

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: 7550642A1
Solicitation Title: ELECTRICAL/ELECTRONIC MAINTENANCE & REPAIR (MPA 41) (1PG)

**Bid Proposal Submission
Deadline Date & Time:** 7/29/2016 10:00 AM

RIVIP Vendor ID #: 34846
Bidder Name: Alpha Electrical Contractors, Inc.
Address: 300 Wampanoag Trail
East Providence , RI 02915
USA

Telephone: (401) 434-0227
Fax: (401) 434-0228
Contact Name: Philip Freshman
Contact Title: President
Contact Email: pfreshman@alpha-electrical.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.

Philip Freshman, President
Alfred Folco, Vice President

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

SECTION 11: CONTRACTOR RESPONSE FORM

Provide full and detailed responses to the following Schedules:

Schedule A: Company Profile and Experience

11.1 Corporate profile and comparable work experience. Respondents are to provide a brief summary of their corporate profile and experience in providing similar electrical services to institutional facilities.

Company name: Alpha Electrical Contractors, Inc.

Year business entity was established: 2006

Corporate profile and comparable work experience:

Alpha Electrical Contractors, Inc. provides electrical services for commercial, municipal and institutional facilities.

Services include, but are not limited to; new service installations and service upgrades, site & exterior lighting, new construction & renovations, fire alarm systems, LED lighting installations, maintenance & bucket truck service.

Similar work experience includes:

- 1. RI State MPA for Electrical Maintenance 2012-2015
- 2. RI State MPA for Electrical Maintenance 2015-2016
- 3. URI GSO Piers - Provide power to new dock facilities and power to ship & apparatus - Contract Sum: \$98,700.00
- 4. RI DEM LED Lighting Retrofit - Contract Sum \$67,200.00
- 5. Davies Vocational School - Cosmetology Area - Install electrical panels & power circuits for lab stations - Contract Sum \$67,200.00
- 6. Cannon Building - Install a grounding conductor throughout the building's underfloor raceway system - Contract Sum \$56,500.00
- 7. Woonsocket Veterans Memorial Housing - Complete electrical system installation for multi-tenant townhouse units - Contrat Sum \$225,000.00
- 8. Town of East Greenwich LED Street Lighting Upgrades - Contract Sum \$75,000.00

Additional work experience available upon request

SECTION 12: EXPERIENCE AND REFERENCES

Part B: Experience and References

12.1 Experience and References

Provide names, addresses, and contact information for from three (3) owners of projects for which work has been performed in the past five (5) years. Include a brief description of each project. The Division reserves the right to not award a MPA contract to any respondent whose references are deemed to be unsatisfactory.

Year Started:

2012

Year Complete:

2016

Brief Description of Contract:

Work includes, but is not limited to; maintenance, emergency service calls, interior & exterior lighting installations, installation of power circuits for equipment, temporary and permanent electrical services, fire alarm installation

Company:

State of Rhode Island

Contact Person: Steven Denoyelle, BHDDH, Kevin Ward, BHDDH, Cheryl Carroll, Davies
David Palazzetti, URI, SSG Joseph Spinelli, RIARNG

Telephone and Email: Steven.Denoyelle@doa.ri.gov, kevin.ward@bhddh.ri.gov, ccarroll@daviestech.org
djpalazzetti@uri.edu, joseph.a.spinelli2.mil@mail.mil

Project and Value:

\$150.00 up to \$20,000.00

Year Started:

2015

Year Complete:

2016

Brief Description of Contract: Classroom Renovations at the Newport Naval Academy

Power to HVAC, replace lighting, power circuits for general receptacles, fire alarm modifications & raceways for low voltage systems. ARRA requirements were met

RFQ # **Electrical-Electronic-Maintenance & Repair**

Company:

ADS Construction, Inc.

