



COMMUNITY COLLEGE
OF RHODE ISLAND

Purchasing Office

BID/PROPOSAL

PUBLIC BID NO. BB003259

COMMODITY: DENTAL & RADIOGRAPHY EQUIPMENT REPAIR SERVICE

DATE & TIME BID TO BE RECEIVED IN CCRI PURCHASING OFFICE:
JUNE 23, 2015 AT 10:30AM. THIS IS A SEALED BID. SUBMIT IN A SEALED ENVELOPE WITH THE SPECIFIC BID/RFP NUMBER, DATE & TIME OF BID CLOSING NOTED ON THE ENVELOPE. MAIL OR DELIVER TO PURCHASING OFFICE, COMMUNITY COLLEGE OF RI, 400 EAST AVE, WARWICK, RI 02886.

QUESTIONS MAY BE EMAILED TO THE PURCHASING OFFICE AT PURCHASING@CCRI.EDU NO LATER THAN WEDNESDAY, JUNE 17, 2015.

PRE-BID CONFERENCE: NO: YES:

SURETY: NOT REQUIRED: REQUIRED:

PLEASE COMPLETE THE ATTACHED W-9 AND SUBMIT WITH THIS COVER SHEET AND ATTACHED BID.

CCRI VENDOR ID: _____ FEIN: _____

COMPANY NAME: _____

STREET AND NUMBER: _____

CITY, STATE & ZIP CODE: _____

ORDERING E-MAIL ADDRESS: _____

No offer will be considered that is not accompanied by the attached two-page Community College of RI Bidder Certification Form/Contract Offer completed and signed by the offeror.

Print Name and Title

Telephone Number/E-Mail Address

Signature

Date

Community College of Rhode Island Bidder Certification Form/Contract Offer

NOTICE TO OFFERORS

This two-page Community College of Rhode Island (CCRI) Bidder Certification Form/Contract Offer **must** be attached to the front of the offer and shall be considered an integral part of each offer made by a vendor to enter into a contract with CCRI. As such, submittal of the entire Community College of Rhode Island Bidder Certification Form/Contract Offer, signed by a duly authorized representative of the offeror attesting to the accuracy of the information provided and the offer extended, is a mandatory part of any contract award. Offers received without the entire completed two-page form attached may result in offer disqualification.

Other Provisions and Procedures

To assure maximum access opportunities for users, public bid/RFP notices shall be posted on the Rhode Island Division of Purchases Website (www.purchasing.ri.gov/) for a minimum of seven days and no amendments shall be made within the last five days before the date an offer is due.

Offers are irrevocable for sixty (60) days from the opening date (or such other extended period set forth in the solicitation), and may not be withdrawn, except with the express permission of the College Purchasing Agent. All pricing will be considered to be firm and fixed unless otherwise indicated. All offers must define delivery dates for all items; if no delivery date is specified, it is assumed that immediate delivery from stock will be made. After an award has been made, failure to meet all requirements of this invitation may result in a determination of default. Payments for partial delivery will not be made, except where expressly provided herein.

Unless specified "no substitute," product offerings equivalent in quality and performance will be considered (at the sole option of the College) on the condition that the offer is accompanied by detailed product specifications.

The College reserves the right to (a) make awards on the basis that best serves the interest of CCRI, individual items, total low, etc., and (b) reject any and all bids in whole or in part. Prices quoted are N30, FOB DESTINATION, less federal/state tax.

VENDOR AUTHORIZATION TO PROCEED. When a purchase order or change order is issued by the Community College of Rhode Island, no claim for payment for services rendered or goods delivered contrary to or in excess of the contract terms and scope shall be considered valid unless the vendor has obtained a written change order issued by the Community College of Rhode Island **PRIOR TO** delivery.

Any offer, whether in response to a solicitation for proposals or bids, or made without a solicitation, which is accepted in the form of a purchase order made in writing by the Purchasing Agent, or a state official with purchasing authority delegated by the Purchasing Agent, shall be considered a binding contract.

