



State of Rhode Island Department of Administration
Division of Purchases

REVISED
November 20, 2013

NOTICE TO VENDORS

Each bid proposal for a *public works project* must include a "public copy" to be available for public inspection upon the opening of bids. **Bid proposals that do not include a copy for public inspection will be deemed nonresponsive.**

The public copy must be submitted in .pdf (portable document file) format on a *read-only* CD-R media disc. The disc must include *all of the documents* submitted in response to the solicitation concatenated or merged into one file. The file must be named in the following manner:

BidNumber_DateofBid_VendorName_VendorID.pdf

The Bidder Certification Cover Form contains all of the information for the file name. The date of bid must appear as mm-dd-yyyy. The vendor name must appear as one word, with no spaces or punctuation. Underscores must separate the fields.

Example: 7543210_11-08-2013_OceanStateCompanyInc_9867.pdf

The public copy disc must be separately enclosed in a protective cover clearly marked "Public Copy" and include the following information (all available from the Bidder Certification Cover Form): (1) title of solicitation; (2) name of bidder and RIVIP vendor ID number; (3) bid number; and (4) date of bid.

The public copy may redact any trade secrets or commercial or financial information which is of a privileged or confidential nature pursuant to the "Access to Public Records Act," R. I. Gen. Laws §§ 38-2-1 *et seq.*

For further information on how to comply with this statutory requirement, see R. I. Gen. Laws §§ 37-2-18(b) and (j). Also see Procurement Regulation 5.11 accessible at www.purchasing.ri.gov



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 ONE CAPITOL HILL
 PROVIDENCE RI 02908

CREATION DATE : 23-JUL-14
 BID NUMBER: 7548900
 TITLE: HVAC MAINTENANCE & REPAIR - RHODE ISLAND COLLEGE
 BLANKET START : 01-SEP-14
 BLANKET END : 31-AUG-17
 BID CLOSING DATE AND TIME: 25-AUG-2014 10:00:00

BUYER: Mosca, Gary
 PHONE #: 401-574-8124

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 RIC-PURCHASING
 600 MOUNT PLEASANT AVENUE
 PROVIDENCE, RI 02908
 US

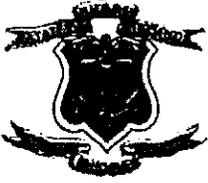
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 RIC SPECIAL INSTRUCTIONS
 SEE BELOW
 SEE BELOW, RI N/A
 US

Requisition Number: 1377849

Note to Bidders: Questions concerning this solicitation may be emailed to doa.purquestions3@purchasing.ri.gov no later than 8/05/14 @ 3:00 PM (ET). Questions should be submitted in a Microsoft word attachment. Please reference the RFQ # on all correspondence. Questions received if any, will be posted on the internet as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

Line	Description	Quantity	Unit	Unit Price	Total
1	9/1/14 - 6/30/15 - ANNUAL WINTER MAINTENANCE ON AIR CONDITIONING CHILLERS - AS PER ATTACHED BID SPECIFICATIONS	1.00	Year		23,000 ⁻
2	7/1/15 - 6/30/16 - ANNUAL WINTER MAINTENANCE ON AIR CONDITIONING CHILLERS - AS PER ATTACHED BID SPECIFICATIONS	1.00	Year		24,150 ⁻
3	7/1/16 - 8/31/17 - ANNUAL WINTER MAINTENANCE ON AIR CONDITIONING CHILLERS - AS PER ATTACHED BID SPECIFICATIONS	1.00	Year		25,350 ⁻
4	9/1/14 - 6/30/15 SEASONAL START-UP AS PER BID SPECIFICATIONS	1.00	Year		32,000 ⁻
5	7/1/15 - 6/30/16 - SEASONAL START-UP AS PER BID SPECIFICATIONS	1.00	Each		33,600 ⁻
6	7/1/16 - 8/31/17 SEASONAL START-UP AS PER BID SPECIFICATIONS	1.00	Year		35,280 ⁻
7	9/1/14 - 6/30/15 - LABOR RATE PER HOUR ON SITE	100.00	Hour	137 ⁻	13,700 ⁻
8	7/1/15 - 6/30/16 - LABOR RATE PER HOUR ON SITE	120.00	Hour	143 ⁻	17,160 ⁻
9	7/1/16 - 8/31/17 - LABOR RATE PER HOUR ON SITE	140.00	Hour	150 ⁻	21,000 ⁻
10	9/1/14 - 6/30/15 - OVERTIME/EMERGENCY SERVICE - RATE PER HOUR ON SITE	50.00	Hour	167 ⁻	8,350
11	7/1/15 - 6/30/16 - OVERTIME/EMERGENCY SERVICE - RATE PER HOUR ON SITE	50.00	Hour	173 ⁻	8,650 ⁻
12	7/1/16 - 8/31/17 - OVERTIME/EMERGENCY SERVICE - RATE PER HOUR ON SITE 9/1/14 - 8/31/17 - PARTS AT MANUFACTURER'S LIST PRICE LESS %	50.00	Hour	180 ⁻	9,000 ⁻

