



# Request for Quote

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

**CREATION DATE :** 29-DEC-09  
**BID NUMBER:** 7323374  
**TITLE:** AMBULANCE SERVICES/INMATES PATIENTS  
**BLANKET START :** 01-JUL-10  
**BLANKET END :** 30-JUN-13  
**BID CLOSING DATE AND TIME:** 08-JAN-2010 11:00:00

**BUYER:** Cadoret, David  
**PHONE #:** N/A

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**DOA CONTROLLER**  
**ONE CAPITOL HILL, 4TH FLOOR**  
**SMITH ST**  
**PROVIDENCE, RI 02908**  
**US**

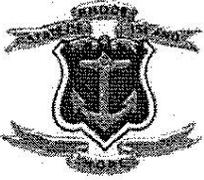
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**DOC REHABILITATIVE SERVICES**  
**40 HOWARD AVE**  
**CRANSTON, RI 02920**  
**US**

**Requisition Number:**  
**Note to Bidders: BLANKET REQUIREMENTS:**  
 7/1/10 - 6/30/13

**AGENCY CONTACT:**  
 JOSEPH MAROCCO  
 ASSOCIATE DIRECTOR OF HEALTH CARE SERVICES  
 401-462-3792

Line	Description	Quantity	Unit	Unit Price	Total
1	7/1/2010-6/30/2013-AMBULANCE SVCES FOR INMATE PATIENTS AT THE RI DOC FOR THE FOLLOWING: Line Note to Bidders: TRIP TO OR FROM THE RI DOC TO OR FROM LOCAL COMMUNITY PROVIDERS (IE HOSPITALS, CLINICS, ETC)	1.00	Each		
2	MILEAGE CHARGE FOR ABOVE PRICE PER MILE	1.00	Each		
3	7/1/2010-6/30/2013-AMBULANCE SVCES FOR INMATE PATIENTS AT THE RI DOC FOR THE FOLLOWING: Line Note to Bidders: TRIP TO OR FROM THE RI DOC TO OR FROM OUT OF STATE PROVIDERS (IE HOSPITALS CLINICS, ETC)	1.00	Each		
4	MILEAGE CHARGE FOR ABOVE PRICE PER MILE	1.00	Each		
5	7/1/2010-6/30/2013-AMBULANCE WAITING TIME ASSOCIATED WITH A TRIP (IN 1/2 HOUR INCREMENTS)	1.00	Each		
6	7/1/2010-6/30/2013-WHEELCHAIR VAN SVCES FOR INMATE PATIENTS AT THE RI DOC FOR THE FOLLOWING: Line Note to Bidders: TRIP TO OR FROM THE RI DOC TO OR FROM LOCAL COMMUNITY PROVIDERS (IE HOSPITALS, CLINICS, ETC)	1.00	Each		
7	MILEAGE CHARGE FOR ABOVE PRICE PER MILE	1.00	Each		
8	7/1/2010-6/30/2013-WHEELCHAIR VAN SVCES FOR INMATE PATIENTS AT THE RI DOC FOR THE FOLLOWING: Line Note to Bidders: TRIP TO OR FROM THE RI DOC TO OR FROM OUT OF STATE COMMUNITY PROVIDERS (IE HOSPITALS, CLINICS, ETC)	1.00	Each		
9	MILEAGE CHARGE FOR ABOVE PRICE PER MILE	1.00	Each		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be valid if the 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.



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401-462-3792

Line	Description	Quantity	Unit	Unit Price	Total
10	7/1/2010-6/30/2013- WHEELCHAIR VAN WAITING TIME ASSOCIATED WITH A TRIP (IN 1/2 HOUR INCREMENTS)	1 00	Each		
11	7/1/2010-6/30/2013-ADDITIONAL CHARGE FOR USE OF OXYGEN	1 00	Each		

Delivery: \_\_\_\_\_

Terms of Payment: \_\_\_\_\_

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**Contract Terms and Conditions**

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## **Terms and Conditions**

### **BID STANDARD TERMS AND CONDITIONS**

#### **TERMS AND CONDITIONS FOR THIS BID**

#### **INSURANCE REQUIREMENTS**

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 DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND 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 AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES 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.

#### **MULTI YEAR AWARD**

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

#### **RIVIP INFO - BID SUBMISSION REQUIREMENTS**

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#### **VENDOR SPECIFICATIONS**

ALL VENDORS MUST INCLUDE SPECIFICATIONS WITH BID PROPOSAL (EVEN THOSE BIDDING BRAND SPECIFIED). FAILURE TO SUBMIT SPECIFICATIONS WITH BID PROPOSAL.

MAY RESULT IN DISQUALIFICATION OF BID ITEMS IN CATALOGS MUST BE CLEARLY MARKED AND PAGES TABBED.

**LICENSE REQUIREMENTS**

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE

## AMBULANCE SERVICES SPECIFICATIONS

- The selected vendor will maintain all appropriate Rhode Island Department of Transportation and Rhode Island Department of Health certifications and registrations for their fleet
- The selected vendor's staff will possess any and all licenses or certifications required by the Rhode Island Department of Transportation and Rhode Island Department of Health
- The selected vendor will respond to calls from the Rhode Island Department of Corrections for unscheduled ambulance trips as soon as possible, but in no case to exceed two hours
- The selected vendor will provide a copy of the appropriate insurance coverage
- The service to be provided is for basic life support only
- Out of state trips could be to Seekonk, Swansea, Attleboro, North Attleboro and Boston. The out of state trips would be within a 60 mile radius of Providence
- The selected vendor must use Medical Assistance guidelines for reimbursement.