

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](http://www.purchasing.ri.gov) to submit a bid proposal.*

**Solicitation Number:** 7549234A3  
**Solicitation Title:** ALTERATIONS FOR A NEW MAIL ROOM AT THE PHYSICAL PLANT, RI COLLEGE (1 PG)

**Bid Proposal Submission  
Deadline Date & Time:** 2/4/2015 10:30 AM

**RIVIP Vendor ID #:** 65134  
**Bidder Name:** ADM Construction  
**Address:** 15 School st.  
PO Box 204  
Albion , RI 02802  
USA

**Telephone:** (401) 256-6526  
**Fax:** (401) 333-0696  
**Contact Name:** Adam Rodzik  
**Contact Title:** director  
**Contact Email:** arodzik@cox.net

**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.*

- N 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.
- N 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.
- N 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):

ADAM ROISZM MD Jr  
PO Box 204  
ALBION, NY 02802

### 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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Solicitation #: 7549234

Solicitation Title: Alterations for a New Mail Room at the Physical Plant – RIC

**BID FORM**

To: The Department of Administration, Division of Purchases  
One Capitol Hill, Providence, RI 02908

Project: Alterations  
New Mail Room  
Physical Plant Building #28  
Rhode Island College

Bidder:

ADM CONSTRUCTION LLC  
Legal name of entity  
P.O. BOX 204, ALBION, RI 02802  
Address  
ADAM RODZIK ARODZIK@COX.NET  
Contact name Contact email  
401-256-6526 N/A FAX  
Contact telephone Contact fax

**1. BASE BID PRICE**

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

\$ 80 000.00

(Base Bid Price in figures printed electronically, typed, or handwritten legibly in ink)

\$ eighty thousand  
(Base Bid Price in words electronically, typed, or handwritten legibly in ink)

Solicitation #: 7549234

Solicitation Title: Alterations for a New Mail Room at the Physical Plant – RIC

- **ALLOWANCES** - None Required

- **BONDS**

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

- **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 12.3.2014 1/6/15 RA

Addendum No. 2, dated 1/21/2015 RA

Addendum No. 3, dated 1/26/2015 RA

Addendum No. 3, dated \_\_\_\_\_

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

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase the Base Bid Price by the amount set forth below for each Alternate selected.

**ADD ALTERNATE- #1- Shelving Units**

DESCRIPTION: In lieu of Owner furnished shelving, Contractor shall provide two free standing heavy duty metal shelving units, approximately 42" wide, 18" deep and 42" tall.

\$ 600.00

(Amount in figures printed electronically, typed, or handwritten legibly in ink)

\$ SIX HUNDRED 00/100

(Amount in words electronically, typed, or handwritten legibly in ink)

Solicitation #: 7549234

Solicitation Title: Alterations for a New Mail Room at the Physical Plant – RIC

3. UNIT PRICES - None Required

4. CONTRACT TIME

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

- Start of Construction 7 calendar days after issuance of Purchase Order.
- Substantial Completion 45 calendar days after issuance of Purchase Order.
- Final Completion 55 calendar days after issuance of Purchase Order.

The Final Completion date for Work shall be within **55** calendar days of the Purchase Order from the Division of Purchases.

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: **Five Hundred Dollars (\$500.00) per day.**

### BID FORM SIGNATURE(S)

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.

Date: 2/3/2015

**BIDDER**

ADM CONSTRUCTION LLC  
Name of Bidder

[Signature]  
Signature in Ink

Adam Roodin  
Printed name and title of person signing on behalf of Bidder

# 2557 RI  
Bidder's Contractor Registration Number

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 boxes]

37 1587015

NAME ADM CONSTRUCTION LLC

ADDRESS P.O. BOX 204

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE ALBION, RI 02802

**CERTIFICATION:** Under penalties of perjury, I certify that:

- (1) The number shown on this form is 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 owner DATE 2/3/11 TEL NO. 256-0596

**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

**STATE OF RHODE ISLAND**  
 CONTRACTORS REGISTRATION  
 AND LICENSING BOARD

REGISTRATION NO. 2551 EXP. DATE 07/11/2015

REGISTRANT'S NAME ADAM RODZIK

AUTHORIZED REPRESENTATIVE ADAM RODZIK

DRIVER'S LICENSE # 00000000

EXECUTIVE DIRECTOR  
*Angie A. Haber*

Massachusetts - Department of Public Safety  
 Board of Building Regulations and Standards

Construction Supervisor  
 License: CS-097656

ADAM RODZIK  
 PO BOX 204  
 ALABION RI 02802

*Thomas B. Sikes*  
 Commissioner

Expiration  
 07/11/2015

OSHA 002354791

U.S. Department of Labor  
 Occupational Safety and Health Administration

ADAM RODZIK

has successfully completed a 10-hour Occupational Safety and Health  
 Training Course in  
 Construction Safety & Health

Taylor Sikes *Taylor Alan Sikes* 8/20/2009  
 (Trainer) (Date)

**HILTI** FS 0594111

Firestop Systems  
 Saving Lives through Innovation and Education

Date Issued 4-1-14

ADAM RODZIK

has attended a training seminar covering the basic fundamentals of  
 firestopping and proper selection of HILTI tested firestop systems.

*[Signature]*  
 SIGNATURE OF AUTHORIZED INSTRUCTOR INSTRUCTOR CARD NUMBER

I have been apprised of all general instructions and precautions customarily provided by  
 HILTI to entities involved in the proper use of HILTI Firestop Products/Systems.

Signature of Seminar Participant *[Signature]*