Contact Person:

Anthony DePasquale

Telephone and Email:

(401) 431-1228
adepasquale@adsconst.com

Project and Value:

\$142,000.00

Year Started:

2016

Year Complete:

ongoing

Brief Description of Contract: Various Projects & Maintenance

Service upgrades, lighting upgrades, fire alarm upgrades, maintenance

Company: Warwick School Department

Contact Person:

Robert Corrente

Telephone and Email:

(401) 734-3400
robert.corrente@warwickschools.org

Project and Value:

Various
\$200 - \$150,000.00

Year Started:

Year Complete:

Brief Description of Contract:

SECTION 13: ADDITIONAL REQUIREMENTS FOR HIGH VOLTAGE ELECTRICAL CONTRACTORS TO OFFER PROPOSALS

Contractor qualifications must meet the following minimum requirements to qualify for high voltage maintenance and repair: We do not self-perform high voltage work

13.1 Legal Registration

- i. Company must have been in business, registered in Rhode Island for a minimum of five (5) years under its present name. All employees that perform work such as terminations and other connections shall have a minimum of two years' experience and shall be supervised by a full time employee with (5) years' experience working on high voltage equipment.

13.2 Certifications, Licenses, Registrations, etc.

- i. Submit Certificate A Electrical Contractor's License Number.
- ii. Submit Contractor License Number.
- iii. Submit a list of Certificate B Journeymen Electricians with License Numbers.
- iv. Describe backup capabilities.

13.3 Must have a 24hr/7 day a week emergency on call service with a dedicated number.

- i. Submit the company protocol for call-in of emergency work.

13.4 Safety Program: Must have a designated Safety Manager with a structured safety program and all employees used and are trained in confined space work.

- i. Submit a copy of the company's Safety Program
- ii. Submit a statement that all employees that perform work are certified for Confined Space Work per OSHA 10 and 30.

13.5 Minimum of one (1) Test Technician:

- i. Must be a full time employee with 5 years' experience as a Test Technician on MV/HV electrical equipment
- ii. Capable of Hi-Pot, Hot-Phasing, Meggar testing, underground cable detection, ductoring and turns ratio testing.
 - Submit any applicable certifications

13.6 Self-perform Cable Splicing and Terminations

- i. Prefer certifications from medium & high voltage termination and splice kit manufacturers (i.e. Elastimold, Raychem, 3M, etc.) Submit copies of certifications.

13.7 Include documentation showing experience and training maintaining high voltage to medium voltage substations, switches, transformers and all above ground and below ground cable and connections.

13.8 List all company owned equipment necessary to perform the services outlined.

13.9 List subcontractors proposed as members of the project team, and the duties, responsibilities and concentration of effort which apply to each.

SECTION 14: ATTACHMENT A - PROJECT RELEVANT EXPERIENCE:

Submit on Attachment A:

14.1 Indicate three (3) MV medium voltage projects work valued at over \$10,000 within the past three (3) years. We do not self-perform medium voltage work (601V-69000V)

i. Year Started:

Year Complete:

Description of Contract:

Company:

Contact Person:

Telephone and Email:		
Project and Value:		
ii. Year Started:		
Year Complete:		
Brief Description of Contract:		
Company:		
Contact Person:		
Telephone and Email:		
Project and Value:		
iii. Year Started:		
Year Complete:		
Brief Description of Contract:		
Company:		
Contact Person:		
Telephone and Email:		
Project and Value:		

14.2 Successful record Self Performing on at least three (3) HV High Voltage work valued at over \$50,000 within the past three (3) years.

i. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

ii. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

iii. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

14.3 Successful record Self Performing on at least three (3) projects involving emergency transfer equipment rated at 4,160 Vac within the past three (3) years.

i. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

ii. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

iii. Year Started:

Year Complete:

Brief Description of Contract:

Company:

Contact Person:

Telephone and Email:

Project and Value:

SECTION 15: FINANCIAL CONSIDERATIONS

15.1 Labor Rates

Labor rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

The Owner shall be entitled to any and all material or trade discounts (off list prices) that the electrical vendor receives. Material quotes or invoices shall provide the discounted rate.

All Work performed is to be in accordance with all governing regulatory authorities within the State of Rhode Island.