Where bid surety is required, bidder must furnish a bid bond or certified check for 5% of the bid total with the bid, or for such other amount as may be specified. Where indicated, successful bidder must furnish a 100% performance bond and labor and payment bond for contracts subject to Title 37 Chapters 12 and 13 of the Rhode Island General Laws. All bonds must be furnished by a surety company authorized to conduct business in the State of Rhode Island.

This solicitation and any contract or purchase order arising from it is issued in accordance with the specific requirements described herein, and the State's Purchasing Laws and Regulations and other applicable State Laws, including the Board of Governors for Higher Education General Terms and Conditions of Purchase. The regulations, General Terms and Conditions are incorporated into all Community College of Rhode Island contracts and can be viewed at www.righe.org/procurementregs113006.pdf.

Offerors are advised that all materials submitted to the College for consideration in response to this solicitation will be considered without exception to be Public Records pursuant to Title 38 Chapter 2 of the Rhode Island General Laws, and will be released for inspection upon written request once an award has been made. Bidders are encouraged to attend Public Bid Openings to obtain competitive pricing information. Bid tabulations may be reviewed after award(s) have been made at the Community College of Rhode Island Purchasing Office Mondays through Fridays between the hours of 9:00 a.m. and 3:30 p.m. – telephone requests for bid results will not be honored.

Provisions of State labor laws concerning payment of prevailing wage rates, issued by the R.I. Department of Labor and Training, shall apply for contracts involving public works construction, alteration, or building repair work.

In accordance with Title 7 Chapter 1.1-99 of the Rhode Island General Laws, foreign corporations (a corporation established other than in Rhode Island) must be qualified to transact business in this state.

State Equal Employment Opportunity Compliance certificate and agreement procedures will apply to all awards for supplies or services valued at \$10,000 and more. Minority Business Enterprise policies and procedures, including subcontracting opportunities as described in Title 37 Chapter 14.1 of the Rhode Island General Laws, also apply. For further information, contact the State MBE Administrator at (401) 574-8253 or charles.newton@doa.ri.gov, visit the website <http://www.mbe.ri.gov/>.

ALL CONTRACT AWARDS ARE SUBJECT TO THE FOLLOWING DISCLOSURES & CERTIFICATIONS
Offerors must respond to every disclosure statement. A person authorized to enter into contracts must sign the offer and attest to the accuracy of all statements. Incomplete certification forms are grounds for disqualification of offer.

Indicate Yes (Y) or No (N):

- ___1 Has your firm (or any principal) been subject to the following findings by the Federal Government, State of Rhode Island or any other jurisdiction? Suspension, Debarment, Indictment, Criminal Conviction. CIRCLE APPROPRIATE ITEM (S).
- ___2 Has your firm (or any principal) been fined more than \$5000 for a single violation by the Rhode Island Department of Environmental Management for violation of Rhode Island Wetlands law?
- ___3 I/we certify that I/we will immediately disclose, in writing, to the College Purchasing Agent any potential conflict of interest which may occur during the course of the engagement authorized pursuant to this contract.
- ___4 I/we acknowledge that, in accordance with (1) RIGL Section 37-2-54(C) “no purchase or contract shall be binding on the state or any agency thereof unless approved by the Department [of Administration] or made under general regulations which the Chief Purchasing Officer may prescribe,” and (2) RIGL section 37-2-7(16) which identifies the Board of Governors for Higher Education as a public agency and gives binding contractual authority to the College Purchasing Agent.
- ___5 I/we certify that all of the vendor information provided is correct and complete.
- ___6 I/we certify that I or my firm possesses all licenses required by Federal and State law and regulation as they pertain to the requirements of the solicitation and offer made herein and shall maintain such required license(s) during the entire course of the contract resulting from the offer contained herein and, should my/our license lapse or be suspended, I/we shall immediately inform the Community College of Rhode Island Purchasing Agent in writing of such circumstance.
- ___7 I/we certify that I/we will maintain required insurance during the entire course of the contract resulting from the offer contained herein and, should my/our insurance lapse or be suspended, I/we shall immediately inform the Community College of Rhode Island Purchasing Agent in writing of such circumstance.
- ___8 I/we certify that I/we understand that falsification of any information herein or failure to notify the Community College of Rhode Island Purchasing Agent as certified herein may be grounds for suspension, debarment and/or prosecution for perjury.
- ___9 I/we acknowledge that the provisions and procedures set forth in this form apply to any offer contained herein.

