

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 to submit a bid proposal.

Solicitation Number: 7550113A2
Solicitation Title: FIRE ALARM SPRINKLER SYSTEMS - TESTING AND REPAIR - RIC (5 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 1/11/2016 10:00 AM

RIVIP Vendor ID #: 30555
Bidder Name: Allstate Fire Protection, Inc
Address: 1525 Old Louisiquet Pike
Unit - S 3
Lincoln , RI 02865
USA

Telephone: (401) 725-2600
Fax: (401) 725-2601
Contact Name: Bruce Cournoyer
Contact Title: Business Manager
Contact Email: bcournoyer@allstatefire.net

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below. Complete Disclosure 5. If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder.

- N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.
- N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.
- N 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

- N 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):

EUGENE PASCALE	President	1/3	1525 Old Louisquisset Pike
FRANK MARTELLI	Secretary	1/3	1525 Old Louisquisset Pike
Bruce Conway	Treasurer	1/2	1525 Old Louisquisset Pike

SECTION 3 —CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

- Y 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.
- Y 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation 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):

Lined area for 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

**Allstate Fire Protection, Inc.
1525 Old Louisquisset Pike Unit S-3
Lincoln, RI 02865**

Date: 1/5/16

Name of Bidder

Bruce A Cournoyer

Signature in ink

Bruce A Cournoyer, Treasurer

Printed name and title of person signing on behalf of Bidder



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Pontiac Avenue
Cranston, RI 02920-4407

Telephone: (401) 462-8000
TTY: Via RI Relay 711

Lincoln D. Chafee
Governor

Charles J. Fogarty
Director

13. Comply with all applicable provisions of RIGL §37-13-1, et. seq;

Any questions or concerns regarding this CONTRACT ADDENDUM should be addressed to the contractor or subcontractor's attorney. Additional Prevailing Wage information may be obtained from the Department of Labor and Training at www.dlt.ri.gov/pw.

CERTIFICATION

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

By: F. K. Martell

Title: Secretary

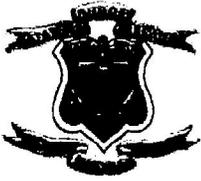
Subscribed and sworn before me this 5th day of June, 2016

[Signature]
Notary Public

My commission expires: 2/7/17

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

TTY via RI Relay 711



Request for Quote

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

CREATION DATE : 22-DEC-15
 BID NUMBER: 7550113,2
 TITLE: FIRE ALARM SPRINKLER SYSTEMS - TESTING AND REPAIR, RHODE ISLAND COLLEGE
 BLANKET START : 01-JAN-16
 BLANKET END : 31-DEC-18
 BID CLOSING DATE AND TIME: 11-JAN-2016 10:00:00

BUYER: Mosca, Gary
 PHONE #: 401-574-8124

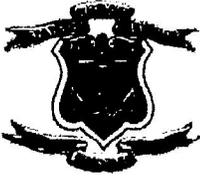
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 600 MOUNT PLEASANT AVENUE
 PROVIDENCE, RI 02908
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 RIC SPECIAL INSTRUCTIONS
 SEE BELOW
 SEE BELOW, RI N/A
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Requisition Number: 1442090
 Amendment Description: ATTACHED IS ADDENDUM 2 WITH SUBMITTED QUESTION.