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



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Line	Description	Quantity	Unit	Unit Price	Total

Delivery: N/A

Terms of Payment: NET 30 DAYS

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 574-8387
Website: www.purchasing.ri.gov

Solicitation No. 7548900

**HVAC MAINTENANCE AND REPAIR
RHODE ISLAND COLLEGE
PERIOD: 9/1/14-8/31/17**

SERVICE AND PARTS FOR NINETEEN (19) TRANE CENTRIFUGAL, RECIPROCATING, AND ABSORPTION TYPE AIR CONDITIONING UNITS , ONE (1) THERMAX STEAM ABSORPTION UNIT, ONE (1) YORK CHILLER , ONE (1) MCQUAY CHILLER , ONE(1) CARRIER CHILLER

AS DESCRIBED BELOW

NO MILEAGE ALLOWED

SPECIFICATIONS FOR LINES 1 – 3

ANNUAL WINTER MAINTENANCE ON AIR CONDITIONING CHILLERS - AS SPECIFIED BELOW.

NINETEEN (19) UNITS ARE OF TRANE MANUFACTURE AND INCLUDE CENTRIFUGAL, RECIPROCATING, AND ABSORPTION TYPE AIR CONDITIONING CHILLERS, ONE (1) THERMAX STEAM ABSORBER, ONE (1) YORK CHILLER AND TWO (2) MCQUAY CHILLER. THE TWENTY THREE (30) UNITS ARE IDENTIFIED AND LOCATED AS FOLLOWS:

1. GAIGE HALL WEST - ABSORBER, MODEL: ABSC112
2. GAIGE HALL EAST - ABSORBER, MODEL: ABSC112
3. GAIGE HALL COMPUTER CENTER, MODEL# CG20D, SERIAL#: 530775
4. DONOVAN DINING CENTER - RECIPROCATING, MODEL: CCACC806RHNJR423ACDEPRT (TWO UNITS - SAME MODEL)
5. HORACE MANN - ABSORBER,

- MODEL: ABSC017ALP91AAADAEBAAACAODO4110000001
6. CRAIG-LEE - HELI-ROTOR SCREW TYPE WATER CHILLER
MODEL: RTHB300ALF00DEWP000UNA4LF2LFV0000
 7. CLARKE SCIENCE - MODEL# CGAM 11QF 2EQ2 AXD2 A1A1 B1AX XA1C
1AXA XAXX XA1A 5X1D XXXC XX
 8. ADAMS LIBRARY - CENTRAVAC
MODEL: CVHE050BA2403UL2236Q8E6
 9. ROBERTS HALL - MODEL: CG75D
 10. FORMAN CENTER ICE MACHINE -
MODEL: CGACC800RNNJJ423ACFH1M7
 11. WHIPPLE HALL - ABSORBER, MODEL: ABSC01HOLG1C3LAEDPS1
 12. NAZARIAN CENTER FOR THE PERFORMING ARTS -
REMOTE SPLIT SYSTEM UNITS AIR COOLED CONDENSING UNITS
CVP CHILLERS
(A) MODEL# RAUCC604BTO3AOD000010
SERIAL# C99C03272 (M)
(SAPINSLEY HALL)
(B) MODEL# RAUCC254BTO3AOD000010
SERIAL# C99C03273 (M)
(TECH DEPARTMENT)
(C) MODEL# RAUCC504BT03AOD000010
SERIAL# C99C03274 (M)
(MUSIC WING)
 13. BUILDINGS 4 AND 5 (EAST CAMPUS) - INTELLIPAK
MODEL# CGAFC50EAEA10000DF0000N000T0000
SERIAL# CO1B41918
 14. SCHOOL OF SOCIAL WORK, MODEL# RTAA70
SERIAL# U03G01466
 15. KAUFFMAN CENTER, MODEL# CGAFC30, SERIAL# C02B01315
 16. STUDENT UNION, MODEL# RTAC140A, SERIAL# U02J06660
 17. FOGARTY LIFE SCIENCE, MODEL# C-400, SERIAL#3
 18. MURRAY CENTER, MCQUAY M#WHR-070D-A
SERIAL# 52C8180600
 19. ALGER HALL - YORK MODEL# YCAL0114EC46XC
 20. CLARKE SCIENCE - 1 AAON UNIT
 21. ART CENTER (Alex and Ani) CARRIER MODEL # 30XWB4006 - - - GSGB

