

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:** 7550044  
**Solicitation Title:** ELEVATOR MAINTENANCE & REPAIRS - URI(37 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 12/4/2015 11:30 AM

**RIVIP Vendor ID #:** 74783  
**Bidder Name:** KONE Inc.  
**Address:** 1 New Boston Drive  
Canton , MA 02021  
USA

**Telephone:** 781-603-6147  
**Fax:**  
**Contact Name:** Jon Sullivan  
**Contact Title:** AccountManager  
**Contact Email:** jon.sullivan@kone.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): *Attached*

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**SECTION 3 —CERTIFICATIONS**

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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 and will maintain all required licenses during the term 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):

Multiple horizontal lines for writing 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: 12/4/2015

K ONE, Inc.
Name of Bidder
Jonathan P. Sullivan
Signature in ink
Jonathan P. Sullivan, Account Manager
Printed name and title of person signing on behalf of Bidder

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:** 7550044A1  
**Solicitation Title:** ELEVATOR MAINTENANCE & REPAIRS, URI - ADDENDUM 1 (4 PGS)

**Bid Proposal Submission  
Deadline Date & Time:** 12/4/2015 11:30 AM

**RIVIP Vendor ID #:** 74783  
**Bidder Name:** KONE Inc.  
**Address:** 1 New Boston Drive  
Canton , MA 02021  
USA

**Telephone:** 781-603-6147  
**Fax:**  
**Contact Name:** Jon Sullivan  
**Contact Title:** AccountManager  
**Contact Email:** jon.sullivan@kone.com

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- 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):

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**SECTION 3 —CERTIFICATIONS**

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BIDDER

Date: 12/4/2015

KONE, Inc. Name of Bidder

Jonathan P. Sullivan Signature in ink

Jonathan P. Sullivan, Account Manager Printed name and title of person signing on behalf of Bidder

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

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**Solicitation Number:** 7550044A2  
**Solicitation Title:** ELEVATOR MAINTENANCE & REPAIRS, URI - ADDENDUM 2 (1 PG)

**Bid Proposal Submission  
Deadline Date & Time:** 12/4/2015 11:30 AM

**RIVIP Vendor ID #:** 74783  
**Bidder Name:** KONE Inc.  
**Address:** 1 New Boston Drive  
Canton, MA 02021  
USA

**Telephone:** 781-603-6147  
**Fax:**  
**Contact Name:** Jon Sullivan  
**Contact Title:** AccountManager  
**Contact Email:** jon.sullivan@kone.com

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Disclosure details (continue on additional sheet if necessary):

*Attached*

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STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration  
DIVISION OF PURCHASES  
One Capitol Hill  
Providence, RI 02908-5855

November 29 2015

**ADDENDUM NUMBER TWO**

**RFQ # 7550044**

**TITLE: Elevator Maintenance & Repairs, URI**

**Closing Date and Time: 12/4/15 at 11:30 AM**

**Per the issuance of this ADDENDUM # (2), (1) page, including this cover sheet.**



**Specification Change /Addition / Clarifications**

**Please be advised of the following, for this bid only:**

DUE TO LENGTH OF BID AND TIME CONSTRAINTS, THE STATE WILL ONLY ACKNOWLEDGE RECEIPT AND READ THE NAMES OF VENDORS SUBMITTING PROPOSALS. NO EXAMINATION OF DOCUMENTS OR PRESENTATION OF INFORMATION CONTAINED IN PROPOSALS WILL BE MADE AVAILABLE AT THE BID OPENING; HOWEVER, INSTRUCTIONS TO OBTAIN THE TABULATION OR SUMMARY OF BID RESPONSES WILL BE MADE AVAILABLE AT THE RI DIVISION OF PURCHASES WEBSITE AT [WWW.PURCHASING.RI.GOV](http://WWW.PURCHASING.RI.GOV)

# Organization



## KONE Inc. Directors and Officers

First Name	Last Name	Title	Business Address
Larry G.	Wash	Executive Vice President KONE Americas; Director/Chairman of the Board	4225 Naperville Road, Suite 400 Lisle, IL 60532
Kenneth E.	Schmid, Jr.	Senior Vice President Finance, Chief Financial Officer, Director	4225 Naperville Road, Suite 400 Lisle, IL 60532
Jeffrey S.	Blum	Senior Vice President West Region	1751 Harbor Bay Parkway, Suite 150 Alameda, CA 94502
Timothy J.	Joyce	Senior Vice President South Region	3550 George Busbee Parkway, Suite 360 Kennesaw, GA 30144
Mikko	Korte	Senior Vice President New Equipment Business	4225 Naperville Road, Suite 400 Lisle, IL 60532
Jay	Dietz	Senior Vice President North Region	4225 Naperville Road, Suite 400 Lisle, IL 60532
Michael	James	Senior Vice President Modernization	3550 George Busbee Parkway, Suite 360 Kennesaw, GA 30144
Charles D.	Moore	Senior Vice President Human Resources	4225 Naperville Road, Suite 400 Lisle, IL 60532
Jussi	Oijala	Senior Vice President Supply and Sourcing	4225 Naperville Road, Suite 400 Lisle, IL 60532
Kurt E.	Stepaniak	Senior Vice President Law and Acquisitions; Secretary	4225 Naperville Road, Suite 400 Lisle, IL 60532
Ronald L.	Bagwill	Vice President, Director of Supply Unit Americas	One Allen Center 700 Central Expwy South Allen, TX 75013
Corey	Ward	Vice President, Environmental Health & Safety	4225 Naperville Road, Suite 400 Lisle, IL 60532
Michael P.	Bauschka	Treasurer	One KONE Court Moline, IL 61265
John	Dahlquist, Jr.	Assistant Secretary	4225 Naperville Road, Suite 400 Lisle, IL 60532
Joseph	Kang	Assistant Secretary	4225 Naperville Road, Suite 400 Lisle, IL 60532
Barbara	Brockmeyer	Assistant Treasurer	One KONE Court Moline, IL 61265



