

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: 7550478A1
Solicitation Title: BLANKET REQUIRMENTS FIRE ALARM AND SPRINKLER REPAIRS, UNIVERSITY OF RHODE ISLAND (2 PGS)
Bid Proposal Submission Deadline Date & Time: 4/25/2016 11:00 AM
RIVIP Vendor ID #: 29418
Bidder Name: Arden Engineering Constructors, LLC
Address: 505 Narragansett Park Dr
Pawtucket , RI 02861
USA
Telephone: (401) 727-3500
Fax: (401) 727-3540
Contact Name: Jeffery Potter
Contact Title: Director of Sales and Service
Contact Email: jpotter@ardeneng.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

- 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.

Disclosure details (continue on additional sheet if necessary):

SECTION 3 - OWNERSHIP DISCLOSURE

Bidders must provide all relevant information. Bid proposals submitted without a complete response may be deemed nonresponsive.

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; otherwise, complete ownership disclosure is required.

List each officer, director, manager, stockholder, member, partner, or other owner or principle 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.

SECTION 4 - 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

ATTACHMENT "A"

ITEM NO.	DESCRIPTION	QUANTITY HOURS	UNIT PRICE	BID PRICE EXTENDED
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IF THIS IS A MULTI-YEAR BID/CONTRACT. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE UNIVERSITY. TERMINATION MAY BE EFFECTED BY THE UNIVERSITY BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE UNIVERSITY TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES AND SUBJECT TO AVAILABILITY OF FUNDS.

DELIVERY AS REQUESTED

THE STATE AT ITS DISCRETION, SHALL RESERVE THE RIGHT TO MAKE ONE OR MULTIPLE AWARDS FOR THIS REQUIREMENT.

BLANKET REQUIREMENTS: 5/1/16-12/31/18
with the option to renew for two additional one year periods.

All items will be priced inclusive of any packaging, shipping and delivery charges. Size of order and/or delivery location to any URI campus noted in this solicitation will have no impact on pricing.

LABOR RATES:

The following labor rates are to be bid per hour, on site and are inclusive of all travel charges. It is also expected that work performed will be inclusive of all tools, material and equipment necessary to perform these services.

Overtime rates will apply to hours before 7:00 AM and After 5:00 PM, Saturdays, Sundays and State Holidays

1	Electrician - Apprentice; Straight Time	5/1/16-6/30/16	25	\$ 81 /Hr.	\$ 2025
2	Electrician - Apprentice; Straight Time	7/1/16-6/30/17	100	82 /Hr.	8200
3	Electrician - Apprentice; Straight Time	7/1/17-6/30/18	100	82.55 /Hr.	8255
4	Electrician - Apprentice; Straight Time	7/1/18-6/30/19	75	83.25 /Hr.	6243.75
5	Electrician - Apprentice; Overtime	5/1/16-6/30/16	15	124.50 /Hr.	1867.50
6	Electrician - Apprentice; Overtime	7/1/16-6/30/17	50	125.58 /Hr.	6279
7	Electrician - Apprentice; Overtime	7/1/17-6/30/18	50	126.66 /Hr.	6333
8	Electrician - Apprentice; Overtime	7/1/18-6/30/19	35	127.75 /Hr.	4471.25
9	Electrician - Journeyman; Straight Time	5/1/16-6/30/16	200	81 /Hr.	16,200
10	Electrician - Journeyman; Straight Time	7/1/16-6/30/17	200	82 /Hr.	16,400
11	Electrician - Journeyman; Straight Time	7/1/17-6/30/18	200	82.55 /Hr.	16,510
12	Electrician - Journeyman; Straight Time	7/1/18-6/30/19	100	83.25 /Hr.	8,325
13	Electrician - Journeyman; Overtime	5/1/16-6/30/16	50	124.50 /Hr.	6,225
14	Electrician - Journeyman; Overtime	7/1/16-6/30/17	50	125.58 /Hr.	6,279
15	Electrician - Journeyman; Overtime	7/1/17-6/30/18	50	126.66 /Hr.	6,333
16	Electrician - Journeyman; Overtime	7/1/18-6/30/19	25	127.75 /Hr.	3,193.75
17	Sprinkler Fitter - Straight Time	5/1/16-6/30/16	50	120 /Hr.	6,000
18	Sprinkler Fitter - Straight Time	7/1/16-6/30/17	50	120 /Hr.	6,000
19	Sprinkler Fitter - Straight Time	7/1/17-6/30/18	50	123 /Hr.	6,150
20	Sprinkler Fitter - Straight Time	7/1/18-6/30/19	25	123 /Hr.	3,075
21	Sprinkler Fitter - Overtime	5/1/16-6/30/16	25	158 /Hr.	3,950

ATTACHMENT "A"

ITEM NO.	DESCRIPTION		QUANTITY HOURS	UNIT PRICE	BID PRICE EXTENDED
22	Sprinkler Fitter - Overtime	7/1/16-6/30/17	25	158 /Hr.	3,950
23	Sprinkler Fitter - Overtime	7/1/17-6/30/18	25	163 /Hr.	4,075
24	Sprinkler Fitter - Overtime	7/1/18-6/30/19	25	163 /Hr.	4,075
25	Sprinkler Fitter - Master; Straight Time	5/1/16-6/30/16	100	120 /Hr.	12,000
26	Sprinkler Fitter - Master; Straight Time	7/1/16-6/30/17	100	120 /Hr.	12,000
27	Sprinkler Fitter - Master; Straight Time	7/1/17-6/30/18	100	123 /Hr.	12,300
28	Sprinkler Fitter - Master; Straight Time	7/1/18-6/30/19	50	123 /Hr.	6,150
30	Sprinkler Fitter - Master; Overtime	5/1/16-6/30/16	25	158 /Hr.	3,950
31	Sprinkler Fitter - Master; Overtime	7/1/16-6/30/17	25	158 /Hr.	3,950
32	Sprinkler Fitter - Master; Overtime	7/1/17-6/30/18	25	163 /Hr.	4,075
33	Sprinkler Fitter - Master; Overtime	7/1/18-6/30/19	25	163 /Hr.	4,075

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)

[] [] []

20 5126747

NAME Arden Building Companies, LLC Business Name - Arden Engineering Constructors

ADDRESS 505 Narragansett Park Drive

CITY, STATE AND ZIP CODE Pawtucket, RI 02861

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 Jacqueline M. Berot TITLE Controller DATE 11/16/15 TEL NO 401-727-3500
(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

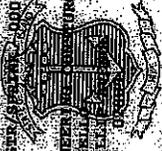
Or Email To: doa.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:

IRS ___ RI SOS ___ FED ___ Other ___
 RI Supplier # ___ Approved ___
 Date Entered ___ Entered By ___

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

CONTRACT NUMBER: 00000452



ADDRESSEES:
JOHN A. PUNDS
23 KING STREET
BOSTON, MA

JOHN SHAW
Administrator

11/30/2017
Expiration Date