

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:** 7549392A1  
**Solicitation Title:** WARWICK CAMPUS INTERIOR PAINTING - CCRI (16 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 4/14/2015 10:00 AM

**RIVIP Vendor ID #:** 32480  
**Bidder Name:** Joseph Tavone Painting  
**Address:** 1926 Smith Street  
North Providence , RI 02911  
USA

**Telephone:** (401) 233-0400  
**Fax:** (401) 232-3070  
**Contact Name:** Joanne Piscopiello  
**Contact Title:** President  
**Contact Email:** joanne@jtavone.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 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.*

- 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.



Certification details (continue on additional sheet if necessary):

Lined area for certification details.

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: 4/13/15

Joseph Tavone Painting Co., Inc.

Name of Bidder

Signature in ink: Joanne Piscopiello

Signature in ink

Joanne Piscopiello, President

Printed name and title of person signing on behalf of Bidder

Tel. (401) 233-0400  
Fax (401) 232-3070  
Lic. #4522

# *JOSEPH TAVONE PAINTING CO., INC.*

*General Painting and Maintenance*

1926 Smith Street

North Providence, RI 02911

## **Section 2 Disclosures, Question 5**

Joanne Piscopiello 1926 Smith Street, North Providence, RI 02911, President, Owns 16.5%  
Debra Balassone 1926 Smith Street, North Providence, RI 02911, Vice President, Owns 22%  
Donna Piscopiello 1926 Smith Street, North Providence, RI 02911, Secretary, Owns 22%  
Kristen Piscopiello 1926 Smith Street, North Providence, RI 02911, Treasurer,  
David Piscopiello 1926 Smith Street, North Providence, RI 02911, Project Manager, Owns 19.75%  
Angelo Balassone 1926 Smith Street, North Providence, RI 02911, Project Manager, Owns 19.75%

Solicitation #:7549392

Solicitation Title: Warwick Campus Interior Painting - CCRI

**BID FORM**

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

Project: **CCRI Interior Painting Project**  
**Community College of Rhode Island**  
**Knight Campus**

Bidder: Joseph Tavone Painting Co., Inc.  
Legal name of entity  
1926 Smith Street, N. Providence, RI 02911  
Address (street/city/state/zip)  
Joanne Piscopiello, Joanne@jtavone.com  
Contact name Contact email  
401-233-0400, 401-232-3070  
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*):

\$ 659,800.00

(base bid price *in figures* printed electronically, typed, or handwritten legibly in ink)

Six hundred and fifty-nine thousand, eight hundred dollars.

(base bid price *in words* printed electronically, typed, or handwritten legibly in ink)

• **Allowances**

The Base Bid Price ***includes*** the costs for the following Allowances (see section 01 2010):

No. 1: Hazardous Materials \$ 40,000

No. 2: Painting outside the limit of work \$ 20,000

**Total Allowances:** \$ 60,000

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- **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: 3/25/15 acknowledged JP

Addendum No. 2 dated: 4/3/15 acknowledged JP

Addendum No. 3 dated: \_\_\_\_\_

**2. ALTERNATES** (*Additions/Subtractions to Base Bid Price*)  
(see section 01 2010):

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 or reduce the Base Bid Price by the amount set forth below for each Alternate selected.

*Check "Add" or "Subtract."*

  x   Add        Subtract Alternate No. 1 Second Floor Work:

  \$ 214,600.00  

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

  Two hundred and fourteen thousand and six hundred dollars  

(amount *in words* printed electronically, typed, or handwritten legibly in ink)

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\_\_\_ Add  Subtract Alternate No. 2 First Floor Work:

\$ 8,700.00

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

Eight thousand and seven hundred dollars

(amount *in words* printed electronically, typed, or handwritten legibly in ink)

Add \_\_\_ Subtract Alternate No. 3 Ground Floor Work:

\$ 6,900.00

(alternate amount *in figures* printed electronically, typed, or handwritten legibly in ink)

Six thousand and nine hundred dollars

(alternate amount *in words* printed electronically, typed, or handwritten legibly in ink)

Add \_\_\_ Subtract Alternate No. 4 Ramp Rails:

\$ 3,000.00

(alternate amount *in figures* printed electronically, typed, or handwritten legibly in ink)

Three thousand dollars

(alternate amount *in words* printed electronically, typed, or handwritten legibly in ink)

