

State of Rhode Island and Providence Plantations
Department of Administration
Division of Purchases

RIMP BIDDER CERTIFICATION COVER FORM

SECTION 1 - BIDDER INFORMATION

Bidder must be registered as a vendor on the RIMP system at www.purchasing.ri.gov to submit a bid proposal.

Solicitation Number: 7550759
Solicitation Title: ON-CALL ROOF REPAIR AND MAINTENANCE SERVICE - STATEWIDE (24 PGS & ZIP FILE)
Bid Proposal Submission Deadline Date & Time: 8/3/2016 10:30 AM
RIMP Vendor ID #: 827
Bidder Name: Dome Construction Co.
Address: P.O. Box 157
Cumberland, RI 02864
USA
Telephone: 401-723-2877
Fax: 401-723-3039
Contact Name: Peter Grundy
Contact Title: President
Contact Email: domeconstruction@juno.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.

PETER GRANDY - PO BOX 157 CUMBERLAND RI - PRESIDENT - 100%

DEBORAH GRANDY - PO BOX 157 CUMBERLAND RI - SECRETARY - 0%

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

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.

N

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):

Multiple horizontal lines 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

Date: 7-29-16

DOM CONSTRUCTION Co. INC.
Name of Bidder
Peter Grundy
Signature in ink
PETER GRUNDY - PRESIDENT
Printed name and title of person signing on behalf of Bidder



State of Rhode Island
Department of Administration / Division of Purchases
One Capitol Hill, Providence, Rhode Island 02908-5855
Tel: (401) 574-8100 Fax: (401) 574-8387

ADDENDUM # 1

7/12/2016

Solicitation #7550759

Title: On-Call Roof Repair and Maintenance Service – Statewide.

Submission Deadline: August 3, 2016 @ 10:30 am (ET)

Per the issuance of ADDENDUM #1 the following are noted:

This Addendum forms a part of the Contract Documents and modifies the Bidding Documents dated July 8, 2016.

CHANGES TO PROJECT MANUAL – Section 3 Page 6, General Scope of Work.

Delete Section: *Contractors must be located within 60 miles of Rhode Island.*

REPLACE SECTION with: *There is no mile radius limitation applicable to vendor location when responding to solicitation 7550759. Vendors are expected to respond timely to routine requests and meet emergency request requirements as specified within solicitation.*

Interested Parties should monitor this website on a regular basis, for any additional information that may be posted.

**Gary P. Mosca
Senior Buyer**

**Attachment A
References**

List three (3) clients excluding the State of Rhode Island, for whom you have provided services similar to those outlined in this MPA, for reference check:

NAME OF FIRM:	BROWN UNIVERSITY
ADDRESS OF FIRM:	295 LLOYD AVE.
	PROVIDENCE, R.I. 02912
CONTACT PERSON:	JOHN COLARUSSO
TELEPHONE NUMBER:	863-7826
FAX NUMBER:	863-2029
NAME OF FIRM:	PROVIDENCE COLLEGE
ADDRESS OF FIRM:	1 CUNNINGHAM SQ.
	PROVIDENCE, R.I. 02918
CONTACT PERSON:	BILL HARTIGAN
TELEPHONE NUMBER:	865-2848
FAX NUMBER:	865-2439
NAME OF FIRM:	HART ENGINEERING
ADDRESS OF FIRM:	800 SCENIC VIEW DRIVE
	CUMBERLAND, R.I. 02864
CONTACT PERSON:	CHRIS MULLIGAN
TELEPHONE NUMBER:	523-4587
FAX NUMBER:	CMULLIGAN@HARTCOMPANIES.COM

