$ 255.00	\$ 5700.00
C25T	10 CYL	\$ 24.00	\$ 240.00
C25S	10 CYL	\$ 17.00	\$ 170.00
P6	5 CYL	\$ 6.00	\$ 30.00
P20	50 CYL	\$ 10.75	\$ 537.50
P30	10 CYL	\$ 16.42	\$ 164.20
P8	50 CYL	\$ 17.50	\$ 875.00
P10	5 CYL	\$ 21.18	\$ 105.90
P100	5 CYL	\$ 54.76	\$ 273.80
LITLTRA	200 L	\$ 1.81	\$ 362.00
UB32L	35,000 L	\$ 0.18	\$ 63.00
	12 MON	\$ 300.00	\$ 3600.00
P40	5 CYL	\$ 21.18	\$ 105.90
	12 MON	\$ 1.25	\$ 15.00
ARGR	5CYL	\$ 13.00	\$ 65.00
A1025T	5CYL	\$ 285	\$ 1425.00
	12MON	\$ 1.25	\$ 15.00

TOTAL FOR SPECIALTY GASES - GROUP B \$ 27720.35

TOTAL BID (GROUPS A + B) \$ 70069.78

Company Jackson Welding & Gas Date 7/16/25

CERTIFICATE OF WORKERS' COMPENSATION INSURANCE

***** 160721369
PARIS KIRWAN ASSOCIATE INC
255 EAST AVE STE 300
PO BOX 40420
ROCHESTER NY 14604



SCAN TO VALIDATE
AND SUBSCRIBE

POLICYHOLDER JACKSON WELDING SUPPLY CO INC DBA JACKSON WELDING & GAS PRODUCTS 4 PIXLEY INDUSTRIAL PKWY ROCHESTER NY 14624		CERTIFICATE HOLDER MONROE COUNTY 39 WEST MAIN STREET ROOM 200 ROCHESTER NY 14614	
POLICY NUMBER R1329 543-1	CERTIFICATE NUMBER 624668	POLICY PERIOD 07/01/2025 TO 07/01/2026	DATE 7/24/2025

THIS IS TO CERTIFY THAT THE POLICYHOLDER NAMED ABOVE IS INSURED WITH THE NEW YORK STATE INSURANCE FUND UNDER POLICY NO. 1329 543-1, 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.

THE POLICY INCLUDES A WAIVER OF SUBROGATION ENDORSEMENT UNDER WHICH NYSIF AGREES TO WAIVE ITS RIGHT OF SUBROGATION TO BRING AN ACTION AGAINST THE CERTIFICATE HOLDER TO RECOVER AMOUNTS WE PAID IN WORKERS' COMPENSATION AND/OR MEDICAL BENEFITS TO OR ON BEHALF OF AN EMPLOYEE OF OUR INSURED IN THE EVENT THAT, PRIOR TO THE DATE OF THE ACCIDENT, THE CERTIFICATE HOLDER HAS ENTERED INTO A WRITTEN CONTRACT WITH OUR INSURED THAT REQUIRES THAT SUCH RIGHT OF SUBROGATION BE WAIVED.

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: 1042245926



JACKWEL-02

ICALDWELL

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/24/2025

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 Paris-Kirwan Associates, Inc. PO Box 40420 Rochester, NY 14604	CONTACT NAME:	
	PHONE (A/C, No, Ext): (585) 473-8000 FAX (A/C, No): (585) 340-1714	
INSURED Jackson Welding Supply Co., Inc 4 Pixley Industrial Circle Rochester, NY 14624	E-MAIL ADDRESS: reception@paris-kirwan.com	
	INSURER(S) AFFORDING COVERAGE	
	INSURER A: Illinois Union Insurance Company	NAIC # 27960
	INSURER B: ACE American Insurance Company	22667
	INSURER C: Axis Insurance Company	37273
	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 WYD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	D37719778	9/26/2024	9/26/2025	EACH OCCURRENCE \$ 1,000,000
						DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000
						MED EXP (Any one person) \$ 5,000
						PERSONAL & ADV INJURY \$ 1,000,000
						GENERAL AGGREGATE \$ 2,000,000
						PRODUCTS - COMP/OP AGG \$ 2,000,000
B	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY	<input checked="" type="checkbox"/> <input checked="" type="checkbox"/>	H0851835A	9/26/2024	9/26/2025	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000
						BODILY INJURY (Per person) \$
						BODILY INJURY (Per accident) \$
						PROPERTY DAMAGE (Per accident) \$
C	UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$		P-001-001260024-02	9/26/2024	9/26/2025	EACH OCCURRENCE \$ 5,000,000
						AGGREGATE \$ 5,000,000
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) <input type="checkbox"/> Y/N If yes, describe under DESCRIPTION OF OPERATIONS below		N/A			PER STATUTE OTH-ER
						E.L. EACH ACCIDENT \$
						E.L. DISEASE - EA EMPLOYEE \$
						E.L. DISEASE - POLICY LIMIT \$
A	Leased/Rented Equip		D37719778	9/26/2024	9/26/2025	Ded \$1,000 100,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)
Monroe County is provided additional insured status and a waiver of subrogation applies as required by written contract or agreement.

