

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:** 7550011A4  
**Solicitation Title:** TERRACE REPLACEMENT - COMMUNITY COLLEGE OF RHODE ISLAND NEWPORT COUNTY CAMPUS (4 PGS )  
**Bid Proposal Submission Deadline Date & Time:** 12/17/2015 10:00 AM  
**RIVIP Vendor ID #:** 22861  
**Bidder Name:** Manafort Brothers Inc.  
**Address:** 414 New Britain Ave  
Po Box 99  
Plainville , CT 06062  
USA  
**Telephone:** 860-229-4853  
**Fax:** 860-747-6543  
**Contact Name:** Robert Lewandowski  
**Contact Title:** Regional Vice President  
**Contact Email:** [estimating@manafort.com](mailto:estimating@manafort.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.





**Solicitation #: 7550011**  
**Solicitation Title: Terrace Replacement – Community College of Rhode Island Newport County Campus**

**BID FORM**

To: The Department of Administration, Division of Purchases  
One Capitol Hill, Providence, RI 02908

Project: CCRI Newport Campus Terrace Replacement

Bidder:

Manafort Brothers Incorporated

Legal name of entity

414 New Britain Avenue, Plainville, CT 06062

Address

Peter Calcagni, Jr.

Contact name

pcalcagni@manafort.com

Contact email

(401) 333-2550

Contact telephone

(401) 333-2551

Contact fax

**1. BASE BID PRICE**

The Bidder submits this bid proposal to perform all of the work (including labor and materials) as described in the solicitation for this Base Bid Price, (including the costs for all Allowances, Bonds, and Addenda):

**\$ 485,000.00**

(Base Bid Price *in figures* printed electronically, typed, or handwritten legibly in ink)

**Four hundred eighty five thousand and zero cents**

(Base Bid Price *in words* electronically, typed, or handwritten legibly in ink)

Solicitation #: 7550011  
Solicitation Title: Terrace Replacement – Community College of Rhode Island Newport  
County Campus

- **ALLOWANCES**

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

1. Additional Unsuitable Soil Material.	<u>\$2,000.00</u>
Total Allowances:	<u>\$2,000.00</u>

- **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 11/20/15

Addendum No. 2, dated 11/24/15

Addendum No. 3, dated 12/7/15

Addendum # 4 dated 12/10/15

- 2. **ALTERNATES** (*Deduct to Base Bid Price*)

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) decrease the Base Bid Price by the amount set forth below for each Alternate selected.

**DEDUCT ALTERNATE- 1**

DESCRIPTION OF ALTERNATES.

Deletion of Colored Concrete Banding: Chromix Admixture C-24 Charcoal Color.

\$ 6,000.00

(Amount *in figures* printed electronically, typed, or handwritten legibly in ink)

six thousand and zero cents

(Amount *in words* electronically, typed, or handwritten legibly in ink)

Solicitation #: 7550011

Solicitation Title: Terrace Replacement – Community College of Rhode Island Newport County Campus

### 3. UNIT PRICES

The Bidder submits these predetermined Unit Prices as the Basis for any change orders approved in advance by the State. These Unit Prices include all costs, including labor, materials, services, regulatory compliance, overhead, and profit.

DESCRIPTION OF SERVICES	CONTRACTORS UNIT COST
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<b>Unit Price No. 1</b>	<b>Provide Police Details that the Owner may direct outside of the Contractors Responsibility to Provide Police Details for the Protection of the Public.</b>						
	Daily Rate Per Eight (8) Hours	\$			600.00	.	
	One Half Day Rate [Four (4) Hours]	\$			300.00	.	

<b>Unit Price No. 2</b>	<b>Remove and replace additional unsuitable material beyond the limits and specified on the documents per Section 31 00 00</b>						
	Unit of Measurement: per CY	\$			45.00	.	

### 4. CONTRACT TIME

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

- Temporary Work Fall 2015
- Submit Submittals Fall 2015
- Mobilize On- Site April 1, 2016
- Substantial Completion July 15, 2016
- Final Completion July 30, 2016

Sequence: This work is to be done in sequence as follows:

- Temporary Work Associated with Drainage Inlets – prior to winter weather (2015/2016), sawcut around inlets and lower grates to mitigate present trip hazard.

**Solicitation #: 7550011**

**Solicitation Title: Terrace Replacement – Community College of Rhode Island Newport County Campus**

- Terrace Demolition – after winter of 2015/2016, remove and dispose existing terrace, stairs and specified exterior lighting fixtures per the construction plans.
- Site Improvements – install new enclosed drainage system, electrical conduits and lighting fixtures, concrete terrace and concrete stairs with handrails.
- Landscaping – revegetate disturbed areas.

