

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 #: 79363
Bidder Name: Mike Gorman Roofing Inc.
Address: 9 Bayou Drive
Greenville , RI 02828
USA
Telephone: 4014875724
Fax: 4019492026
Contact Name: Michael Gorman
Contact Title: President
Contact Email: mikegormanroofing@gmail.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

- No* 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.
- No* 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.
- No* 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.
- NI* 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):

Multiple horizontal lines for providing disclosure details.

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.

Owner, Michael Gorman - no other stock holders.

Multiple horizontal lines for listing owner information.

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.
3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation.
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.

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 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.
- 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):

Licensed Roofing Contractor for Flat & Shingle Roofs.
 Licensed by Gen Flex, Pawtucket, Male Hide, Certainteed
 And Certainteed Master Shingler
 member of R.I. Builders and NERCA, BBB

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: 8/2/16

Mike Bormaw Roofing Inc.

Name of Bidder

Michael Bormaw

Signature in ink

Michael Bormaw

Printed name and title of person signing on behalf of Bidder

Request for Taxpayer Identification Number and Certification

**Give Form to the
requester. Do not
send to the IRS.**

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
MICHAEL J GORMAN

2 Business name/disregarded entity name, if different from above.
MIKE GORMAN ROOFING INC.

3 Check appropriate box for federal tax classification; check only one of the following seven boxes:
 Individual/sole proprietor or single-member LLC
 Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____
 Other (see instructions) ▶ _____
 C Corporation
 S Corporation
 Partnership
 Trust/estate

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):
Exempt payee code (if any) _____
Exemption from FATCA reporting code (if any) _____
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.)
9 Bayou Drive

6 City, state, and ZIP code
Brewville, RI 02808

7 List account number(s) here (optional)

8 Requester's name and address (optional)
*State of RI Purchasing
Capital Hill, 2nd Floor
Providence, RI 02908*

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

Note. If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

Social security number
[] - [] - []
OR
Employer identification number
46 - 0916452

Part II Certification

Under penalties of perjury, I certify that:

- 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
- I am not subject to backup withholding because: (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; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

Sign Here Signature of U.S. person ▶ *Michael Gorman* Date ▶ _____

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding?* on page 2.

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**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:	R J B Realty
ADDRESS OF FIRM:	640 Washington Highway Lincoln, RI 02865
CONTACT PERSON:	Ralph Branco
TELEPHONE NUMBER:	401-524-3570
FAX NUMBER:	
NAME OF FIRM:	Bryant University
ADDRESS OF FIRM:	1150 Douglas Pike Smithfield, RI 02917
CONTACT PERSON:	DAVID Leduc
TELEPHONE NUMBER:	257-5682
FAX NUMBER:	401-232-6058
NAME OF FIRM:	FRANK THOMAS Construction
ADDRESS OF FIRM:	2 Waumbek Street, Suite 1 Boston, Ma 02121
CONTACT PERSON:	FRANK THOMAS
TELEPHONE NUMBER:	617-427-8443
FAX NUMBER:	617-427-7424