Line	Description	Quantity	Unit	Unit Price	Total
1	1/1/16 - 6/30/16 - QUARTERLY SPRINKLER AND STANDPIPE SYSTEMS TESTS	2.00	Quarter	\$ 2,990	\$ 5,980
2	7/1/16 - 6/30/17 - QUARTERLY SPRINKLER AND STANDPIPE SYSTEMS TESTS	4.00	Quarter	\$ 2,990	\$ 11,960
3	7/1/17 - 6/30/18 - QUARTERLY SPRINKLER AND STANDPIPE SYSTEMS TESTS	4.00	Quarter	\$ 3,225	\$ 12,900
4	7/1/18 - 12/31/18 - QUARTERLY SPRINKLER AND STANDPIPE SYSTEMS TESTS	2.00	Quarter	\$ 3,225	\$ 6,450
5	1/1/16 - 6/30/16 - REGULAR HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	100.00	Hour	\$ 95	\$ 9,500
6	7/1/16 - 6/30/17 - REGULAR HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	200.00	Hour	\$ 95	\$ 19,000
7	7/1/17 - 6/30/18 - REGULAR HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	200.00	Hour	\$ 96	\$ 19,200
8	7/1/18 - 12/31/18 - REGULAR HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	100.00	Hour	\$ 98	\$ 9,800
9	1/1/16 - 6/30/16 - OVERTIME HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	30.00	Hour	\$ 142 ⁵⁰	\$ 4,275
10	7/1/16 - 6/30/17 - OVERTIME HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	50.00	Hour	\$ 142 ⁵⁰	\$ 7,125
11	7/1/17 - 6/30/18 - OVERTIME HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	50.00	Hour	\$ 144	\$ 7,200
12	7/1/18 - 12/31/18 - OVERTIME HOURLY RATE FOR SPRINKLERS/STANDPIPE SYSTEM REPAIRS	30.00	Hour	\$ 147	\$ 4,410
13	1/1/16 - 6/30/16 - CONDUCT FULL FLOW FIRE PUMP TESTS ANNUALLY TO 11 BUILDINGS PER SPECIFICATIONS	1.00	Year	\$ 2,500	\$ 2,500
14	7/1/16 - 6/30/17 - CONDUCT FULL FLOW FIRE PUMP	1.00	Year	\$ 5,000	\$ 5,000

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
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BUYER: Mosca, Gary
 PHONE #: 401-574-8124

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 RIC-PURCHASING
 600 MOUNT PLEASANT AVENUE
 PROVIDENCE, RI 02908
 US

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 RIC SPECIAL INSTRUCTIONS
 SEE BELOW
 SEE BELOW, RI N/A
 US

Requisition Number: 1442090
 Amendment Description: ATTACHED IS ADDENDUM 2 WITH SUBMITTED QUESTION.

Line	Description	Quantity	Unit	Unit Price	Total
	TESTS ANNUALLY TO 11 BUILDINGS PER SPECIFICATIONS				
15	7/1/17 - 6/30/18 - CONDUCT FULL FLOW FIRE PUMP TESTS ANNUALLY TO 11 BUILDINGS PER SPECIFICATIONS	1.00	Year	\$ 5,000	\$ 5,000
16	7/1/18 - 12/31/18 - CONDUCT FULL FLOW FIRE PUMP TESTS ANNUALLY TO 11 BUILDINGS PER SPECIFICATIONS.	1.00	Year	\$ 2,500	\$ 2,500
17	1/1/16 - 6/30/16 - CONDUCT ELECTRIC FIRE PUMP TESTS MONTHLY TO 11 BUILDINGS PER SPECIFICATIONS	6.00	Month	\$ 250	\$ 1,500
18	7/1/16 - 6/30/17 - CONDUCT ELECTRIC FIRE PUMP TESTS MONTHLY TO 11 BUILDINGS PER SPECIFICATIONS	12.00	Month	\$ 250	\$ 3,000
19	7/1/17 - 6/30/18 - CONDUCT ELECTRIC FIRE PUMP TESTS MONTHLY TO 11 BUILDINGS PER SPECIFICATIONS	12.00	Month	\$ 275	\$ 3,300
20	7/1/18 - 12/31/18 - CONDUCT ELECTRIC FIRE PUMP TESTS MONTHLY TO 11 BUILDINGS PER SPECIFICATIONS	6.00	Month	\$ 275	\$ 1,650
	PROVIDE PARTS DISCOUNT OFF MANUFACTURER'S LIST PRICE: <u>20</u> %				

Bruce R Cournoyer
 Treasurer 1/5/16

Delivery: As Needed
 Terms of Payment: Net 30

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

FIRE PROT MASTER 0000042

EUGENE PASCAL
87 CAMPBELL AVENUE
NORTH PROVIDENCE RI 02904

JOHN SHAW
Administrator

07/31/2016
Expiration Date

**PHOTO I.D. REQUIRED
WITH THIS LICENSE**

Eugene Pascal

Not valid without signature.

If found, please return to:
DLT, 1511 Pontiac Avenue, Cranston, RI 02920-0943
Ph: (401) 462-8580 www.dlt.ri.gov/profregs

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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20	2184209
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NAME Allstate Fire Protection, Inc.

ADDRESS 1525 Old Louisquisset Pike Unit S-3
Lincoln, RI 02865

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 Bruce R Cournoyer **TITLE** Treasurer **DATE** 1/5/16 **TEL NO** (401) 725-2600

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

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