IF YOU HAVE ANSWERED “YES” TO QUESTIONS #1 or 2 OR IF YOU ARE UNABLE TO CERTIFY YES TO QUESTIONS #3 – 9 OF THE FOREGOING, PROVIDE DETAILS/EXPLANATION BELOW AND/OR IN AN ATTACHED STATEMENT.

Signature below commits vendor to the attached offer and certifies (1) that the offer reflects all solicitation amendments (2) that the above statements and information are accurate (3) that vendor understands and has complied with the requirements set forth herein

Vendor’s
Signature: _____ Bid Number: _____ Date: _____
(Person authorized to enter into contracts; signature must be in ink) (If applicable)

Print Name and Title of Company official signing offer Telephone Number

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)

Form box for Social Security No. (SSN)

Employer ID No. (EIN)

Form box for Employer ID No. (EIN)

NAME

ADDRESS

(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 either because: (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.
(3) As it relates to the "E-Verify" program, I/We certify that I/We have registered to utilize the e-verify program (www.dhs.gov/E-Verify) to ensure compliance with federal and state law. I understand and agree that I am required to continue to utilize the services of the E-Verify program for as long as I continue to do business with the State of Rhode Island. I further understand that my failure to continue to utilize the services of the E-Verify program will adversely affect my ability to continue to do business with the State of Rhode Island and my ability to do business with the State of Rhode Island in the future.

Certification Instructions -- You must cross out item (2) above if you have been notified by 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 TITLE DATE TEL NO.

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: Community College of RI, Purchasing Office, 400 East Avenue, Warwick RI 02886 or Fax to (401) 825-2328

Please provide:

E-Mail address for Bid Solicitation: Fax:

E-Mail address for PO processing: Fax:



Community College of Rhode Island

400 East Ave
Warwick RI 02886

Date: 06/11/15

Vendor Info:

<p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Contact Person:</p> <p>Email:</p>

Ship To: Community College of RI
1762 Louisquisset Pike
Lincoln RI 02865

CONDITIONS OF OFFER:

1. In accordance with Chapter 37-2-54(3) of the Rhode Island General Laws "No purchase or contract shall be binding on the State or any agency thereof unless approved by the Department of Administration or made under general regulations which the Chief Purchasing Officer may prescribe" including change orders and other type of contracts.

"Any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the Office of Purchases may be disregarded and shall not be binding on the State".

2. I/we certify that I or my firm possesses all licenses and certification required by Federal and State Law and regulation as they pertain to the requirements of this solicitation.

3. I/we certify that I/we will maintain required insurance during the entire course of the contract resulting from this solicitation.

4. Offers must be signed and dated by a person authorized to enter into contracts on behalf of vendor. Signature commits vendor to the terms and prices specified on this contract for a period of 30 calendar days from the bid opening date.

Requisition: R0043049

Item	Quantity	UOM	Description	Unit Price	Total
			<p>CLOSING DATE & TIME: JUNE 23, 2015 AT 10:30AM</p> <p>.</p> <p>RULES FOR SUBMITTING OFFERS:</p> <p>.</p> <p>*****IMPORTANT*****</p> <p>BID RESPONSE MUST BE SUBMITTED USING CCRI BID FORM. ANY OTHER FORM SUBMITTED WILL BE CONSIDERED NON-RESPONSIVE AND WILL BE DISQUALIFIED.</p> <p>.</p> <p>VENDOR NAME MUST APPEAR ON ALL PAGES.</p> <p>.</p> <p>IF BIDDING ON ANY ITEM, THE ENTIRE BID MUST BE RETURNED.</p> <p>.</p> <p>A COMPLETE, SIGNED BID/OFFER PACKAGE, INCLUDING A COMPLETED TWO-PAGE COMMUNITY COLLEGE OF RI BIDDER CERTIFICATION FORM/CONTRACT OFFER MUST BE SUBMITTED WITH THE SPECIFIC BID/RFP NUMBER, DATE, AND TIME OF BID CLOSING NOTED ON THE ENVELOPE.</p> <p>.</p> <p>MAIL TO:</p>		
					CONTINUED

NOTE TO VENDOR: The College is a tax-exempt public educational institution.

