

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

RVIP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

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

Solicitation Number: 7549716
Solicitation Title: CONSTRUCTION RENOVATIONS MINOR - MPA 52 (46 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 7/21/2015 10:30 AM

RVIP Vendor ID #: 827
Bidder Name: Dome Construction Co.
Address: P.O. Box 157
Cumberland, RI 02864
USA

Telephone: 401-723-2877
Fax: 401-723-3039
Contact Name: Peter Grundy
Contact Title: President
Contact Email: domeconstruction@juno.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):

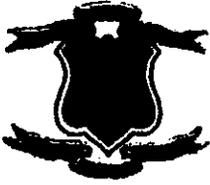
SECTION 3 —CERTIFICATIONS

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.



Request for Quote

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

CREATION DATE : 29-JUN-15
 BID NUMBER: 7549716
 TITLE: CONSTRUCTION RENOVATIONS MINOR-MPA 52
 BLANKET START : 01-SEP-15
 BLANKET END : 31-AUG-16
 BID CLOSING DATE AND TIME: 21-JUL-2015 10:30:00

BUYER: Cadoret, David
 PHONE #: N/A

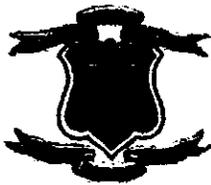
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Regulation Number:

Line	Description	Quantity	Unit	Unit Price	Total
1	MPA-52 9/1/15 - 8/31/16 CARPENTER REGULAR HOURLY RATE	1.00	Hour	59.31	59.31
2	MPA-52 9/1/15 - 8/31/16 CARPENTER OVERTIME HOURLY RATE	1.00	Hour	88.97	88.97
3	MPA-52 9/1/15 - 8/31/16 CARPENTER HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	88.97	88.97
4	MPA-52 9/1/15 - 8/31/16 CARPENTER'S APPRENTICE REGULAR HOURLY RATE	1.00	Hour	N/A	N/A
5	MPA-52 9/1/15 - 8/31/16 CARPENTER'S APPRENTICE OVERTIME HOURLY RATE	1.00	Hour	N/A	N/A
6	MPA-52 9/1/15 - 8/31/16 CARPENTER'S APPRENTICE HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	N/A	N/A
7	MPA-52 9/1/15 - 8/31/16 MASON REGULAR HOURLY RATE	1.00	Hour	56.55	56.55
8	MPA-52 9/1/15 - 8/31/16 MASON OVERTIME HOURLY RATE	1.00	Hour	84.83	84.83
9	MPA-52 9/1/15 - 8/31/16 MASON HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	84.83	84.83
10	MPA-52 9/1/15 - 8/31/16 MASON'S APPRENTICE REGULAR HOURLY RATE	1.00	Hour	N/A	N/A
11	MPA-52 9/1/15 - 8/31/16 MASON'S APPRENTICE OVERTIME HOURLY RATE	1.00	Hour	N/A	N/A
12	MPA-52 9/1/15 - 8/31/16 MASON'S APPRENTICE HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	N/A	N/A
13	MPA-52 9/1/15 - 8/31/16 PAINTER REGULAR HOURLY RATE	1.00	Hour	50.87	50.87
14	MPA-52 9/1/15 - 8/31/16 PAINTER OVERTIME HOURLY RATE	1.00	Hour	76.31	76.31

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



Request for Quote

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

BUYER: Cadoret, David
 PHONE #: N/A

CREATION DATE: 29-JUN-15
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Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
15	MPA-52 9/1/15 - 8/31/16 PAINTER HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	76.31	76.31
16	MPA-52 9/1/15 - 8/31/16 PAINTER'S APPRENTICE REGULAR HOURLY RATE	1.00	Hour	N/A	N/A
17	MPA-52 9/1/15 - 8/31/16 PAINTER'S APPRENTICE OVERTIME HOURLY RATE	1.00	Hour	N/A	N/A
18	MPA-52 9/1/15 - 8/31/16 PAINTER'S APPRENTICE HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	N/A	N/A
19	MPA-52 9/1/15 - 8/31/16 PLASTERER REGULAR HOURLY RATE	1.00	Hour	57.35	57.35
20	MPA-52 9/1/15 - 8/31/16 PLASTERER OVERTIME HOURLY RATE	1.00	Hour	86.03	86.03
21	MPA-52 9/1/15 - 8/31/16 PLASTERER HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	86.03	86.03
22	MPA-52 9/1/15 - 8/31/16 PLASTERER'S APPRENTICE REGULAR HOURLY RATE	1.00	Hour	N/A	N/A
23	MPA-52 9/1/15 - 8/31/16 PLASTERER'S APPRENTICE OVERTIME HOURLY RATE	1.00	Hour	N/A	N/A
24	MPA-52 9/1/15 - 8/31/16 PLASTERER'S APPRENTICE HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY	1.00	Hour	N/A	N/A
25	MPA-52 9/1/15 - 8/31/16 LABORER REGULAR HOURLY RATE	1.00	Hour	50.50	50.50
26	MPA-52 9/1/15 - 8/31/16 LABORER OVERTIME HOURLY RATE	1.00	Hour	75.75	75.75
27	MPA-52 9/1/15 - 8/31/16 LABORER HOURLY RATE FOR SATURDAY, SUNDAY, HOLIDAY Line Note to Bidders: I CERTIFY THAT I HOLD A VALID RHODE ISLAND CONTRACTOR'S LICENSE NUMBER <u>2241</u> EXPIRATION DATE <u>6-1-16</u> FAILURE TO INCLUDE THIS NUMBER MAY RESULT IN	1.00	Hour	75.75	75.75

