

# Request for Quote

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

BUYER: Cadoret David  
PHONE #: N/A

CREATION DATE : 28-NOV-11  
BID NUMBER: 7449274  
TITLE: JANITORIAL SERVICES - CHAPIN HEALTH LAB

BLANKET START : 01-FEB-12  
BLANKET END : 31-JAN-15  
BID CLOSING DATE AND TIME: 06-JAN-2012 10:00:00

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DOA CONTROLLER  
ONE CAPITOL HILL, 4TH FLOOR  
SMITH ST  
PROVIDENCE, RI 02908  
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DOA CENTRAL SERVICES  
ONE CAPITOL HILL, 2ND FLOOR  
SMITH ST  
PROVIDENCE, RI 02908  
US

**Requisition Number:**

Note to Bidders: THERE WILL BE A MANDATORY PRE-BID SITE VISIT  
ON DECEMBER 20, 2011 AT 9:00 AM  
CHAPIN HEALTH LAB  
50 ORMS ST  
PROVIDENCE RI

BID ALL LINES. IF PRICE LEFT BLANK OR LISTED AS ZERO (0) DOLLARS BID WILL BE DEEMED NON-RESPONSIVE AND NOT CONSIDERED  
N/C OR INCLUDED IS ACCEPTABLE

ON LINES 5-6-7 OF REQUEST FOR QUOTE: PRICE LISTED IN UNIT PRICE SHOULD BE A TOTAL PRICE FOR SERVICES DESCRIBED IN  
ATTACHMENT B AS FLOOR CARE SERVICES IF BID AS A PER SQ. FOOT PRICE BID WILL BE DEEMED NON-RESPONSIVE AND NOT  
CONSIDERED

LINES 8-9-10-11 SHOULD BE BID AS PER SQ. FOOT PRICE.

Line	Description	Quantity	Unit	Unit Price	Total
1	2/1/12-06/30/12 SUBMIT A MONTHLY PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS ROUTINE SERVICES I.E DAILY WEEKLY, MONTHLY, YEARLY	5 00	Month		
2	7/1/12-06/30/13 SUBMIT A MONTHLY PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS ROUTINE SERVICES I.E DAILY, WEEKLY MONTHLY YEARLY	12 00	Month		
3	07/1/13-06/30/14 SUBMIT A MONTHLY PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS ROUTINE SERVICES I.E DAILY, WEEKLY MONTHLY YEARLY	12 00	Month		
4	07/1/14-1/31/15 SUBMIT A MONTHLY PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS ROUTINE SERVICES I.E DAILY, WEEKLY, MONTHLY YEARLY	7 00	Month		
5	2/1/12-06/30/12 SUBMIT A TOTAL PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), AS REQUIRED. ONCE YEARLY AFTER WINTER (APRIL)	1 00	Year		
6	07/1/12-06/30/13 SUBMIT A TOTAL PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), AS REQUIRED. ONCE YEARLY AFTER WINTER (APRIL)	1 00	Year		
7	07/1/13-06/30/14 SUBMIT A TOTAL PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH), AS REQUIRED. ONCE YEARLY AFTER WINTER (APRIL)	1 00	Year		
8	2/1/12-06/30/12 SUBMIT A SEPARATE PRICE FOR	1 00	Square		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed 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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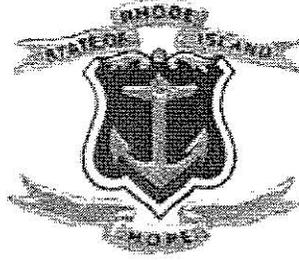
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LINES 8-9-10-11 SHOULD BE BID AS PER SQ. FOOT PRICE.

Line	Description	Quantity	Unit	Unit Price	Total
	SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH) ON A PER SQUARE FOOT BASIS FOR ADDITIONAL STRIPPING AS REQUIRED BY THE AGENCY COORDINATOR		Foot		
9	07/1/12-06/30/13 SUBMIT A SEPARATE PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH) ON A PER SQUARE FOOT BASIS FOR ADDITIONAL STRIPPING AS REQUIRED BY THE AGENCY COORDINATOR	1 00	Square Foot		
10	07/1/13-06/30/14 SUBMIT A SEPARATE PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH) ON A PER SQUARE FOOT BASIS FOR ADDITIONAL STRIPPING AS REQUIRED BY THE AGENCY COORDINATOR	1 00	Square Foot		
11	07/1/14-1/31/15 SUBMIT A SEPARATE PRICE FOR SERVICES DESCRIBED IN ATTACHMENT "B" AS FLOOR CARE SERVICES (STRIP, SEAL & FINISH) ON A PER SQUARE FOOT BASIS FOR ADDITIONAL STRIPPING AS REQUIRED BY THE AGENCY COORDINATOR	1 00	Square Foot		
12	2/1/12-6/30/12 COST OF PERFORMANCE BOND WILL HAVE NO BEARING ON AWARD	1 00	Each		
13	7/1/12-6/30/13 COST OF PERFORMANCE BOND WILL HAVE NO BEARING ON AWARD	1 00	Each		
14	7/1/13-6/30/14 COST OF PERFORMANCE BOND WILL HAVE NO BEARING ON AWARD	1 00	Each		
15	7/1/14-1/31/15 COST OF PERFORMANCE BOND WILL HAVE NO BEARING ON AWARD	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 considered unless a signed 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.



