COMMUNITY COLLEGE
OF RHODE ISLAND

Purchasing Office

BID/PROPOSAL

PUBLIC BID NO**. BB003518**

COMMODITY: **ONSITE DEFIBRILLATOR**

DATE & TIME BID TO BE RECEIVED IN CCRI PURCHASING OFFICE:
APRIL 29, 2016 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.

PRE-BID CONFERENCE: **NO**

SURETY: NOT REQUIRED: **X** 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 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for sixty (60) days from the opening date (or such other extended period set forth in the solicitation), and may not be withdrawn, except with the express permission of the College Purchasing Agent.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.ribghe.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

FORM W-9
REV 8/15

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)**

NAME

ADDRESS

CITY, STATE AND ZIP CODE

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_____ **TITLE**_____ **DATE**_____ **TEL NO**_____

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_____

BID SOLICITATION

BID NO. **B0003518**

Community College of Rhode Island
400 East Ave
Warwick RI 02886

Date: 04/18/16

Vendor Info:

Name:

Address:

Phone:
Fax:
Contact Person:
Email:

Ship To: Community College of RI
400 East Ave
Warwick RI 02886

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: **R0046680**

Item	Quantity	UOM	Description	Unit Price	Total
			CLOSING DATE & TIME: APRIL 29, 2016 AT 10:30AM . RULES FOR SUBMITTING OFFERS: . **********IMPORTANT********** BID RESPONSE MUST BE SUBMITTED USING CCRI BID FORM. ANY OTHER FORM SUBMITTED WILL BE CONSIDERED NON-RESPONSIVE AND WILL BE DISQUALIFIED. . VENDOR NAME MUST APPEAR ON ALL PAGES. . IF BIDDING ON ANY ITEM, THE ENTIRE BID MUST BE RETURNED. . A COMPLETE, SIGNED BID/OFFER PACKAGE, INCLUDING A COMPLETED THREE-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. . MAIL TO:		

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

BID SOLICITATION

BID NO. **B0003518**

Community College of Rhode Island
400 East Ave
Warwick RI 02886

Date: 04/18/16

Vendor Info:

Name:

Address:

Phone:
Fax:
Contact Person:
Email:

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Item	Quantity	UOM	Description	Unit Price	Total
1			(Continued...) PURCHASING OFFICE COMMUNITY COLLEGE OF RI 400 EAST AVENUE WARWICK, RI 02886 ********** . 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 PUR-POSE 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. . FAILURE TO COMPLETE FORM AS INSTRUCTED MAY BE GROUNDS FOR "DISQUALIFICATION". .		

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1			(Continued...) 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). . BID PRICE IS NET F.O.B DESTINATION AND SHALL INCLUDE INSIDE DELIVERY AT NO EXTRA COST. . 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 . (b) QUANTITIES, IF ANY, ARE ESTIMATED ONLY. THE AGREEMENT SHALL COVER THE ACTUAL QUANTITIES ORDERED DURING THE PERIOD. DELIVERIES WILL		

CONTINUED

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Vendor Info:

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Requisition: **R0046680**

Item	Quantity	UOM	Description	Unit Price	Total
1			(Continued...) BE BILLED AT THE SINGLE, FIRM, AWARDED UNIT PRICE QUOTED REGARDLESS OF THE QUANTITIES ORDERED . (c) BID PRICE IS NET F.O.B. DESTINATION AND MUST INCLUDE ALL APPLICABLE FREIGHT CHARGES. . (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 . ORDERING: (a) THE COLLEGE WILL SUBMIT INDIVIDUAL ORDERS FOR THE VARIOUS ITEMS AND VARIOUS QUANTITIES AS MAY BE REQUIRED DURING THE AGREEMENT PERIOD . (b) EXCEPTION - REGARDLESS OF ANY AGREEMENT RESULTING FROM THIS BID, THE COLLEGE RESERVES THE RIGHT TO SOLICIT PRICES SEPARATELY FOR ANY EXTRA		

CONTINUED

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Date: 04/18/16

Vendor Info:

Name:

Address:

Phone:
Fax:
Contact Person:
Email:

Ship To: Community College of RI
400 East Ave
Warwick RI 02886

Requisition: **R0046680**

Item	Quantity	UOM	Description	Unit Price	Total
1			(Continued...) LARGE REQUIREMENTS FOR DELIVERY TO SPECIFIC DESTINATIONS. . IF BRAND OR MODEL NUMBERS ARE SUBSTITUTED, VENDORS MUST INCLUDE SPECIFICATIONS WITH BID PROPOSAL. FAILURE TO SUBMIT SPECIFICATIONS WITH BID PROPOSAL MAY RESULT IN DISQUALIFICATION OF BID. ITEMS IN CATALOGS MUST BE CLEARLY MARKED AND PAGES TABBED.		

1	5.00	EA	2746-066R01 PHILIPS HEARTSTART ONSITE DEFIBRILATOR OR EQUAL: ONSITE OTC AED, HS1 READY PACK, 1 PAD CARTRIDGE, 1 BATTERY PREPACKED IN STANDARD CASE WITH SPARE PADS.	$_____	$_____

2	5.00	EA	A910676 AED WALL SIGN, DOUBLE SIDED, RED 9"HX6.1"D	$_____	$_____

CONTINUED

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Item	Quantity	UOM	Description	Unit Price	Total
---- 3	5.00	EA	531413 AED CABINET, SURFACE MOUNT W/2 MINUTE ALARM AND PROBE, STEEL, 17-1/2" X 17-1/2"	$_____	$_____

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