CERTIFICATE HOLDER

CANCELLATION

Monroe County 39 West Main Street Room 200 Rochester, NY 14614	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 <i>Lawrence Stanney</i>

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 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) 1a. Legal Name &
Address of Insured (use street address only)

Work Location of Insured (Only required if coverage is specifically limited to
certain locations in New York State, i.e., Wrap-Up Policy)

Work Location of Insured (Only required if coverage is specifically limited to
certain locations in New York State, i.e., Wrap-Up Policy)

1b. Business Telephone Number of Insured 1b. Business Telephone Number of Insured

1c. Federal Employer Identification Number of Insured
or Social Security Number

1c. Federal Employer Identification Number of Insured
or Social Security Number

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

2. Name and Address of Entity Requesting Proof of Coverage
(Entity Being Listed as the Certificate Holder)

3a. Name of Insurance Carrier 3a. Name of Insurance Carrier

Insurance Agent of that insurance carrier)

Telephone Number Name and Title

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 Authorized NYS Workers' Compensation Board Employee)

Telephone Number Name and Title

This certificate may be used as evidence of a Disability and/or Paid Family Leave Benefits contract of insurance only while the underlying policy is in effect.

Please Note: Upon the cancellation of the disability and/or paid family leave benefits policy indicated on this form, if the business continues to be named on a permit, license or contract issued by a certificate holder, the business must provide that certificate holder with a new Certificate of NYS Disability and/or Paid Family Leave Benefits Coverage or other authorized proof that the business is complying with the mandatory coverage requirements of the New York State Disability and Paid Family Leave Benefits Law.

DISABILITY AND PAID FAMILY LEAVE BENEFITS LAW

§220. Subd. 8

(a) The head of a state or municipal department, board, commission or office authorized or required by law to issue any permit for or in connection with any work involving the employment of employees in employment as defined in this article, and not withstanding any general or special statute requiring or authorizing the issue of such permits, shall not issue such permit unless proof duly subscribed by an insurance carrier is produced in a form satisfactory to the chair, that the payment of disability benefits and after January first, two thousand and twenty-one, the payment of family leave benefits for all employees has been secured as provided by this article. Nothing herein, however, shall be construed as creating any liability on the part of such state or municipal department, board, commission or office to pay any disability benefits to any such employee if so employed.

(b) The head of a state or municipal department, board, commission or office authorized or required by law to enter into any contract for or in connection with any work involving the employment of

COMPLIANCE WITH FEDERAL SINGLE AUDIT ACT

In the event the Contractor is a recipient through this contract, directly or indirectly, of any funds of or from the United States Government, Contractor agrees to comply fully with the terms and requirements of Federal Single Audit Act [Title 31 United States Code, Chapter 75], as amended from time to time. The Contractor shall comply with all requirements stated in Federal Office of Management and Budget Circulars A- 102, A-110 and A-133, and such other circulars, interpretations, opinions, rules or regulations that may be issued in connection with the Federal Single Audit Act.

If on a cumulative basis the Contractor expends Seven Hundred and Fifty Thousand and no/100 Dollars (\$750,000.00) or more in federal funds in any fiscal year, it shall cause to have a single audit conducted, the Data Collection Form (defined in Federal Office of Management and Budget Circular A-133) shall be submitted to the County; however, if there are findings or questioned costs related to the program that is federally funded by the County, the Contractor shall submit the complete reporting package (defined in Federal Office of Management and Budget Circular A-133) to the County.

If on a cumulative basis the Contractor expends less than Seven Hundred and Fifty Thousand and no/100 Dollars (\$750,000.00) in federal funds in any fiscal year, it shall retain all documents relating to the federal programs for three (3) years after the close of the Contractor's fiscal year in which any payment was received from such federal programs.

All required documents must be submitted within nine (9) months of the close of the Contractor's fiscal year end to:

Monroe County Internal Audit Unit
304 County Office Building
39 West Main Street
Rochester, New York 14614

The Contractor shall, upon request of the County, provide the County such documentation, records, information and data and response to such inquiries as the County may deem necessary or appropriate and shall fully cooperate with internal and/or independent auditors designated by the County and permit such auditors to have access to, examine and copy all records, documents, reports and financial statements as the County deems necessary to assure or monitor payments to the Contractor under this contract.

The County's right of inspection and audit pursuant to this contract shall survive the payment of monies due to Contractor and shall remain in full force and effect for a period of three (3) years after the close of the Contractor's fiscal year in which any funds or payment was received from the County under this contract.