**Department of Administration / Division of Purchases**  
**One Capitol Hill, Providence, Rhode Island 02908-5855**  
**Web Site: [www.purchasing.ri.gov](http://www.purchasing.ri.gov)**  
STATE OF RHODE ISLAND  
DIVISION OF PURCHASES

JANITORIAL SERVICES

GENERAL - This covers Janitorial Services for the location identified in the Purchase in accordance with the term and description of services contained in ATTACHMENT "B" of the referenced bid.

**RESPONSIBILITIES OF THE CONTRACTOR** - The contractor shall:

A. Furnish all labor, supervision, materials, and equipment to satisfactorily perform the janitorial services covered by this Request at the frequency and during the times specified in the description of work contained in ATTACHMENT "B".

B. Furnish all coordinating management, training, technical personnel, and special projects personnel as may be required during the term of the contract - these personnel shall be the direct agents and employees of the contractor, and may include, if required, a non-working resident supervisor who shall be the contractor's chief manager and agent in the performance of the services to be rendered hereunder;

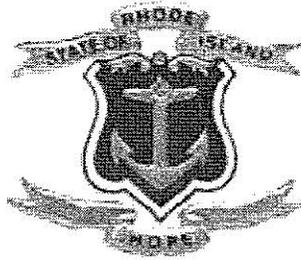
C. If required for the location, furnish its personnel with suitable identical uniforms approved by the State for use in performance of their duties herein;

D. Instruct its personnel to go about their work in a quiet manner, always respectful of the rights of the State - profanity and obscenity will not be permitted, and lunch periods, coffee breaks and smoking shall be restricted to designated areas;

E. Require all personnel to wear a name tag (supplied by the contractor during the performance of their duties);

F. Prohibit its employees from disturbing paper on desk tops and other work surfaces, opening desk drawers and cabinets, or using telephones or other office equipment. NOTE: IF WASHING OF DESK TOPS AND/OR OTHER WORK SURFACES IS REQUESTED IN ATTACHMENT "B", THE AGENCY COORDINATOR WILL DIRECT EMPLOYEES, AT THE APPROPRIATE TIME, TO REMOVE ALL PAPERS, EQUIPMENT AND PERSONAL ITEMS FROM THE AREA SO THAT THE CLEANING CAN BE ACCOMPLISHED BY THE CONTRACTOR;

G. Provide the necessary supplies and materials for the proper performance of the services described by this Request.



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H. Furnish and maintain all necessary cleaning equipment, needed to adequately perform the required services as described in ATTACHMENT "B";

Equipment or supplies which, in the opinion of the State, is of improper type or design (etc.), or otherwise inadequate or inappropriate for the purpose intended shall be removed from the premises and replaced by equipment or supplies approved by the agency coordinator for the State.)

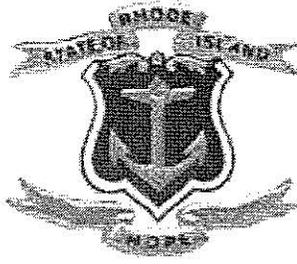
I. Assure that contractor personnel comply with the requirements of the R.I. Department of Environmental Management's State Office Recycling Program and the Regulations for Reduction and Recycling of Commercial and Non-Residential Solid Waste, which include:

1. separate collection of source separated recyclables,
2. maintaining the separation of recyclables from other rubbish,
3. placing recyclables in designated bags, or other containers,
4. any other duties necessary to maintain the recyclability of collected materials;

J. Insure that bottles and containers containing hazardous or toxic materials shall be properly marked and stored at all times; and

K. In addition to the work specified herein, the following duties shall be assumed by contractor personnel:

1. Upon arrival at the work site, provide/complete SIGN-IN SHEETS/TIME CARDS, copies of which will be retained by both the Contractor and the Building Superintendent;
2. Report fires, hazardous conditions, and items in need of repair or replacement including but not limited to lights, faucets, toilets, etc.,
3. Close windows and turn off lights when not in use,
4. Lock rooms in security areas after cleaning, returning keys to the designated office,
5. Return personal items lost or discarded in the building to the designated office, and
6. Lock doors and otherwise secure the building upon leaving the premises.



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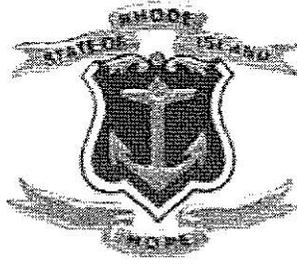
- I. 1. Vendor must provide a current list of workers. Additionally, vendor must provide a clear copy of the worker's current driver's license or R.I. identification card.
2. Vendor must provide the names of any newly hired employee forty-eight (48) hours in advance to agency.
3. All vendor employees/representatives must be cleared through BCI before being authorized to work in the building. All BCIs to be performed at the vendor's expense.
4. Vendor must notify agency upon termination of an employee.
5. Vendor must comply with all State and Federal laws.

CONTRACTOR PERSONNEL - The following requirements apply to all personnel of the contractor who may be directly involved in the work:

- A. Personnel shall be physically able to perform their assigned tasks, and shall be free from any communicable disease (the State reserves the right to require that personnel be given a physical examination by a licensed physician without cost to the State, with a certificate of such examination furnished to the State's agency coordinator prior to the beginning of the employee's service);
- B. Personnel shall be capable employees, thoroughly trained and qualified in the work assigned to them; and
- C. All site personnel shall be subject to such security clearance as the State may require.

The contractor shall provide the agency coordinator with the name, and date of birth for all employees involved in the work. The contractor shall agree that if any of the contractor's personnel assigned to the work prove not to be acceptable to the State for any just cause (including, but not limited to criminal conviction of any type), the State shall request the removal of the employee(s) involved, and acceptable replacements shall be provided by the contractor without dispute.

