



# Request for Quote

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

CREATION DATE : 22-APR-15  
BID NUMBER: 7549522  
TITLE: ASBESTOS ABATEMENT ZAMBARANO  
HOSPITAL-BEASLEY BUILDING  
  
BLANKET START : 01-JUN-15  
BLANKET END : 31-DEC-15  
BID CLOSING DATE AND TIME: 13-MAY-2015 01:30:00

BUYER: Cadoret, David  
PHONE #: N/A

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DOA CONTROLLER  
ONE CAPITOL HILL, 4TH FLOOR  
SMITH ST  
PROVIDENCE, RI 02908  
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DOA CENTRAL SERVICES  
ONE CAPITOL HILL, 2ND FLOOR  
SMITH ST  
PROVIDENCE, RI 02908  
US

Requisition Number: 1410585

Note to Bidders: THERE WILL BE A MANDATORY PRE BID CONFERENCE AS SHOWN ON ATTACHED SHEET.

Line	Description	Quantity	Unit	Unit Price	Total
1	ZAMBARANO ASBESTOS ABATEMENT (BEASLEY BLDG) AS PER ATTACHED SPECIFICATIONS	1.00	Each	96,080.00	

NINETY SIX THOUSAND AND EIGHTY.  
N/NO  
CENTS

SUBMITTED BY: GENERAL ENVIRONMENTAL SERVICES, INC.  
\*AN MBE/DBE FIRM

+ Victoria Kearns, President

5/13/15

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 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

May 1, 2015  
ADDENDUM NUMBER ONE  
RFQ #7549522

TITLE: Asbestos Abatement-Zambarano Hospital-Beasley Building

Acknowledgement of addendum(a):

I have received and reviewed the following addendum(a) that pertain to this bid. This sheet must be submitted with your bid proposal. Failure to do so may result in your bid being considered NON-RESPONSIVE.

Addendum Number 1 Dated 5/1/15

Addendum Number \_\_\_\_\_ Dated \_\_\_\_\_

Signed Victor F. Keasue Dated 5/13/15

Title PRESIDENT



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May 1, 2015  
ADDENDUM NUMBER ONE  
RFQ #7549522

**TITLE: Asbestos Abatement-Zambarano Hospital-Beasley Building**

**Unit price request:**

If owner requests additional abatement work, the work shall be based on a unit price basis as noted below:

\$ <u>20.10</u>	per linear foot of pipe insulation <4" pipe
\$ <u>8.15</u>	per square foot for floor tile/mastic

**FAILURE TO SUBMIT THIS PAGE MAY RESULT IN YOUR BID BEING DEEMED NON-RESPONSIVE.**

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:** 7549522A1  
**Solicitation Title:** ASBESTOS ABATEMENT ZAMBARANO HOSPITAL-BEASBLEY BUILDING - ADDENDUM 1 AND 1 ZIP FILE  
**Bid Proposal Submission Deadline Date & Time:** 5/13/2015 1:30 PM  
**RIVIP Vendor ID #:** 29799  
**Bidder Name:** General Environmental Services, Inc.  
**Address:** 99 Post Rd. E-3  
Warwick, RI 028881666  
USA  
**Telephone:** (401) 781-5132  
**Fax:** (401) 781-5132  
**Contact Name:** victoria Kearns  
**Contact Title:** President  
**Contact Email:** vfkearns@gmail.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):

Multiple horizontal lines for writing 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: 5/13/15

GENERAL ENVIRONMENTAL SERVICES, INC.

Name of Bidder

Victoria F. Kearns

Signature in ink

VICTORIA F. KEARNS, PRESIDENT

Printed name and title of person signing on behalf of Bidder

VERIFY THE AUTHENTICITY OF THIS MULTI-TONE SECURITY DOCUMENT.

CHECK BACKGROUND AREA CHANGES COLOR GRADUALLY FROM TOP TO BOTTOM.

COPYRIGHT © 2011 BY FIRST PROTECTION

0414933

60-7269  
2313



# OFFICIAL CHECK

Santander Bank, N.A.

Memo:

\*\*\*\*\*4,804.00

05/13/2015

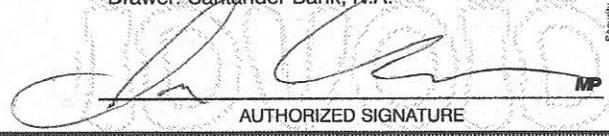
Branch: 0480

Void If Amount Over: \*\*\*\*\*4,804.00

PAY TO THE \*\*\* State Of Rhode Island \*\*\*  
ORDER OF

Drawer: Santander Bank, N.A.