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

Insert Vendor name in shaded area		Insert Vendor name in shaded area.				
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.	16	8000
3	c) Mechanically Fastened		500	sq. ft.	12	6000
* Repair seams or replace damaged EPDM including all necessary prep work.						
4	a) Fully Adhered		250	lf.	9.80	2450
5	b) Ballasted		250	lf.	11	2750
6	c) Mechanically Fastened		250	lf.	4.80	2450
* Prepare existing surface and provide & install Modified Bitumen membrane						
7	a) 4mm APP to smooth surface		500	sq. ft.	14.00	7000
9	c) 4mm SBS to smooth surface		500	sq. ft.	14	7000
* Remove existing, provide & install single ply membrane of.						
11	a) PVC		500	sq. ft.	16	8000
12	b) CPE		500	sq. ft.	19	9500
13	c) Triopolymer		500	sq. ft.	19	9500
14	Remove existing, provide & install built up 4 ply fiberglass type IV roofing felts in hot Perma mop roofing asphalt		500	sq. ft.	19	9500
16	Patch joints in corrugated metal roofing		100	lf.	9	900
19	Blister repair (area encompassing blister) 1-ft. extension cuts.		50	sq. ft.	8	400
20	Provide & install asphalt emulsion non-fiberated roof coating		250	sq. ft.	10	2500
21	Provide & install aluminum non-fiberated roof coating		1	gal.	400	400
24	Provide & install, peel & stick nominal 25 mil cured butyl tape		100	lf.	7	700
25	Provide & install non-fiberated flashing cement		1	gal.	200	200
26	Provide & install tar roof re-saturant		1	gal.	300	300
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.	9	4500
* Provide & install polyisocyanurate asphalt faced roofing insulation						
28	a) 1 inch thickness		500	sq. ft.	12.5	6250
29	b) 2 inch thickness		500	sq. ft.	1.50	750
30	c) 3 inch thickness		500	sq. ft.	2.00	1000
* Provide & install tapered polyisocyanurate asphalt faced						
31	a) 1/8" per ft. taper		500	sq. ft.	3.00	1500
32	b) 1/4" per ft. taper		500	sq. ft.	3.75	1875
* Remove existing, provide & install Wood nailers (pressure treated)						
35	a) 2"x 6"		100	bf.	9.2	920
36	b) 2"x 8"		100	bf.	9.5	950
* Remove existing, provide & install plywood sheathing						
37	a) 1/2"		32	sq. ft.	4.00	128
38	b) 3/4"		32	sq. ft.	4.75	152
* Remove existing, provide & install t&g						
40	a) 1"x 4"		100	bf.	6.00	600
41	b) 1"x 6"		100	bf.	8.00	800
42	c) 1"x 8"		100	bf.	6.00	600
43	d) 2"x 4"		50	bf.	5.00	250
44	e) 2"x 6"		50	bf.		
* 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.	65	6500
* Provide & install 30 year limited warranty Fiberglass asphalt shingles over existing roof covering.						
55	a) (3 Tab) (ASTM-ANSI D-312) Minimum weight 265 lbs. per sq.		1,000	sq. ft.	60	6000
56	Provide & install ridge vents 18 sq. inches free air per lineal ft.		50	lf.	13	650
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.						
***** Hour						
57	Roofing (hr. rate)					
	Regular/Straight Time Monday-Friday		1		65	
	Overtime rate, Monday-Friday		1		97.5	
	Sat/Sun/Holidays rate		1		97.50	
58	Registered Roofer Apprentice (hr. rate)					
	Regular/Straight Time Monday-Friday		1		20	
	Overtime rate, Monday-Friday		1		30	
	Sat/Sun/Holidays rate		1		30	
59	Superintendent (if applicable) (hr. rate)					
	Regular/Straight Time Monday-Friday		1		70	
	Overtime rate, Monday-Friday		1		105	
	Sat/Sun/Holidays rate		1		105	
60	Boom Lift					
	Hourly (straight time)		1		35	
	Overtime		1		70	
	Daily		1		220	
	Weekly		1		1100	
	Monthly		1		1600	
61	Scissor Lift					
	Hourly (straight time)		1		35	
	Overtime		1		70	
	Daily		1		220	
	Weekly		1		1100	
	Monthly		1		1600	

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) 46 0916452

NAME Mike Garman Roofing Inc.

ADDRESS 9 Bayan Drive

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE Durham, RI 02828

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

SIGNATURE Michael Garman TITLE President DATE 8/2/14 TEL NO. 4014895724

BUSINESS DESIGNATION:

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

STATE OF RHODE ISLAND

CONTRACTORS' REGISTRATION
AND LICENSING BOARD



COMMERCIAL ROOFER

REGISTRATION NO.

EXP. DATE

2318 07/1/17

REGISTRANT'S NAME

FIXE GORHAM ROOFING INC

AUTHORIZED REPRESENTATIVE

MICHAEL J GORHAM

DRIVER'S LICENSE #

R1 7008333

EXECUTIVE 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

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: Michael Gorman

Title: owner

Subscribed and sworn before me this 2nd day of Aug, 2016

Nancy A. Izzo
Notary Public
My commission expires: _____



NANCY A. IZZO
Notary Public, State of Rhode Island
My Commission Expires Jan. 20, 2019

*An Equal Opportunity Employer/Program, /Auxiliary aids and services are available upon request to individuals with disabilities.
TTY via RI Relay 711*