**THIS IS A SOLICITATION FOR BID
NOT A PURCHASE ORDER.
DO NOT SHIP ANY PRODUCT
BASED ON THIS DOCUMENT.**

Vendor Signature

Date

Not valid unless signed by authorized agent of vendor



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1			<p>(Continued...)</p> <p>PURCHASING OFFICE COMMUNITY COLLEGE OF RI 400 EAST AVENUE WARWICK, RI 02886 *****</p> <p>. BIDS MISDIRECTED TO OTHER LOCATIONS OR WHICH ARE NOT PRESENT AT THE COMMUNITY COLLEGE OF RHODE ISLAND PURCHASING OFFICE AT THE TIME OF CLOSING FOR WHATEVER CAUSE WILL BE CONSIDERED TO BE LATE AND WILL NOT BE OPENED. FOR THE PURPOSE OF THIS REQUIREMENT, THE OFFICIAL TIME AND DATE SHALL BE THAT OF THE TIME CLOCK IN THE PURCHASING OFFICE OF COMMUNITY COLLEGE OF RI. POSTMARKS SHALL NOT BE CONSIDERED PROOF OF TIMELY SUBMISSION.</p> <p>. FAILURE TO COMPLETE FORM AS INSTRUCTED MAY BE GROUNDS FOR "DISQUALIFICATION".</p> <p>.</p>		
					CONTINUED

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1			<p>(Continued...)</p> <p>EACH BID/OFFER MUST BE SUBMITTED IN A SEPARATE SEALED ENVELOPE. IF ATTACHMENTS ARE REQUIRED, BE SURE THEY ARE INCLUDED IN THE PACKAGE. (E.G., BID SURETIES, SPECIAL LICENSES, SAMPLES, SPEIFICATIONS THAT DIFFER FROM SOLICITATION).</p> <p>. BID PRICE IS NET F.O.B DESTINATION AND SHALL INCLUDE INSIDE DELIVERY AT NO EXTRA COST.</p> <p>. BIDDING: (a) A SINGLE PRICE SHALL BE QUOTED FOR EACH ITEM AGAINST WHICH A PROPOSAL IS SUBMITTED. THIS PRICE WILL BE THE MAXIMUM IN EFFECT DURING THE AGREEMENT PERIOD. ANY PRICE DECLINE AT THE MANUFACTURER'S LEVEL SHALL BE REFLECTED IN A REDUCTION OF THE AGREEMENT PRICE TO THE COLLEGE</p> <p>. (b) QUANTITIES, IF ANY, ARE ESTIMATED ONLY. THE AGREEMENT SHALL COVER THE ACTUAL QUANTITIES ORDERED DURING THE PERIOD. DELIVERIES WILL</p>		

CONTINUED

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Item	Quantity	UOM	Description	Unit Price	Total
1			<p>(Continued...)</p> <p>BE BILLED AT THE SINGLE, FIRM, AWARDED UNIT PRICE QUOTED REGARDLESS OF THE QUANTITIES ORDERED</p> <p>.</p> <p>(c) BID PRICE IS NET F.O.B. DESTINATION AND MUST INCLUDE ALL APPLICABLE FREIGHT CHARGES.</p> <p>.</p> <p>(d) BIDS FOR SINGLE ITEMS AND/OR A SMALL PERCENTAGE OF TOTAL ITEMS LISTED, MAY, AT THE COLLEGE'S SOLE OPTION, BE REJECTED AS BEING NON-RESPONSIVE TO THE INTENT OF THIS REQUEST</p> <p>.</p> <p>ORDERING:</p> <p>(a) THE COLLEGE WILL SUBMIT INDIVIDUAL ORDERS FOR THE VARIOUS ITEMS AND VARIOUS QUANTITIES AS MAY BE REQUIRED DURING THE AGREEMENT PERIOD</p> <p>.</p> <p>(b) EXCEPTION - REGARDLESS OF ANY AGREEMENT RESULTING FROM THIS BID, THE COLLEGE RESERVES THE RIGHT TO SOLICIT PRICES SEPARATELY FOR ANY EXTRA</p>		
					CONTINUED

