

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: 7549649
Solicitation Title: ELECTRICAL/ELECTRONIC MAINTENANCE REPAIR (MPA #41) (56 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 7/3/2015 10:00 AM

RIVIP Vendor ID #: 828
Bidder Name: C & K Electric Company
Address: P.O. Box 41478

Providence , RI 02940
USA

Telephone: 4013313909
Fax: 4018613574
Contact Name: Robert Kelman
Contact Title: VP
Contact Email: rob@ckelectricri.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.

- N 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.
5. 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):

David Kelman- President

Robert Kelman- Vice President

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:

- Y 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.
- Y 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. 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.
- Y 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.
- Y 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.
- Y 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.
- Y 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.
- Y 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.
- Y 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):

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: July 2, 2015

C+K Electric Company, Inc.
Name of Bidder

Robert Kelman
Signature in ink

Robert Kelman Vice President
Printed name and title of person signing on behalf of Bidder

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)

--	--	--

05	0247570
----	---------

C & K Electric Company, Inc.

NAME

ADDRESS 166 Doyle Avenue Providence, RI 02906

(REMITTANCE ADDRESS, IF DIFFERENT) P.O. Box 41478

CITY, STATE AND ZIP CODE Providence, RI 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 *Robert Klu* TITLE VP DATE 7/1/15 TEL NO. 401-331-3909

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 AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone: (401) 462-8000
TTY: Via RI Relay 711

Lincoln D. Chafee
Governor
Charles J. Fogarty
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: Robert Helman

Title: Vice President

Subscribed and sworn before me this 17th day of June, 2015

Sally R. Wilbour
Notary Public Sally R. Wilbour
My commission expires: 2/01/17



An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.

TTY via RI Relay 711

SECTION 11: CONTRACTOR RESPONSE FORM

Provide full and detailed responses to the following Schedules:

Schedule A: Company Profile and Experience

11.1 Corporate profile and comparable work experience. Respondents are to provide a brief summary of their corporate profile and experience in providing similar electrical services to institutional facilities.

Company name: C & K Electric Company, Inc.

Year business entity was established: 1923

Corporate profile and comparable work experience:

C & K Electric has been a Rhode Island family owned business since 1923. We have maintained a reputation for craftsmanship, expertise and customer service. We have experience with many types of industrial and commercial accounts, ranging from 270 MW power plants to small retail.

We have a proven track record of providing prompt, reliable service for agencies throughout the State of Rhode Island through prior MPA contracts and through individual projects bid via the Division of Purchases. We also provide maintenance work for municipal schools.

Project and Value: \$139,900.00

Year Started: 2013

Year Complete: 2014

Brief Description of Contract: Install new power, audio, video and control infrastructure for the RI State Legislature's Capitol TV High Definition Camera Project

Company: Azzurro Systems Integration, Inc

Contact Person: Paul Berg

Telephone and Email: 201-784-2020 pberg@azzurrogroup.com

Project and Value: \$156,400.00

Year Started: 2013

Year Complete: 2013

Brief Description of Contract: Install new 1,200 amp feeder and generator docking station at the Tiverton Power Plant

Company: Emera Energy

RFQ #7549649 Electrical-Electronic-Maintenance & Repair

Contact Person: Art Pires

Telephone and Email: 401-624-4300 arthur.pires@emeraenergy.com

Project and Value: \$65,000.00

SECTION 15: FINANCIAL CONSIDERATIONS

15.1 Labor Rates

Labor rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

The Owner shall be entitled to any and all material or trade discounts (off list prices) that the electrical vendor receives. Material quotes or invoices shall provide the discounted rate.

All Work performed is to be in accordance with all governing regulatory authorities within the State of Rhode Island.

Cost Portion of Proposal* Pricing for Personnel Required

Master Electrician [Low /Medium Voltage]	Hourly Rate
(a) Regular/Straight Time Monday - Friday	\$ 83.50
(b) Overtime Monday - Friday	\$ 125.00
(c) Sat/Sun/Holidays	\$ 150.00
(d) Emergency Call Response Hourly Rate.	\$ 140.00
(e) Minimum Hours Charged per Emergency Call	Hours: <u>2</u>

Electrical Journeyman [Low / Medium Voltage]	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ 83.50
(b) Overtime Monday - Friday	\$ 125.00
(c) Sat/Sun/Holidays	\$ 150.00
(d) Emergency Call Response Hourly Rate	\$ 140.00
(e) Minimum Hours Charged per Emergency call	Hours: <u>2</u>

RFQ #7549649 Electrical-Electronic-Maintenance & Repair

--	--

Registered Electrical Apprentice [Low/Medium Voltage]	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ 60.00
(b) Overtime Monday - Friday	\$ 90.00
(c) Sat/Sun/Holidays	\$ 120.00

SECTION 16: HIGH VOLTAGE PRICING:

Labor Rates

Labor rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

The Owner shall be entitled to any and all material or trade discounts (off list prices) that the electrical vendor receives. Material quotes or invoices shall provide the discounted rate.

All Work performed is to be in accordance with all governing regulatory authorities within the State of Rhode Island.