Cost Portion of Proposal* Pricing for Personnel Required

Master Electrician [Low /Medium Voltage]	Hourly Rate
(a) Regular/Straight Time Monday - Friday	\$ 69.50
(b) Overtime Monday - Friday	\$ 104.25
(c) Sat/Sun/Holidays	\$ 139.00
(d) Emergency Call Response Hourly Rate.	\$ 104.25
(e) Minimum Hours Charged per Emergency Call	Hours: <u> 2</u>

Electrical Journeyman [Low / Medium Voltage]	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ 69.50
(b) Overtime Monday - Friday	\$ 104.25
(c) Sat/Sun/Holidays	\$ 139.00
(d) Emergency Call Response Hourly Rate	\$ 104.25
(e) Minimum Hours Charged per Emergency call	Hours: <u> 2</u>

Registered Electrical Apprentice [Low/Medium Voltage]	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ 58.00
(b) Overtime Monday - Friday	\$ 87.00
(c) Sat/Sun/Holidays	\$ 117.00

SECTION 16: HIGH VOLTAGE PRICING:

Labor Rates

Labor rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

The Owner shall be entitled to any and all material or trade discounts (off list prices) that the electrical vendor receives. Material quotes or invoices shall provide the discounted rate.

All Work performed is to be in accordance with all governing regulatory authorities within the State of Rhode Island.

Cost Portion of Proposal* Pricing for Personnel Required

Master Electrician [High Voltage]	Hourly Rate
(a) Regular/Straight Time Monday - Friday	\$ N/A
(b) Overtime Monday - Friday	\$
(c) Sat/Sun/Holidays	\$
(d) Emergency Call Response Hourly Rate.	\$
(e) Minimum Hours Charged per Emergency Call	Hours: _____

Line Man	Price per Hour
(a) Regular/Straight Time Monday - Friday	\$ N/A
(b) Overtime Monday - Friday	\$
(c) Sat/Sun/Holidays	\$
(d) Emergency Call Response Hourly Rate	\$
(e) Minimum Hours Charged per Emergency Call	Hours: _____

Electrical Journeyman [High Voltage]	Price per Hour
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RFQ #7549649 Electrical-Electronic-Maintenance & Repair

(a) Regular/Straight Time Monday - Friday	\$ N/A
(b) Overtime Monday - Friday	\$
(c) Sat/Sun/Holidays	\$
(d) Emergency Call Response Hourly Rate	\$
(e) Minimum Hours Charged per Emergency Call	Hours: _____

Major Equipment (with Operator s applicable)

All rates shall be all inclusive without limitations, wages, benefits, vehicle, fuel, tools, mobilization and demobilization, supervision, insurance, all licenses, permits, overhead and profit and all other requirements necessary for the commencement, performance and completion of the Work.

Bucket	Truck	Rates	with	operator	
A	Hourly (straight time)				\$105.00
B	Overtime				\$157.50
C	Daily				\$840.00
D	Weekly				\$4,200.00
E	Monthly				\$16,800.00

Equipment Operator					
A	Hourly (straight time)				\$ 80.00
B	Overtime				\$120.00
C	Daily				\$ 640.00
D	Weekly				\$3,200.00
E	Monthly				\$12,800.00

Digger/Derrick Truck		
A	Hourly (straight time)	\$ 200.00
B	Overtime	\$300.00
C	Daily	\$1,500.00
D	Weekly	\$3,000.00
E	Monthly	\$12,000.00

Crane		
A	Hourly (straight time)	\$ 200.00
B	Overtime	\$300.00
C	Daily	\$1,200.00
D	Weekly	\$6,000.00
E	Monthly	\$24,000.00

Backhoe		
A	Hourly (straight time)	\$ 200.00
B	Overtime	\$300.00
C	Daily	\$ 1,500.00
D	Weekly	\$ 7,500.00
E	Monthly	\$30,000.00

Compressor		
A	Hourly	\$ 75.00
B	Daily	\$ 150.00
C	Weekly	\$ 600.00
D	Monthly	\$1,200.00

Generator (site work only)		
A	Hourly	\$ 100.00
B	Daily	\$ 500.00
C	Weekly	\$ 1,500.00
D	Monthly	\$ 4,000.00

Pump		
A	Hourly	\$ 70.00
B	Daily	\$ 150.00
C	Weekly	\$ 500.00
D	Monthly	\$1,000.00

SECTION 17: PROPOSAL SUBMISSION

Questions concerning this solicitation may be e-mailed to the Division of Purchases at doa.purquestions3@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. Please reference the RFQ # on all correspondence. Questions should be submitted as a Microsoft Word attachment. Answers to questions received, if any, will be posted on the Division of Purchases website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information. If technical assistance is required to download, call the Help Desk at (401) 574-9709.