AGENCY COOPERATION - The State shall provide to the contractor:



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- A. Use of and access to storage space and janitors' closets on the premises all storage areas will be maintained by the contractor in a neat and orderly condition); and
- B. The necessary use of all utilities, including water, sewer, electricity, and in-house telephone service - however, the contractor shall insure that telephones are reserved for business purposes only.

**INDEMNITY AND INSURANCE**

The successful bidder(s) shall indemnify and save and keep the State harmless against any and all losses, costs of damages, claim expenses, or claims arising from the damage of the property of others occurring as a result of the work covered by this Request.

Additionally, the successful bidder(s) shall show evidence of coverage with a company or companies licensed to provide business insurance in the State, with minimum coverage as follows:

**COMPREHENSIVE GENERAL LIABILITY INSURANCE**

Bodily Injury	\$1,000,000 each occurrence \$1,000,000 annual aggregate
Property Damage	\$500,000 each occurrence \$500,000 annual aggregate

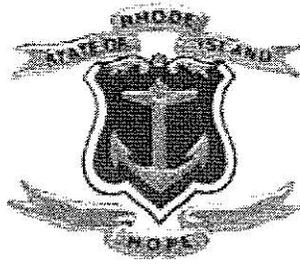
**WORKERS' COMPENSATION INSURANCE**

Coverage B	\$100,000
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or evidence of self-insurance or other representations of financial responsibility satisfactory to the State, at the discretion of the Purchasing Agent. Evidence of coverage must be provided by successful bidder(s) within 48 hours of request. It is a mandatory requirement for award.

**INSPECTION OF WORK** - The contractor is expected to be self-monitoring with respect to the performance of work against this contract and its quality. Additionally:

- A. The contractor shall submit a DAILY REPORT to the State's agency coordinator identifying areas cleaned and services performed, and
- B. Once each week (or on such other schedule as may be acceptable to the State), the agency coordinator and the contractor's supervisor shall



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make an inspection tour of the building to identify any deficiencies in performance, and to define any corrective action as may be required. The State also reserves the right to make inspections without the contractor when deemed necessary. THE SUBMISSION/COMPLETION OF THE ABOVE DESCRIBED REPORTS WILL BE STRICTLY ENFORCED.

(NOTE: Documentation of such inspections shall constitute due notice to the Contractor of discrepancies or deficiencies. Failure to respond to such notice and to permanently remedy the discrepancies or deficiencies in a prompt and timely manner shall constitute breach, and form grounds for termination, at the discretion of the State, within thirty (30) days of written notice issued by the Division of Purchases.)

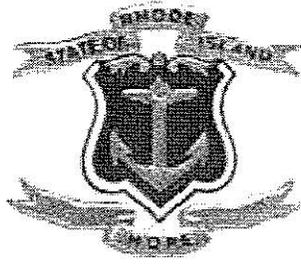
Copies of the Daily Reports of the quality of performance will be retained by the agency coordinator and the contractor. Daily Reports will be distributed to the Division of Purchases as a "back-up" to Complaint Reports (DP-65), when necessary.

**PENALTIES** - All Contracts must be complaint free within 60 days of inception or they are subject to immediate cancellation and possible suspension of the Vendor. Poor performance or lack of performance after the first 60 days will be addressed in the same manner.

**MODIFICATION AND TERMINATION** - The State reserves the right to modify the level(s) of service required for any location/building covered by this Request and to make equitable adjustment to rates or fees as a result, or to suspend or terminate services in their entirety at any time during performance, thirty (30) days following written notice to the Contractor.

**SUBMISSIONS MUST INCLUDE THE FOLLOWING IN ORDER TO BE CONSIDERED RESPONSIVE:**

- A. The Certification Cover Form (3 pages) signed by an owner, or authorized agent of the owner, of the firm making the offer.
- B. A price offer, Request for Quote, complete in all aspects.
- C. There is no ATTACHMENT "A".
- D. ATTACHMENT "B" is for vendor information and does not need to be submitted with proposal.
- E. A technical proposal, ATTACHMENT "C", for each location for which a price offer has been made, complete in all respects.
- F. There is no attachment "D".



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- G. Attachment "E" is for vendor information and does not need to be submitted with proposal.
- H. Costing page worksheet, ATTACHMENT "F", complete in all respects.



**RI DIVISION OF PURCHASES**

**REQUESTS FOR BIDS – JANITORIAL SERVICES**

**ATTACHMENT “B” – AGENCY WORKSHEET**

**GENERAL INFORMATION/SPECIFICATIONS**

DATE: September 6, 2011

AGENCY: DOA

LOCATION: Chapin Health Lab

AGENCY COORDINATOR: Frank Glavin

PHONE # 222-5558

STATE “ESTIMATED SQUARE FOOTAGE OF ALL AREAS TO BE CLEANED”: 68000  
(SUPPLY FLOOR PLAN, IF AVAILABLE) BREAKDOWN –TILE 2000  
CARPET 2400  
VCT 63600

