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: 7550603A2  
Solicitation Title: COMPREHENSIVE MAINTENANCE AND SUPPORT EXISTING DIRECT DIGITAL CONTROLS AUTOMATION SYS-CCRI ADD #2  
Bid Proposal Submission Deadline Date & Time: 7/8/2016 10:00 AM  
RIVIP Vendor ID #: 79182  
Bidder Name: Huntington Controls, Inc.  
Address: 60 Glacier Dr  
Suite 2000  
Westwood, MA 02090  
USA  
Telephone: 7815356857  
Fax: 7815355251  
Contact Name: Paul Milano  
Contact Title: President  
Contact Email: pmilano@huntingtoncontrols.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.

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.

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.

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 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.

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 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.

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:

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.

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.

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.

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.

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.

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 of 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.

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.

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):

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: July 8, 2016

Paul B. Milano/Huntington Controls
Name of Bidder

Signature in Ink

Paul B. Milano, President
Printed name and title of person signing on behalf of Bidder
Comprehensive Maintenance and Support Existing Direct Digital Controls Automation Systems - Community College of Rhode Island

Bid Opening Date & Time: June 17, 2016 @ 10:00 AM (ET)

Vendor Please Type Vendor Name in the yellow shaded box below

Bidders are instructed to provide unit and extended (total) pricing for services in accordance with solicitation #7550603 specifications. It is not mandatory to bid on all Community College Campus Locations, however it is mandatory to bid on all services for the campus location being bid.

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The following line items (A,B,C,D) are for informational purposes only

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Certificate of Completion

This is to certify that

Christopher Smith
CANDIDATE

Huntington Controls Inc.
COMPANY NAME

is awarded this Certificate of Completion signifying that the aforementioned has successfully completed all of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges associated with this achievement and full recognition of same.

TRiD!UM

AUTHORIZED SIGNATURE

April 20, 2007
DATE
Certificate of Completion

This is to certify that

Michael Follo
CANDIDATE

Huntington Controls
COMPANY NAME

is awarded this Certificate of Completion signifying that the aforementioned has successfully completed all of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges associated with this achievement and full recognition of same.

TRIDiUM

December 07, 2007

AUTHORIZED SIGNATURE

DATE
Certificate of Completion

This is to certify that

Christian L. Reece

Huntington Controls Inc.

is awarded this Certificate of Completion signifying that the aforementioned has successfully completed all
of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges
associated with this achievement and full recognition of same.

February 06, 2009

TRIDiUM®

NIAGARA AX CERTIFICATION PROGRAM

AUTHORIZED SIGNATURE
Certificate of Completion

John F. Murphy

Huntington Controls

TRIIDIUM

June 12, 2009

This is to certify that

Candidate: John F. Murphy

Company Name: Huntington Controls

TRIIDIUM

is awarded this Certificate of Completion signifying that the aforementioned has successfully completed all

requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges

associated with this achievement and full recognition of same.

Signature: [Signature]

AX Certification Program

[Signature]
Certificate of Completion

This is to certify that

Joseph L. Rabel
Candidate

Huntington Controls Inc.

is awarded this Certificate of Completion signifying that the aforementioned has successfully completed all of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges associated with this achievement and full recognition of same.

TRiUM

February 06, 2009
Date

Authorized Signature

AX Certification Program

Niagara AX
Certificate of Completion

This is to certify that

Robert Tavares
CANDIDATE

is awarded this Certificate of Completion signifying that the aforementioned has successfully achieved a baseline level of proficiency, having completed all of the training and testing requirements for

NiagaraAx Framework Certification.

TRiD!UM

08/06/2010
DATE

Authentic if holographic seal is affixed above.
NiagaraAX Framework Certification

Training and testing requirements for successfully achieved a baseline level of proficiency, having completed all of the
is awarded this Certificate of Completion signifying that the aforementioned has

CANDIDATE

James A. Aeedan

This is to certify that

Certificate of Completion
Certificate of Completion

Alex Milano

Niagara 4 Certification

This is to certify that

is awarded this Certificate of Completion signifying that the aforementioned has successfully achieved a baseline level of proficiency, having completed all of the training and testing requirements for:

on February 1, 2016
Bid Bond

Know all Men by These Presents:

That We, Huntington Controls, Inc.
60 Glacier Drive, Suite 2000
Westwood, MA 02090

as Principal, (hereinafter called the “Principal”), and the Philadelphia Indemnity Insurance Company, a corporation duly organized under the laws of the State of Pennsylvania, as Surety, (hereinafter called the “Surety”) are held and firmly bound unto

State of Rhode Island
Division of Purchases
One Capital Hill, Providence, RI 02908

as Obligee, (hereinafter called the “Obligee”), in the sum of Five Percent (5%) of attached Bid, for the payment of which sum well and truly to be made, the said Principal and the said Surety, bind ourselves, our heirs, executors, administrators, successors and assigns, jointly and severally, firmly by these presents.