ALL TECHNICIANS PERFORMING MAINTENANCE ON THE LISTED
EQUIPMENT MUST BE FACTORY TRAINED AND CERTIFIED.
CERTIFICATION MUST ACCOMPANY THE BID SUBMITTAL. FAILURE
TO SUBMIT PROPER CERTIFICATION MAY RESULT IN
DISQUALIFICATION OF THE BID.

MUST BE FAMILIAR WITH MICRO-CONTROL SYSTEMS

IF THE VENDOR CANNOT EFFECT THE NECESSARY MAINTENANCE AND REPAIRS PROPERLY AND SATISFACTORILY THEN THE VENDOR ASSUMES RESPONSIBILITY FOR ALL MATERIAL AND LABOR COSTS INCURRED.

ANNUAL WINTER MAINTENANCE: ONCE A YEAR A THOROUGH PREVENTIVE MAINTENANCE SCHEDULE WILL BE PERFORMED INCLUDING THE FOLLOWING:

UNIQUE TO BUILDINGS 4 & 5, SCHOOL OF SOCIAL WORK, KAUFFMAN CENTER, ALGER HALL AND STUDENT UNION:

DRAIN, WINTERIZE AND SECURE FOR WINTER.

- CHECK PURGE OPERATION AND OIL LEVEL IN VACUUM PUMP.
- CHECK TRIM OF UNIT
- PERFORM COMPLETE ABSORPTION LOSS TEST
- SCHEDULE PREVENTIVE MAINTENANCE
- CONFIRM AND RECORD PROPER OPERATING LOG INFORMATION. PROVIDE CUSTOMER WITH WRITTEN COPY.
- ADJUST OPERATION AND SAFETY CONTROLS
- CHECK OPERATION OF PURGE SYSTEM
- CHANGE OIL IN PURGE VACUUM PUMPS WHEN REQUIRED.
- CHECK OPERATION OF ALL SAFETY CONTROLS ASSOCIATED WITH THE UNIT
- REVIEW OPERATING LOG WITH OPERATOR, DISCUSS OPERATION OF THE MACHINE.
- CLEAN ABSORPTION PUMP STRAINER
- CHECK OPERATION OF SOLUTION PUMP MOTOR LUBRICATION SYSTEM.
- CHECK OPERATION OF LUBRICATION SYSTEM INCLUDING OIL PUMP AND OIL PRESSURE REGULATOR.
- CHECK CONDITION OF MOTOR STARTER
- REPORT TO OPERATOR ANY UNCORRECTED DEFICIENCIES NOTED.
- FURNISH NITROGEN AND GASKETS AS REQUIRED FOR WINTER MAINTENANCE.
- PRESSURE TEST MACHINE AS REQUIRED TO INSPECT FOR VACUUM SIDE LEAKS
- DETAILED INSPECTION OF FACTORY SUPPLIED PURGE SYSTEM. THOROUGHLY CLEANING THE VACUUM PUMP
- CHANGE VACUUM PUMP OIL
- DETERMINE AND RECORD VACUUM PUMP EFFICIENCY.
- CHECK THE CALIBRATION OF ALL SAFETY CONTROLS. ADJUST AS REQUIRED MEG/OIL SOLUTION PUMP MOTOR (S) AND RECORD READINGS.
- CHECK AND TIGHTEN THE SOLUTION PUMP MOTOR TERMINALS.

TIGHTEN STARTER TERMINALS AND CHECK CONTACTS FOR WEAR.
● CHECK THE LITHIUM BROMIDE/OIL CHEMICAL ANALYSIS RESULTS ON ANNUAL SCHEDULE TO DETERMINE THE NEED OF INHIBITOR LEVEL ADJUSTMENT.

