



Request for Quote

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

CREATION DATE : 18-NOV-14
 BID NUMBER: 7549145
 TITLE: Refrigeration Maintenance and Repairs - DHS

BUYER: Ohara 2nd, John F
 PHONE #: 401-574-8125

BLANKET START : 01-JAN-15
 BLANKET END : 31-DEC-17
 BID CLOSING DATE AND TIME: 15-DEC-2014 11:30:00

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

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 DHS-ORS SERVICES FOR THE BLIND
 40 FOUNTAIN ST, 3RD FLOOR
 PROVIDENCE, RI 02903-1898
 US

Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	RATE ON-SITE				
19	APA-7431 7/1/2016-6/30/2017-JOURNEYMAN HOURLY RATE ON-SITE	1.00	Hour	92.00	92.00
20	APA-7431 7/1/2017-12/31/2017-JOURNEYMAN HOURLY RATE ON-SITE	1.00	Hour	92.00	92.00
21	APA-7431 1/1/2015-6/30/2015-JOURNEYMAN OVERTIME HOURLY RATE ON-SITE	1.00	Hour	98.00	98.00
22	APA-7431 7/1/2015-6/30/2016-JOURNEYMAN OVERTIME HOURLY RATE ON-SITE	1.00	Hour	98.00	98.00
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32	APA-7431 7/1/2017-12/31/2017-REGISTERED	1.00	Hour	86.00	86.00

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be valid if the 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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40 FOUNTAIN ST, 3RD FLOOR
PROVIDENCE, RI 02903-1898
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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	APPRENTICE OVERTIME HOURLY RATE ON-SITE 1/1/2015-12/31/2017 - PARTS @ MANUFACTURERS LIST PRICE LESS <u>40</u> %			86.00	

Delivery: _____

Terms of Payment: NET 30 days

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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 Social Security Number box]

05 0913684

NAME ELM HURDT ENGINEERING INC

ADDRESS P.O. Box 9049

(REMITTANCE ADDRESS, IF DIFFERENT) _____

CITY, STATE AND ZIP CODE Providence, R.I. 02940

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 [Signature] TITLE President DATE 12/25/14 TEL NO. 401-462-4187

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.

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

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
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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 Social Security Number box]

05 0913684

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

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIVIP BIDDER CERTIFICATION COVER FORM
SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIVIP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7549145
Solicitation Title: REFRIGERATION MAINTENANCE AND REPAIRS, DHS (26 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 12/15/2014 11:30 AM

RIVIP Vendor ID #: 15008
Bidder Name: Elmhurst Engineering Inc.
Address: 154 Warren Ave
East Providence, RI 02914
USA

Telephone: (401) 461-4141
Fax: (401) 461-4263
Contact Name: Paul Castro
Contact Title: Manager
Contact Email: paulc28205@aol.com

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-3, and if "Yes," provide details below. Complete Disclosure 4.

1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.
4. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address,

principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

SECTION 3 —CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.
- 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.
- 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.
- 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.
- 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.
- 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.
- 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):



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15	APA-7431 7/1/2016-6/30/2017-REGISTERED APPRENTICE OVERTIME HOURLY RATE ON-SITE	1.00	Hour	86.00	86.00
16	APA-7431 7/1/2017-12/31/2017-REGISTERED APPRENTICE OVERTIME HOURLY RATE ON-SITE PREVAILING WAGE RATES APPLIES TO LINE ITEMS 17 -32 THESE WILL RELATE TO (****8) OF THE SPECIFICATIONS WORK ITEMS ON PAGE 1 OF 2. ANY REPAIRS IDENTIFIED DURING THE PREVENTATIVE MAINTENANCE ARE SUBJECT TO RIGL 37-13 PREVAILING WAGE RATES.	1.00	Hour	86.00	86.00
17	APA-7431 1/1/2015-6/30/2015-JOURNEYMAN HOURLY RATE ON-SITE	1.00	Hour	92.00	92.00
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	Blanket Requirement: January 1, 2015 - December 31, 2017 with an option to renew for one additional year at the State's sole option. NOTE: NON-PREVAILING WAGE APPLIES TO LINE ITEMS 1 - 16 PREVENTIVE MAINTENANCE FOR THE BID SPECIFICATIONS LISTED ON PAGE 1 OF 2. PREVAILING WAGE RATES APPLIES TO LINE ITEMS 17 -32 THESE WILL RELATE TO (****8) OF THE SPECIFICATIONS WORK ITEMS ON PAGE 1 OF 2. ANY REPAIRS IDENTIFIED DURING THE PREVENTATIVE MAINTENANCE ARE SUBJECT TO RIGL 37-13 PREVAILING WAGE RATES.				
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