

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: 7550766
Solicitation Title: SERVICE & PARTS FOR ANDOVER ENERGY MANAGEMENT SYSTEM - URI (30 PGS)

**Bid Proposal Submission
Deadline Date & Time:** 8/1/2016 11:30 AM

RIVIP Vendor ID #: 14251
Bidder Name: Incontrol, Inc.
Address: 22 Dewey Ave.
Suite 4
Warwick , RI 02886
USA

Telephone: (401) 734-9250
Fax: 401-734-9333
Contact Name: Steven E. Beveridge
Contact Title: President
Contact Email: sbeveridge@incontrolri.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.

STEVEN E. BEVERIDGE, PRESIDENT 22 DENEY AVE./SUITE #4 WARWICK, RI 02886 50%

ROBERT J. SPINELLA, V.P. OF SALES / MARKETING 22 DENEY AVE./SUITE #4 WARWICK, RI 02886 50%

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.

Y

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 entering 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: 7/26/16

in CONTROL, INC.
Name of Bidder
Signature in ink: Robert J. Spinella
Printed name and title of person signing on behalf of Bidder: ROBERT J. SPINELLA - V.P. OF SALES & MARKETING



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 ONE CAPITOL HILL
 PROVIDENCE RI 02908

BUYER: Ohara 2nd, John F
 PHONE #: 401-574-8125

CREATION DATE : 07-JUL-16
 BID NUMBER: 7550766
 TITLE: Service & Parts for Andover Energy Management System, URI
 BLANKET START : 01-SEP-16
 BLANKET END : 30-JUN-19
 BID CLOSING DATE AND TIME: 01-AUG-2016 11:30:00

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URI ACCOUNTS PAYABLE
 CARLOTTI ADMINISTRATION BLDG
 75 LOWER COLLEGE ROAD, SUITE 1
 KINGSTON, RI 02881
 US

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URI FACILITIES RECEIVING
 ATTN: SEE BELOW
 SHERMAN BLDG
 KINGSTON, RI 02881
 US

Requisition Number: 1465832

Line	Description	Quantity	Unit	Unit Price	Total
1	Blanket Requirement: September 1, 2016 - June 30, 2019. Service, parts, materials and Upgrades for URI Andover Energy Management Control Systems. 9/1/16-6/30/17 Hourly Rate On Site	200.00	Hour	#125	\$25,000
2	9/1/16-6/30/17 Hourly Rate For Work Done Remotely (At the Shop)	50.00	Hour	#125	\$6,250
3	9/1/16-6/30/17 Overtime Rate On Site	25.00	Hour	#187.50	\$4,687.50
4	7/1/17-6/30/18 Hourly Rate On Site	200.00	Hour	#125	\$25,000
5	7/1/17-6/30/18 Hourly Rate For Work Done Remotely (At The Shop)	50.00	Hour	#125	\$6,250
6	7/1/17-6/30/18 Overtime Rate On Site	25.00	Hour	#187.50	\$4,687.50
7	7/1/18-6/30/19 Hourly Rate On Site	200.00	Hour	#130	\$26,000
8	7/1/18-6/30/19 Hourly Rate For Work Done Remotely (At The Shop)	50.00	Hour	#130	\$6,500
9	7/1/18-6/30/19 Overtime Rate On Site	25.00	Hour	#195	\$4,875
	Discount off of parts and materials at manufacturer's list price less: _____ % (Estimated spending on these materials for the length of this contract is \$50,000.00. Cost plus is not acceptable) PLEASE SEE ATTACHED LETTER OF EXPLANATION				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
ONE CAPITOL HILL
PROVIDENCE RI 02908

CREATION DATE : 07-JUL-16
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BUYER: Ohara 2nd, John F
PHONE #: 401-574-8125

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URI ACCOUNTS PAYABLE
CARLOTTI ADMINISTRATION BLDG
75 LOWER COLLEGE ROAD, SUITE 1
KINGSTON, RI 02881
US

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URI FACILITIES RECEIVING
ATTN: SEE BELOW
SHERMAN BLDG
KINGSTON, RI 02881
US

Requisition Number: 1465832

Line	Description	Quantity	Unit	Unit Price	Total
	URI Facilities Services Sherman Building 60 Tootell Rd Kingston, RI 02881 Discount off of all other parts and materials, outside of Andover Controls and Andover Controls peripherals at manufacturer's list price less: _____% (Estimated spending on these materials for the length of this contract is \$30,000.00) Overtime Rate applies from 4:30PM to 7:30AM plus Saturday, Sunday, and holidays <i>PLEASE SEE ATTACHED LETTER OF EXPLANATION</i>				

Delivery: AS REQUESTED
Terms of Payment: NET 30

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



July 26, 2016

Mr. John F. O'Hara II
Buyer
State of Rhode Island – Division of Purchases
One Capitol Hill
Providence, RI 02908

Re: Bid #7550766 – Service & Parts for Andover Energy Management System

Dear Mr. O'Hara:

This letter of explanation is being submitted as part of the standard State Bid Form due to the limited space on that form, and to clarify the discount multipliers applied to the purchase of Schneider/Andover Controllers, Peripheral Devices, Controller Repairs and Corporate Training Courses/Classes.