Whereas, the Principal has submitted a bid for

Comprehensive Maintenance and Support Existing Direct Digital Controls Automation Systems- Community College of Rhode Island

Now, Therefore, if the Obligee shall accept the bid of the Principal and Principal shall enter into a contract with the Obligee in accordance with the terms of such bid and give such bond or bonds as may be specified in the bidding or contract documents with good and sufficient surety for the faithful performance of such contract and for the prompt payment of labor and material furnished in the prosecution thereof, or in the event of the failure of the Principal to enter into such contract and give such bond or bonds, if the Principal shall pay to the Obligee the difference not to exceed the penalty hereof between the amount specified in said bid and such larger amount for which the Obligee may in good faith contract another party to perform the work covered by said bid, then this obligation shall be null and void; otherwise to remain in full force and effect.

Signed and Sealed this 8th day of July AD 2016.

Huntington Controls, Inc.
By: [Signature] (Seal)
Title: PRESIDENT

Philadelphia Indemnity Insurance Company
By: [Signature] (Seal)
Alyssa R. Michael, Attorney-in-Fact
PHILADELPHIA INDEMNITY INSURANCE COMPANY
231 St. Asaph's Rd., Suite 100
Bala Cynwyd, PA 19004-0950

Power of Attorney

KNOW ALL PERSONS BY THESE PRESENTS: That PHILADELPHIA INDEMNITY INSURANCE COMPANY (the Company), a corporation organized and existing under the laws of the Commonwealth of Pennsylvania, does hereby constitute and appoint William L. Labbe; Alyssa R. Michael; Anne M. Higginbottom; Barry J. Horgan of the City of Fall River, State of Massachusetts as true and lawful Attorney-in-fact with full authority to execute on its behalf bonds, undertakings, recognizances and other contracts of indemnity and writings obligatory in the nature thereof, issued in the course of its business and to bind the Company thereby, in an amount not to exceed $25,000,000.00.

This Power of Attorney is granted and is signed and sealed by facsimile under and by the authority of the following Resolution adopted by the Board of Directors of PHILADELPHIA INDEMNITY INSURANCE COMPANY at a meeting duly called the 1st day of July, 2011.

RESOLVED: That the Board of Directors hereby authorizes the President or any Vice President of the Company to: (1) Appoint Attorney(s) in Fact and authorize the Attorney(s) in Fact to execute on behalf of the Company bonds and undertakings, contracts of indemnity and other writings obligatory in the nature thereof and to attach the seal of the Company thereto; and (2) to remove, at any time, any such Attorney-in-Fact and revoke the authority given. And be it

FURTHER
RESOLVED: That the signatures of such officers and the seal of the Company may be affixed to any such Power of Attorney or certificate relating thereto by facsimile, and any such Power of Attorney so executed and certified by facsimile signatures and facsimile seal shall be valid and binding upon the Company in the future with the respect to any bond or undertaking to which it is attached.

IN TESTIMONY WHEREOF, PHILADELPHIA INDEMNITY INSURANCE COMPANY HAS CAUSED THIS INSTRUMENT TO BE SIGNED AND ITS CORPORATE SEAL TO BE AFFIXED BY ITS AUTHORIZED OFFICE THIS 10TH DAY OF JUNE 2013.

(Seal)

Robert D. O’Leary Jr., President & CEO
Philadelphia Indemnity Insurance Company

On this 10th day of June 2013, before me came the individual who executed the preceding instrument, to me personally known, and being by me duly sworn said that he is the therein described and authorized officer of the PHILADELPHIA INDEMNITY INSURANCE COMPANY, that the seal affixed to said instrument is the Corporate seal of said Company, that the said Corporate Seal and his signature were duly affixed.