ZAMBARANO Bid BOND

  
AUTHORIZED SIGNATURE

DRAWEE: SANTANDER BANK, N.A. ISSUED BY: SANTANDER BANK, N.A.

⑈0414933⑈ ⑆231372691⑆ 7675763718⑈

Details on Back  
Security Features Included



RFQ:7549522

TITLE: ASBETOS ABATEMENT- ZAMBARANO HOSPITAL-BEASLEY BUILDING

LIST OF SUCCESSFULLY COMPLETED PROJECTS OF SIMILARITY IN THE PAST 5 YEARS:

1. **STATE OF RHODE ISLAND: REGAN HOSPITAL (\$ )**  
\*Asbestos abatement of floor tile and associated mastics in 72 patient rooms in active environment.  
\* Phased work from 8/1/14- 3/1/15  
\*GC:
2. **STATE OF RHODE ISLAND: MATHIAS – WARDS 1-4 (\$ )**  
\*Asbestos pipe insulation, asbestos duct insulation, asbestos roofing abatement in active and non active wards and within the active pharmacy.  
\*February/March 2013  
GC:
3. **HATIE IDE CHAFEE NURSING HOME - E.PROV(\$ )**  
\*Asbestos abatement of floor tiles/mastic in common hallways of active nursing facility  
\* 2013, 2014  
\*Conducted abatement for
4. **STATE OF RHODE ISLAND- ZAMBARANO HOSPITAL (\$ )**  
\*Asbestos abatement of pipe insulation – Tunnel, community rooms  
\*Conducted work for

LIST OF VIOLATIONS PREVIOUS 5 YEARS:

EPA: NO VIOLATIONS

OSHA: NO VIOLATIONS

RIDOH: NO VIOLATIONS

LOCAL/STATE/FEDERAL OTHER THEN LISTED ABOVE: NO VIOLATONS



*State of Rhode Island and Providence Plantations*  
**DEPARTMENT OF HEALTH**  
**HEALTHY ENVIRONMENT TEAM – ASBESTOS PROGRAM**  
**ASBESTOS ABATEMENT CONTRACTOR LICENSE**

Pursuant to Title 23, Chapter 24.5 of the General Laws of Rhode Island (the Act) and the Rhode Island Rules and Regulations for Asbestos Control and in reliance on statements and representations heretofore made by the licensee, a license is hereby issued authorizing the licensee to act as an Asbestos Abatement Contractor. This license is subject to all applicable provisions of the Act and all applicable rules, regulations and orders of the Rhode Island Department of Health-Office of Occupational and Radiological Health now or hereafter in effect and to any conditions specified below.

Licensee: **GENERAL ENVIRONMENTAL SERVICES INC**

Address: **99 POST ROAD E3**

**WARWICK RI 02888**

License Number: **LAC-202**

Expiration Date: **06/14/2015**

Asbestos Abatement Activities Authorized: **Removal, encapsulation or enclosure of asbestos containing material in accordance with Part B of the Rhode Island Rules and Regulations**

For a listing of site supervisors that are associated with this license please visit our website at the following web address:

<http://www.health.ri.gov/hsr/professions/license.php>

At least one Asbestos Abatement Site Supervisors must be physically present whenever any on-site work is being performed in conjunction with an approved asbestos abatement project. The photo ID issued by the Agency must be clearly displayed by an Asbestos Abatement Site Supervisor at all times while supervising an approved asbestos abatement project. Except as specifically provided otherwise in this license, the licensee shall conduct his program in accordance with statements, procedures and representations contained in the documents, including any enclosures. The Rhode Island Rules and Regulations for Asbestos Control shall govern unless the statements, representations and procedures in the licensee's application and correspondence are more restrictive than the regulations.

**Bonnie Cassani-Brandt**  
**Training and Compliance Manager**  
**Healthy Homes and Environment**

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 \$60 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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NAME GENERAL ENVIRONMENTAL SERVICES, INC.

ADDRESS P.O. Box 8233

(REMITTANCE ADDRESS, IF DIFFERENT) 99 Post Rd E3

CITY, STATE AND ZIP CODE WARWICK RI 02888

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 Victor Keane

TITLE PRES

DATE 5/12/15

TEL NO. 4017015132

**BUSINESS DESIGNATION:**

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