Lincoln D. Chafee  
Governor  
Charles J. Fogarty  
Director

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training  
Center General Complex  
1511 Pontiac Avenue  
Cranston, RI 02920-4407

TTY: Via RI Relay 711

## STATE CONTRACT ADDENDUM

### RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING

#### PREVAILING WAGE REQUIREMENTS (37-13-1 ET SEQ.)

The prevailing wage requirements are generally set forth in RIGL 37-13-1 et seq. These requirements refer to the prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds exceed one thousand dollars (\$1,000).

All Prevailing Wage Contractors and Subcontractors are required to:

1. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;
2. Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7 (see Appendix B attached);
3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at [www.dlt.ri.gov/pw/Posters.htm](http://www.dlt.ri.gov/pw/Posters.htm) .poster/htm or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;
4. Access the Department of Labor and Training website, at [www.dlt.ri.gov](http://www.dlt.ri.gov) on or before July 1st of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July 1st of each year in compliance with RIGL §37-13-8;
5. Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any

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

TTY via RI Relay 711



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

- subcontractors and their assignees for prevailing wage work performed pursuant to this contract;
6. Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;
  7. Maintain accurate prevailing wage employee payroll records on a Rhode Island Certified Weekly Payroll form available for download at [www.dlt.ri.gov/pw.forms/htm](http://www.dlt.ri.gov/pw.forms/htm), as required by RIGL §37-13-13, and make those records available to the Department of Labor and Training upon request;
  8. Furnish the fully executed RI Certified Weekly Payroll Form to the awarding authority on a monthly basis for all work completed in the preceding month.
  9. For general or primary contracts one million dollars (\$1,000,000) or more, shall maintain on the work site a fully executed RI Certified Prevailing Wage Daily Log listing the contractor's employees employed each day on the public works site; the RI Certified Prevailing Wage Daily Log shall be available for inspection on the public works site at all times; this rule shall not apply to road, highway, or bridge public works projects. Where applicable, furnish both the Rhode Island Certified Prevailing Wage Daily Log together with the Rhode Island Weekly Certified Payroll to the awarding authority.
  10. Assure that all covered prevailing wage employees on construction projects with a total project cost of one hundred thousand dollars (\$100,000) or more has a OSHA ten (10) hour construction safety certification in compliance with RIGL § 37-23-1;
  11. Employ apprentices for the performance of the awarded contract when the contract is valued at one million dollars (\$1,000,000) or more, and comply with the apprentice to journey person ratio for each trade approved by the apprenticeship council of the Department of Labor and Training in compliance with RIGL §37-13-3.1;
  12. Assure that all prevailing wage employees who perform work which requires a Rhode Island trade license possess the appropriate Rhode Island trade license in compliance with Rhode Island law; and

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

TTY via RI Relay 711



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Department of Labor and Training

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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](http://www.dlt.ri.gov/pw).

**CERTIFICATION**

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

By: *Jonathan P. Pich*  
Title: *Account Manager*

Subscribed and sworn before me this 11<sup>th</sup> day of December 2015

*Maeghe Sullivan*  
Notary Public  
My commission expires: 1/23/2020

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

*TTY via RI Relay 711*



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

APPENDIX A

**TITLE 37**  
**Public Property and Works**

**CHAPTER 37-13**  
**Labor and Payment of Debts by Contractors**

**SECTION 37-13-5**

**§37-13-5 Payment for trucking or materials furnished - Withholding of sums due.** -A contractor or subcontractor on public works authorized by a proper authority shall pay any obligation or charge for trucking and material which have been furnished for the use of the contractor or subcontractor, in connection with the public works being performed by him or her, within ninety (90) days after the obligation or charge is incurred or the trucking service has been performed or the material has been delivered to the site of the work, whichever is later. When it is brought to the notice of the proper authority in a city or town, or the proper authority in the state having supervision of the contract, that the obligation or charge has not been paid by the contractor or subcontractor, the proper authority may deduct and hold for a period not exceeding sixty (60) days, from sums of money due to the contractor or subcontractor, the equivalent amount of such sums certified by a trucker or materialman creditor as due him or her, as provided in this section, and which the proper authority determines is reasonable for trucking performed or materials furnished for the public works.