Schneider/Andover New Controllers & Peripheral Devices = List Price x .50

Controller Repairs = List Price

Corporate Training Courses/Classes = List Price x .50

These Discount Multipliers will remain consistent throughout the term of this contract.

If you have any questions regarding this correspondence, please feel free to contact me.

Sincerely,

A handwritten signature in blue ink, appearing to read "Robert J. Spinella".

Robert J. Spinella
Vice President of Sales & Marketing

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)

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NAME IN CONTROL, INC.

ADDRESS 22 DENEY AVE./SUITE #4

CITY, STATE AND ZIP CODE WARWICK, RI 02886

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 [Signature] TITLE V.P. OF SALES MKTG. DATE 7/26/16 TEL NO. (401) 734-9250
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 _____



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)
7/26/2016

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER TOM MAGGIACOMO MAGGIACOMO INSURANCE AGENCY, INC. 260 WEST EXCHANGE STREET SUITE 002 PROVIDENCE RI 02903	CONTACT NAME: Erin Sullivan PHONE (A/C, No. Ext): (401) 353-0300 E-MAIL ADDRESS: erin@maggins.com		FAX (A/C, No): (401) 353-8560													
	<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A: PEERLESS INSURANCE CO.</td> <td></td> </tr> <tr> <td>INSURER B: BEACON MUTUAL INSURANCE CO.</td> <td></td> </tr> <tr> <td>INSURER C: HOUSTON CASUALTY CO.</td> <td></td> </tr> <tr> <td>INSURER D:</td> <td></td> </tr> <tr> <td>INSURER E:</td> <td></td> </tr> <tr> <td>INSURER F:</td> <td></td> </tr> </tbody> </table>			INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A: PEERLESS INSURANCE CO.		INSURER B: BEACON MUTUAL INSURANCE CO.		INSURER C: HOUSTON CASUALTY CO.		INSURER D:		INSURER E:		INSURER F:
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INSURER C: HOUSTON CASUALTY CO.																
INSURER D:																
INSURER E:																
INSURER F:																

COVERAGES CERTIFICATE NUMBER: CL153200275 REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR VVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY CLAIMS-MADE <input type="checkbox"/> OCCUR <input checked="" type="checkbox"/>			CBP9393886	3/10/2016	3/10/2017	EACH OCCURRENCE \$ 1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 100,000 MED EXP (Any one person) \$ 10,000 PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 2,000,000 PRODUCTS - COMP/OP AGG \$ 2,000,000
	GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC						
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO ALL OWNED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS SCHEDULED AUTOS NON-OWNED AUTOS <input checked="" type="checkbox"/>			BA9395096	3/20/2016	3/20/2017	COMBINED SINGLE LIMIT (Ea accident) \$ 1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ Medical payments \$
A	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR EXCESS LIAB CLAIMS-MADE DED <input checked="" type="checkbox"/> RETENTION \$ 10,000			CU9396396	3/10/2016	3/10/2017	EACH OCCURRENCE \$ 6,000,000 AGGREGATE \$ 6,000,000
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		Y/N <input type="checkbox"/> N/A	30158	10/1/2015	10/1/2016	<input checked="" type="checkbox"/> WC STATUTORY LIMITS OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
C	PROFESSIONAL LIABILITY			HCC 15 21719	8/21/2015	8/21/2016	EACH CLAIM 1,000,000 DEDUCTIBLE 2,500

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
ADDITIONAL INSURED: STATE OF RHODE ISLAND
BLANKET CONTRACT FOR ANDOVER ENERGY MANAGEMENT SYSTEM AT URI. BID# 7550766.

CERTIFICATE HOLDER **CANCELLATION**

(401) 574-8387 STATE OF RHODE ISLAND DEPT. OF ADMINISTRATION DIVISION OF PURCHASES ONE CAPITOL HILL PROVIDENCE, RI 02908-5855	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE T Maggiacomo/ERIN 
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