

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:** 7549958  
**Solicitation Title:** PLUMBING SERVICES - GENERAL REPAIRS/MAINTENANCE (MPA-40) (59 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 11/2/2015 11:00 AM

**RIVIP Vendor ID #:** 38441  
**Bidder Name:** Fleet Plumbing & Heating, Inc.,  
**Address:** 42 Armand Way  
Hope , RI 02831  
USA

**Telephone:** (401) 647-4345  
**Fax:** (401) 647-4412  
**Contact Name:** Bob Carbone  
**Contact Title:** Vice-President  
**Contact Email:** fleetplumbing@cox.net

**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**
- 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.
  - 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):

Ann Marie Carbone - President 50%  
 44 Armand Way  
 HOPE, R.I. 02831  
 Office Manager

Robert K. Carbone - Vice President 50%  
 44 Armand Way  
 HOPE, R.I. 02831  
 Master Plumber / Supervisor

### 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:**

- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.
- 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.



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

MASTER PLUMBER  MP001669

ROBERT K CARBONE  
PO BOX 266  
NORTH SCITUATE RI 02857

~~JOHN SHAW~~  
Administrator

~~05/31/2016~~  
Expiration Date

Robert K. Carbone  
Master Plumbers license

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 plumbing 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.

Item 1: BID A REGULAR HOURLY RATE FOR PLUMBER ON THE JOB:

QUANTITY: 4,017 HOURS                      RATE/HOUR \$ 69.00

Item 2: BID AN OVERTIME HOURL RATE FOR PLUMBER ON THE JOB:

QUANTITY: 283 HOURS                      RATE/HOUR \$ 103.50

Item 3: BID A REGULAR HOURLY RATE FOR AN APPRENTICE ON THE JOB, IF AUTHORIZED BY THE AGENCY.

QUANTITY: 722 HOURS                      RATE/HOUR \$ 33.00

Item 4: BID AN OVERTIME HOURLY RATE FOR AN APPRENTICE ON THE JOB IS AUTHORIZED BY THE AGENCY

QUANTITY: 22 HOURS                      RATE/HOUR \$ 49.50

SHOW YOUR R.I. MASTER PLUMBERS LICENSE NUMBER:

1669  
LICENSE NUMBER

HOURLY RATE APPLIES TO HOURS WORKED ON THE JOB BETWEEN 8:00 AM - 5:00 PM, MONDAY - FRIDAY. *Sixty-nine dollars + no/100's \$69.00*

OVERTIME RATE APPLIES TO ALL OTHER HOURS INCLUDING SATURDAY, SUNDAY AND HOLIDAYS. *One hundred three dollars + 50/100's \$103.50*

AWARD DETERMINATION WILL BE BASED ON ITEM 1. IN THE EVENT OF A TIE BID, INFORMATIONAL ITEMS RELATED TO OVERTIME, "APRENTICE" AND/OR PARTS PRICING WILL BE CONSIDERED TO BREAK THE TIE.

**Materials are to be provided at COST plus the following (applicable) fee for overhead, pickup and delivery. No additional charges will be acceptable.**

\$0-500	NO FEE
\$501-750	\$75.00
\$751-1000	\$96.00
\$1001-1500	\$125.00
\$1501-2500	\$180.00
\$2501-5000	\$300.00
\$5001-7500	\$438.00
Over - 7501.	\$525.00

Acknowledgement of fee structure on materials.

RKC



#### **SECTION 19: 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 plumber 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.

