

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: 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
RIVIP Vendor ID #: 69960
Bidder Name: Greenwood Industries
Address: 640 Lincoln Street
Worcester , MA 01605
USA
Telephone: 5087261385
Fax: 5088651123
Contact Name: Scot Robert
Contact Title: BidCoordinator
Contact Email: srobert@greenwood-industries.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.

Greenwood Industries, Inc. - Massachusetts Corporation September 11, 1992

David S. Klein, 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. 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
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)

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04	3165907
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NAME Greenwood Industries, Inc.

ADDRESS 640 Lincoln St./ Worcester, MA 01605

(REMITTANCE ADDRESS, IF DIFFERENT) _____

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 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 David S. Klein

SIGNATURE _____ TITLE President DATE 08-03-16 TEL NO. 508-865-4040

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

ATTACHMENT "B" - SOLICITATION #7550759 MPA 64 COST PRICING SHEET

Insert Vendor name in shaded area

Greenwood Industries Inc.

LINE	Solicitation #xxxxxxx- MPA 64	Note: All units are to be measured in place.	ESTIMATED QUANTITY	MEASURE OF UNIT	PRICE PER MEASURE UNIT	EXTENDED PRICE
* Provide all line items with a unit price and a total cost. Leaving any item unaddressed may invalidate bid.						
* Remove existing, provide & install new EPDM (rubber) membrane						
1	a) Fully Adhered		500	sq. ft.	\$12.00	\$6,000.00
3	c) Mechanically Fastened		500	sq. ft.	\$12.00	\$6,000.00
* Repair seams or replace damaged EPDM including all necessary prep work.						
4	a) Fully Adhered		250	lf.	\$11.00	\$2,750.00
5	b) Ballasted		250	lf.	\$12.00	\$3,000.00
6	c) Mechanically Fastened		250	lf.	\$11.00	\$2,750.00
* Prepare existing surface and provide & install Modified Bitumen membrane.						
7	a) 4mm APP to smooth surface		500	sq. ft.	\$9.00	\$4,500.00
9	c) 4mm SBS to smooth surface		500	sq. ft.	\$9.00	\$4,500.00
* Remove existing, provide & install single ply membrane of:						
11	a) PVC		500	sq. ft.	\$14.00	\$7,000.00
12	b) CPE		500	sq. ft.	\$14.00	\$7,000.00
13	c) Tripolymer		500	sq. ft.	\$18.00	\$9,000.00
14	Remove existing, provide & install built up 4 ply fiberglass type IV roofing felts in hot Perma mop roofing asphalt		500	sq. ft.	\$33.00	\$16,500.00
18	Patch joints in corrugated metal roofing.		100	lf.	\$12.00	\$1,200.00
19	Blister repair (area encompassing blister) 1-ft. extension cuts.		50	sq. ft.	\$33.00	\$1,650.00
20	Provide & install asphalt emulsion non-fiberated roof coating.		250	sq. ft.	\$3.50	\$875.00
21	Provide & install aluminum non-fiberated roof coating.		1	gal.	\$350.00	\$350.00
24	Provide & install, peel & stick nominal 25 mil cured butyl tape		100	lf.	\$11.00	\$1,100.00
25	Provide & install non-fiberated flashing cement.		1	gal.	\$250.00	\$250.00
26	Provide & install tar roof re-saturant		1	gal.	\$450.00	\$450.00