**APPENDIX B**

**TITLE 37**

**Public Property and Works**

**CHAPTER 37-13**

**Labor and Payment of Debts by Contractors**

**SECTION 37-13-7**

**§ 37-13-7 Specification in contract of amount and frequency of payment of wages.**  
-(a) Every call for bids for every contract in excess of one thousand dollars (\$1,000), to which the state of Rhode Island or any political subdivision thereof or any public agency or quasi-public agency is a party, for construction, alteration, and/or repair, including painting and decorating, of public buildings or public works of the state of Rhode Island or any political subdivision thereof, or any public agency or quasi-public agency and which requires or involves the employment of employees, shall contain a provision stating the minimum wages to be paid various types of employees which shall be based upon the wages that will be determined by the director of labor and training to be prevailing for the corresponding types of employees employed on projects of a character similar to the contract work in the city, town, village, or other appropriate political subdivision of the state of Rhode Island in which the work is to be performed. Every contract shall contain a stipulation that the contractor or his or her subcontractor shall pay all the employees employed directly upon the site of the work, unconditionally and not less often than once a week, and without subsequent deduction or rebate on any account, the full amounts accrued at time of payment computed at wage rates not less than those stated in the call for bids, regardless of any contractual relationships which may be alleged to exist between the contractor or subcontractor and the employees, and that the scale of wages to be paid shall be posted by the contractor in a prominent and easily accessible place at the site of the work; and the further stipulation that there may be withheld from the contractor so much of the accrued payments as may be considered necessary to pay to the employees employed by the contractor, or any subcontractor on the work, the difference between the rates of wages required by the contract to be paid the employees on the work and the rates of wages received by the employees and not refunded to the contractor, subcontractors, or their agents.

(b) The terms "wages", "scale of wages", "wage rates", "minimum wages", and "prevailing wages" shall include:

- (1) The basic hourly rate of pay; and
- (2) The amount of:

(A) The rate of contribution made by a contractor or subcontractor to a trustee or to a third person pursuant to a fund, plan, or program; and

(B) The rate of costs to the contractor or subcontractor which may be reasonably anticipated in providing benefits to employees pursuant to an enforceable commitment to carry out a financially responsible plan or program which was communicated in writing to the employees affected, for medical or hospital care, pensions on retirement or death, compensation for injuries or illness resulting from occupational activity, or insurance to provide any of the foregoing, for unemployment benefits, life insurance, disability and sickness insurance, or accident insurance, for vacation and holiday pay, for defraying costs of apprenticeship or other similar programs, or for other bona fide fringe benefits, but only where the contractor or subcontractor is not required by other federal, state, or local law to provide any of the benefits; provided, that the obligation of a contractor or subcontractor to make payment in accordance with the prevailing wage determinations of the director of labor and training insofar as this chapter of this title and other acts incorporating this chapter of this title by reference are concerned may be discharged by the making of payments in cash, by the making of contributions of a type referred to in subsection (b)(2), or by the assumption of an enforceable commitment to bear the costs of a plan or program of a type referred to in this subdivision, or any combination thereof, where the aggregate of any payments, contributions, and costs is not less than the rate of pay described in subsection (b)(1) plus the amount referred to in subsection (b)(2).

(c) The term "employees", as used in this section, shall include employees of contractors or subcontractors performing jobs on various types of public works including mechanics, apprentices, teamsters, chauffeurs, and laborers engaged in the transportation of gravel or fill to the site of public works, the removal and/or delivery of gravel or fill or ready-mix concrete, sand, bituminous stone, or asphalt flowable fill from the site of public works, or the transportation or removal of gravel or fill from one location to another on the site of public works, and the employment of the employees shall be subject to the provisions of subsections (a) and (b).

(d) The terms "public agency" and "quasi-public agency" shall include, but not be limited to, the Rhode Island industrial recreational building authority, the Rhode Island economic development corporation, the Rhode Island airport corporation, the Rhode Island industrial facilities corporation, the Rhode Island refunding bond authority, the Rhode Island housing and mortgage finance corporation, the Rhode Island resource recovery corporation, the Rhode Island public transit authority, the Rhode Island student loan authority, the water resources board corporate, the Rhode Island health and education building corporation, the Rhode Island higher education assistance authority, the Rhode Island turnpike and bridge authority, the Narragansett Bay water quality management district commission, Rhode Island telecommunications authority, the convention center authority, the board of governors for higher education, the board of regents for elementary and secondary education, the capital center commission, the housing resources commission, the Quonset Point-Davisville management corporation, the Rhode Island children's crusade for higher education, the Rhode Island depositors economic protection corporation, the Rhode Island lottery commission, the Rhode Island

partnership for science and technology, the Rhode Island public building authority, and the Rhode Island underground storage tank board.



State of Rhode Island  
Division of Purchases

Public Works  
Bid Preparation Checklist

Date: 11/12/2015

Bid#: 7550044

Title: Elevator Maintenance & Repairs, URI

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: John F. O'Hara II**

**Contact Information: 401-574-8125**



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 \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY, STATE AND ZIP CODE \_\_\_\_\_

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 \_\_\_\_\_ TITLE \_\_\_\_\_ DATE \_\_\_\_\_ TEL NO \_\_\_\_\_  
*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 _____	

## Request for Taxpayer Identification Number and Certification

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

<b>Print or type See Specific Instructions on page 2.</b>	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank. <b>KONE Inc.</b>	
	2 Business name/disregarded entity name, if different from above	
	3 Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input checked="" type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <b>Note.</b> 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. <input type="checkbox"/> Other (see instructions) ▶ _____	
	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) <b>N/A</b> <small>(Applies to accounts maintained outside the U.S.)</small>	
	5 Address (number, street, and apt. or suite no.) <b>One KONE Court</b>	Requester's name and address (optional)
	6 City, state, and ZIP code <b>Moline, IL 61265</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.

