Rhode Island Airport Corporation

December 12, 2013

Invitation for Bid No. 25291
12' Snow Pusher

INTRODUCTION

The Rhode Island Airport Corporation (RIAC) is soliciting bids for the purchase of one (1) 12' snow pusher to be used on a 2014 JCB Backhoe, model CX4.

Sealed bids will be received at: Rhode Island Airport Corporation, Office of Procurement, 3rd Floor, 2000 Post Road, Warwick RI 02886-1533. Questions related to this IFB can be sent to: procurement@pvdairport.com.

Due date for bids is no later than 2:30 p.m., December 20, 2013, at which time they will be publicly opened. Bids must be in a sealed envelope clearly marked **"12' Snow Pusher – IFB No. 25291"**. RIAC will not accept late bids under any circumstances. All costs incurred in connection with responding to this Invitation for Bids (IFB) shall be borne by the bidder.

The successful bidder will be the lowest responsible bidder. For purposes of this solicitation, the lowest responsible bidder is the firm that RIAC determines meets the specifications at the lowest price. The successful bidder must hold the bid price for ninety days from bid opening date, and may not withdraw their bid for at least thirty days after the time and date set for the receipt of bids.

All prices quoted are to be FOB delivery location, RIAC Maintenance Area, 300 Airport Road, Warwick RI 02886. Payment terms are net thirty (30) days; RIAC is Tax Exempt and a certificate will be supplied as required. Delivery must occur within 30 days from date of award.

Procedures respecting bids and the selection of Contractors shall be in conformity with Title 37, Chapter 2 of the General Laws of the State of Rhode Island and RIAC procurement rules.

Jeffrey P. Goulart
Manager, Finance and Administration

SPECIFICATIONS

The Backhoe is equipped with a quick disconnect coupler. The snow pusher must be fitted with the female half of the coupler and interested dealers are encouraged to contact RIAC to conduct an inspection of the existing fitting, to ensure their bid meets all specifications. Interested dealers may email gdecristofaro@pvdairport.com to arrange a convenient time for inspection. Additional specifications are as follows:

1. Trip edge design
2. 12 feet wide
3. Approximately 1,500 pounds
4. 7 gauge rolled moldboard
5. Moldboard to be drilled standard highway punch
6. Steel cutting edge
7. Side plates to be minimum 3/8" thick with 3" inside post for extra support
8. Adjustable wear shoes made from abrasion resistant steel
9. Includes 2 spare cutting edges

IFB NO. 25291
12' Snow Pusher
Response Form

Responses are **due no later than 2:30 p.m., December 20, 2013.** Attention: Office of Procurement, Rhode Island Airport Corporation, 3rd Floor, 2000 Post Road, Warwick, RI 02886. Vendors may copy/scan these pages to facilitate completing the information, but must return response in this format/order.

The undersigned, on behalf of the bidder, certifies that: This offer is made without previous understanding, agreement or connection with any person, firm, or corporation entering a bid on the same project; Is in all respects fair and without collusion or fraud. The person whose signature appears below is legally empowered to bind the company in whose name the bid is entered. They have read the entire document and understand all provisions. If accepted by RIAC this bid is guaranteed as written and amended and will be implemented as stated.

Firm Name _____

Contact _____

Signature_____ Title _____

Address _____City/State _____Zip _____

Phone _____Fax _____Hours _____

Taxpayer I.D. Number_____

Company Web Site Address _____E-Mail _____

General Nature Of Business _____

Type or Organization (check one):

Sole Proprietorship ____ Partnership____ Incorporated____ Public Corporation____
Private Corporation____

Minority Business Enterprise _____ Woman-Owned Business Enterprise _____
Small Business Enterprise _____

Manufacturer _____ Distributor _____ Retail _____ Dealer _____ Service _____

Number Of Locations _____ Number Of Persons Employed _____

We Acknowledge Receipt Of These Addenda: No.____, Dated ____; No. ____, Dated ____

Has any person, firm, or corporation entering a proposal on the project been disbarred or suspended by the State of Rhode Island. If so indicate dates and explanation for such.

ALL vendors interested in responding MUST provide the following requested information in this format. Additional information may be included on accompanying sheets if necessary.

1. **List any deviations from the SPECIFICATIONS and MANDATORY REQUIREMENTS section in this document. An explanation must be provided below and documentation provided to verify compliance with the minimum specifications on a similar or equivalent basis.**

ITEM NO.	REASON FOR DEVIATION, DESCRIPTION OF REPLACEMENT COMPONENT, AND/OR EXPLANATION

2. **Pricing Information in Words and Numbers**

Amount in words: _____

Amount in numbers: _____

"NO BID" RESPONSE FORM

To submit a "No Bid" response for this project, this form must be completed for your company to remain on our bidders list for commodities/services referenced. If you do not respond your name may be removed from this bidders list. In order to ensure that the Airport file has current information, or if you wish to be added to Airport's Vendor Listing. You must also return the Certificate of Familiarity form completed in its entirety.

Note: Please show the solicitation number on the outside of the envelope.

Please check statement(s) applicable to your "No Bid" response –

- o Specifications are restrictive; i.e. geared toward one brand or manufacturer only (explain below).
- o Specifications are ambiguous (explain below).
- o We are unable to meet specifications.
- o Insufficient time to respond to the solicitation.
- o Our schedule would not permit us to perform.
- o We are unable to meet bond requirements.
- o We are unable to meet insurance requirements.
- o We do not offer this product or service.
- o Remove us from your vendor list for this commodity/service.
- o Other (specify below).

Comments:

_____

_____

_____

_____
Company Name (as registered with the IRS)

_____
Authorized Signature

_____ _____
Correspondence Address Printed Name

_____ _____
City, State, Zip Title

_____ _____/_____
Date Telephone/Fax