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1			<p>(Continued...)</p> <p>LARGE REQUIREMENTS FOR DELIVERY TO SPECIFIC DESTINATIONS.</p> <p>AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE PURCHASING OFFICE PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE COMMUNITY COLLEGE OF RI AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE COMMUNITY COLLEGE OF RHODE ISLAND. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.</p> <p>NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION,</p>		

CONTINUED

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1			(Continued...) APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE PURCHASING OFFICE PRIOR TO AWARD: PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - \$1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF \$5 MILLION. ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - \$1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF \$1 MILLION. . THE STATE/CCRI, AT ITS SOLE DISCRETION, SHALL RESERVE THE RIGHT TO MAKE ONE OR MULTIPLE AWARDS FOR THIS REQUIREMENT AND/OR TO REJECT ANY OR ALL BIDS.		
1	10.00	EA	OFFICE CALL FEE DENTAL HYGIENE, ASSISTING LAB & RADIOGRAPHY EQUIP.	\$ _____	\$ _____

CONTINUED

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Requisition: R0043049

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1			<p>(Continued...)</p> <p>FROM 7-01-15 TO 6-30-16</p> <p>NOTE: IT IS ABSOLUTLEY IMPERATIVE THE VENDOR BE AN ADEC REPRESENTATIVE AND BE ABLE TO SUPPLY ADEC PARTS WITHOUT DELAY</p> <p>1. ALL SERVICES AND PARTS FOR EQUIPMENT IN CLINIC , LAB AND RADIOGRAPHY AREAS</p> <p>2. EQUIPMENT TO BE REPAIRED OUTSIDE FACILITY WILL BE PICKED UP, SENT TO MFG AND RETURNED TO FACILITY BY VENDOR TO PRESENT ESTIMATE TO THE CLINIC MANAGER OR LAB COORDINATOR FOR APPROVAL BEFORE PROCEEDING WITH REPAIR</p> <p>3. END OF SEMESTER (DECEMBER & MAY) MAINTENANCE CHECK OF EQUIPMENT AND COMPRESSORS</p> <p>4. EQUIPMENT INVENTORY DONE BY VENDOR AND PRESENTED IN WRITING TO SHOW ITEM, CONDITION AND COST OF REPLACEMENT, IF NECESSARY.</p> <p>5. RESPONSE TIME: VENDOR TO BE ON LOCATION FOR SERVICES WITHIN 24 HOURS OF RECEIVING CALL SERVICE.</p> <p>6. REPLACEMENT PARTS 0% DISCOUNT FROM MANUFACT-</p>		

CONTINUED

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Vendor Signature

Date

Not valid unless signed by authorized agent of vendor



Community College of Rhode Island

400 East Ave
Warwick RI 02886

Date: 06/11/15

Vendor Info:

<p>Name:</p> <p>Address:</p> <p>Phone:</p> <p>Fax:</p> <p>Contact Person:</p> <p>Email:</p>

Ship To: Community College of RI
1762 Louisquisset Pike
Lincoln RI 02865

CONDITIONS OF OFFER:

1. In accordance with Chapter 37-2-54(3) of the Rhode Island General Laws "No purchase or contract shall be binding on the State or any agency thereof unless approved by the Department of Administration or made under general regulations which the Chief Purchasing Officer may prescribe" including change orders and other type of contracts.

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2. I/we certify that I or my firm possesses all licenses and certification required by Federal and State Law and regulation as they pertain to the requirements of this solicitation.

3. I/we certify that I/we will maintain required insurance during the entire course of the contract resulting from this solicitation.

4. Offers must be signed and dated by a person authorized to enter into contracts on behalf of vendor. Signature commits vendor to the terms and prices specified on this contract for a period of 30 calendar days from the bid opening date.