Cost Portion of Proposal* Pricing for Personnel Required

Master Electrician [High Voltage]	Hourly Rate
(a) Regular/Straight Time Monday - Friday	\$ n/a
(b) Overtime Monday - Friday	\$ n/a
(c) Sat/Sun/Holidays	\$ n/a
(d) Emergency Call Response Hourly Rate.	\$ n/a
(e) Minimum Hours Charged per Emergency Call	Hours: _____ n/a

Line Man	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ n/a
(b) Overtime Monday - Friday	\$ n/a
(c) Sat/Sun/Holidays	\$ n/a
(d) Emergency Call Response Hourly Rate	\$ n/a
(e) Minimum Hours Charged per Emergency Call	Hours: _____ n/a

Electrical Journeyman [High Voltage]	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ n/a
(b) Overtime Monday - Friday	\$ n/a
(c) Sat/Sun/Holidays	\$ n/a
(d) Emergency Call Response Hourly Rate	\$ n/a
(e) Minimum Hours Charged per Emergency Call	Hours: _____ n/a

Major Equipment (with Operator s applicable)

All rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

Bucket	Truck	Rates with operator	
A	Hourly (straight time)		\$ 145.00
B	Daily		\$ 995.00
C	Weekly		\$ 4,340.00
D	Monthly		\$ 16,360.00

Equipment Operator		
A	Hourly (straight time)	\$ 90.00
B	Daily	\$ 720.00
C	Weekly	\$ 3,600.00
D	Monthly	\$ 14,400.00

Digger/Derrick Truck		
A	Hourly (straight time)	\$ 165.00
B	Daily	\$ 1,000.00
C	Weekly	\$ 4,500.00
D	Monthly	\$ 13,450.00

Crane		
A	Hourly (straight time)	\$ 165.00
B	Daily	\$ 1,000.00
C	Weekly	\$ 4,500.00
D	Monthly	\$ 13,450.00

Backhoe		
A	Hourly (straight time)	\$ 165.00
B	Daily	\$ 1,000.00
C	Weekly	\$ 4,500.00
D	Monthly	\$ 13,450.00

Compressor		
A	Hourly	\$ 125.00
B	Daily	\$ 350.00
C	Weekly	\$ 1,050.00
D	Monthly	\$ 3,150.00

Generator (site work only)		
A	Hourly	\$ 40.00
B	Daily	\$ 200.00
C	Weekly	\$ 700.00
D	Monthly	\$ 2,400.00

Pump		
A	Hourly	\$ 20.00
B	Daily	\$ 80.00
C	Weekly	\$ 360.00
D	Monthly	\$ 1,500.00

SECTION 17: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at doa.purquestions3@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference the RFQ # **on** all correspondence. Questions should be submitted as a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Division of Purchases website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. No other contact with State parties is permitted. Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses should be mailed or hand-delivered in a sealed envelope marked “RFQ#” to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. A completed and signed three-page R.I.V.I.P generated Bidder Certification Cover Form which may be downloaded from www.purchasing.ri.gov.
2. A completed and signed IRS Form W-9 which may be downloaded from: www.purchasing.ri.gov.
3. Contractors **may** submit a proposal for either Low/Medium Voltage or High Voltage. It is not required to be qualified for both Low/Medium and High Voltage to submit a proposal.

4. Respond to each of the items to ensure proposals receive full evaluation consideration for Low/Medium Voltage Services. Response directly onto appropriate **[Section]**, including any appendices requested.
5. Respond to each of the items to ensure proposals receives full evaluation consideration for High Voltage Services. Response directly onto appropriate **[Section]**, including any appendices requested.
6. Submit Copy of Certificate A Electrical Contractor's License Number.
Submit Contractor License Number. # AC001237

CONCLUDING STATEMENTS

Notwithstanding the above, the Division reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The Division may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The Division's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the MPA contract award pursuant to this RFQ.

Failure to submit any required document or information may deem bid non-responsive.

ELECTRICAL CORP AC001237
A-001237 B-004126
C & K ELECTRIC CO., INC.

DAVID KELMAN
166 DOYLE AVENUE
PROVIDENCE RI 02906

JOHN SHAW 10/31/2016
Administrator Expiration Date

State of Rhode Island and Providence Plantations
Rhode Island Department of Labor and Training

TELECOM SYS CONTRACT DATA TSC
VIDEO TSC
TELEP TSC
SOUND TSC

LIC# 1737
DAVID J KELMAN
166 DOYLE AVE
PROVIDENCE RI 02906

JOHN SHAW 10/31/2016
Administrator Expiration Date

Rhode Island
DRIVER LICENSE
Class 10 License No. 5304208
Birthdate 10-10-1936 Expires 10-10-2015

Sex	Ht.	Wt.	Eyes	Issue Date
M	505	170	BROWN	10-04-2013

Restrictions: H Endorsements:

DAVID J KELMAN
20 CHURCH HILL DR
CRANSTON, RI 02910

David J. Kelman

Anthony B. Silva
DIVISION OF MOTOR VEHICLES ADMINISTRATOR



**PHOTO I.D. REQUIRED
WITH THIS LICENSE**

David Kelman

Not valid without signature.

If found, please return to:

DLT, 1511 Pontiac Avenue, Cranston, RI 02920-0943

Ph: (401) 462-8580

www.dlt.ri.gov/proffregs

**PHOTO I.D. REQUIRED
WITH THIS LICENSE**

David Kelman

Not valid without signature.

If found, please return to:

DLT, 1511 Pontiac Avenue, Cranston, RI 02920-0943

Ph: (401) 462-8580

www.dlt.ri.gov/proffregs