

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:** 7549870A3  
**Solicitation Title:** LISTON CAMPUS COOLER / FREEZER REPLACEMENT - CCRI (6 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 10/19/2015 10:00 AM

**RIVIP Vendor ID #:** 75792  
**Bidder Name:** SP Scientific  
**Address:** 815 NY-208  
Gardiner , NY 12525  
USA

**Telephone:** 845-255-5000  
**Fax:**  
**Contact Name:** Lance Mayhon  
**Contact Title:** ProductSpecialist  
**Contact Email:** lance.mayhon@spscientific.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.







September 16, 2015

Walk-in Cooler/Freezer Replacement(CCRI Liston Campus) 7549870 **Quotation # 15091601**

**State of Rhode Island Dept of Administration**

Division of Purchases

(Purchasing

1 CAPITOL HL STE 2 PROVIDENCE

RI

02908-5803

(USA)

Phone:401-574-8100 Fax:401-574-8387

E-mail: [doa.purbidinfo@purchasing.ri.gov](mailto:doa.purbidinfo@purchasing.ri.gov), <http://www.purchasing.ri.gov/>

Vendors must register on-line at the State Purchasing Website at [www.purchasing.state.ri.us](http://www.purchasing.state.ri.us)

**State of Rhode Island Dept of Administration**

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Attention: Buyer: [Gary.Mosca@purchasing.RI.gov](mailto:Gary.Mosca@purchasing.RI.gov)

Office: (401) 574-8124

Dear Gary Mosca,

We are pleased to offer our quotation to furnish, deliver and install One (1) dual compartment cold room / freezer room. Freezer room will operate @minus 20.0°C +/- 1 C and the cold room will operate @ +4.0°C +/- 0.5C. Information obtained from Specification Section 110000 pages 55 thru 76.

**Chamber style**

Ceiling plenum system

**Chamber Construction (Cold Room & Freezer Room)**

**Insulation** – 4" Urethane

**Exterior skins** – Embossed Galvanized Steel painted white in exposed areas

**Interior skins** – Smooth Galvanized Steel painted white enamel.

**Floor construction** – 4" thick 14 Gauge Galvanized Steel

**Clear door opening** – 36" wide x 78" high

**Vertical Filler Panels**



Walk-in Cooler/Freezer Replacement (CCRI Liston Campus) 7549870 **Quotation # 15091601**

**Overall Dimensions:** Ext. 13'6" wide x 11'7" deep x 8' 6" high

**1) Cold Room Interior Size**

Interior 7' 2 1/2" wide x 10'11" deep x 7' 10" high

**Operating Conditions**

Temperature range +4.0°C

**2) Freezer Room Interior Size**

Interior 5' 3 1/2" wide x 10'11" deep x 7' 10" high

**Operating Conditions**

Temperature range -20.0°C

**Utility Requirements**

Electrical

Control console -120/208 volt, 3 phase, 4wire, 60 hertz

Compressors - 208 volt, 1 phase, 2 wire, 60 hertz

**Building floor drain**

A building floor drain will be required for room condensate

**Compressor**

Air cooled, hermetic at designated remote location, outside with in 20 feet.

**Lighting**

Vapor Proof florescent fixtures @ 70 foot candles measured 40" above floor @ 20°C.

**Accessories included**

1. Control panel Met Lab Approved (UL 508 ) Size: 57"h X 18" w X 6" D with controls, limits, circuit breakers and plexi-glass lockable door and to be mounted on chamber, controls and thermometer as specified. High and low temperature alarms with contacts for remote alarm hook-up. Lock out/ tag out disconnect on control panel.
2. Heated relief vents
3. Behind door flex strip curtains.
4. 3/4 "Underlay plywood for floors
5. Communications and battery back up.
6. Dry contacts for limits.
7. UPS Backup (both rooms)
8. Filler panels
9. Cooler lighting as specified
10. Freezer lighting as specified.
11. Two year extended warranty
12. Diamond plate floor

**Shelving** by others



Walk-in Cooler/Freezer Replacement (CCRI Liston Campus) 7549870 **Quotation # 15091601**

**Disassembly and removal of existing Rooms and compressors by others.**

**Installation** Prevailing wage personnel, SEI Supervised

**SEI** will perform the installation of the above-mentioned unit utilizing Prevailing wage personnel and will perform the following tasks:

1. Transport the equipment to its final location and assemble in place
2. Install all fixture and conditioning systems supplied by SEI
3. Pressure test, evacuate and charge refrigeration system
4. Start-up and field test systems for proper operation
5. Check and calibrate all control and alarm systems and check for proper operation
6. Instruct the end users in the proper operation and maintenance of this equipment

**Note #1:**

**SEI** will not be responsible for any alterations to the existing building structure or the mechanical services required supporting this equipment.

The Customer will be responsible for site preparation, all utility services including final connections of these services to the chamber, and will be responsible for the following items:

1. Provide unobstructed access to the assembly area
2. Prepare the site for chamber installation including the removal of all structural elements, ductwork, piping or any item, which will interfere with the completion of this installation, or the movement of this equipment
3. All rough-in services to be in place prior to delivery of this equipment
4. Final hook up of all utility services (electrical, extend condensate drain line to the building floor drain, water supply and return lines if a water cooled condenser is supplied with this chamber)
- 5.

**Warranty**

Full one (1) year parts and labor  
 Controls - three (3) years **(parts only)**  
 Compressor – five (5) years **(parts only)**  
 Chamber panels - ten (10) years **(parts only)**

***AIA Billing Acceptable***

**Pricing**

Dual Compartment Room as described above including all accessories listed in this proposal.

