

Solicitation #: 7548918
Solicitation Title: CAMP FOGARTY-RANGE BAFFLE REPAIRS

BID FORM

To: The State of Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill, Providence, RI 02908-5855

Bidder: DOME CONSTRUCTION CO. INC.
Legal name of entity
P.O. BOX 157
Address (street/city/state/zip)
PETER GRUNDY DOMECONSTRUCTION@TJANO.COM
Contact name Contact email
723-2877 723-3039
Contact telephone Contact fax

1. BASE BID PRICE

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (including the costs for all Allowances, Bonds, and Addenda):

\$ 53,232.⁰⁰
(base bid price in figures printed electronically, typed, or handwritten legibly in ink)
FIFTY THREE THOUSAND TWO HUNDRED THIRTY TWO
(base bid price in words printed electronically, typed, or handwritten legibly in ink)

• **Bonds**

The Base Bid Price ***includes*** the costs for all Bid and Payment and Performance Bonds required by the solicitation.

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• **Addenda**

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price **includes** the costs of any modifications required by the Addenda.

All Addenda must be acknowledged.

Addendum No. 1 dated: 8-21-14

Addendum No. 2 dated: 9-4-14

Addendum No. 3 dated: 9-9-14

Addendum No. 4 dated: _____

Addendum No. 5 dated: _____

Addendum No. 6 dated: _____

2. **ALTERNATES** (Additions/Subtractions to Base Bid Price)

No Alternates

3. **UNIT PRICES**

The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include **all** costs, including labor, materials, services, regulatory compliance, overhead, and profit.

Unit Price No. 1: 8' x 10" horizontal oak timbers \$ 219.00 /lf

Unit Price No. 2: 3" x 8" x 20' oak timbers for front wall \$ 148.00 /lf

Unit Price No. 3: Upright utility poles (treated) \$ 152.00 /ea

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4. **CONTRACT TIME**

The Bidder offers to perform the work in accordance with the timeline specified below:

- Start of construction: Within 24 hours after receipt of purchase order
- Substantial completion: TBD
- Final completion: TBD

5. **LIQUIDATED DAMAGES**

The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for each calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$ N/A.

This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

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BIDDER
Date: 9-15-14

Boone Construction Co. Inc.
Name of Bidder
Peter Grundy
Signature in Ink
PETER GRUNDY PRES.
Printed name and title of person signing on behalf of Bidder
2241
Bidder's Contractor Registration Number



Request for Quote

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

CREATION DATE: 07-AUG-14
BID NUMBER: 7548918
TITLE: CAMP FOGARTY-RANGE BAFFLE REPAIRS

BID CLOSING DATE AND TIME:04-SEP-2014 10:30:00

BUYER: Cadoret, David
PHONE #: N/A

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DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

S
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MS EXECUTIVE MILITARY STAFF
BUSINEBS OFFICE
845 NEW LONDON AVENUE
CRANSTON, RI 02920
US

Regulation Number: 1381S33

Line	Description	Quantity	Unit	Unit Price	Total
1	Camp Fogarty Training Site - Range Baffle Repairs	1.00	Each		\$53,232. ⁰⁰

Delivery: _____

Terms of Payment: _____

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
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)

[Empty boxes for SSN]

05 0284980

NAME Dome Construction Co., Inc

ADDRESS PO Box 157

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE Cumberland, RI 02864

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 Peter Gundy TITLE _____ DATE 9-15-14 TEL NO. 723-2877

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



THE MAIN STREET AMERICA GROUP

NGM Insurance Company • Old Dominion Insurance Company
Main Street America Assurance Company • MSA Insurance Company
Information Systems and Services Corporation

Bid Bond

KNOW ALL MEN BY THESE PRESENTS, that we (Here insert full name and address or legal title of Contractor)

Dome Construction Co. Inc
PO Box 157
Cumberland, RI 02864

as Principal, hereinafter called the Principal, and (Here insert full name and address or legal title of Surety)

NGM Insurance Company
55 West Street
Keene, NH 03431

a corporation duly organized under the laws of the State of Florida

as Surety, hereinafter called the Surety, are held and firmly bound unto (Here insert full name and address or legal title of Owner)

State of Rhode Island
One Capitol Hill
Providence, Rhode Island

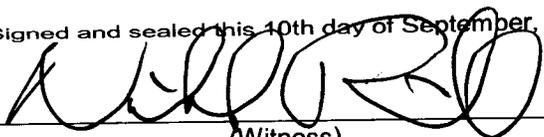
as Oblige, hereinafter called the Oblige, in the sum of Five percent of Amount Bid Dollars (\$ 5% of Amount Bid), for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

WHEREAS, the Principal has submitted a bid for (Here insert full name, address and description of project)

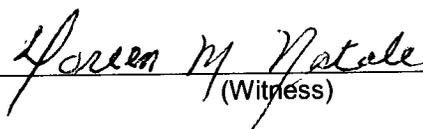
Invitation#7548918, Camp Fogarty-Range Baffle Repairs

NOW, THEREFORE, if the Oblige shall accept the bid of the Principal and the Principal shall enter into a Contract with the Oblige in accordance with the terms of such bid, and give such bond or bonds as may be specified in the bidding or Contract Documents with good and sufficient surety for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter such Contract and give such bond or bonds, if the Principal shall pay to the Oblige the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Oblige may in good faith contract with another party to perform the Work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect.

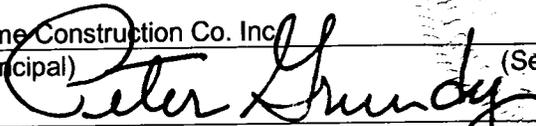
Signed and sealed this 10th day of September, 2014



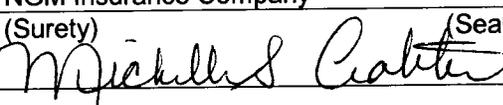
(Witness)



(Witness)

Dome Construction Co. Inc
(Principal)  (Seal)

(Title) **PRESIDENT - PETER GRUNDY**

NGM Insurance Company
(Surety)  (Seal)

(Title) Attorney-in-fact Michelle S. Crabtree

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