27	Provide & install a #28 fiberglass base sheet in a full mopping of hot Perma Mop roofing asphalt as a vapor barrier		500	sq. ft.	\$33.00	\$16,500.00
* Provide & install polyisocyanurate asphalt faced roofing insulation						
28	a) 1 inch thickness		500	sq. ft.	\$2.70	\$1,350.00
29	b) 2 inch thickness		500	sq. ft.	\$3.70	\$1,850.00
30	c) 3 inch thickness		500	sq. ft.	\$5.70	\$2,850.00
* Provide & install tapered polyisocyanurate asphalt faced						
31	a) 1/8" per ft.taper		500	sq. ft.	\$4.60	\$2,300.00
32	b) 1/4" per ft.taper		500	sq. ft.	\$6.90	\$3,450.00
* Remove existing, provide & install Wood nailers (pressure treated)						
35	a) 2"x 6"		100	bf.	\$4.15	\$415.00
36	b) 2"x 8"		100	bf.	\$6.65	\$665.00
* Remove existing, provide & install plywood sheathing						
37	a) 1/2"		32	sq. ft.	\$4.68	\$149.76
38	b) 3/4"		32	sq. ft.	\$5.69	\$182.08
* Remove existing, provide & install t&g						
40	a) 1"x 4"		100	bf.	\$1.37	\$137.00
41	b) 1"x 6"		100	bf.	\$2.08	\$208.00
42	c) 1"x 8"		100	bf.	\$2.57	\$257.00
43	d) 2"x 4"		50	bf.	\$2.57	\$128.50
44	e) 2"x 6"		50	bf.	\$4.15	\$207.50
Remove existing shingles and replace over exposed roof deck 15 lb. felt with 40 year limited warranty Fiberglass asphalt shingles.						
54	a) (3 tab) (ASTM-ANSI D-312) minimum weight 320 lbs. per sq.		1,000	sq. ft.	\$9.46	\$9,460.00
* Provide & install 30 year limited warranty Fiberglas asphalt shingles over existing roof covering.						
55	a) (3 Tab) (ASTM-ANSI D-312) Minimum weight 265 lbs. per sq.		1,000	sq. ft.	\$7.00	\$7,000.00
56	Provide & install ridge vents 18 sq. inches free air per lineal ft.		50	lf.	\$11.00	\$550.00
Abbreviations:						
sq.ft = square feet						
gal = gallon						
bf. = board foot						
lf. = linear foot						
oz. = ounce						
lb(s) = pound(s)						
ea. = each						
Provide Hourly Labor Rates in accordance with section 12.0 of solicitation.						
57	Roofer (hr. rate)		*****	Hour	Hour	
	Regular/Straight: Time Monday-Friday		1		\$118.00	\$118.00
	Overtime rate: Monday -Friday		1		\$148.00	\$148.00
	Sat/Sun/Holidays rate:		1		\$178.00	\$178.00
58	Registered Roofer Apprentice (hr. rate)					\$0.00
	Regular/Straight: Time Monday-Friday		1		\$118.00	\$118.00
	Overtime rate: Monday -Friday		1		\$148.00	\$148.00
	Sat/Sun/Holidays rate:		1		\$178.00	\$178.00
59	Superintendent (if applicable) (hr rate)					\$0.00
	Regular/Straight: Time Monday-Friday		1		\$158.00	\$158.00
	Overtime rate: Monday -Friday		1		\$188.00	\$188.00
	Sat/Sun/Holidays rate:		1		\$218.00	\$218.00
60	Boom Lift					
	Hourly (straight time)		1			
	Overtime		1			
	Daily		1		\$1,600.00	\$1,600.00
	Weekly		1		\$3,400.00	\$3,400.00
	Monthly		1		\$6,400.00	\$6,400.00
61	Scissor Lift					
	Hourly (straight time)		1			
	Overtime		1			
	Daily		1		\$1,000.00	\$1,000.00
	Weekly		1		\$1,700.00	\$1,700.00
	Monthly		1		\$3,400.00	\$3,400.00

David S.Klein, President



Construction Supervisor

License: CS-065805

DAVID S KLEIN
18 MIDDLE RD
SOUTHBOROUGH MA 01772



Expiration
01/24/2017

David S Klein
Commissioner

Unrestricted - Buildings of any use group which contain less than 35,000 cubic feet (991m³) of enclosed space.