Total price delivered and installed. ....\$81,500.00

**Performance Bond.....\$1,590.00**

**Note #2** - This price is based on elevator access capable of transporting panels having an overall length of 9' 0",



Walk-in Cooler/Freezer Replacement(CCRI Liston Campus) 7549870 **Quotation # 15091601**

**Delivery Schedule**

We estimate the delivery of this unit to be 8 to 9 weeks after receipt of a valid purchase order. This is based on an allowance of one (1) week for the return of approved drawings, which will be forward to you within eight (8) working days after receipt of your order.

**Taxes, if required are not included in the above pricing.**

**This proposal is valid for 90 days from the date of proposal**

Thank you for your interest and the opportunity to quote.

Sincerely,

Stephen Ashby Whitley  
Project Manager, Hotpack Environmental Rooms  
SP Scientific, a Division of SP  
935 Mearns Road, Warminster, PA 18974  
O: +1 215.672.7800 x1309  
[Stephen.Whitley@SPScientific.com](mailto:Stephen.Whitley@SPScientific.com)  
[www.SPScientific.com/Hotpack](http://www.SPScientific.com/Hotpack)



Cc: Lance Mayhon / SP Scientific  
Ian Schmitz / SP Scientific



State of Rhode Island  
Department of Administration / Division of Purchases  
One Capitol Hill, Providence, Rhode Island 02908-5855  
Tel: (401) 574-8100 Fax: (401) 574-8387

**ADDENDUM # 3**

10/5/15

Solicitation RFQ #7549870

***Title: Liston Campus Cooler/Freezer Replacement – Community College  
of Rhode Island***

**Submission Deadline: October 19, 2015 @ 10:00 am**

**Per the issuance of ADDENDUM #3 the following are noted:**

***Revised Bid Form (Attached)***

*Interested Parties should monitor this website on a regular basis, for any additional information that may be posted.*

**Gary P. Mosca  
Senior Buyer**

Solicitation #:7549870

Solicitation Title: Liston Campus Cooler /Freezer Replacement – Community College of Rhode Island

**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 Replacement Walk-in Cooler/Freezer  
Community College of Rhode Island  
Liston Campus**

Bidder: SP Industries  
Legal name of entity  
935 Mearns Road, Warminster, PA 18974  
Address (street/city/state/zip)  
Lance Mayhon Lance.Mayhon@SPScientific.com  
Contact name Contact email  
(845)255-5000 x2085 (845)687-7481  
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*):

\$ 83,900.00

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

Eighty-Three Thousand and Nine-Hundred Dollars and 00/100 Cents

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

Solicitation #:7549870

Solicitation Title: Liston Campus Cooler /Freezer Replacement – Community College of Rhode Island

- **Allowances**

The Base Bid Price ***includes*** the costs for the following Allowances:

No. 1: Miscellaneous concealed wall repairs. **\$ 2,000**

No. 2: Demo, remove and dispose of 4 inch depressed concrete slab at existing Walk-in Cooler/Freezers. Fine grade, compact and replace with 4 inch depressed 5,000 PSI Concrete in accordance with RIDOT requirements. Include costs for a testing agency to verify the compaction and strength of the concrete after 7 day break. Furnish and install a temporary dust and debris wall to allow the kitchen to operate during the operations of the Campus.

**\$7,500**

Total Allowances: **\$ 9,500.00**

- **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: 10/1/2015

Addendum No. 2 dated: 10/2/2015



Solicitation #:7549870

Solicitation Title: Liston Campus Cooler /Freezer Replacement – Community College of Rhode Island

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

- Start of construction: **Within One Month of Delivery of Equipment**
- Substantial completion: **1 Month after Start of Onsite Work**
- Final completion: **45 Calendar Days after Start of Onsite Work**

**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: **\$ 750.00** .

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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 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.**

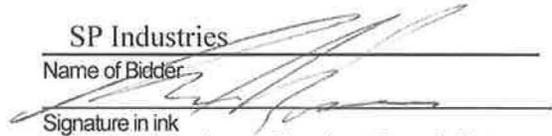
**BIDDER**

Solicitation #: 7549870

Solicitation Title: Liston Campus Cooler /Freezer Replacement – Community College of Rhode Island

Date: 10/16/2015

SP Industries  
Name of Bidder

  
Signature in ink

Lance Mayhon - Product Specialist  
Printed name and title of person signing on behalf of Bidder

# To be specified at contract award  
Bidder's Contractor Registration Number

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type  
See Specific Instructions on page 2.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>SP Industries, Inc.</b>	
2 Business name/disregarded entity name, if different from above <b>SP Scientific</b>	
3 Check appropriate box for federal tax classification; check only one of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small>	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) <b>5</b> Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>
5 Address (number, street, and apt. or suite no.) <b>935 Mearns Rd.</b>	Requester's name and address (optional)
6 City, state, and ZIP code <b>Warminster, PA 18974</b>	
7 List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Social security number	
[ ] [ ] [ ] - [ ] [ ] - [ ] [ ] [ ] [ ]	
OR	
Employer identification number	
2 2 - 3 4 7 9 6 6 2	

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

### Part II Certification

Under penalties of perjury, I certify that:

- 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
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) 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 (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

**Sign Here** Signature of U.S. person ▶ *Joseph M. O'Brien* Date ▶ *5/8/15*

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.  
**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.