



BUREAU OF PURCHASING, ONE LARKIN CENTER, 3<sup>RD</sup> FLOOR, YONKERS, NY 10701

**REQUEST FOR QUOTATION - This Is Not an Order**

DATE: 10/01/20

REF. NO.: YPS ISOLATION GOWNS

Attention Vendor: Quote on this form for the articles described below. NOTE: SUBSTITUTIONS ARE NOT ALLOWED.

**INSIDE DELIVERY TO: DIV OF TCHING & LEARNING 2ND FL - ONE LARKIN CENTER 2ND FLOOR YONKERS, NY 10701** – *Subject to Change*

All price quotes must be firm, i.e., no price adjustments are allowed. All quotes are deemed F.O.B. DESTINATION. QUOTED PRICES SHALL INCLUDE **ALL COSTS INCIDENTAL TO PROVIDING THE GOODS SPECIFIED, INCLUDING FREIGHT, PACKAGING, MATERIALS, LABOR, FEES, OVERHEAD, AND PROFIT.** Payment terms are Net 30 Days unless a discount is offered for prompt payment. NOTE: The New York State Tax Law exempts the City of Yonkers from the payment of sales and use taxes on all purchases – tax exemption numbers are not issued to governmental entities. The Tax Law states that vendors are not required to collect tax when they are presented with the City's official Purchase Order or Contract document.

**VENDOR TO COMPLETE THE FOLLOWING: - PLEASE PRINT OR TYPE**

Company Name Gerimedix Federal ID # 11-2789687  
 Address 5 Hollywood Ct, South Plainfield NJ 07080  
 Telephone No: 718-802-1085 Fax No: \_\_\_\_\_ Cell 917-612-3842  
 Name of person quoting Israel Perlestein E-Mail: israel@gerimedix.com  
 Title Purchasing Director  
 Signature  Quote Date 10/05/2020

Delivery Required	Quote Not Later Than	Payment Terms	F. O. B.
<b>ASAP</b>	<b>Thursday, October 08, 2020 2:00 PM EST</b>	<b>NET 30</b>	<b>DESTINATION</b>

**CERTIFICATION OF NON-COLLUSION:** Vendor warrants under penalty of perjury, that its bid was arrived at independently and without collusion aimed at restricting competition. **GOVERNING LAW:** The resultant contract shall be construed in accordance with the laws of the State of New York. **If item on NYS or NYS county contract, list contract number and expiration date.**

**Requirements for this Quotation:** Quotations must be submitted on **this form only**. Unit prices must include inside delivery to the address listed above. Item availability must also be indicated for each item below. The City prefers to award on an all or none basis but reserves the right to award by line item if deemed the Best Interest of the City.

Contract (IF APPLICABLE): \_\_\_\_\_

item	est. qty	u/m	Description	unit price	total
1	33,345	EA	Isolation Gown, fluid resistant, long sleeve, full elastic cuff, one size fits most, Level 1 #NWLISOGOWNLVL1 OR EQUAL MFG: <u>GeriGentle</u> MFG #: <u>13-155</u> Availability/Lead Time: <u>Its Available 2-3 days from Order</u>	<u>\$0.94</u>	<u>\$31,344.30</u>
				TOTAL	<u>\$31,344.30</u>
Lead Time / availability in calendar days <u>Its Available 2-3 days from Order</u> days ARO					

RETURN QUOTATION VIA EMAIL TO:  
RFQ Commodities Revised 02.07.08

**Daniel Candeias**  
Phone: 914-376-8056

Fax: 914-377-6032

Email: [daniel.candeias@yonkersny.gov](mailto:daniel.candeias@yonkersny.gov)

Supplemental Information

Please provide the total quantity and units you are quoting. It is assumed that packaging may come in the form of packs/cases; the total quantity should match or be close to the estimated quantities. *The case pack is 100 per case*

Please provide the manufacturer and manufacturer # of the product you are quoting.

Please provide any sort of back-up information for the products you are quoting; ex: spec sheet.

If you provide any of these products through a state, county or cooperative contract, please provide that contract # and also any back-up supporting this.

Please specify if you can deliver in full or in separate shipments. If in separate shipments, please state at what increments you'll be able to deliver in (i.e. 10,000: 2 weeks + 10,000: 2 weeks later (4 weeks)).