The Final Completion date for Work shall be within **240** calendar days of the Purchase Order from the Division of Purchases.

## **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: **One Thousand Dollars (\$1,000.00) per day.**

## **BID FORM SIGNATURE(S)**

**This bid proposal is irrevocable for 60 days from the bid proposal submission deadline.**

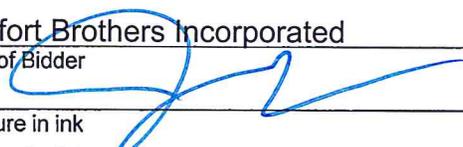
**If the Bidder is determined to be the successful bidder pursuant to this solicitation, the bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State 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.**

**Date:** December 17, 2015

**BIDDER**

Manafort Brothers Incorporated  
Name of Bidder

  
Signature in ink

James A. Manafort, Jr. - President

Printed name and title of person signing on behalf of Bidder

# 29097

Bidder's Contractor Registration Number



MANAFORT BROTHERS INCORPORATED  
BOARD OF DIRECTORS & OFFICERS PERCENT OF OWNERSHIP

*James A. Manafort, Jr.*  
Director, President  
*Ownership: 20%, 20% Voting Stock*  
Res: 40 Portage Crossing  
Farmington, CT 06032  
Bus: 414 New Britain Ave.  
Plainville, CT 06062

*Lauren Manafort*  
Director, Secretary, Treasurer  
*Ownership: 20%, 20% Voting Stock*  
Res: 18 Metacomet Road  
Farmington, CT. 06032  
Bus: 414 New Britain Ave.  
Plainville, CT 06062

*Justin A. Manafort Sr.*  
Director, Vice President  
*Ownership: 20%, 20% Voting*  
Res: 33 Lena Avenue  
Plainville, CT 06062  
Bus: 414 New Britain Ave  
Plainville, CT 06062

*David Manafort*  
Vice President  
*Ownership: 20%, 20% Voting Stock*  
Res: 149 Linden Drive  
Kensington, CT 06037  
Bus: 414 New Britain Ave.  
Plainville, CT 06062

*Michael C. Tarsi*  
Senior Vice President  
*Ownership: 0%*  
Res: 216 Watch Hill Road  
Berlin, CT 06037  
Bus: 414 New Britain Ave.  
Plainville, CT 06062

*Evolution Trust, Jon A. Manafort Trustee*  
*Ownership: 20%, 20% Voting*  
Res:  
Bus: 414 New Britain Ave  
Plainville, CT 06062

*Brian K. Barrett*  
Chief Financial Officer  
*Ownership: 0%*  
Res: 18 Ridgeview Drive  
Ellington, CT 06029  
Bus: 414 New Britain Ave.  
Plainville, CT 06062

*Robert J. King*  
Vice President of Financial  
*Ownership: 0%*  
Res: 34 Chelsea Drive  
Cromwell, CT 06416  
Bus: 414 New Britain Ave.  
Plainville, CT 06062

FORM W-9  
REV 8/15



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)

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**NAME** Manafort Brothers Incorporated

**ADDRESS** 414 New Britain Avenue PO Box 98

**CITY, STATE AND ZIP CODE** Plainville, CT 06062

**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** *D. Manafort* **TITLE** CFO **DATE** 11/13/15 **TEL NO** (860) 229-4853  
*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 \_\_\_



State of Rhode Island  
Division of Purchases

Public Works  
Bid Preparation Checklist

**Date:** 11/16/2015

**Bid#:** 7550011

**Title:** Terrace Replacement – Community College of Rhode Island, Newport County Campus

This checklist is provided to assist the bidder in preparing a bid proposal for submission. It is not a substitute for a thorough review of the Instruction to Bidders nor a comprehensive list of all bid proposal requirements. Each bidder is responsible to review the Instructions to Bidders and to comply with all requirements of the Solicitation.