Offerors are encouraged to submit written questions to the Division of Purchases. No other contact with State parties is permitted. Interested offerors may submit proposals to provide the services covered by this Request on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases will not be considered.

Responses should be mailed or hand-delivered in a sealed envelope marked “RFQ#” to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time will be determined to be late and will not be considered. Proposals faxed, or emailed, to the Division of Purchases will not be considered. The official time clock is in the reception area of the Division of Purchases.

RESPONSE CONTENTS

Responses shall include the following:

1. A completed and signed three-page R.I.V.I.P generated Bidder Certification Cover Form which may be downloaded from www.purchasing.ri.gov.
2. A completed and signed IRS Form W-9 which may be downloaded from: www.purchasing.ri.gov.
3. Contractors **may** submit a proposal for either Low/Medium Voltage or High Voltage. It is not required to be qualified for both Low/Medium and High Voltage to submit a proposal.
4. Respond to each of the items to ensure proposals receive full evaluation consideration for Low/Medium Voltage Services. Response directly onto appropriate [Section], including any appendices requested.

5. Respond to each of the items to ensure proposals receives full evaluation consideration for High Voltage Services. Response directly onto appropriate [Section], including any appendices requested.
6. Submit Copy of Certificate A Electrical Contractor's License Number.
Submit Contractor License Number. # 28979

CONCLUDING STATEMENTS

Notwithstanding the above, the Division reserves the right not to award this contract or to award on the basis of cost alone, to accept or reject any or all proposals, and to award in its best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

The Division may, at its sole option, elect to require presentation(s) by offerors clearly in consideration for award.

The Division's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the MPA contract award pursuant to this RFQ.

Failure to submit any required document or information may deem bid non-responsive.



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

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

Tel: (401) 574-8100
Fax: (401) 574-8387
Website:
www.purchasing.ri.gov

Attachment "A"

Estimated hourly usage for core (most widely utilized) services.

Period for: September 1, 2015 – August 31, 2016.

Master Electrician, Regular (straight time) hours: 1500
Electrical Journeyman, Regular (straight time) hours: 1200
Apprentice hours: 113

Additional Information:

Electrical Journeyman, Overtime Hours: 35
Electrical Journeyman, Sat, Sun and Holiday hours: 47



STATE OF RHODE ISLAND

CONTRACTORS' REGISTRATION
AND LICENSING BOARD

REGISTRATION NO.

EXP. DATE

REGISTRANT'S NAME

28979 10/1/15

ALPHA ELECTRICAL CONT INC

AUTHORIZED REPRESENTATIVE

PHILIP P FRESHMAN

DRIVER'S LICENSE #

RI 2381015

EXECUTIVE DIRECTOR

John A. Shaw

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

ELECTRICAL CORP AC003687
A-003687 B-010374
ALPHA ELECTRICAL CONTRACTOR IN

LOUIS FOLCO
300 WAMPANOAG TRAIL
EAST PROVIDENCE RI 02915



JOHN SHAW
Administrator

06/30/2017
Expiration Date



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

Lincoln D. Chafee
Governor

Charles J. Fogarty
Director

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 .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 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



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

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

- 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, 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

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TTY via Rf 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

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: 

Title: Philip Freshman, President

Subscribed and sworn before me this 29 day of July, 2016


Notary Public
My commission expires: 1/28/18

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

TTY via RI Relay 711



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)
20 5548008

NAME Alpha Electrical Contractors, Inc.

ADDRESS 300 Wampanoag Trail

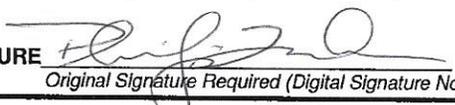
CITY, STATE AND ZIP CODE East Providence, RI 02915

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** President **DATE** 7/29/16 **TEL NO** (401) 434-0227
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 _____