**BUREAU  
VERITAS**

# TEST REPORT

LAB NO.: (6620)220-1146  
 FORM NO.: /  
 DATE IN: Aug 07, 2020  
 MODIFIED DATE: Aug 12, 2020  
 DATE OUT: Aug 17, 2020  
 NO. OF WORKING DAYS: 4  
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## OVERALL RATING

PASS	X
FAIL	_____
DATA	_____

Vendor:	GERI-GENTLE CORPORATION		
Fabric Supplier/Mill:	/		
P.O. No.:	/	Style No.:	/
Sample Description:	ISOLATION GOWN	Style Description:	/
Color:	BLUE	Country of Origin:	/
Claimed Fabric Weight:	/	Claimed Fabric Count:	/
Yarn Size:	/	Submitted Size:	/
Size Range:	/	FPU No.:	/
GPU No.:	/	End Use:	/
SKU:	/		

Product Category	/
Test Requested	PARTIAL TEST
Previous Report No.	/

Submitted Fiber Content	PP+PE
Actual Fiber Content	/
Suggested Fiber Content	/
Submitted Care Instruction(s)	/
Client Expected Care Instruction	/
Suggested Care Instruction(s)	/

**Bureau Veritas Consumer Products Services, Inc. (Shanghai)**  
 No. 168, Chuanghua Road, Zhuanqiao Town, Minhang, Shanghai, China. Post Code: 201108  
 Tel: 86-21-34081888, Fax: 86-21-64890042  
 Email: bycps\_sh\_info@cn.bureauveritas.com  
 website: cps.bureauveritas.com

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TEST PROPERTY	PASS	FAIL	DATA	COMMENTS
WATER RESISTANCE: IMPACT PENETRATION TEST	X			

**Remark:** BVCPS (Shanghai) contact information for this report

**Address:** No.168, Guanghai Road, Zhuangqiao Town, Minhang, Shanghai, China.

**General Information:**

Shuang. du 086-021-24081666\*1709, email: [Shuang.du@cn.bureauveritas.com](mailto:Shuang.du@cn.bureauveritas.com)  
Seven. sun 086-021-24081666\*1944, email: [Seven.sun@cn.bureauveritas.com](mailto:Seven.sun@cn.bureauveritas.com)

**Technical Questions:**

Pat Liu 086-021-24081745, email: [Pat.liu@cn.bureauveritas.com](mailto:Pat.liu@cn.bureauveritas.com)  
Rio Zhang 86-21-24081666\*9305, email: [Rio.Zhang@cn.bureauveritas.com](mailto:Rio.Zhang@cn.bureauveritas.com)

**BUREAU VERITAS  
CONSUMER PRODUCTS SERVICES (SHANGHAI)**



**JULIA YAN  
PROGRAM MANAGER**

<u>TEST PROPERTY</u>	<u>TEST RESULTS</u>		<u>REQUIREMENTS</u>	
<u>WATER RESISTANCE: IMPACT PENETRATION TEST (AATCC 42)</u>				
INCREASED MASS (GRAM)	MAIN BODY	0.0	<=4.5g	Level 2
INCREASED MASS (GRAM)	SLEEVE	0.0	<=4.5g	Level 2
INCREASED MASS (GRAM)	SLEEVE SEAM	2.56	<=4.5g	Level 1

REMARK: WATER RESISTANCE: IMPACT PENETRATION TEST Was Subcontracted Test Item



\*: INDICATES DOES NOT MEET THE REQUIREMENT

END OF REPORT



City of Yonkers/Yonkers Public Schools  
 One Larkin Center – 3rd Floor  
 Yonkers, New York 10701  
 (914) 377-6034  
 Fax: (914) 377-6033  
 Email: daniel.candeias@yonkersny.gov

**CITY OF YONKERS**  
*Purchasing*

*Mike Spano, Mayor*  
*Tom Collich, Director*

1. What is the Country of Origin? CHINA
2. Are the units in stock at your warehouse?  Yes  No
3. If yes, how many are available? 13,000
4. Where is your warehouse located? SOUTH PLAIN FIELD NJ
5. How long will it take to ship? 1-2 DAYS
6. What is the method of shipping? EITHER OUR OWN TRUCK OR UPS *DEPENDING ON THE SIZE OF THE ORDER*
7. If the units are not in your warehouse, where are they shipping from? \_\_\_\_\_
8. Will the order ship directly from this location to the Yonkers Public Schools  Yes  No
9. If no, does it ship to you first, then you deliver to Yonkers Public Schools?  Yes  No
10. If yes, how will you be shipping? \_\_\_\_\_
11. If no, explain how the shipment will be delivered to the Yonkers Public Schools \_\_\_\_\_
12. The City of Yonkers/Yonkers Public Schools payment terms are Net 30; this is non-negotiable as payment(s) can only be made after goods are delivered; please confirm that you understand and will accept the City of Yonkers/Yonkers Public Schools Net 30 terms.  Yes  No

Company: GERIMGOIX

Address: 5 HOLLYWOOD CT SOUTH PLAINFIELD NJ 07060

Company Representative Name: ISRAEL PERLBERG Title: PURCHASING DIRECTOR

E-mail: ISRAEL@GERIMGOIX.COM

Signature:

Telephone: 715-802-1055 Fax: \_\_\_\_\_ Date: 10/13/20  
917 612-2842