Bid Proposal Package:

- ✓  RIVIP Bidder Certification Cover Form (completed) signed in ink
- ✓  Bid Form
  - All applicable blank spaces on the Bid Form have been completed
  - All Addenda have been acknowledged
  - Bid price printed legibly in ink (in both words and figures that match where specified)
  - Erasures or corrections have been initialed by person signing the Bid Form
  - Bid Form is signed in ink
- ✓  Bid Surety
  - Bid bond or certified check (for DOT projects, bid bond only)
  - Bid surety is five percent of the bid total (or such other specified amount)
  - Bid Bond is signed by the bidder and surety
  - Power of Attorney is attached to the Bid Bond showing the name of person who signed the surety bond
- Public Copy of bid proposal in pdf format on a read-only CD-R media disk
- General Contractor Apprenticeship Certification Form "2013-14" (for projects \$1,000,000 and greater) required at time of bid proposal submission

*Note: General Contractor Apprenticeship Re-Certification and Certification Form "2013-16" and Subcontractor Apprenticeship Certification Form "2013-15" are not required at time of bid proposal submission deadline.*

- Applicable professional licenses (as specified in the Solicitation)
- Rhode Island Contractor Registration Board No.
- All bid proposal documents in a sealed envelope with the specific Solicitation #, Solicitation title, and the bid proposal submission deadline marked in the upper left hand corner of the envelope
- Each bid proposal submitted in a separate sealed envelope
- Completed Form W-9
- Other \_\_\_\_\_

**Buyer Name: Gary P. Mosca, Senior Buyer**

**Contact Information: [doa.purquestions3@purchasing.ri.gov](mailto:doa.purquestions3@purchasing.ri.gov)**

# Document A310™ – 2010

Conforms with The American Institute of Architects AIA Document 310

## Bid Bond

### CONTRACTOR:

(Name, legal status and address)

Manafort Brothers Incorporated  
414 New Britain Avenue  
Plainville, CT 06062

### SURETY:

(Name, legal status and principal place of business)

Western Surety Company  
333 S. Wabash Ave.  
Chicago, IL 60604

This document has important legal consequences. Consultation with an attorney is encouraged with respect to its completion or modification.

### OWNER:

(Name, legal status and address)

State of Rhode Island and Providence Plantations  
One Capitol Hill  
Providence, RI 02908-5855

Any singular reference to Contractor, Surety, Owner or other party shall be considered plural where applicable.

BOND AMOUNT: \$ 5%

Five Percent of Amount Bid

### PROJECT:

(Name, location or address, and Project number, if any)

CCRI- Newport County Campus Terrace Replacement Newport, RI Project No. 7550011

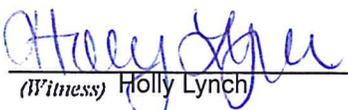
The Contractor and Surety are bound to the Owner in the amount set forth above, for the payment of which the Contractor and Surety bind themselves, their heirs, executors, administrators, successors and assigns, jointly and severally, as provided herein. The conditions of this Bond are such that if the Owner accepts the bid of the Contractor within the time specified in the bid documents, or within such time period as may be agreed to by the Owner and Contractor, and the Contractor either (1) enters into a contract with the Owner in accordance with the terms of such bid, and gives such bond or bonds as may be specified in the bidding or Contract Documents, with a surety admitted in the jurisdiction of the Project and otherwise acceptable to the Owner, for the faithful performance of such Contract and for the prompt payment of labor and material furnished in the prosecution thereof; or (2) pays to the Owner the difference, not to exceed the amount of this Bond, between the amount specified in said bid and such larger amount for which the Owner may in good faith contract with another party to perform the work covered by said bid, then this obligation shall be null and void, otherwise to remain in full force and effect. The Surety hereby waives any notice of an agreement between the Owner and Contractor to extend the time in which the Owner may accept the bid. Waiver of notice by the Surety shall not apply to any extension exceeding sixty (60) days in the aggregate beyond the time for acceptance of bids specified in the bid documents, and the Owner and Contractor shall obtain the Surety's consent for an extension beyond sixty (60) days.

If this Bond is issued in connection with a subcontractor's bid to a Contractor, the term Contractor in this Bond shall be deemed to be Subcontractor and the term Owner shall be deemed to be Contractor.

When this Bond has been furnished to comply with a statutory or other legal requirement in the location of the Project, any provision in this Bond conflicting with said statutory or legal requirement shall be deemed deleted herefrom and provisions conforming to such statutory or other legal requirement shall be deemed incorporated herein. When so furnished, the intent is that this Bond shall be construed as a statutory bond and not as a common law bond.