- CLEAN ABSORPTION/OIL PUMP STRAINER AND REPLACE GASKET.
- TIGHTEN AND INSPECT CONTROL PANEL TERMINALS
- CHECK SOLUTION PUMP SEALS FOR LEAKAGE.
- CHECK CONDITION OF ALL VALVE DIAPHRAGMS.
- CHECK OPERATION AND CALIBRATION OF STEAM VALVE AND ECONOMIZER VALVE.
- VISUALLY INSPECT CONDENSER AND/OR ABSORBER TUBES TO DETERMINE THE NEED OF TUBE CLEANING
- REMOVE OIL TANK HEAD, CLEAN, INSPECT AND NOTE ANY

RESIDUAL BUILD UP (IF REQUIRED).

- REPLACE OIL TANK HEAD GASKET.
- CHANGE OIL ON AN ANNUAL SCHEDULE
- REPORT ANY UNCORRECTED DEFICIENCIES NOTED.
- CLEAN AREA, REPAINT REPAIRED AREAS.

WRITTEN REPORTS PROVIDED TO CUSTOMER REPRESENTATIVE FOLLOWING EACH REGULAR INSPECTION OR EMERGENCY REPAIR.

SPECIFICATIONS FOR LINE 4 – 6

SEASONAL START-UP AS INDICATED BELOW.

START MACHINE CHECK CONTROLS AND CALIBRATE.

- COMPLETE OPERATING LOG AND RECORD SETTINGS.
- CHECK REFRIGERANT AND OIL LEVELS.
- CHECK PURGE OPERATION
- CHECK EXTERNAL INTERLOCKS INCLUDING FLOW SWITCHES AND PROVIDE CUSTOMER WITH ESTIMATE TO REPAIR AS EXTRA TO CONTRACT.
- BUILDINGS 4,5, SCHOOL OF SOCIAL WORK, KAUFFMAN CENTER AND STUDENT UNION: DRAIN AND WINTERIZED MATERIAL AND REFILL.

ANALYSIS SERVICE

- LITHIUM BROMIDE/OIL SAMPLE TAKEN FOR ANALYSIS DURING LAST SCHEDULE OF PREVENTIVE MAINTENANCE INSPECTION OF OPERATING SEASON
- WRITTEN REPORT ON SAMPLES ABOVE TO BE DELIVERED TO JOB SITES WITH RECOMMENDED INHIBITOR ADDITIONS REQUIRED DURING CONTRACT PERIOD.

CLEAN CONDENSER AND ABSORBER TUBES

ONCE A YEAR, FURNISH LABOR FOR BRUSH CLEANING OF CONDENSER AND ABSORBER TUBES.

CLEAN , INSPECT ,AND START UP 8 COOLING TOWERS PRIOR TO COOLING SEASON

END OF SEASON DRAIN AND SECURE COOLING TOWER FOR THE WINTER.

ANNUAL ALLOWANCES FOR PARTS, SERVICES AND REPAIRS ABOVE AND BEYOND SPECIFIED MAINTENANCE AGREEMENT

SPECIFICATIONS FOR LINE 7 – 9

LABOR RATE PER HOUR ON SITE

SPECIFICATIONS FOR LINE 10 – 12

OVERTIME/EMERGENCY SERVICE - RATE PER HOUR ON SITE:

HOURS OVERTIME RATE APPLIES TO: 4:00 PM TO 8:00 AM

END



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone: (401) 462-8000
TTY: Via RI Relay 711

Lincoln D. Chafee
Governor

Charles J. Fogarty
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

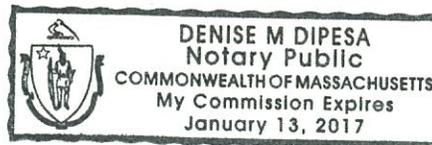
CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: Jack Borgschulte
Title: District Manager

Subscribed and sworn before me this 18 day of Aug, 2014

Denise M. DiPesa
Notary Public
My commission expires: 1/13/17



An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

[] [] []

25 0900465

NAME Trane

ADDRESS 50 Vision Blvd.

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE E. Providence, RI 02914

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions - You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE

Jack Borzschulte

TITLE

District Manager

DATE

8-19-14

TEL NO.

978-737-3900

BUSINESS DESIGNATION:

- Please Check One:
- Individual
 - Medical Services Corporation
 - Government/Nonprofit Corporation
 - Partnership
 - Corporation
 - Trust/Estate
 - Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

Mail to: Supplier Coordinator, One Capitol Hill, Providence, RI 02908