Failure to possess a current edition of the Massachusetts State Building Code is cause for revocation of this license. For DPS Licensing information visit: www.mass.gov/DPS

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE

BOARD OF

SHEET METAL WORKERS
ISSUES THE FOLLOWING LICENSE
AS A BUSINESS

DAVID S KLEIN
GREENWOOD INDUSTRIES INC
50 HOWE AVENUE

MILLBURY MA 01527
203 01/19/16 156690
LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

Fold, Then Detach Along All Perforations

COMMONWEALTH OF MASSACHUSETTS
DIVISION OF PROFESSIONAL LICENSURE

BOARD OF

SHEET METAL WORKERS
ISSUES THE FOLLOWING LICENSE
AS A MASTER-UNRESTRICTED

DAVID S KLEIN

GREENWOOD INDUSTRIES INC
50 HOWE AVE
MILLBURY MA 01527-3264

216 01/28/16 156701
LICENSE NUMBER EXPIRATION DATE SERIAL NUMBER

STATE OF CONNECTICUT
DEPARTMENT OF CONSUMER PROTECTION

MAJOR CONTRACTOR
GREENWOOD INDUSTRIES INC
640 LINCOLN ST
WORCESTER, MA 01605-2058

LIC REG-TRD EFFECTIVE EXPIRES
MCO-0900841 07/01/2015 06/30/2016

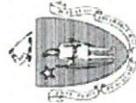
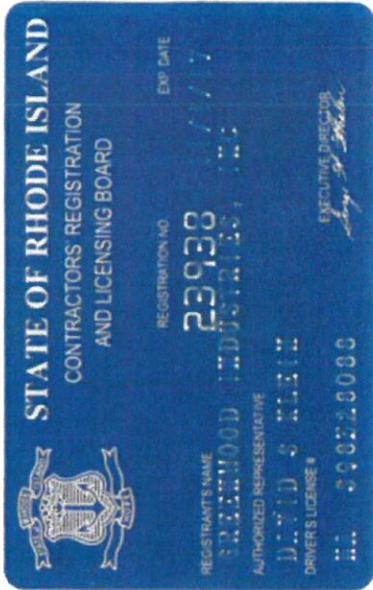
SIGNED *David S Klein*



STATE OF CONNECTICUT
DEPARTMENT OF PUBLIC HEALTH
PUBLIC HEALTH CERTIFICATION IS REQUIRED
BY THE DEPARTMENT AS A
ASBESTOS CONTRACTOR

IDENTIFICATION NO. 000653
EXPIRATION DATE 05/31/16
03-236459

David S Klein
GREENWOOD INDUSTRIES, INC



The Commonwealth of Massachusetts
Office of Consumer Affairs & Business Regulation
HOME IMPROVEMENT CONTRACTOR
Registration: 115526 Expiration: 1/30/2016
Type: Private Corporation

GREENWOOD INDUSTRIES, INC.

DAVID KLEIN
50 HOWE AVE
MILLBURY, MA 01527

Robert J. Kelly
Undersecretary

THE COMMONWEALTH OF MASSACHUSETTS
EXECUTIVE OFFICE OF LABOR AND WORKFORCE DEVELOPMENT
DEPARTMENT OF LABOR STANDARDS
19 STAMFORD STREET, BOSTON, MASSACHUSETTS 02114

ASBESTOS CONTRACTOR LICENSE

GREENWOOD INDUSTRIES, INC.
640 LINCOLN STREET
WORCESTER MA 01605

LICENSE: AC000900 EXPIRES: Wednesday, August 17, 2016

IN ACCORDANCE WITH MGL CH. 149 § 68 AND 453 CMR 6.04
THIS CERTIFICATE IS ISSUED BY THE DEPARTMENT OF LABOR STANDARDS TO THE
CONTRACTOR ABOVE FOR THE PURPOSE OF ENTERING
INTO OR ENGAGING IN ASBESTOS WORK.

THIS LICENSE IS VALID FOR A PERIOD OF ONE (1) YEAR.

William D. McKinney
WILLIAM D. MCKINNEY, DIRECTOR



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

A handwritten signature in blue ink, appearing to read "D. Klein".

David S. Klein, President
Greenwood Industries, Inc.



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.

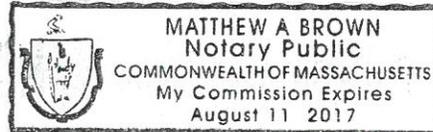
CERTIFICATION

I hereby certify that I have reviewed this CONTRACT ADDENDUM and understand my obligations as stated above.

By: [Signature]
Title: David S. Klein, President

Subscribed and sworn before me this 3rd day of August, 2016

[Signature]
Notary Public
My commission expires: August 11, 2017



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

TTY via RI Relay 711