**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.

<b>Social security number</b>									
or									
<b>Employer identification number</b>									
3	6	-	2	3	5	7	4	2	3

### Part II 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: (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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Jodi Codette</i>	Date ▶ <b>11.9.15</b>
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### 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:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. 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
4. 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.

**Note.** If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

**Definition of a U.S. person.** For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

**Special rules for partnerships.** Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States:

- In the case of a disregarded entity with a U.S. owner, the U.S. owner of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

**Foreign person.** If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Publication 515, Withholding of Tax on Nonresident Aliens and Foreign Entities).

**Nonresident alien who becomes a resident alien.** Generally, only a nonresident alien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items:

1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
2. The treaty article addressing the income.
3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
4. The type and amount of income that qualifies for the exemption from tax.
5. Sufficient facts to justify the exemption from tax under the terms of the treaty article.

**Example.** Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

## Backup Withholding

**What is backup withholding?** Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return.

**Payments you receive will be subject to backup withholding if:**

1. You do not furnish your TIN to the requester,
2. You do not certify your TIN when required (see the Part II instructions on page 3 for details),

3. The IRS tells the requester that you furnished an incorrect TIN,

4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See *Exempt payee code* on page 3 and the separate instructions for the Requester of Form W-9 for more information.

Also see *Special rules for partnerships* above.

## What is FATCA reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Certain payees are exempt from FATCA reporting. See *Exemption from FATCA reporting code* on page 3 and the Instructions for the Requester of Form W-9 for more information.

## Updating Your Information

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

## Penalties

**Failure to furnish TIN.** If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

**Civil penalty for false information with respect to withholding.** If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

**Criminal penalty for falsifying information.** Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

**Misuse of TINs.** If the requester discloses or uses TINs in violation of federal law, the requester may be subject to civil and criminal penalties.

## Specific Instructions

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tax return.

If this Form W-9 is for a joint account, list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9.

a. **Individual.** Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

**Note. ITIN applicant:** Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

b. **Sole proprietor or single-member LLC.** Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.

c. **Partnership, LLC that is not a single-member LLC, C Corporation, or S Corporation.** Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.

d. **Other entities.** Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.

e. **Disregarded entity.** For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TIN.

**Line 2**

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

**Line 3**

Check the appropriate box in line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box in line 3.

**Limited Liability Company (LLC).** If the name on line 1 is an LLC treated as a partnership for U.S. federal tax purposes, check the "Limited Liability Company" box and enter "P" in the space provided. If the LLC has filed Form 8832 or 2553 to be taxed as a corporation, check the "Limited Liability Company" box and in the space provided enter "C" for C corporation or "S" for S corporation. If it is a single-member LLC that is a disregarded entity, do not check the "Limited Liability Company" box; instead check the first box in line 3 "Individual/sole proprietor or single-member LLC."

**Line 4, Exemptions**

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space in line 4 any code(s) that may apply to you.

**Exempt payee code.**

- Generally, individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and dividends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network transactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and corporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from backup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2—The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5—A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8—A real estate investment trust
- 9—An entity registered at all times during the tax year under the Investment Company Act of 1940
- 10—A common trust fund operated by a bank under section 584(a)
- 11—A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for . . .	THEN the payment is exempt for . . .
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,000 <sup>1</sup>	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

<sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

**Exemption from FATCA reporting code.** The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the line for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G—A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the Investment Company Act of 1940
- I—A common trust fund as defined in section 584(a)
- J—A bank as defined in section 581
- K—A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)
- M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

**Note.** You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payee code should be completed.

**Line 5**

Enter your address (number, street, and apartment or suite number). This is where the requester of this Form W-9 will mail your information returns.

**Line 6**

Enter your city, state, and ZIP code.

**Part I. Taxpayer Identification Number (TIN)**

**Enter your TIN in the appropriate box.** If you are a resident alien and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see *How to get a TIN* below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are a single-member LLC that is disregarded as an entity separate from its owner (see *Limited Liability Company (LLC)* on this page), enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

**Note.** See the chart on page 4 for further clarification of name and TIN combinations.

**How to get a TIN.** If you do not have a TIN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at [www.ssa.gov](http://www.ssa.gov). You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at [www.irs.gov/businesses](http://www.irs.gov/businesses) and clicking on Employer Identification Number (EIN) under Starting a Business. You can get Forms W-7 and SS-4 from the IRS by visiting [IRS.gov](http://IRS.gov) or by calling 1-800-TAX-FORM (1-800-829-3676).

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

**Note.** Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

**Caution:** A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

**Part II. Certification**

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 4, or 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see *Exempt payee code* earlier.

**Signature requirements.** Complete the certification as indicated in items 1 through 5 below.

1. **Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.** You must give your correct TIN, but you do not have to sign the certification.
2. **Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983.** You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
3. **Real estate transactions.** You must sign the certification. You may cross out item 2 of the certification.
4. **Other payments.** You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
5. **Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions.** You must give your correct TIN, but you do not have to sign the certification.