Requisition: R0043049

Item	Quantity	UOM	Description	Unit Price	Total
1			(Continued...) URER PART LIST. 7. ANY UNUSED BALANCE AT END OF YEAR IS AUTOMATICALLY CANCELLED. 8. ITEMS FOR SERVICE AND REPAIR AS LISTED IN DENTAL ASSISTING LAB--- 6 ---DENTAL UNITS CONSISTING OF DENTAL CHAIRS--- OPERATOR STOOLS---ASSISTING STOOLS---RHEOSTATS--- AIR/WATER SYRINGES--SUCTION 6---TRACKING LIGHTS WITH MONITORS DENTAL ENGINES INCLUDING-HIGH AND LOW HANDPIECES 6---CURING LIGHTS 6---AMALGAMATORS 1---LATHE 2---MODEL TRIMMERS 9---LAB ENGINES 1---PENTA MIX 1---ESPE ROTO MIX 3---VACCUM FORMERS 3---HANAU WATERBATHS	CO	NTINUED

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Item	Quantity	UOM	Description	Unit Price	Total
1			(Continued...)		
	1---		TRIAD MACHINE		
	8---		VIBRATORS		
	1---		ROOT 2Z11 APEX LOCATOR		
	1---		COMPRESSOR/VACCUM SYSTEM		
	1---		STERILIZATION SYSTEM CONSISTING OF		
	2---		MIDMARK---M11---STERILIZERS		
	1---		STATIM 2000 AUTOCLAVE		
	2---		SMALL ULTRASONIC CLEANERS		
	1---		LARGE ULTRASONIC CLEANER		
	1---		STATOMATIC		
	1---		MIDWEST HP AIRSTATION		
			ITEMS FOR SERVICE AND REPAIR IN DENTAL HYGIENE		
	18---		DENTAL UNITS CONSISTING OF---		
			ADEC DENTAL UNITS AND OVERHEAD LIGHTS		
			RHEOSTATS		
			CUSPIDORS/FLUSH---CUP FILL		
			AIR-WATER SYRINGES		
			HANDPIECES---HANDPIECE CONTROL BOX		
	18---		ULTRASONIC CLEANERS		
	18---		UTILITY CARTS		
					CONTINUED

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Item	Quantity	UOM	Description	Unit Price	Total
1			(Continued...)		
	18---		DOCTORS STOOLS		
	18---		ASSISTANTS STOOLS		
	1---		HUFRIEDY SYMMETRY 2---AIR FLOW HANDY 3.0		
	3---		DENTSPLY CAVITRONS 2---DENTSPLY AIR POLISHER		
	3---		DENTSPLY CAVITRON SELECT 2---DENTSPLY RDH		
	2---		PROHY LIGHTS		
	6---		CURING LIGHTS(INC 4 FLASH) 2---VALO CORDLESS		
	1---		CAMERA		
	2---		SPECTRA & 1 ---DENSENSITRON 11		
	1---		PEZON MASTER 400		
	4---		COMPRESSORS 4---VACCUM SYSTEMS		
			COMPLETE STERILIZATION AREA INCLUDING		
	2---		CASSETTE DRYERS		
	3---		OVERHEAD DRYERS		
	1---		AQUASTAT DISTELLER		
	1---		SMALL ULTRASONIC CLEANER		
	1---		WHALEDENT BIOSONIC 300 CLEANER		
	1---		L & R QUANTEX ULTRASONIC CLEANER		
	2---		MIDMARK -M11 STERILIZERS		
				CO	NTINUED

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Item	Quantity	UOM	Description	Unit Price	Total
1			(Continued...) 1---STATIM 500 CASSETTE AUTOCLAVE 1---MIDWEST HP AIR STATION 1---SILIMAT RADIOGRAPHY AREA TO INCLUDE: 3---INTRA-ORAL XRAY MACHINE---PROGENY 1---PLANOREX PLANMECA DIGITAL 1---DENTAL CHAIR 2---RADIOGRAPHY CHAIRS 3---CEILING MOUNTED LIGHTS 6---OPERATORY STOOLS ALL CABINETRY		
2	10.00	HR	LABOR MINIMUM-1 HOUR	\$ _____	\$ _____
3	80.00	HR	LABOR 1/2 HOUR	\$ _____	\$ _____
4	1.00	EA	PARTS	\$ _____	\$ _____
			DISCOUNT OFF MANUFACTURER PRICE LIST _____%		

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