



BID/PROPOSAL

BID/RFP NUMBER: 16082934

BID/RFP TITLE: **VENTILATION EXHAUST DEGREASING**

OPENING DATE & TIME: AUGUST 29, 2016 @ 10:00 A.M.

PRE-BID/PROPOSAL CONFERENCE: DATE: TIME:

LOCATION OF PRE-BID:

Note to Bidders: Questions concerning this solicitation may be emailed to mlepore@ric.edu no later than 8/19/16 @ 9:00 AM (EST). Please reference the BID/RFP# on all correspondence. Questions received if any, will be posted on the internet as an addendum to this solicitation. It is the responsibility of all interested parties to download the information.

FEIN: _____

VENDOR NAME: _____

ADDRESS: _____

TELEPHONE: _____

FAX: _____

EMAIL: _____

CONTACT PERSON: _____

TITLE: _____

NOTICE TO VENDORS:

Each bid proposal for a *public works project* must include a “public copy” to be available for public inspection upon the opening of bids. **Bid proposals that do not include a copy for public inspection will be deemed nonresponsive.** For further information on how to comply with this statutory requirement, see R.I. Gen. Laws §§ 37-2-18(b) and (j). Also see Procurement Regulations 5.11, and in addition, for highway and bridge projects, also see Procurement Regulations 5.13, accessible at www.purchasing.ri.gov .

SECTION 2 – REQUIRMENTS

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

____ 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.

____ 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.

____ 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.

____ 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.

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. 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.

____ 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.

____ 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. 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.

___ 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):

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: _____

Name of Bidder

Signature in ink

Printed name and title of person signing on behalf of Bidder

RETURN OF BID INVITATION - Bids must be mailed/delivered to RHODE ISLAND COLLEGE PURCHASING DEPARTMENT, BUILDING #5 in a sealed envelope furnished, by the time and date specified for the opening of responses. Bids misdirected to other locations or which are not present at the time of opening for whatever cause will be considered to be late, and will be returned unopened. For the purposes of this requirement the official time and date shall be that of the date/time stamp in the reception area.

orm W-9 (Rev. 3/7/11)

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)

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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 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 _____ 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: Rhode Island College, Purchasing Department, Building #5
 600 Mt. Pleasant Avenue, Providence, RI 02908

BIDDERS ARE ADVISED THAT ALL PROVISIONS OF TITLE 37 CHAPTER 13 OF THE GENERAL LAWS OF RHODE ISLAND APPLY TO THE WORK COVERED BY THIS REQUEST, AND THAT PAYMENT OF THE GENERAL PREVAILING RATE OF PER DIEM WAGES AND THE GENERAL PREVAILING RATE FOR REGULAR, OVERTIME, AND OTHER WORKING CONDITIONS EXISTING IN THE LOCALITY FOR EACH CRAFTSMEN, MECHANIC, TEAMSTER, LABORER, OR OTHER TYPE OF WORKER PERFORMING WORK ON PUBLIC PROJECTS WHEN STATE OR MUNICIPAL FUNDS EXCEED ONE THOUSAND DOLLARS (\$1,000). THE PREVAILING WAGE TABLE MAY BE OBTAINED AT THE RI DIVISION OF PURCHASES HOME PAGE BY INTERNET AT WWW.PURCHASING.RI.GOV SELECT "INFORMATION" AND THEN SELECT "PREVAILING WAGE TABLE" OR PLEASE GO TO WWW.DLT.RI.GOV TO ASCERTAIN THE CURRENT PREVAILING WAGE RATES.

THE STATE OF RHODE ISLAND USES THE GENERAL DECISION MEMBER RI20100001. PRINT ONLY THE PAGES THAT APPLICABLE TO YOUR BID. BIDDERS NOTE: IN THE EVENT THIS BID SPECIFIES PRICE OFFERS ON A TIME AND MATERIALS BASIS, I.E., AN HOURLY RATE, ANY OR ALL BIDS SUBMITTED IN AN AMOUNT LESS THAN THE PREVAILING RATE IN EFFECT FOR THE WORK COVERED BY THIS REQUEST AS OF THE DATE OF BID ISSUANCE SHALL BE REJECTED BY THE COLLEGE.

ATTACHMENT A

BID # 16082934

GROUP: VENTILATION EXHAUST DEGREASING

EFFECTIVE FROM SEPTEMBER 1, 2016 UNTIL AUGUST 31, 2017

DELIVERY INSTRUCTIONS FOR
RHODE ISLAND COLLEGE
DONOVAN DINING CENTER

PAYMENT PROCEDURES: COLLEGE DINING SERVICES STRIVES TO PROVIDE TIMELY PAYMENT TO ALL VENDORS. PLEASE COMPLY WITH THE FOLLOWING PROCEDURES TO ASSIST US IN DOING SO:

- ALL PACKING SLIPS MUST BE SIGNED BY AUTHORIZED PERSONNEL IN OUR RECEIVING DEPT.
- ORIGINAL INVOICE MUST BE SENT TO:
RHODE ISLAND COLLEGE
DONOVAN DINING CENTER
600 MT. PLEASANT AVE.
PROVIDENCE, RI 02908
ATTN.: DEBBIE GINOLFI
- ALL INVOICES SHALL REFERENCE THE PURCHASE ORDER#, THE ITEMS COVERED, AND THE UNIT PRICING IN THE SAME FORMAT AS DESCRIBED IN ATTACHMENT "A".
- INVOICES FOR THE ITEMS NOT RECEIVED OR FOR WORK NOT YET PERFORMED WILL NOT BE HONORED.