**What Name and Number To Give the Requester**

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account <sup>1</sup>
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor <sup>2</sup>
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee <sup>1</sup>
b. So-called trust account that is not a legal or valid trust under state law	The actual owner <sup>1</sup>
5. Sole proprietorship or disregarded entity owned by an individual	The owner <sup>2</sup>
6. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i)(A))	The grantor <sup>2</sup>
For this type of account:	Give name and EIN of:
7. Disregarded entity not owned by an individual	The owner
8. A valid trust, estate, or pension trust	Legal entity <sup>1</sup>
9. Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation
10. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
11. Partnership or multi-member LLC	The partnership
12. A broker or registered nominee	The broker or nominee
13. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
14. Grantor trust filing under the Form 1041 Filing Method or the Optional Form 1099 Filing Method 2 (see Regulations section 1.671-4(b)(2)(i)(B))	The trust

<sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.  
<sup>2</sup> Circle the minor's name and furnish the minor's SSN.

<sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.

<sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships* on page 2.

\*Note. Grantor also must provide a Form W-9 to trustee of trust.

**Note.** If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.

**Secure Your Tax Records from Identity Theft**

Identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity thief may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- Ensure your employer is protecting your SSN, and
- Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and phone number printed on the IRS notice or letter.

If your tax records are not currently affected by identity theft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS Identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Publication 4535, Identity Theft Prevention and Victim Assistance.

Victims of identity theft who are experiencing economic harm or a system problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eligible for Taxpayer Advocate Service (TAS) assistance. You can reach TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4069.

**Protect yourself from suspicious emails or phishing schemes.** Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surrendering private information that will be used for identity theft.

The IRS does not initiate contacts with taxpayers via emails. Also, the IRS does not request personal detailed information through email or ask taxpayers for the PIN numbers, passwords, or similar secret access information for their credit card, bank, or other financial accounts.

If you receive an unsolicited email claiming to be from the IRS, forward this message to [phishing@irs.gov](mailto:phishing@irs.gov). You may also report misuse of the IRS name, logo, or other IRS property to the Treasury Inspector General for Tax Administration (TIGTA) at 1-800-366-4484. You can forward suspicious emails to the Federal Trade Commission at: [spam@uce.gov](mailto:spam@uce.gov) or contact them at [www.ftc.gov/idtheft](http://www.ftc.gov/idtheft) or 1-877-IDTHEFT (1-877-438-4338).

Visit [IRS.gov](http://IRS.gov) to learn more about identity theft and how to reduce your risk.

**Privacy Act Notice**

Section 6109 of the Internal Revenue Code requires you to provide your correct TIN to persons (including federal agencies) who are required to file information returns with the IRS to report interest, dividends, or certain other income paid to you; mortgage interest you paid; the acquisition or abandonment of secured property; the cancellation of debt; or contributions you made to an IRA, Archer MSA, or HSA. The person collecting this form uses the information on the form to file information returns with the IRS, reporting the above information. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation and to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their laws. The information also may be disclosed to other countries under a treaty, to federal and state agencies to enforce civil and criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism. You must provide your TIN whether or not you are required to file a tax return. Under section 3406, payers must generally withhold a percentage of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to the payer. Certain penalties may also apply for providing false or fraudulent information.

## ATTACHMENT "A"

ITEM NO.	DESCRIPTION		QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE
The following pricing is for the period 7/1/16-6/30/17						
	BUILDING			<u>MAKE</u>		
	URI Kingston Campus:					
1	210 Flagg Road	Thyssen	<u>12</u>	Month	\$172.01	\$2,064.12
2	Alumni Center	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
3	Ballentine	RI Elevator	<u>12</u>	Month	\$172.01	\$2,064.12
4	Barlow	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
5	Bliss	2500# Freight	<u>12</u>	Month	\$172.01	\$2,064.12
6	Browning	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
7	Butterfield	Thyssen	<u>12</u>	Month	\$172.01	\$2,064.12
8	Carlotti	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
9	CBLs #1 - Center for Biological Sciences	Otis	<u>12</u>	Month	\$136.99	\$1,643.88
10	CBLs #2 - Center for Biological Sciences	Otis	<u>12</u>	Month	\$136.99	\$1,643.88
11	Chafee #1	Dover	<u>12</u>	Month	\$314.15	\$3,769.80
12	Chafee #2	Dover	<u>12</u>	Month	\$314.15	\$3,769.80
13	Coastal Institute	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
14	COP-1 - College of Pharmacy	Otis	<u>12</u>	Month	\$136.99	\$1,643.88
15	COP-2 - College of Pharmacy	Otis	<u>12</u>	Month	\$136.99	\$1,643.88
16	CPRC - Cancer Prevention Research Center	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
17	Crawford	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
18	East Hall	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
19	Eddy #1	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
20	Eddy #2	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
21	Fascitelli Fitness Center	Otis	<u>12</u>	Month	\$286.34	\$3,436.08
22	Fine Arts #1	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
23	Fine Arts #2	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
24	Fogarty	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
25	Garrahy	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
26	Green Hall	Thyssen/Krupp	<u>12</u>	Month	\$172.01	\$2,064.12
27	Hillside Hall - 1	Kone	<u>12</u>	Month	\$246.17	\$2,954.04
28	Hillside Hall - 2	Kone	<u>12</u>	Month	\$246.17	\$2,954.04
29	Hope Commons Dining #1	Otis	<u>12</u>	Month	\$136.99	\$1,643.88
30	Hope Commons Dining #2	Otis	<u>12</u>	Month	\$136.99	\$1,643.88
31	Kelly Annex	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
32	Kirk	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
33	Library #1	Bay State	<u>12</u>	Month	\$172.01	\$2,064.12
34	Library #2	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
35	Lippitt Hall	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
36	Merrow	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
37	Morrill	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
38	Memorial Union Pass	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
39	Memorial Union Freight	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
40	Multicultural	Thyssen	<u>12</u>	Month	\$172.01	\$2,064.12
41	Pastore	RI Elevator	<u>12</u>	Month	\$172.01	\$2,064.12
42	Peck	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
43	Potter	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
44	Quinn	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
45	Ranger	Payne	<u>12</u>	Month	\$314.15	\$3,769.80
46	Rodman Hall	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
47	Roosevelt	RI Elevator	<u>12</u>	Month	\$172.01	\$2,064.12
48	Swan Hall (Independence)	Payne	<u>12</u>	Month	\$172.01	\$2,064.12

