

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: 7550642
Solicitation Title: ELECTRICAL/ELECTRONIC MAINTENANCE & REPAIR (MPA 41) (24 PGS & ZIP FILE)

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

RIVIP Vendor ID #: 828
Bidder Name: C & K Electric Company
Address: P.O. Box 41478
Providence , RI 02940
USA

Telephone: 4013313909
Fax: 4018613574
Contact Name: Robert Kelman
Contact Title: VP
Contact Email: rob@ckelectricri.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.

David Kelman, President - 100%

Robert Kelman, 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



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: Robert Kelman
Title: Vice president

Subscribed and sworn before me this 26 day of July, 2016

Dawn Conaty
Notary Public
My commission expires: 1/25/2019



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
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)

[Empty boxes for SSN]

Employer ID No. (EIN)

05 0247570

NAME C & K Electric Company, Inc.

ADDRESS PO Box 41478

CITY, STATE AND ZIP CODE Providence, RI 02940

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 Robert Helman TITLE VP DATE 7/25/16 TEL NO 401-331-3909
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.)

Mall 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 ___

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: C & K Electric Company, Inc.

Year business entity was established: 1923

Corporate profile and comparable work experience:

C & K Electric has been a Rhode Island, family owned business since 1923. We have maintained a reputation for craftsmanship, experience and customer service. We have experience with many types of industrial and commercial accounts ranging from 270 MW power plants to small retail.

We have a proven track record of providing prompt and reliable service for agencies throughout the State of Rhode Island under prior MPA contracts and through larger projects bid through the Division of Purchases. We also provide maintenance support (including projects) for municipal and charter schools

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: 2015

Year Complete: 2016

Brief Description of Contract:

Furnish and install emergency generators at two group homes. Competitively bid through RI State Purchasing.

Company: State of Rhode Island

Contact Person: Steve Denoyelle

Telephone and Email: 401-462-3047 steven.denoyelle@doa.ri.gov

Project and Value: \$90,000.00

Year Started: 2014

Year Complete: 2015

Brief Description of Contract: Wire new machinery

RFQ # Electrical-Electronic-Maintenance & Repair

Company: Okonite Wire

Contact Person: James Dilullo

Telephone and Email: dilullo@okonite.com; 401-333-3500

Project and Value: \$80,000.00

Year Started: 2015

Year Complete: 2016

Brief Description of Contract: Licht Judicial Complex Courtroom 4 remodel

Company: E F O'Donnell

Contact Person: Nick Deschenes

Telephone and Email: nick@efodonnell.com 401-351-8505

Project and Value: \$28,000.00

Year Started:

Year Complete:

Brief Description of Contract:

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	\$ 85.50
(b) Overtime Monday - Friday	\$ 128.25
(c) Sat/Sun/Holidays	\$ 155.00
(d) Emergency Call Response Hourly Rate.	\$ 145.00
(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	\$ 85.50
(b) Overtime Monday - Friday	\$ 128.25
(c) Sat/Sun/Holidays	\$ 155.00
(d) Emergency Call Response Hourly Rate	\$ 145.00
(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	\$ 62.00
(b) Overtime Monday - Friday	\$ 93.00
(c) Sat/Sun/Holidays	\$ 124.00

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	\$ n/a
(c) Sat/Sun/Holidays	\$ n/a
(d) Emergency Call Response Hourly Rate.	\$ n/a
(e) Minimum Hours Charged per Emergency Call	Hours: n/a

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

Electrical Journeyman [High Voltage]	Price per Hour
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(a) Regular/Straight Time Monday - Friday	\$ n/a
(b) Overtime Monday - Friday	\$ n/a
(c) Sat/Sun/Holidays	\$ n/a
(d) Emergency Call Response Hourly Rate	\$ n/a
(e) Minimum Hours Charged per Emergency Call	Hours: n/a

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)	\$			145.00
B	Overtime	\$			180.00
C	Daily	\$			995.00
D	Weekly	\$			4,340.00
E	Monthly	\$			16,360.00

Equipment Operator			
A	Hourly (straight time)	\$	90.00
B	Overtime	\$	135.00
C	Daily	\$	720.00
D	Weekly	\$	3,600.00
E	Monthly	\$	14,400.00

Digger/Derrick Truck		
A	Hourly (straight time)	\$ 95.00
B	Overtime	\$ 95.00
C	Daily	\$ 550.00
D	Weekly	\$ 1,950.00
E	Monthly	\$ 7,000.00

Crane		
A	Hourly (straight time)	\$ 95.00
B	Overtime	\$ 95.00
C	Daily	\$ 550.00
D	Weekly	\$ 1,950.00
E	Monthly	\$ 7,000.00

Backhoe		
A	Hourly (straight time)	\$ 95.00
B	Overtime	\$ 95.00
C	Daily	\$ 550.00
D	Weekly	\$ 1,950.00
E	Monthly	\$ 7,000.00

Compressor		
A	Hourly	\$ 125.00
B	Daily	\$ 350.00
C	Weekly	\$ 1,050.00
D	Monthly	\$ 3,150.00

Generator (site work only)		
A	Hourly	\$ 40.00
B	Daily	\$ 200.00
C	Weekly	\$ 700.00
D	Monthly	\$ 2,400.00

Pump		
A	Hourly	\$ 20.00
B	Daily	\$ 80.00
C	Weekly	\$ 360.00
D	Monthly	\$ 1,400.00

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. # A-003928

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
Rhode Island Department of Labor and Training

ELECTRICAL CONTRACTOR A-003928
JOURNEY ELECTRICIAN B-011370

ROBERT KELMAN
19 ST JAMES LANE
NORTH SCITUATE RI 02857

~~JOHN SHAW~~
Administrator

~~03/31/2018~~
Expiration Date