Signed and sealed this 17th day of December, 2015

  
\_\_\_\_\_  
(Witness)

  
\_\_\_\_\_  
(Witness) Holly Lynch

Manafort Brothers Incorporated

(Principal)

(Seal)

By:

  
\_\_\_\_\_  
(Title) James A. Manafort, Jr. - President

Western Surety Company

(Surety)

(Seal)

By:

  
\_\_\_\_\_  
(Title) Chelsy Aligizakis Attorney-in-Fact

# Western Surety Company

## POWER OF ATTORNEY APPOINTING INDIVIDUAL ATTORNEY-IN-FACT

Know All Men By These Presents, That WESTERN SURETY COMPANY, a South Dakota corporation, is a duly organized and existing corporation having its principal office in the City of Sioux Falls, and State of South Dakota, and that it does by virtue of the signature and seal herein affixed hereby make, constitute and appoint

**Gary J Giuliatti, William B Bridgman, Holly L Lynch, Chelsy Aligizakis, Douglas P Irvin, Kathleen M Coen, Individually**

of Farmington, CT, its true and lawful Attorney(s)-in-Fact with full power and authority hereby conferred to sign, seal and execute for and on its behalf bonds, undertakings and other obligatory instruments of similar nature

### - In Unlimited Amounts -

and to bind it thereby as fully and to the same extent as if such instruments were signed by a duly authorized officer of the corporation and all the acts of said Attorney, pursuant to the authority hereby given, are hereby ratified and confirmed.

This Power of Attorney is made and executed pursuant to and by authority of the By-Law printed on the reverse hereof, duly adopted, as indicated, by the shareholders of the corporation.

In Witness Whereof, WESTERN SURETY COMPANY has caused these presents to be signed by its Vice President and its corporate seal to be hereto affixed on this 25th day of June, 2015.



WESTERN SURETY COMPANY

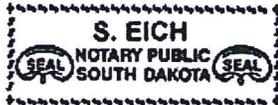
*Paul T. Bruflat*

Paul T. Bruflat, Vice President

State of South Dakota }  
County of Minnehaha } ss

On this 25th day of June, 2015, before me personally came Paul T. Bruflat, to me known, who, being by me duly sworn, did depose and say: that he resides in the City of Sioux Falls, State of South Dakota; that he is the Vice President of WESTERN SURETY COMPANY described in and which executed the above instrument; that he knows the seal of said corporation; that the seal affixed to the said instrument is such corporate seal; that it was so affixed pursuant to authority given by the Board of Directors of said corporation and that he signed his name thereto pursuant to like authority, and acknowledges same to be the act and deed of said corporation.

My commission expires  
February 12, 2021



*S. Eich*

S. Eich, Notary Public

### CERTIFICATE

I, L. Nelson, Assistant Secretary of WESTERN SURETY COMPANY do hereby certify that the Power of Attorney hereinabove set forth is still in force, and further certify that the By-Law of the corporation printed on the reverse hereof is still in force. In testimony whereof I have hereunto subscribed my name and affixed the seal of the said corporation this 17th day of December, 2015.



WESTERN SURETY COMPANY

*L. Nelson*

L. Nelson, Assistant Secretary

**WESTERN SURETY COMPANY**  
**Sioux Falls, South Dakota**  
**Statement of Net Admitted Assets and Liabilities**  
**December 31, 2014**

ASSETS

Bonds	\$1,824,951,414
Stocks	23,975,582
Cash, cash equivalents, and short-term investments	51,536,164
Investment income due and accrued	22,267,675
Premiums and considerations	41,696,249
Amounts recoverable from reinsurers	(11,221,508)
Federal and foreign income taxes recoverable	7,401,709
Net deferred tax asset	20,261,713
Receivable from parent, subsidiaries, and affiliates	17,380,167
Other assets	3,799
Total Assets	<u>\$1,998,252,964</u>

LIABILITIES AND SURPLUS

Losses	\$302,997,505
Reinsurance payable on paid losses and loss adjustment expenses	(15,267,712)
Loss adjustment expense	64,134,995
Contingent and other commissions payable	6,099,306
Unearned premiums	259,011,845
Advance premiums	5,321,610
Payable to parent, subsidiaries and affiliates	107,843
Other liabilities	7,821,458
Total Liabilities	<u>\$630,226,850</u>

Surplus Account:

Capital paid up	\$4,000,000	
Gross paid in and contributed surplus	280,071,837	
Unassigned funds	<u>1,083,954,277</u>	
Surplus as regards policyholders		\$1,368,026,114
Total Liabilities and Capital		<u>\$1,998,252,964</u>

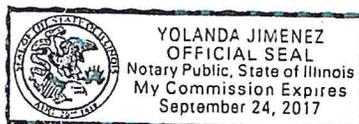
I, Peter Locy, Assistant Vice President of Western Surety Company hereby certify that the above is an accurate representation of the financial statement of the Company dated December 31, 2014, as filed with the various Insurance Departments and is a true and correct statement of the condition of Western Surety Company as of that date.

Western Surety Company

By *Peter Locy*  
Assistant Vice President

Subscribed and sworn to me this 19th day of March, 2015,

My commission expires:



*Yolanda Jimenez*  
Notary Public