COMMONWEALTH OF PENNSYLVANIA

Notary Public:

residing at:
Bala Cynwyd, PA

My commission expires:
December 18, 2016

I, Edward Sayago, Corporate Secretary of PHILADELPHIA INDEMNITY INSURANCE COMPANY, do hereby certify that the foregoing resolution of the Board of Directors and this Power of Attorney issued pursuant thereto on this 10th day of June 2013 true and correct and are still in full force and effect. I do further certify that Robert D. O’Leary Jr., who executed the Power of Attorney as President, was on the date of execution of the attached Power of Attorney the duly elected President of PHILADELPHIA INDEMNITY INSURANCE COMPANY.

In Testimony Whereof I have subscribed my name and affixed the facsimile seal of each Company this 8th day of July 2011.

Edward Sayago, Corporate Secretary
PHILADELPHIA INDEMNITY INSURANCE COMPANY
THE IRS REQUIRE 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)  
04 3158580

**NAME**  
Huntington Controls Inc

**ADDRESS**  
60 Glacier Drive Suite 2000

**CITY, STATE AND ZIP CODE**  
Westwood MA 02090

**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**  
Original Signature Required (Digital Signature Not Acceptable)

**TITLE**  
Controller

**DATE**  
7/6/16

**TEL NO.**  
781-535-8157

**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: doe.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:

IRS RI SOS FED Other

RI Supplier Approved

Date Entered Entered By

RIFANS Supplier Registration Package Page 1 of 11 09/15/2015
Certificate of Completion

This is to certify that

Christopher Smith
CANDIDATE

Huntington Controls Inc.
COMPANY NAME

is awarded this Certificate of Completion signifying that the aforementioned has successfully completed all of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges associated with this achievement and full recognition of same.

TRiDiUM

Authorized Signature: [Signature]

April 20, 2007
DATE
Certificate of Completion

Michael Folio
Huntington Controls

This is to certify that Michael Folio,

has successfully completed all of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges associated with this achievement and full recognition of same.

TRiDiUM

AX Certification Program

Niagara AX

DATE
December 07, 2007

Authorized Signature

Certificate of Completion

Christian L. Keebe

Huntington Controls Inc.

TRi DIUM

February 06, 2009

This is to certify that

The aforementioned has successfully completed all

of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges

associated with this achievement and full recognition of same.

AUTHORIZED SIGNATURE

Niagara AX Certification Program
Certificate of Completion

This is to certify that

John F. Murphy

CANDIDATE

Huntington Controls

COMPANY NAME

TRIDium

is awarded this Certificate of Completion signifying that the aforementioned has successfully completed all of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges associated with this achievement and full recognition of same.

June 12, 2009

AX Certification Program

(Handwritten signature)

(Handwritten text)
Certificate of Completion

This is to certify that

Joseph L. Rabil

Candidate

Huntington Controls Inc.

is awarded this Certificate of Completion signifying that the aforementioned has successfully completed all
of the requirements of the Niagara AX Certification Program and is entitled to all the rights and privileges
associated with this achievement and full recognition of same.

TRIUM

February 06, 2009

Date

Authorized Signature

 Niagara AX Certification Program

AX Certification Program
Certificate of Completion

Robert Tabares

This is to certify that

Robert Tabares, Candidate, has successfully completed the Niagara AX Framework Certification Program.

The Certificate of Completion signifies that the candidate has achieved a baseline level of proficiency and understanding of the Niagara AX Framework.

Date: 08/06/2010

Niagara AX Certification Program

Niagara AX

Certified

Authentic if Niagara seal is affixed above.
Certificate of Completion

This is to certify that

James A. Weeden
CANDIDATE

is awarded this Certificate of Completion signifying that the aforementioned has successfully achieved a baseline level of proficiency, having completed all of the training and testing requirements for

Niagara\textsuperscript{Ax} Framework Certification.

10/28/2011

DATE

TRiDIUM\textsuperscript{TM}

@Niagara\textsuperscript{Ax} Certified

Authentic if holographic seal is affixed above.
Certificate of Completion

This is to certify that

Alex Milano

is awarded this Certificate of Completion signifying that the aforementioned has successfully achieved a baseline level of proficiency, having completed all of the training and testing requirements for:

Niagara 4 Certification

on February 1, 2016
CERTIFIED ENERGY MANAGER®

Richard A. Bloom

The Association of Energy Engineers