A. IS AN “INITIAL CLEANUP” FOR A THIRTY (30) DAY PERIOD NECESSARY BASED ON THE CURRENT CONDITION OF THIS BUILDING?

YES  NO

B CONTRACT PERIOD – FROM: February 1, 2012 TO: January 31, 2015

**ROUTINE CLEANING**

C. SPECIFY TIME FRAME WITHIN WHICH WORK MUST BE DONE: (indicate AM or PM)  
FROM: 12pm TO: 4pm

D. DAYS OF WEEK WORK TO BE PERFORMED:

MON  TUE  WED  THU  FRI  SAT  SUN

NOTE: SCHEDULED WORK DAYS/WORK HOURS THAT ARE NOT WORKED FOR ANY REASON, INCLUDING, BUT NOT LIMITED TO, HOLIDAYS, BAD WEATHER, POWER FAILURES, VENDOR EMPLOYEE ABSENCE, ETC., MUST BE DEDUCTED FROM VENDOR’S INVOICE BEFORE SUBMITTING IT TO THE STATE. THE DEDUCTION SHALL BE CALCULATED BY DIVIDING THE MONTHLY RATE BY EITHER THE MONTHLY SERVICE DAYS OR MONTHLY SERVICE HOURS, AS MAY BE APPLICABLE TO THE INSTANCE.

**SPECIAL CLEANING**

E. REGULAR SERVICE OF DAY PORTER DURING THE DAYTIME HOURS FOR THE PURPOSE OF CONTINUAL CLEANING OF BATHROOM, BREAK ROOMS, OR WHATEVER IS REQUIRED – A DAY PORTER IS IN ADDITION TO REGULAR CLEANING (indicate AM or PM):

FROM: N/A TO: N/A

DAYS OF WEEK WORK FOR DAY PORTER:

MON  TUE  WED  THU  FRI  SAT  SUN

F. DEPOSIT WASTE IN OUR RECEPTACLES (DUMPSTERS): YES  NO

NOTE: ALL PLASTIC BAGS MUST BE SUPPLIED BY THE VENDOR – NO EXCEPTIONS ALLOWED

G REMOVE ALL WASTE DAILY FROM BUILDING AND GROUNDS: YES  NO

H RESTROOMS, TELEPHONES AND WATER FOUNTAINS MUST BE DISINFECTED PER SPECIFICATION NO. 6620-005 TYPE III, DATED 6/3/99.

I. NO PROPANE POWERED EQUIPMENT IS ALLOWED IN STATE BUILDINGS – NO EXCEPTIONS ALLOWED

**CHECKLIST FOR JANITORIAL SERVICES**

SERVICE REQUIRED FREQUENCY OF SERVICE	DAILY	TIMES WEEKLY	TIMES MONTHLY	TIMES YEARLY
<u>ROUTINE SERVICES</u>				
1. EMPTY ALL WASTEBASKETS, RECEPTACLES AND REPLACE LINERS AS NEEDED;	<input checked="" type="checkbox"/>	—	—	—
2. WASH ALL WASTEBASKETS IN OFFICE(S) AS NEEDED;	<input checked="" type="checkbox"/>	—		
3. WASH ALL WASTE RECEPTACLES IN LUNCHROOMS;	<input type="checkbox"/>	—	1	—
4. DUST ALL OFFICE FURNITURE AND EQUIPMENT – FILES, ETC.;	<input type="checkbox"/>	1	—	—
5. DUST ALL BUILDING SURFACES WITHIN REACH – WINDOW SILLS, DOOR AND WINDOW FRAMES, PANELS, WALLS, ROOM DIVIDERS, CHAIR RAILS, BASEBOARDS, MOLDINGS, HANDRAILS, LEDGES, ETC., USING A TREATED CLOTH;			4	—
6. WASH AND SANITIZE ALL DRINKING FOUNTAINS USING <u>GERMICIDAL</u> CLEANER;	<input type="checkbox"/>	2	—	—
7. DUST ALL HIGH PARTITIONS, PIPES, VENTS, MOLDINGS, ETC.;			—	—
8. DAMP WASH AND POLISH ALL BUILDING SURFACES WITHIN REACH – WINDOW SILLS, DOOR AND WINDOW FRAMES, PANELS, WALLS, ROOM DIVIDERS, CHAIR RAILS, BASEBOARDS, MOLDINGS, HANDRAILS, LEDGES, ETC., USING A TREATED CLOTH;			2	—
9. DUST ALL BLINDS;				2
10. REMOVE FINGERPRINTS, MARKS AND SMUDGES FROM WOODWORK, WALLS AND PARTITIONS;	<input type="checkbox"/>	—	1	—
11. CLEAN AND POLISH BRIGHT METAL WORK;	<input type="checkbox"/>	3	—	—
12. VACUUM ALL VENTS (EXPOSED GRILL WORK);			—	—
13. WASH RUBBER FLOOR MATS;	<input type="checkbox"/>	1	—	—
14. CLEAN CHALKBOARDS AND CHALK TRAYS, DRY METHOD;	<input type="checkbox"/>	—	—	—
15. WASH LIGHT FIXTURES;			—	—
16. WALL WASHING:           STAIRWAY HALLWAY CORRIDOR CLASSROOM OFFICE			2 — — — —	— — — — —
OTHER AREAS – SPECIFY: _____				