Insert Vendor name in shaded area		ESTIMATED QUANTITY	MEASURE OF UNIT	PRICE PER MEASURE UNIT	EXTENDED PRICE
Solicitation #000000- MPA 64		Note: All units are to be measured in place.			
Remove existing, provide & install new EPDM (rubber) membrane		500	sq. ft.	\$9.63	\$4,815.00
1	a) Fully Adhered	500	sq. ft.	\$9.27	\$4,635.00
3	c) Mechanically Fastened				
Repair seams or replace damaged EPDM including all necessary prep work.		250	lf.	\$9.25	\$2,312.50
4	a) Fully Adhered	250	lf.	\$12.45	\$3,112.50
5	b) Ballasted	250	lf.	\$9.80	\$2,450.00
6	c) Mechanically Fastened				
Prepare existing surface and provide & install Modified Bitumen membrane.		500	sq. ft.	\$4.17	\$2,085.00
7	a) 4mm APP to smooth surface	500	sq. ft.	\$4.37	\$2,185.00
9	c) 4mm SBS to smooth surface				
Remove existing, provide & install single ply membrane of:		500	sq. ft.	\$12.91	\$6,455.00
11	a) PVC	500	sq. ft.	\$15.15	\$7,575.00
12	b) CPE	500	sq. ft.	\$13.80	\$6,900.00
13	c) Triplimer	500	sq. ft.	\$15.03	\$7,515.00
14	Remove existing, provide & install built up 4 ply fiberglass type IV roofing felts in hot Perma mop roofing asphalt	100	lf.	\$11.06	\$1,106.00
18	Patch joints in corrugated metal roofing.	50	sq. ft.	\$86.16	\$4,308.00
19	Blister repair (area encompassing blister) 1-ft. extension cuts.	250	sq. ft.	\$7.74	\$1,935.00
20	Provide & install asphalt emulsion non-fibered roof coating.	1	gal.	\$207.00	\$207.00
21	Provide & install aluminum non-fibered roof coating.	100	lf.	\$8.06	\$806.00
24	Provide & install, peel & stick nominal 25 mil cured butyl tape	1	gal.	\$185.00	\$185.00
25	Provide & install non-fibered flashing cement.	1	gal.	\$185.00	\$185.00
26	Provide & install tar roof re-saturant	500	sq. ft.	\$6.01	\$3,005.00
27	Provide & install a #28 fiberglass base sheet in a full mopping of hot Perma Mop roofing asphalt as a vapor barrier				
Provide & install polyisocyanurate asphalt faced roofing insulation		500	sq. ft.	\$2.14	\$1,070.00
28	a) 1 inch thickness	500	sq. ft.	\$2.36	\$1,180.00
29	b) 2 inch thickness	500	sq. ft.	\$2.42	\$1,210.00
30	c) 3 inch thickness				
Provide & install tapered polyisocyanurate asphalt faced		500	sq. ft.	\$2.47	\$1,235.00
31	a) 1/8" per ft.taper	500	sq. ft.	\$2.92	\$1,460.00
32	b) 1/4" per ft.taper				
Remove existing, provide & install Wood nailers (pressure treated)		100	bf.	\$11.12	\$1,112.00
35	a) 2"x 6"	100	bf.	\$11.67	\$1,167.00
36	b) 2"x 8"				
Remove existing, provide & install plywood sheathing		32	sq. ft.	\$6.31	\$201.92
37	a) 1/2"	32	sq. ft.	\$6.31	\$201.92
38	b) 3/4"				
Remove existing, provide & install fbg		100	bf.	\$8.03	\$803.00
40	a) 1"x 4"	100	bf.	\$8.10	\$810.00
41	b) 1"x 6"	100	bf.	\$16.64	\$1,664.00
42	c) 1"x 8"	50	bf.	\$16.64	\$832.00
43	d) 2"x 4"	50	bf.	\$16.64	\$832.00
44	e) 2"x 6"				
Remove existing shingles and replace over exposed roof deck 15 lb. felt with 40 year limited warranty Fiberglass asphalt shingles.		1,000	sq. ft.	\$4.80	\$4,800.00
54	a) (3 Tab) (ASTM-ANSI D-312) minimum weight 320 lbs. per sq.				
Provide & install 30 year limited warranty Fiberglass asphalt shingles over existing roof covering.		1,000	sq. ft.	\$3.75	\$3,750.00
55	a) (3 Tab) (ASTM-ANSI D-312) Minimum weight 285 lbs. per sq.	50	lf.	\$21.70	\$1,085.00
56	Provide & install ridge vents 15 sq. inches free air per lineal ft.				
Abbreviations:					
sq.ft = square foot					
gal = gallon					
bf. = board foot					
lf. = lineal foot					
oz. = ounce					
lb(s) = pound(s)					
ea. = each					
Roofing (hr. rate)			Hour	Hour	
57	Regular/Straight Time Monday-Friday	1		\$83.50	\$83.50
	Overtime rate: Monday -Friday	1		\$125.25	\$125.25
	Sat/Sun/Holidays rate:	1		\$125.25	\$125.25
58	Registered Roofer Apprentice (hr. rate)	1		\$83.50	\$83.50
	Regular/Straight Time Monday-Friday	1		\$125.25	\$125.25
	Overtime rate: Monday -Friday	1		\$125.25	\$125.25
	Sat/Sun/Holidays rate:	1		\$125.25	\$125.25
59	Superintendent (if applicable) (hr rate)	1		\$83.50	\$83.50
	Regular/Straight Time Monday-Friday	1		\$125.25	\$125.25
	Overtime rate: Monday -Friday	1		\$125.25	\$125.25
	Sat/Sun/Holidays rate:	1		\$125.25	\$125.25
60	Boom Lift				
	Hourly (straight time)	1		\$233.50	\$233.50
	Overtime	1		\$233.50	\$233.50
	Daily	1		\$1,868.00	\$1,868.00
	Weekly	1		\$5,900.00	\$5,900.00
	Monthly	1		\$18,850.00	\$18,850.00
61	Scissor Lift				
	Hourly (straight time)	1		\$200.00	\$200.00
	Overtime	1		\$250.00	\$250.00
	Daily	1		\$1,600.00	\$1,600.00
	Weekly	1		\$5,400.00	\$5,400.00
	Monthly	1		\$17,350.00	\$17,350.00