### 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: Painting of Hollow Metal Frames (doors and windows, including prep, ladders - up to a height of 12 feet, etc.) \$ 15.00 /Linear Foot

Unit Price No. 2: Painting of Drywall (including prep, ladders – up to a height of 12 feet, etc.) \$ 1.95 /Square Footage

Unit Price No. 3: Painting of Metal Panels (cabinets, doors and windows, including prep,

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ladders – up to a height of 12 feet, etc.) \$ 1.95 /Square Footage

Unit Price No. 4: Small Man Lift - maximum height of 36 Feet. \$ 925.00 /Week

Unit Price No.5: Painter 3<sup>rd</sup> Shift Rate. \$ 96.00 /Hour

Unit Price No. 6: Painter Foreman 3<sup>rd</sup> Shift Rate. \$ 106.00 /Hour

#### 4. CONTRACT TIME

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

- Start of construction: April 13, 2015
- Substantial completion: June 15, 2015
- Final completion: June 22,2015

#### 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: \$ 500/Day.

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**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**

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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.

**BIDDER**

Date: 4/13/15

Joseph Tavone Painting Co., Inc.

Name of Bidder

Joanne Piscopiello

Signature in ink

Joanne Piscopiello, President

Printed name and title of person signing on behalf of Bidder

# 4522

Bidder's Contractor Registration Number



### "MANDATORY" PRE-BID CONFERENCE SIGN IN SHEET

Mandatory Pre-bid Conference: Any vendor who intends to submit a bid proposal in response to this solicitation must have its representative attend this mandatory prebid conference, sign, and complete all required information on this Sign-in Sheet. Failure to comply with this requirement will result in the rejection of any bid proposal.

**BID NUMBER:** 7549392  
**BID TITLE:** Warwick Campus Interior Painting - CCRI  
**PRE-BID DATE AND TIME:** 3/18/15 @ 2:00 PM

**Purchasing Representative:** Gary P. Mosca  
**Mandatory Pre-bid START TIME:** 2:00 PM  
**Mandatory Pre-bid END TIME:** 2:00 PM  
*P. Mosca*

LINE NUMBER	COMPANY NAME	COMPANY REPRESENTATIVE	SIGNATURE	ADDRESS	CONTACT E-MAIL	CONTACT PHONE NUMBER AND FAX NUMBER	PROPOSAL SUBMITTED (for Purchasing Use Only)
1	SOBOL TAVOUSTE	Angelo Bassare	<i>Angelo Bassare</i>	1906 Smith Street	angelo@tavouste.com	3330400	
2							
3							
4							
5							
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14							
15							

THE AMERICAN INSTITUTE OF ARCHITECTS



AIA Document A310

**Bid Bond**

KNOW ALL MEN BY THESE PRESENTS, that we **JOSEPH TAVONE PAINTING, 1926 Smith Street, North Providence, Rhode Island**

as Principal, hereinafter called the Principal, and **BERKLEY INSURANCE COMPANY**  
a corporation duly organized under the laws of the State of **Delaware**  
as Surety, hereinafter called the Surety, are held and firmly bound unto **STATE OF RHODE ISLAND**

as Obligee, hereinafter called the Obligee, in the sum of **Five Percent of the Amount of the Attached Bid**  
Dollars (**\$5% of 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.

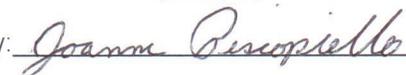
WHEREAS, the Principal has submitted a bid **Warwick Campus Interior Painting – CCRI; Project No. 7549392A2**

NOW, THEREFORE, if the Obligee shall accept the bid of the Principal and the Principal shall enter into a Contract with the Obligee 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 Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee 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 **14<sup>th</sup>** day of **April, 2015**.

  
(Witness)

**JOSEPH TAVONE PAINTING CO., INC.**  
(Principal) (Seal)

By: 

  
(Witness)

**BERKLEY INSURANCE COMPANY**  
(Surety) (Seal)

By:  (Title)  
**Denise A. Chianese, Attorney-in-Fact**



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)

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05	0311926
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NAME Joseph Tavone Painting Co., Inc.

ADDRESS 1926 Smith Street

(REMITTANCE ADDRESS, IF DIFFERENT) \_\_\_\_\_

CITY, STATE AND ZIP CODE North Providence, RI 02911

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 James Piscopello TITLE President DATE 4/13/15 TEL NO. 401-233-0400

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