**CHECKLIST FOR JANITORIAL SERVICES**

SERVICE REQUIRED FREQUENCY OF SERVICE	DAILY	TIMES WEEKLY	TIMES MONTHLY	TIMES YEARLY
17. WASH ALL ENTRY GLASS – DOORS (INSIDE AND OUTSIDE), PARTITIONS, DIVIDERS, ETC.;	<input checked="" type="checkbox"/>	—	—	—
18. WASH ALL EXPOSED GLASS SURFACES – GLASS PARTITIONS, INTERIOR GLASS DOORS, DISPLAY CASES, DIRECTORY BOARDS, MIRRORS, GLASS DRAFT WINDOWS SHIELDS, ETC.;	<input checked="" type="checkbox"/>	—	—	—
19. REPLACE BURNED OUT LIGHTS FROM AGENCY'S STOCK;	<input type="checkbox"/>	—	—	—
20. SWEEP STOOPS AND SIDEWALK AREAS (ONLY AREAS LISTED); _____ _____	<input checked="" type="checkbox"/>	—	—	—
21. POLICE AREA ADJACENT TO BUILDING AND REMOVE BOTTLES, PAPERS, CIGARETTE BUTTS, ETC.;	<input checked="" type="checkbox"/>	—	—	—
<u>LAVATORIES:</u>				
22. <u>CLEAN RESTROOMS – FLOORS, URINALS, TOILET BOWLS, SEATS, COMPARTMENTS, FIXTURES AND WALLS WITH A QUARTENARY GERMICIDAL SOLUTION, WHICH IS EPA REGISTERED ACCORDING TO GSA PROCEDURES;</u>	<input checked="" type="checkbox"/>	—	—	—
<u>FLOORS:</u>				
23 SWEEP AND/OR DUST MOP ALL FLOOR SURFACES WITH TREATED MOPS;	<input checked="" type="checkbox"/>	—	—	—
24. SWEEP AND DUST STAIRS, LANDINGS AND HANDRAILS:  FRONT: _____ OTHERS SPECIFY: _____	<input type="checkbox"/>	—	1	—
25. WET MOP ALL TRAFFIC LANES – ENTRIES, HALLS, ETC.;	<input checked="" type="checkbox"/>	—	—	—
26. WET MOP ALL OFFICES, CLASSROOMS, ETC.;	<input type="checkbox"/>	3	—	—
27. WET MOP STAIRS AND LANDINGS –  FRONT: _____ OTHERS, SPECIFY: _____	<input type="checkbox"/>	—	1	—

### CHECKLIST FOR JANITORIAL SERVICES

SERVICE REQUIRED FREQUENCY OF SERVICE	DAILY	TIMES WEEKLY	TIMES MONTHLY	TIMES YEARLY
28. VACUUM ALL CARPETING IN TRAFFIC AREAS, STAIRS, LANDINGS, CORRIDORS, ENTRANCES;	<input checked="" type="checkbox"/>	—	—	—
29. VACUUM ALL CARPETING IN OFFICES, CLASSROOMS, ETC.; SPECIFY: _____	<input type="checkbox"/>	1	—	—
30. SPOT CLEAN ALL CARPETING, AS NECESSARY TO REMOVE SPILLS, SMALL AREAS, ETC ;	<input type="checkbox"/>	—	—	—
31. SPRAY CLEAN AND MACHINE POLISH ALL NON- CARPETED FLOORS IN TRAFFIC LANES, CORRIDORS, ENTRANCES, ETC.;	<input type="checkbox"/>	3	—	—
32. SPRAY AND MACHINE POLISH ALL OTHER NON- CARPETED FLOOR AREAS: _____	<input type="checkbox"/>	1	—	—

**JANITORIAL SERVICES – FLOOR MAINTENANCE**

**FLOOR SERVICE:** STRIP, SEAL AND FINISH

- A. MACHINE STRIP AND REFINISH ALL NON-CARPETED FLOORS IN TRAFFIC AREAS, CORRIDORS, ENTRANCES, ETC.
  
- B. MACHINE STRIP AND REFINISH ALL NON-CARPETED FLOORS IN CLASSROOMS, OFFICES, ETC.

SPECIFY: Once yearly after winter (April). Provide unit pricing for additional requests.

**NOTE:**

AGENCY MUST SPECIFY THE TYPE OF FLOOR CLEANING CHEMICALS AND EQUIPMENT THAT WILL BE USED AT THE SPECIFIC LOCATION. THE OFFICE OF PURCHASES RECOMMENDS A "HIGH SPEED FLOOR CARE SYSTEM". YOU CAN SPECIFY ANY ONE OF THESE "SYSTEMS" LISTED OR ANY SYSTEM EQUAL TO THOSE LISTED.

**FREQUENCY OF FLOOR SERVICE WILL BE DIRECTED BY THE AGENCY COORDINATOR AND MUST BE IN ACCORDANCE WITH THE MANUFACTURER'S RECOMMENDED INSTRUCTIONS FOR PROPER MAINTENANCE.**

LIST CHEMICALS:

STRIPPER: Agency Recommended  
SEALER: Agency Recommended  
FINISH: Agency Recommended  
RESTORER: Agency Recommended  
CLEANER: Agency Provided

LIST EQUIPMENT:

MANUFACTURER BRAND: \_\_\_\_\_  
MODEL #: \_\_\_\_\_  
SIZE: \_\_\_\_\_  
RPM: \_\_\_\_\_

ATTACHMENT "C"  
SPECIFICATIONS - (Janitorial Services)

Bidder \_\_\_\_\_ R.I. Request No.: \_\_\_\_\_  
Service Location: CHAPIN HEALTH LAB, 50 ORMS ST, PROVIDENCE, RI

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1. Labor Rate (per man-hour) Charged in this Offer: \$ \_\_\_\_\_
  
2. Certificate of Insurance enclosed:     Yes     No  
Name of Carrier: \_\_\_\_\_
  
3. Number of employees to be assigned to this requirement:  
3A. On a full-time basis: \_\_\_\_\_    3B. On a part-time basis: \_\_\_\_\_
  