49	Tootell	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
50	Tyler	Otis	12	Month	\$184.37	\$2,212.44
51	Weldin	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
52	Wiley #1	Otis	12	Month	\$172.01	\$2,064.12
53	Wiley #2	Otis	<u>12</u>	Month	\$172.01	\$2,064.12
54	White #1	Payne	12	Month	\$172.01	\$2,064.12
55	White #2	Payne	<u>12</u>	Month	\$172.01	\$2,064.12
56	Woodward	Payne	12	Month	\$314.15	\$3,769.80
	<u>CHAIRLIFTS</u>	MAKE	<u>12</u>	Month		
57	Bressler	Garventa Genesis Lift	12	Month	\$88.58	\$1,062.96
58	Chafee	Porch - Lift	<u>12</u>	Month	\$88.58	\$1,062.96
59	Edwards	Wheel-0-Vator	12	Month	\$88.58	\$1,062.96
60	Swan Hall (Independence) Auditorium - Chair Lift	Carrier	<u>12</u>	Month	\$88.58	\$1,062.96
61	Tootell (Pool)	Porch - Lift	12	Month	\$88.58	\$1,062.96
62	Washburn	Wheel-0-Vator	<u>12</u>	Month	\$88.58	\$1,062.96
	<u>BUILDING</u>	MAKE		Month		
URI Providence Campus (80 Washington Street, Providence):						
63	CCE Elevator 1	Thyssen	12	Month	\$314.15	\$3,769.80
64	CCE Elevator 2	Thyssen	12	Month	\$314.15	\$3,769.80
65	CCE Elevator 3	Thyssen	12	Month	\$314.15	\$3,769.80
66	CCE Elevator 4	Thyssen	12	Month	\$314.15	\$3,769.80
	<u>CHAIRLIFTS</u>	MAKE				\$0.00
67	CCE-Providence Narragansett Bay Campus (Narragansett, RI):	Porch - Lift	12	Month	\$88.58	\$1,062.96
68	Coastal Institute	Schindler	12	Month	\$172.01	\$2,064.12
69	Horn	Otis	12	Month	\$172.01	\$2,064.12
70	OSEC (Ocean Science & Exploration Ctr)	Otis	12	Month	\$172.01	\$2,064.12
71	Watkins	Otis	12	Month	\$172.01	\$2,064.12
72	CACS (Center for Atmospheric Chemistry Studies)	Otis	12	Month	\$172.01	\$2,064.12
	<u>CHAIRLIFTS</u>	MAKE				
73	NBC Middleton Lab W. Alton Jones (West Greenwich, RI):	Porch - Lift	12	Month	\$88.58	\$1,062.96
74	Sycamore Lodge	Payne	12	Month	\$172.01	\$2,064.12
	<u>CHAIRLIFTS</u>	MAKE				
75	WAJ Env Ed Center	Porch - Lift	12	Month	\$88.58	\$1,062.96
76	FY '16 (1/1/16 - 6/30/16)					
	Rate per Hour for Authorized Call Back		20	HR	\$139.05	\$2,781.00
	Overtime Rate per hour on Site		10	HR	\$278.10	\$2,781.00

ATTACHMENT "A"