##### **Major Equipment (with Operator s applicable)**

STATE OF RHODE ISLAND  
FORM W-9 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)

[Empty SSN box]

06 1478013

NAME

Fleet Plumbing & Heating, Inc.,

ADDRESS

P.O. Box 266

CITY, STATE AND ZIP CODE

NORTH Scituate, R.I. 02857

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE

ADDRESS

CITY, STATE AND ZIP CODE

**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 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.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

**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.

Please sign here and provide title, date and telephone number:

SIGNATURE Ann Marie Carbone TITLE President DATE 10/30/15 TEL NO 401-647-4345  
*Original Signature Required (Digital Signature Not Acceptable)*

**BUSINESS DESIGNATION:**

Please Check One: Individual  Corporation  Trust/Estate  Government/Nonprofit Corporation   
 Partnership  Medical Services Corporation  Legal Services Corporation   
 LLC Tax Classification: Single Member (Individual)  Partnership  Corporation

**TIPS:**

- NAME:** Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.  
**ADDRESS, CITY, STATE AND ZIP CODE:** If you operate a business at more than one location, adhere to the following:
- 1) Same EIN 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 EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mail Completed Form To:  
Supplier Coordinator  
Purchasing Department  
One Capitol Hill, 2nd Floor  
Providence RI 02908

Or Email To: [doa.pursuppliercoordinator@purchasing.ri.gov](mailto:doa.pursuppliercoordinator@purchasing.ri.gov)

For State Use Only:  
 IRS \_\_\_ RI SOS \_\_\_ FED \_\_\_ Other \_\_\_  
 RI Supplier # \_\_\_\_\_ Approved \_\_\_\_\_  
 Date Entered \_\_\_\_\_ Entered By \_\_\_\_\_

**Prompt Payment Discount Form**  
(Invoice discounts for receiving fast payments)

Note: All vendors responding to the within solicitation must complete a Prompt Payment Discount ("PPD") form as part of this Master Price Agreement solicitation.

**Bidder Name:** Fleet PLUMBING & Heating, Inc.  
**RFQ/RFP Bid Solicitation Number:** 7549958

**Prompt Payment Discounts ("PPD").** Vendors benefit from PPD by increased, usable cash flow as a result of fast and efficient payments for commodities or services rendered. ACH payments increase the prompt pay benefit by ensuring that funds are paid directly to their designated bank accounts, thus eliminating the delay of check clearance policies and traditional mail lead time (additional form required for ACH enrollment can be found at <http://controller.admin.ri.gov/Forms/index.php>). Vendors are highly encouraged to enroll and will receive consideration for enrollment.

The State benefits because contractors reduce the cost of products and services through the applied discount. While Bidders/Contractors have flexibility in determining the actual % discount(s) offered to the State, the discount(s) must be identified in 10 days or more for Payment Issuance Date. The State may use the prompt pay discounts submitted as a basis for selection and may negotiate discounts as deemed in the best interest of the State.

All discounts offered will be automatically deducted from payment when the issue date is within the specified number of days listed below and in accordance with the State's Prompt Payment Law. Payment days will be measured **from** the date goods are received and accepted/performance was completed OR the date an invoice is received by the Office of the DOA Controller, whichever is later **to** the date the payment is issued via ACH or mailed by the State Treasurer. The date of payment "issue" is the date a payment is considered "paid" not the date a payment is "received" by a vendor.

The State encourages Vendors to use the RIFANS Supplier Portal which has the functionality to electronically submit invoices against open Purchase Orders. This eliminates mailing and handling time and will increase the payment cycle especially for those suppliers who offer Prompt Payment Discounts.

Enter the Prompt Payment Discount percentage (%) off the invoice payment, for each of the payment issue dates listed, if the payment is issued within the specified Payment Issue days. For example:

- 5% - 10 Days
- 4% - 15 Days
- 3% - 20 Days
- 1% - 25 Days

Discount %	Payment Issue Date Within
5%	10 Days
4%	15 Days
3%	20 Days
2%	25 Days
By checking this box, we certify that we will not offer any Prompt Payment Discounts <input type="checkbox"/>	
We will sign up for ACH payment. (please circle response) <input checked="" type="radio"/> Yes <input type="radio"/> No	
We will utilize the State's Supplier Portal to electronically submit invoices. (please circle response) <input checked="" type="radio"/> Yes <input type="radio"/> No	

Signature Ann Marie Carbone,  
President

Date 10/30/2015