4. Total number of man-hours planned to be used for this requirement:  
\_\_\_\_\_ Per Week    Full Time \_\_\_\_\_    Part Time \_\_\_\_\_
  
5. Will you have an on site supervisor at this location at all times? \_\_\_\_\_
  
6. If Yes to 5, will this supervisor do janitorial work as well as supervise or strictly do supervisory duties? \_\_\_\_\_
  
7. Equipment proposed for use on this requirement - NOTE: FLOOR CLEANING EQUIPMENT AND CHEMICALS MUST BE AS SPECIFIED, OR EQUAL TO, TYPE STATED IN ATTACHMENT "B". THE OFFICE OF PURCHASES RESERVES THE RIGHT TO DECIDE EQUALITY:

Description/Model Year	Brand/Model No.	No. of Units
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

NOTE: EQUIPMENT OFFERED MUST BE LESS THAN FIVE (5) YEARS OLD UNLESS CONTRACTOR CAN PROVIDE PROOF THAT THE WARRANTY EXCEEDS FIVE (5) YEARS.

**ATTACHMENT "C"**  
**SPECIFICATIONS - (Janitorial Services)**

Bidder \_\_\_\_\_ R.I. Request No.: \_\_\_\_\_  
 Service Location: CHAPIN HEALTH LAB, 50 ORMS ST, PROVIDENCE, RI

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8. Material/supplies to be used on this requirement - NOTE: FLOOR CLEANING SUPPLIES MUST BE AS SPECIFIED, OR EQUAL TO, THOSE STATED IN ATTACHMENT "B". THE OFFICE OF PURCHASES RESERVES THE RIGHT TO DECIDE EQUALITY:

Manufacturer	Brand /Model No.	Qty/Week
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

9. Other (similar) Contracts Undertaken (other than for the State):

Client	Description	Contract/Year Value
Tel. # _____	_____	_____/_____
Tel. # _____	_____	_____/_____
Tel. # _____	_____	_____/_____

10. Other (similar) Contracts Undertaken (for the State):

Agency	Location	Purchase Order
_____	_____	_____
_____	_____	_____
_____	_____	_____

11. Has your firm (Have you) been subject to suspension, debarment, or criminal conviction by the State of Rhode Island, or any other jurisdiction? YES [ ] NO [ ]

12. Has the State ever terminated contracts with your firm for cause? YES [ ] NO [ ]

13. Has your firm ever withdrawn from a contract with the State during its performance? YES [ ] NO [ ]

ATTACHMENT "C"  
SPECIFICATIONS - (Janitorial Services)

Bidder \_\_\_\_\_ R.I. Request No. : \_\_\_\_\_  
Service Location: CHAPIN HEALTH LAB, 50 ORMS ST, PROVIDENCE, RI

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If you have answered "Yes" to any of the foregoing, please explain the circumstances below:

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CERTIFICATION BY BIDDER:

\_\_\_\_\_  
-Authorized Representative-

\_\_\_\_\_  
-Signature-

\_\_\_\_\_  
-Title-

\_\_\_\_\_  
-Date-

Attachment "E"

STATE OF RHODE ISLAND  
DEPARTMENT OF ADMINISTRATION  
OFFICE OF PURCHASES  
ONE CAPITOL HILL  
PROVIDENCE, RI 02908

**SPECIFICATION NO. 6620-005 Germicidal Detergents**  
Date: 6/3/99 Supersedes: 4/20/98

**1. SCOPE AND CLASSIFICATION:**

1.1 This specification covers Germicidal Detergents for use by all State Agencies requiring "hospital type" disinfectants as defined by the Environmental Protection Agency (EPA) for registration under Federal Insecticide, Fungicide and Rodenticides Act and other applicable Federal Requirements

**1.2 Classification:**

- Type I. phenolic, Liquid
- Type II. Quaternary Ammonium Compound, Liquid or Dry
- Type III. Quaternary Ammonium Compound, Liquid or Dry with Odor Counteractants

**2. Applicable Specifications:**

2.1 The following Specifications, Acts, Laws and Test Methods, of the issues in effect on date of invitation for bids, form a part of this specification

**3. Requirements:**

**3.1 Information to be furnished:**

3.1.1 Labels: The bidder shall submit two manufacturer's labels of the product, which he is offering for consideration listing the following information

- a Product name or trade name
- b Manufacturer's name and address
- c Active Ingredients
- d Directions for use and recommended dilutions.
- e Any precautions necessary in using and handling the product
- f EPA registration number
- g All information pertinent to Federal and State Laws affecting the labeling of disinfectants

3.1.2 Technical Specification -- Test Reports: Bidder shall submit certified test data confirming the germicidal effectiveness at the use dilution recommended on the label of the product offered under this specification. Tests shall be in accordance with the AOAC latest official test method with efficacy against:

- Mycobacterium Tuberculosis var bovis (BGG) - (for Type I only)
- Staphylococcus Aureus - ATCC 6538
- Pseudomonas Aeruginosa - ATCC 10708
- Trichophyton Mentagrophytes
- Methicillin Resistant Staphylococcus Aureus (MRSA)

3.1.3 Virucidal Activities: when used in accordance with the least favorable use dilution indicated on the label, product shall be virucidal for strains of Herpes, Vaccinia and influenza A2, HIV-Contact time shall be ten (10) minutes

3.1.4 All biological testing shall be done in the presence of 5% (Blood) serum and 400 PPM hard water. These claims shall be registered with the U S E P A