ITEM NO.	DESCRIPTION		QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE
The following pricing is for the period 7/1/17-6/30/18						
	BUILDING			<u>MAKE</u>		
	URI Kingston Campus:					
1	210 Flagg Road	Thyssen	<u>12</u>	Month	\$177.17	\$2,126.04
2	Alumni Center	Otis	12	Month	\$177.17	\$2,126.04
3	Ballentine	RI Elevator	<u>12</u>	Month	\$177.17	\$2,126.04
4	Barlow	Otis	12	Month	\$177.17	\$2,126.04
5	Bliss	2500# Freight	<u>12</u>	Month	\$177.17	\$2,126.04
6	Browning	Otis	12	Month	\$177.17	\$2,126.04
7	Butterfield	Thyssen	<u>12</u>	Month	\$177.17	\$2,126.04
8	Carlotti	Otis	12	Month	\$177.17	\$2,126.04
9	CBLS #1 - Center for Biological Sciences	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
10	CBLS #2 - Center for Biological Sciences	Otis	12	Month	\$141.10	\$1,693.20
11	Chafee #1	Dover	<u>12</u>	Month	\$323.57	\$3,882.89
12	Chafee #2	Dover	12	Month	\$323.57	\$3,882.89
13	Coastal Institute	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
14	COP-1 - College of Pharmacy	Otis	12	Month	\$141.10	\$1,693.20
15	COP-2 - College of Pharmacy	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
16	CPRC - Cancer Prevention Research Center	Otis	12	Month	\$177.17	\$2,126.04
17	Crawford	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
18	East Hall	Otis	12	Month	\$177.17	\$2,126.04
19	Eddy #1	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
20	Eddy #2	Otis	12	Month	\$177.17	\$2,126.04
21	Fascitelli Fitness Center	Otis	<u>12</u>	Month	\$294.93	\$3,539.16
22	Fine Arts #1	Payne	12	Month	\$177.17	\$2,126.04
23	Fine Arts #2	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
24	Fogarty	Otis	12	Month	\$177.17	\$2,126.04
25	Garrahy	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
26	Green Hall	Thyssen/Krupp	12	Month	\$177.17	\$2,126.04
27	Hillside Hall - 1	Kone	<u>12</u>	Month	\$253.58	\$3,042.66
28	Hillside Hall - 2	Kone	12	Month	\$253.58	\$3,042.66
29	Hope Common's Dining #1	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
30	Hope Common's Dining #2	Otis	12	Month	\$141.10	\$1,693.20
31	Kelly Annex	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
32	Kirk	Otis	12	Month	\$177.17	\$2,126.04
33	Library #1	Bay State	<u>12</u>	Month	\$177.17	\$2,126.04
34	Library #2	Payne	12	Month	\$177.17	\$2,126.04
35	Lippitt Hall	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
36	Marrow	Otis	12	Month	\$177.17	\$2,126.04
37	Morrill	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
38	Memorial Union Pass	Payne	12	Month	\$177.17	\$2,126.04
39	Memorial Union Freight	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
40	Multicultural	Thyssen	12	Month	\$177.17	\$2,126.04
41	Pastore	RI Elevator	<u>12</u>	Month	\$177.17	\$2,126.04
42	Peck	Otis	12	Month	\$177.17	\$2,126.04
43	Potter	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
44	Quinn	Payne	12	Month	\$177.17	\$2,126.04
45	Ranger	Payne	<u>12</u>	Month	\$323.57	\$3,882.89
46	Rodman Hall	Otis	12	Month	\$177.17	\$2,126.04
47	Roosevelt	RI Elevator	<u>12</u>	Month	\$177.17	\$2,126.04

48	Swan Hall (Independence)	Payne	12	Month	\$177.17	\$2,126.04	
49	Tootell	Otis	<u>12</u>	Month	\$177.17	\$2,126.04	
50	Tyler	Otis	12	Month	\$189.90	\$2,278.81	
51	Weidin	Otis	<u>12</u>	Month	\$177.17	\$2,126.04	
52	Wiley #1	Otis	12	Month	\$177.17	\$2,126.04	
53	Wiley #2	Otis	<u>12</u>	Month	\$177.17	\$2,126.04	
54	White #1	Payne	12	Month	\$177.17	\$2,126.04	
55	White #2	Payne	<u>12</u>	Month	\$177.17	\$2,126.04	
56	Woodward	Payne	12	Month	\$323.57	\$3,882.89	
	<u>CHAIRLIFTS</u>	MAKE	<u>12</u>	Month			
57	Bressler	Garventa Genesis Lift	12	Month	\$91.24	\$1,094.85	
58	Chafee	Porch - Lift	<u>12</u>	Month	\$91.24	\$1,094.85	
59	Edwards	Wheel-0-Vator	12	Month	\$91.24	\$1,094.85	
60	Swan Hall (Independence) Auditorium - Chair Lift	Carrier	<u>12</u>	Month	\$91.24	\$1,094.85	
61	Tootell (Pool)	Porch - Lift	12	Month	\$91.24	\$1,094.85	
62	Washburn	Wheel-0-Vator	<u>12</u>	Month	\$91.24	\$1,094.85	
	<u>BUILDING</u>	<u>MAKE</u>		Month			
	URI Providence Campus (80 Washington Street, Providence):						
63	CCE Elevator 1	Thyssen	12	Month	\$323.57	\$3,882.89	
64	CCE Elevator 2	Thyssen	12	Month	\$323.57	\$3,882.89	
65	CCE Elevator 3	Thyssen	12	Month	\$323.57	\$3,882.89	
66	CCE Elevator 4	Thyssen	12	Month	\$323.57	\$3,882.89	
	<u>CHAIRLIFTS</u>	MAKE					
67	CCE-Providence Narragansett Bay Campus (Narragansett, RI):	Porch - Lift	12	Month	\$91.24	\$1,094.85	
68	Coastal Institute	Schindler	12	Month	\$177.17	\$2,126.04	
69	Horn	Otis	12	Month	\$177.17	\$2,126.04	
70	OSEC (Ocean Science & Exploration Ctr)	Otis	12	Month	\$177.17	\$2,126.04	
71	Watkins	Otis	12	Month	\$177.17	\$2,126.04	
72	CACS (Center for Atmospheric Chemistry Studies)	Otis	12	Month	\$177.17	\$2,126.04	
	<u>CHAIRLIFTS</u>	MAKE					
73	NBC Middleton Lab W. Alton Jones (West Greenwich, RI):	Porch - Lift	12	Month	\$91.24	\$1,094.85	
74	Sycamore Lodge	Payne	12	Month	\$177.17	\$2,126.04	
	<u>CHAIRLIFTS</u>	MAKE					
75	WAJ Env Ed Center	Porch - Lift	12	Month	\$91.24	\$1,094.85	
76	FY '16 (1/1/16 - 6/30/16)						
	Rate per Hour for Authorized Call Back		20	HR	\$143.22	\$2,864.43	
	Overtime Rate per hour on Site		10	HR	\$286.44	\$2,864.43	