SUCCESSFUL VENDORS MUST PROVIDE:

- NO LATER THAN 10 WORKING DAYS PRIOR TO THE EFFECTIVE DATE OF THE CONTRACT, THE SUCCESSFUL VENDOR MUST PROVIDE COLLEGE DINING SERVICES WITH THE ACCOUNT NUMBER, TOLL FREE PHONE NUMBER FOR ORDERING, AND SALES REPRESENTATIVE'S NAME AND FAX NUMBER.

RHODE ISLAND COLLEGE BID
BID #16082934, VENTILATION EXHAUST DEGREASING
PRICES TO BE EFFECTIVE FROM SEPTEMBER 1, 2016 UNTIL AUGUST 31, 2017

SUCCESSFUL VENDOR TO PERFORM VENTILATION HOOD AND ASSOCIATED COMPONENT CLEANING SERVICES AT THE DONOVAN DINING CENTER MAIN KITCHEN, HENRY BARNARD SCHOOL, AND THE STUDENT UNION CAFÉ, IN ACCORDANCE WITH THE TERMS, CONDITIONS, AND FREQUENCY STATED HEREIN:

SUCCESSFUL VENDOR TO DEGREASE AND CLEAN EXHAUST SYSTEM COMPONENTS TO INCLUDE HOODS, FILTERS, DUCTS, AND RELATED EQUIPMENT BOTH INTERNAL AND EXTERNAL, TO INCLUDE ALL MAKE UP AIR UNITS. IN ACCORDANCE WITH NATIONAL FIRE PROTECTION ASSOCIATION (NFPA) STANDARDS AS WELL AS ALL STATE CODES AND LOCAL CODES.

SUCCESSFUL VENDOR TO SUPPLY ALL MATERIALS AND EQUIPMENT TO PERFORM SERVICES. ALL EQUIPMENT, MATERIALS AND REFUSE ARE TO BE IMMEDIATELY REMOVED FROM PREMISES UPON COMPLETION OF WORK.

SUCCESSFUL VENDOR TO INSURE ANY NON-OPERATIONAL EQUIPMENT IS NOTED PRIOR TO COMMENCEMENT OF WORK. ALL OPERATIONAL EQUIPMENT IS TO BE RETURNED TO OPERATIONAL STATE AT COMPLETION OF SERVICE. ANY AND ALL DISCREPENCIES NOTED DURING SERVICE WILL BE LISTED ON THE FINAL SERVICE REPORT.

ALL SURROUNDING EQUIPMENT TO BE COVERED AND PROTECTED. WORK SITE TO BE RESTORED TO A CLEAN STATUS UPON COMPLETION. SUCCESSFUL VENDOR TO PROVIDE M.S.D.SHEETS FOR EACH CLEANING, POLISHING, DEGREASING OR OTHER COMPOUND USED.

WORK TO BE PERFORMED AS SCHEDULED BY RHODE ISLAND COLLEGE WITH ALL VENDOR REPRESENTATIVES ADHERING TO THE RIC DINING SERVICES SIGNING IN/OUT POLICY

RHODE ISLAND COLLEGE BID
 BID #16082934, **VENTILATION EXHAUST DEGREASING**
 PRICES TO BE EFFECTIVE FROM SEPTEMBER 1, 2016 UNTIL AUGUST 31, 2017

AREA	REQUIRED ANNUAL CLEANING FREQUENCY	MONDAY – FRIDAY 6AM-8PM	MONDAY – FRIDAY 8PM-6AM	SATURDAY AND SUNDAY 6AM-8PM	SATURDAY AND SUNDAY 8PM-6AM
HENRY BARNARD SCHOOL KITCHEN	2 TIMES PER YEAR				
STUDENT UNION CAFE	3 TIMES PER YEAR				
DONOVAN DINING CENTER GRILL LINE – EXIT AND MAKE UP AIR	6 TIMES PER YEAR				
DONOVAN DINING CENTER MAIN HOOD LEFT AND RIGHT	3 TIMES PER YEAR				
DONOVAN DINING CENTER DELI LINE	2 TIMES PER YEAR				

The exhaust system filter system cleaning is as follows:

Maintenance to Grease Guard Roof Protection System at the Donovan Dining Grill.

- A- Provide 6yxr Rotation of Filter Media for GG-XD72
- B- Annual Replacement of the Top Two Filter Layers for GG-XD72

The exhaust unit for our grill line has a pan and filter system which prevents any grease from going on to the room. The system uses a filter media and filters. The filter media needs to be rotated each time the hood is cleaned. The top two filters need to be changed yearly.

THE FOLLOWING DATA MUST BE PROVIDED AS A CONDITION OF BID SUBMITTAL

The Sales Representative will be: _____
 Toll Free Phone Number for ordering: _____

I certify that prices listed herein are accurate and I am authorized to quote these prices.

Company: _____
 Name: _____
 Title: _____