**3.1.5 Descriptive Literature:** The bidder shall submit (in duplicate) brochures, booklets, circulars and/or other descriptive literature outlining suggested dilutions and the complete uses of the product offered for consideration

**3.1.6 Approval for use on conductive flooring:** The product must be classified as to use on electrically conductive flooring by any nationally operated laboratory, recognized and equipped to perform this service and accepted as such by the Division of Purchases

**3.1.7 Certification:** Certified statement, furnished by the manufacturer on their standard letterhead and signed by an officer or other responsible official, stating that the product offered and proposed to be supplied meets or exceeds all the requirements of this specification

**3.2 MATERIALS:**

**3.2.1 Type I--** Shall be a combination of multi-non-selective phenolic compounds and synthetic biodegradable detergents in a concentrated form intended as a concurrent disinfecting and cleaning agent. This product shall be made from uniformly high grade materials and ingredients; shall provide broad spectrum disinfection and shall not impart acrid and disagreeable odors

**3.2.1.1 Use-Dilution:** Confirmation at 10 minute kill. The highest use dilution specified on the label shall be germicidal for both *Salmonella Choleraesuis* (ATCC-10708) and *Staphylococcus Aureus* (ATCC 6538) under the condition of the current A.O.A.C. Use dilution method. The recommended use dilution shall be able to kill *Trichophyton Mentagrophytes* and the A.O.A.C. test strain *Pseudomonas Aeruginosa* (PRO-10) when tested according to the current A.O.A.C. test method and shall be able to kill the virulent strain of *Mycobacterium Tuberculosis Var Bois* (EGG) when tested according to the method currently acceptable to the EPA. The product shall be registered effective in the presence of 5% (blood) serum and 400 PPM hardwater as (CaCO<sub>3</sub>)

**3.2.1.2** It is recommended that a test method demonstrate Tuberculocidal activity by using Animal Passage Methods at the use dilution specified on the label. The product shall be registered effective in the presence of 5% (blood) serum and 400 PPM hard water as (CaCO<sub>3</sub>)

**3.2.2 TYPE II -** Shall be a combination of surface - active quaternary ammonium germicides and detergent cleansers in a concentrated form, for use as a combination cleaning and disinfecting agent for normal cleaning and disinfection. The product shall give positive germ-kill on both gram positive and gram negative organisms when diluted in accordance with the manufacturer's instructions and used as directed. The product shall be registered effective in the presence of 5% (blood) serum and 400 PPM hardwater (as CaCO<sub>3</sub>)

**3.2.2.1 Use-Dilution:** Confirmation at 10 minute kill. The highest use dilution specified on the label shall be germicidal for *Salmonella Choleraesuis* (ATCC 10708) *Staphylococcus Aureus* (ATCC 6538) *M.R.S.A.* and *Pseudomonas Aeruginosa* (PRO-10) under the conditions of the current A.O.A.C. Use dilution confirmation test method. The product shall be registered effective in the presence of 5% (blood) serum and 400 PPM hardwater (as CaCO<sub>3</sub>)

**3.2.3. Type III -** Shall be a combination of surface active quaternary ammonium germicides, non-ionic surfactants, organic chelating agent and odor counteractants, in a concentrated liquid form, intended for use as a multi-purpose disinfectant, detergent and deodorizer. The product shall give positive germ kill on both gram positive and gram negative organisms when diluted in accordance with the manufacturer's instructions and when used as directed

**3.2.3.1 Use Dilution:** Confirmation at 10-minute kill. The highest use dilution specified on the label shall be germicidal for *Salmonella Choleraesuis* (ATCC 10708) *Staphylococcus Aureus* (ATCC 6538) and *Pseudomonas Aeruginosa* (PRO-10) under the conditions of the current A.O.A.C. use

dilution Confirmation test method, and shall demonstrate efficacy in 5% (blood) serum and 400 PPM Hardwater

**3.3 Stability** -- Shall be stable and effective in hard water, shall not break down in the presence of proteinaceous material; and shall have a storage life of one year without excessive loss of antimicrobial potency and detergency or detergent activity

**3.4 PH of Use Dilution** -- shall be within the range of 2.5 to 3.5 or 10.0 to 11.0 when prepared with distilled water at 20 c

**3.5 Flash Point** -- Shall show a closed cup flash point of over 100F when tested by any standard flash point method

**3.6 Conductivity** -- Shall not adversely affect the conductivity of conductive surgical and obstetrical floors

**3.7 Cleaning Efficiency** -- the germicidal detergent at the recommended use dilution shall not be harmful to any type flooring, painted or varnished surfaces. It shall be free rinsing and shall exhibit a cleaning efficiency of at least 95% when tested in accordance with Interim Federal Specification P-D 220

**3.8 Toxicity** -- The acute oral toxicity, LD50, of the concentrate shall not be lower than 2.5 grams per kilogram of body weight when tested by method described in Regulations of Enforcement of the Federal Insecticide, Fungicide and Rodenticides Act

**3.9 Dermatitis** -- No recommended use dilution shall be more irritant than 1% solution of Liquid Cresols Saponatus NF when applied to the skin of a closely clipped adult albino rabbit on a pad of cotton gauze (1 inch square, 2 layers thick) for a period of eight hours at the rate of one milliliter of solution per pad

#### **4 PACKAGING AND DELIVERY:**

**4.1 Packaging:** Germicidal Detergent shall be furnished in the following size factory sealed containers as requested by the Agencies in the invitation to bid. The product shall neither affect, nor be affected by, the containers in which it is furnished for a period of one (1) year from date of delivery. The unit of purchase shall be U.S. liquid gallons. One-gallon plastic jugs, Five-gallon metal, plastic or combination metal and plastic cans fitted with pouring spout