ATTACHMENT "A"

ITEM NO.	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE
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The following pricing is for the period 7/1/18-12/31/18

BUILDING	MAKE					
URI Kingston Campus:						
1	210 Flagg Road	Thyssen	<u>12</u>	Month	\$177.17	\$2,126.04
2	Alumni Center	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
3	Ballentine	RI Elevator	<u>12</u>	Month	\$177.17	\$2,126.04
4	Barlow	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
5	Bliss	2500# Freight	<u>12</u>	Month	\$177.17	\$2,126.04
6	Browning	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
7	Butterfield	Thyssen	<u>12</u>	Month	\$177.17	\$2,126.04
8	Carlotti	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
9	CBLS #1 - Center for Biological Sciences	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
10	CBLS #2 - Center for Biological Sciences	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
11	Chafee #1	Dover	<u>12</u>	Month	\$323.57	\$3,882.89
12	Chafee #2	Dover	<u>12</u>	Month	\$323.57	\$3,882.89
13	Coastal Institute	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
14	COP-1 - College of Pharmacy	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
15	COP-2 - College of Pharmacy	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
16	CPRC - Cancer Prevention Research Center	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
17	Crawford	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
18	East Hall	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
19	Eddy #1	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
20	Eddy #2	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
21	Fascitelli Fitness Center	Otis	<u>12</u>	Month	\$294.93	\$3,539.16
22	Fine Arts #1	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
23	Fine Arts #2	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
24	Fogarty	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
25	Gamahy	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
26	Green Hall	Thyssen/Krupp	<u>12</u>	Month	\$177.17	\$2,126.04
27	Hillside Hall - 1	Kone	<u>12</u>	Month	\$253.56	\$3,042.66
28	Hillside Hall - 2	Kone	<u>12</u>	Month	\$253.56	\$3,042.66
29	Hope Common's Dining #1	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
30	Hope Common's Dining #2	Otis	<u>12</u>	Month	\$141.10	\$1,693.20
31	Kelly Annex	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
32	Kirk	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
33	Library #1	Bay State	<u>12</u>	Month	\$177.17	\$2,126.04
34	Library #2	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
35	Lippitt Hall	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
36	Marrow	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
37	Morrill	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
38	Memorial Union Pass	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
39	Memorial Union Freight	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
40	Multicultural	Thyssen	<u>12</u>	Month	\$177.17	\$2,126.04
41	Pastore	RI Elevator	<u>12</u>	Month	\$177.17	\$2,126.04
42	Peck	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
43	Potter	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
44	Quinn	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
45	Ranger	Payne	<u>12</u>	Month	\$323.57	\$3,882.89
46	Rodman Hall	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
47	Roosevelt	RI Elevator	<u>12</u>	Month	\$177.17	\$2,126.04
48	Swan Hall (Independence)	Payne	<u>12</u>	Month	\$177.17	\$2,126.04
49	Tootell	Otis	<u>12</u>	Month	\$177.17	\$2,126.04
50	Tyler	Otis	<u>12</u>	Month	\$189.90	\$2,278.81

51	Weldin	Otis	<u>12</u>	Month	\$177.17	\$2,126.04	
52	Wiley #1	Otis	12	Month	\$177.17	\$2,126.04	
53	Wiley #2	Otis	<u>12</u>	Month	\$177.17	\$2,126.04	
54	White #1	Payne	12	Month	\$177.17	\$2,126.04	
55	White #2	Payne	<u>12</u>	Month	\$177.17	\$2,126.04	
56	Woodward	Payne	12	Month	\$323.57	\$3,882.89	
	<u>CHAIRLIFTS</u>	MAKE	<u>12</u>	Month			
57	Bressler	Garventa Genesis Lift	12	Month	\$91.24	\$1,094.85	
58	Chafee	Porch - Lift	<u>12</u>	Month	\$91.24	\$1,094.85	
59	Edwards	Wheel-0-Vator	12	Month	\$91.24	\$1,094.85	
60	Swan Hall (Independence) Auditorium - Chair Lift	Carrier	<u>12</u>	Month	\$91.24	\$1,094.85	
61	Tootell (Pool)	Porch - Lift	12	Month	\$91.24	\$1,094.85	
62	Washburn	Wheel-0-Vator	<u>12</u>	Month	\$91.24	\$1,094.85	
	<u>BUILDING</u>	MAKE		Month			
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	<u>CHAIRLIFTS</u>	MAKE					
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	<u>CHAIRLIFTS</u>	MAKE					
73	NBC Middleton Lab	Porch - Lift	12	Month	\$91.24	\$1,094.85	
	W. Alton Jones (West Greenwich, RI):						
74	Sycamore Lodge	Payne	12	Month	\$177.17	\$2,126.04	
	<u>CHAIRLIFTS</u>	MAKE					
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