It is the Vendor's responsibility to check and download any and all addenda from the RfVP. This offer may not be considered unless a signed RfVP 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



Request for Quote

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

BUYER: Cadoret, David
PHONE #: N/A

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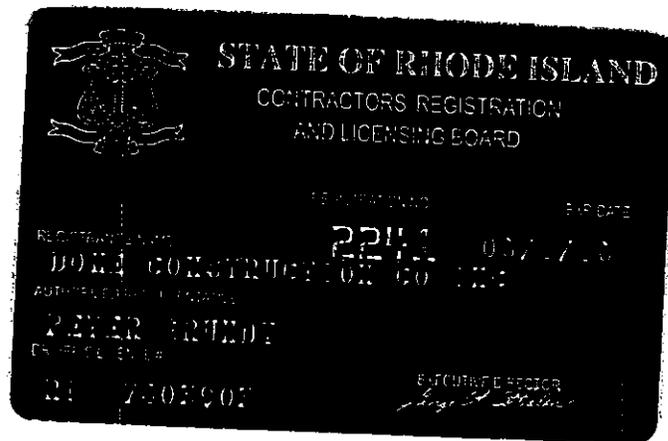
Requisition Number:

Line	Description	Quantity	Unit	Unit Price	Total
	YOUR BID BEING DEEMED NON-RESPONSIVE.				

Delivery: _____

Terms of Payment: _____

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REG. # 2241

EXP. DATE 6/1/16

DRIVERS Lic. # 7403903

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 0284980

NAME Dome Construction Co., Inc.

ADDRESS P.O. Box 157

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE Cumberland, RI 02864

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

Peter Grundy PRES. OWNER

TITLE

DATE

7/6/15

TEL. NO.

401-723-2877

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



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/2/2015

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER AFFILIATED INSURANCE MANAGERS, INC. 935 Jefferson Blvd., Ste. 2001 Warwick RI 02886		CONTACT NAME: Michelle Crabtree PHONE (AG No. Ext.): (401) 352-3000 FAX (AG No.): (401) 352-0020 E-MAIL ADDRESS: michelle@aiminsco.com	
INSURED Dome Construction Co Inc PO Box 157 Cumberland RI 02864-0000		INSURER(S) AFFORDING COVERAGE INSURER A: Harleysville Insurance INSURER B: Beacon Mutual Insurance Co. 24017 INSURER C: Liberty Mutual Insurance 23043 INSURER D: INSURER E: INSURER F:	

COVERAGES **CERTIFICATE NUMBER:** 2015/2016 Master **REVISION NUMBER:**

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL SUBR INSR / WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC		MPA00000055100E	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 5,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMPROP AGG \$ 2,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS		BA000000055447E	4/1/2015	4/1/2016	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Uninsured motorist combined \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE <input type="checkbox"/> DED <input checked="" type="checkbox"/> RETENTION \$		CMB00000056497E	4/1/2015	4/1/2016	EACH OCCURRENCE \$ 1,000,000 AGGREGATE \$ 1,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	N/A	26032	4/15/2015	4/15/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 500,000 E.L. DISEASE - EA EMPLOYEE \$ 500,000 E.L. DISEASE - POLICY LIMIT \$ 500,000
C	Inland Marine		IMB409727	3/13/2015	3/13/2016	Leased/Rented Equipment \$142,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
State of Rhode Island is listed as additional insured as required by written contract.

CERTIFICATE HOLDER

State of Rhode Island
Department of Administration
Division of Purchases
One Capitol Hill
Providence, RI 02908-5855

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.

AUTHORIZED REPRESENTATIVE

Michelle Crabtree/PP



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: Peter Grundy

Title: PRESIDENT
PETER GRUNDY

Subscribed and sworn before me this ___ day of ___, 20__

[Signature]
Notary Public
My commission expires: 4-02-16



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

TTY via RI Relay 711