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Labor and Training

Center General Complex
1511 Postfach 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: Peter Grundy
Title: PRESIDENT

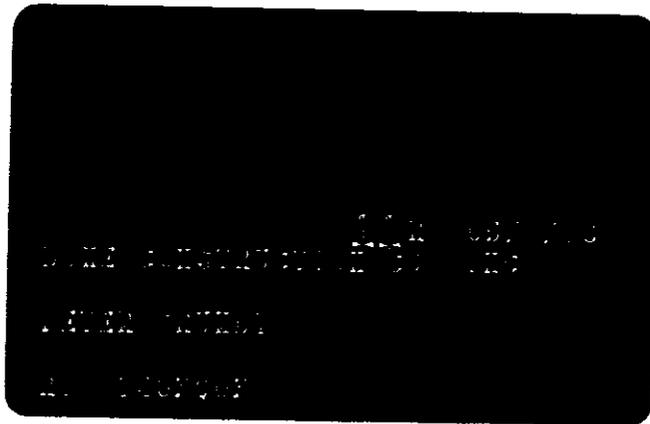


Subscribed and sworn before me this 1 day of August 2016.

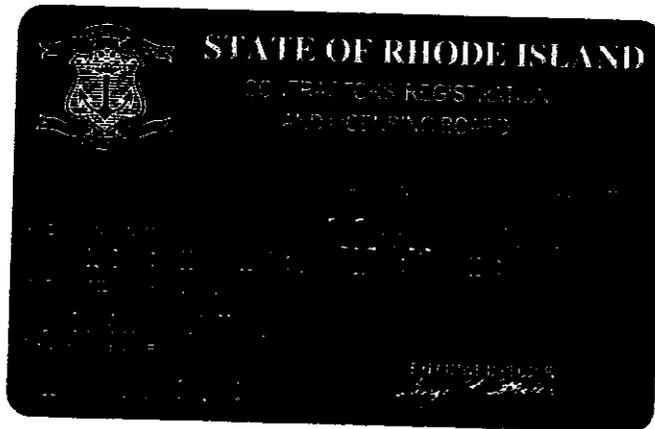
Gina P. Walsh
Notary Public
My commission expires: 4-02-20

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

TTY via RI Relay 711



Roofing Reg. #
11R



Reg # 2241

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)

[] [] []

05 0284980

NAME DOME CONSTRUCTION Co. INC.

ADDRESS P.O. Box 157

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE CUMBERLAND, RI 02864

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 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 (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions - You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE Peter Gundy PRES. TITLE PRES. DATE 7-29-66 TEL. NO. 723-2877

BUSINESS DESIGNATION:

Please Check One: Individual Medical Services Corporation Government/Nonprofit Corporation
 Partnership Corporation Trust/Estate Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address. If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. 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 T.I.N. for each different location - submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION - Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF - Check the appropriate box for the type of business ownership.

Mail to Supplier Coordinator, One Capitol Hill, Providence, RI 02908