**4.2 Marking:** Unless otherwise specified in the invitation for bids, all packages shall be marked on a side or end with the following:

- a. Product Name or Trade Name
- b. Manufacturer's name and address
- c. Active ingredients
- d. Directions for use and recommended dilutions
- e. Any precautions necessary in using and handling the product
- f. EPA Registration Number
- g. All information pertinent to Federal and State laws affecting the Labeling of Disinfectants

#### **5 SAMPLING, INSPECTION AND TEST PROCEDURE:**

**5.1 Sampling:** Random sampling will be made at the delivery point by taking a sample from each regular delivery to determine that markings, materials and weight comply with this specifications

**Page 4, Specification No 6620-005 Germicidal Detergents**  
**Date: 6/3/89**

**5.2 Testing:** This product may be tested as deemed necessary by Division of Purchases, in accordance with Section 3. In the event samples fail to meet all conditions and requirements of the specification, the cost of the testing shall be borne by the supplier.

**6. NOTE:**

**6.1 Basis of Award:** Award will be made to the lowest responsible bidder meeting all of the requirements of this specification and evaluated as such by the proper authority in the Division of Purchases using a use dilution cost per gallon factor against the widest spectrum of bacteria. If use dilution rate varies with each organism the least favorable to the bidder will be utilized in establishing the basis for cost.

**6.2 Material Safety Data Sheet:** Each contractor must furnish not less than two copies of a Material Safety Data sheet (Form OSHA-20) for each substance outlined in the State Labor Laws, Chapter 28-21.

**6.3 FAILURE TO SUBMIT CERTIFICATIONS FOR NECESSARY INFORMATION ON THE PRODUCT BID UPON SHALL BE SUFFICIENT CAUSE FOR REJECTION OF BID**

This specification shall, until revised or rescinded, apply to each future purchase and contract for the commodity described herein. Copies of State of Rhode Island Specifications may be obtained from: Division of Purchases, Standards Unit, One Capitol Hill, Providence, RI 02908.

Copies of Standards of the American Society for Testing and Materials may be obtained from: American Society for Testing Materials, 1916 Race Street, Philadelphia, PA 19103.

Copies of AOAC Official Test Methods may be obtained from The Association of Official Analytical Chemists, Box 540 Benjamin Franklin Station, Washington, DC 20044.

Copies of Federal documents may be obtained from Superintendent of Documents, U.S. Printing Office, Washington, DC 20042.

**JANITORIAL SERVICES  
 COSTING PAGE WORKSHEET  
 FOR THE PERIOD 2/1/12-1/31/13  
 (ROUTINE SERVICES ONLY)**

VENDOR NAME:

LOCATION:

BID NUMBER

CHAPIN HEALTH LAB, 50 ORMS ST., PROVIDENCE, RI

**DIRECT LABOR**

ITEM #	CATEGORY	\$/MAN HOUR	MAN HRS/WK	MAN HRS/YR	TOTAL DOLLARS/YR
1	JANITORS ( )				
2	SUPERVISOR ( )				
3	DAY PORTIER ( )				

TOTAL (SUM 1 THRU 3)

A

**PAYROLL RELATED**

ITEM #	CATEGORY	PERCENTAGE	TOTAL DOLLARS/YR
1	F I C A .	7.65 % x A	
2	F U I	0.8 % x A	
3	S U I	3.6 % x A	
4	WORK COMP .	10.55 % x A	
5	LIABILITY	3.45 % x A	
6	JUI	0.1 % x A	

TOTAL PAYROLL RELATED (SUM 1-6)

B

TOTAL "A" AND "B"

C

**OTHER OPERATING COSTS**

ITEM #	CATEGORY	PERCENTAGE	TOTAL DOLLARS/YR
1	SUPPLIES	% x A	
2	EQUIP	% x A	
3	EQUIP REPAIRS	% x A	
4		% x A	
5		% x A	

TOTAL OTHER OPERATING COSTS (SUM 1-5)

D

GRAND TOTAL OPERATING COSTS (C + D)

E

OVERHEAD

% x E

ATTACH xls

F

JANITORIAL SERVICES  
COSTING PAGE WORKSHEET  
FOR THE PERIOD 2/1/12-1/31/13  
(ROUTINE SERVICES ONLY)

VENDOR NAME:

LOCATION:

BID NUMBER

CHAPIN HEALTH LAB, 50 ORMS ST., PROVIDENCE, RI

GRAND TOTAL OPERATING & OVERHEAD (E + F)

G

PROFIT

$\% \times G$

H

GRAND TOTAL OPERATING, OVERHEAD & PROFIT (G + H)

I

## Contract Terms and Conditions

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## **Terms and Conditions**

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

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

#### **BOND REQUIRED (PERFORMANCE & LABOR/PYT)**

NO BID SURETY REQUIRED TO BE SUBMITTED WITH BID. HOWEVER, THE SUCCESSFUL BIDDER WILL BE REQUIRED TO FURNISH PERFORMANCE AND LABOR AND PAYMENT BONDS AT TIME OF TENTATIVE CONTRACT AWARD

#### **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**

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed 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. When delivering offers in person to One Capitol Hill, vendors are advised to allow at least one

hour additional time for clearance through security checkpoints

**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.

**AWARD**

THE STATE, 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

**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

**DELIVERY PER AGENCY**

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY