



Solicitation Information
May 30, 2012

BID NO. 7449772

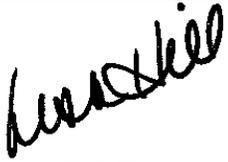
TITLE: PRIMARY SEAT BELT USAGE: EDUCATION AND STATEWIDE PUBLIC
OUTREACH PROGRAM (MULTIPLE AWARDS ANTICIPATED)

Submission Deadline: JULY 11, 2012 @ 11:30 AM (Eastern Time)

COMMUNITY WORKSHOPS SCHEDULED: YES		Mandatory: NO
DATE:	TIME:	LOCATION:
THURSDAY, MAY 31, 2012	9:00 AM to 10:30 AM	Federal Hill House 9 Courtland Street Providence, RI 02909
MONDAY, JUNE 4, 2012	5:00 PM to 6:30 PM	St. Martin dePorres 160 Cranston Street Providence, RI 02918
THURSDAY, JUNE 7, 2012	1:00 to 3:30 PM	St. Martin dePorres 160 Cranston Street Providence, RI 02918
TUESDAY, JUNE 12, 2012	10:00 AM to NOON	Dr. Martin Luther King, Jr. Community Center 20 Dr. Marcus F. Wheatland Blvd. Newport, RI 02840
TUESDAY, JUNE 12, 2012	2:00 to 4:00 PM	Progresso Latino, Inc. 626 Broad Street Central Falls, RI 02888

SURETY REQUIRED: No

BOND REQUIRED: No

Lisa Hill 
Chief Buyer - DOT

Vendors must register on-line at the State Purchasing Website at www.purchasing.ri.gov

NOTE TO VENDORS: Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

**STATE OF RHODE ISLAND
DEPARTMENT OF TRANSPORTATION
Office on Highway Safety**

BID NO. 7449772

PRIMARY SEAT BELT USAGE: EDUCATION & STATEWIDE PUBLIC OUTREACH PROGRAM

The Rhode Island Department of Administration/ Office of Purchases, on behalf of the Rhode Island Department of Transportation/ Office on Highway Safety (RIDOT/OHS) is seeking qualifying HS-1 applications (HS-1) from non-profit community based organizations (CBO) outlining community based interventions designed to promote seat belt usage. All applications received will be initially technically reviewed and evaluated by RIDOT/OHS to ensure that proposals submitted qualify under the imposed National Highway Traffic Safety Association (NHTSA) SECTION 406 federal grant guidelines; additionally, RIDOT is collaborating with the Black and Latino Caucus Community Partnership to subsequently review qualifying applicants to ensure that proposed CBO has both the organizational capability and financial capacity to provide the services proposed.

Background/ Introduction:

On June 30, 2011, the RI General Assembly passed and Governor Lincoln Chaffee signed legislation that made the failure to wear seatbelts by adults a primary offense in Rhode Island. The **Primary Seat Belt Law (RIGL 31-22-22)** allows law enforcement officers to issue a ticket to a driver or a passenger for not wearing a seat belt without any other traffic offense taking place. Under the new primary seatbelt law violators would face an \$85 fine.

Prior to enactment of legislation, RI State law classified failure to wear seatbelts as a secondary offense and officers could cite seatbelt violations only if a primary offense had first occurred such as running a red light or driving above the posted speed limit. The new primary seat belt legislation makes it clear however that police cannot search a vehicle, driver or occupant that has been stopped for failure to wear a seat belt unless they have committed another violation.

Enactment of this primary seatbelt law made Rhode Island eligible for an additional \$3.7 Million in federal funding to be issued under SAFETEA-LU Program Grant SECTION 406 entitled "Incentive Grants to Support Increased Safety Belt Use Rates". The purpose of this program is to encourage the enactment and enforcement of primary seatbelt use laws and encourage increased seat belt safety use. A State may use these grant funds for any behavioral highway safety purpose or for any project that corrects or improves a hazardous roadway location or proactively addresses highway safety problems. However at least \$1 Million of the amount received by each State must be obligated for behavioral highway safety activities.

Program Concept/ Goal:

Prior to passage of the State's primary safety belt law for all occupants, Rhode Island had continued making progress with its safety belt use rate. The observed safety belt use increased from 72 percent in 2008, to 75 percent in 2009, to 78 percent in 2010 and 80.4% in 2011. Currently as of April 2012 seat belt usage has increased to 84.5%. However, with regard to occupant protection, national highway safety statistics show that minorities get killed and injured in vehicles at a higher rate than the national average and are less likely to use seat belts. In light of this information, this initiative was developed to help promote a multi-cultural awareness among Rhode Island's minority urban communities to help develop community-based educational and outreach activities designed to promote seatbelt usage.

The RIDOT/OHS current Highway Safety Plan defines about 90 percent of the population resides in urban areas, the largest of which is Providence, the State capital. Rhode Island has one of the fastest growing Hispanic and Southeast Asian communities in the nation. Since 1980, the Hispanic population of Rhode Island has more than doubled and this ethnicity makes up 12 percent of Rhode Island's population. African Americans, Asian Americans, and Native Americans now comprise nearly 9 percent of the State's population. An interesting correlation with regard to RI'S increasing Cambodian population and cultural patterns, the International Transport Forum's (ITF) Road Safety Annual Report 2011 which monitors safety in about 30 countries, reported that although several countries have recorded a pronounced reduction in highway fatalities, several countries - citing Cambodia in particular - recorded a 300 percent increase in the number of deaths.

This increasing racial and ethnic diversity of the U.S. population, with rapid growth of different racial, ethnic and linguistically isolated subpopulations in many communities, presents a challenge in both developing and communicating effective seatbelt safety program initiatives. Therefore, the Department's goal is to collaborate with multicultural organizations to develop and institute community based seatbelt interventions/ initiatives to reach multicultural populations across Rhode Island with special concentration on the following eight urban communities: Providence, Pawtucket, Central Falls, Cranston, East Providence, Newport, West Warwick and Woonsocket.

Program Objective:

The program objective for services obtained under this initiative defines culture in terms of language, thoughts, communications, actions, customs, beliefs, and values of racial, ethnic, religious or social groups. Applicants are encouraged to think in terms of providing a multicultural approach having the ability to function effectively within the context of diverse community cultures. Applications are requested from non-profit organizations with a strong knowledge and understanding of Rhode Island's minority communities promoting civic, educational, faith-based, health, law enforcement, media or youth inspired activities utilized to develop and provide feasible and sound approaches to enhance outreach and education with regard to minority seatbelt usage.

While multicultural groups are often thought of as a homogeneous population, it is important to bear in mind that there is tremendous diversity within diversity. For example, within the Hispanic population exists 20 Spanish-speaking nationalities that differ across many dimensions. In a Meharry-State Farm Alliance report on seat belt use among Hispanic sub-groups of national origin, the authors found that Hispanics from Mexico, Central America and South America were significantly more likely to buckle up than non-Hispanic whites. Yet Hispanic motorists of Puerto-Rican and Cuban origin were not significantly more likely to buckle-up than their non-Hispanic white counterparts.

Applications may include, but are not limited to the development of:

- Culturally appropriate and translated educational and outreach tools including public service announcements, posters, brochures, pamphlets, etc.
- Community outreach strategies such as participation in neighborhood meetings or faith based programs.
- Creation and media placement of a Public Service Announcement on Radio/TV networks with highest ratings of Hispanic viewers.

And outreach activities including but not limited to:

- Art Contest with images depicting seatbelt usage/safety to be held in local schools or neighborhood youth groups
- Host a “Youth Forum” to promote interactive discussion and activities geared to promoting seatbelt usage.
- Script an interactive play/performance with a seatbelt safety message geared towards younger adolescents and pre-school children
- Promote seat belt usage through use of an informational booth and/or materials set up at local ethnic festivals/celebrations
- Partner with local “drive through” merchants to distribute coupons for free gift to those wearing seatbelts
- Provide informational “stuffers” to local grocery stores to include in customer grocery bags
- Create a seatbelt safety campaign slogan or poster incorporating images of the community and the diversity of multi-lingual cultures
- Host a series of neighborhood meetings inviting community law enforcement, transportation officials and health and safety providers (e.g. RI Injury Prevention Center, AAA Representative)

Collaboration and/or partnership with other multicultural organizations in development and submission of seatbelt outreach initiatives are encouraged. **Creative partnerships** may help to facilitate design and implementation of proposed services as well as provide outreach access to a larger part of the minority population.

Applicants shall have adequate financial resources to effectively perform the services proposed. **Financial partnerships** are encouraged to enable smaller CBO groups to support project cost.

Applications must be well documented and explain any collaborative arrangements proposed.

Contract Term and Annual Total Cost

Approved services and defined costs awarded under this program will apply over a **12 MONTH TERM** commencing October 1, 2012 and expenditures must be received by RIDOT no later than September 30, 2013 in order to comply with FFY 2013 timeline.

RIDOT/OHS requires that the proposed dollar value of each HS-1 Application submitted range in total dollar value between \$5,000.00 to \$40,000.00. The sum of all individual grant awards issued as a result of the solicitation shall not exceed a total aggregate amount of **\$150,000.00** for FFY 2013 selected initiatives.

RIDOT/OHS anticipates multiple awards under this project 1) contingent upon individual technical adherence to federal guidelines and 2) subject to annual financial limitation for total awards generated.

RIDOT/OHS reserves the right to revise/negotiate any selected CBO proposed initiative/cost in line with the limited funding available under this procurement.

NHTSA Project Requirements:

Allowable project expenses under this Contract will include the following:

- Documented payroll, overhead and fringe benefits costs (i.e. utilities, internet, health insurance, dental, rent and any indirect expenditures;
- Documented Travel Costs (i.e. mileage, public transportation fares)
- Costs associated with seatbelt training (but not salaries to attend class/seminar)
- “New” seatbelt training materials
- *Expansion* of existing Seatbelt Programs already in place and activated (such as expanded outreach and usage)
- Promotional activities/collateral inclusive of pre-approved seatbelt messaging
- Purchasing advertising space/media spots (i.e. Billboard, TV /Radio commercial space)
- Audit Fees – only applicable if CBO annual aggregate costs exceeds \$500K

Unallowable project expenses under this Contract will include the following:

- *Existing* Seatbelt Programs already in place and activated (duplicated programs not accepted)
- Building construction, rehabilitation or remodeling
- Office furniture and fixtures
- Alcoholic beverages for consumption
- Lobbying

The above referenced items are provided as potential expenditures under this initiative; final costs will be subject to RIDOT/OHS review and NHTSA oversight prior to final selection approval and award.

Contract Terms/ Conditions

The RIDOT/OHS anticipates the award of multiple agreements to qualifying non-profit groups. ***All services associated with accepted initiatives must be invoiced by SEPTEMBER 30, 2013.*** Anticipated funding for this project will be 100% federal monies under the aforementioned NHTSA Federal Grant Program SECTION 406 specific to “Seatbelt Safety and Usage”.

Should federal funding for this project be ever reduced or ended, no other funding for this project will be made available. Notice of Contract Award/Purchase Order will be issued in accordance with the State’s Purchasing Regulations and General Conditions of Purchase copies of which are available at www.purchasing.ri.gov. Delivery of goods and services as described herein shall be deemed acceptance of these requirements.

During the life of the contract, the successful CBO will be required to obtain prior approval, from RIDOT/OHS, for all proposed community based outreach program interventions.

For the purpose of open communication and project interaction, RIDOT reserves the right to perform CBO site visits at any time during the contract period.

Compensation/ Invoice and Payment Terms

This request will result in a performance-based contract. Compensation will be based on the accepted Firm Fixed Pricing of the successful CBO. Monthly payments will be triggered by the successful completion and formal acceptance by the RIDOT/OHS of the **defined critical deliverables and**

activity milestones in the accepted HS-1 Application as they are completed through the contract period.

Monthly invoices indicating the submission of deliverables and completion of activity milestones are to be accompanied by a listing of administrative and operating costs incurred to-date.

RIDOT/OHS will review and accept invoices for payment processing in a timely manner conditional upon satisfactory completion and acceptance of (1) all programmatic requirements and (2) complete, accurate submission of scheduled deliverables.

At the point of award, a Letter of Approval along with the accepted HS-1 Application and executed Purchase Order will be issued by the RIDOT/OHS to the successful CBO along with a "Grants and Assurances" Agreement (G&A) confirming the contractual arrangements and mandated federal requirements. The authorized agent of the CBO will be directed to sign the G&A and remit original document back to the RIDOT/OHS. Upon receipt of the authorized G&A, the RIDOT/OHS will then issue a formal Notice to Proceed to the CBO to begin the work proposed.

General Notifications:

- All Respondents **MUST** register online at the RIVIP'S Internet website @ www.purchasing.ri.gov
- A fully completed signed ***RIVIP Bidder Certification Cover Sheet*** – *All three pages MUST* accompany response submitted. Failure to make a complete submission inclusive of this three-page document may **result in disqualification**. A copy of this 3-PAGE certification form should be in all proposals (originals and copies) submitted to the state for consideration.
- Should there be a need for assistance in registering and/or downloading any document, call (401) 574-8100 for RIVIP HELP DESK technical assistance. Office Hours: M–F 8:30 AM – 4:00 PM.
- The State does not require E-VERIFY compliance in any of its purchasing and/or hiring of services; however, Respondents are hereby advised that in line with the Federal Acquisition Regulations any federal contract based on the services requested may require that the State obtain evidence of E-VERIFY compliance from the successful Respondent.
- The Rhode Island Department of Transportation, in accordance with Title VI of the Civil Rights Act of 1964, 42 U.S.C. §§ 2000d - 2000d-4 and 49 C.F.R. Part 21, Nondiscrimination in Federally-Assisted Programs of the Department of Transportation – Effectuation of Title VI of the Civil Rights Act of 1964, issued pursuant to such Act, hereby notifies all bidders that it will affirmatively insure that in any contract entered into pursuant to this advertisement, Disadvantaged Business Enterprises will be afforded full opportunity to submit bids in response to this invitation and will not be discriminated against on the grounds of race, color, sex, national origin, age, or disability in consideration for an award.
- All costs associated with developing or submitting documents in response to this Request and/or in providing oral or written clarification of its content shall be borne by the Respondent. The State assumes no responsibility for these costs.
- It is intended that an award pursuant to this Request will be made to a Prime Respondent, who will assume responsibility for all aspects of the work. Collaborative partnership(s) is permitted provided arrangement(s) is clearly identified along with the type of work to be performed in response to this solicitation.

- All pricing submitted will be considered to be ***firm and fixed*** unless otherwise indicated herein.
- Submissions in response to this solicitation are considered to be irrevocable for a period of not less than one hundred and twenty (120) days following the established due date and may not be withdrawn without the express written permission of the State Purchasing Agent.
- Responses misdirected to other State locations or which otherwise are not received by the State Division of Purchases by the established due date for any cause will be determined to be late and will not be considered. The office clock, for the purpose of registering the arrival of a document, is in the reception area of the Department of Administration (DOA), Division of Purchases, One Capitol Hill, Providence, Rhode Island.
- Respondents are advised that all materials submitted to the State for consideration will be considered to be public records as defined in RI Gen Laws 38-2, without exception, and will be released for inspection immediately upon request once an award is made.
- In accordance with RI Gen. Laws 7-1.1-99, no foreign corporation (a corporation established other than in Rhode Island) has the right to transact business in this State until it has procured a Certificate of Authority to do so from the Office of the Secretary of State (401) 222-2357. IF APPLICABLE, A COPY OF RESPONDENT'S CERTIFICATE OF AUTHORITY MUST BE INCLUDED AS PART OF THE SUBMITTED RFP LOCATED BEHIND THE FRONT PAGE OF EACH COPY OF THE PROPOSAL. ***FAILURE TO DO SO MAY RESULT IN AUTOMATIC DISQUALIFICATION.***
- Although there is **NO DBE GOAL** assigned to this project, RIDOT encourages the utilization of DBE Firms on all projects. At the point of project completion RIDOT will determine and assess the overall DBE participation, if any, which will be attributed to the fulfillment of the Department's annual DBE Goal requirement.

Required Forms:

Besides the ***RIVIP Bidder Certification Cover Sheet*** -as required at the State level and obtained through the RIVIP website, RIDOT also requires that the following **FOUR (4) FORMS** be completed and included in your submission package in line with federal regulations and departmental policy. These FORMS will be reviewed for completeness and at the point of award will be made part of contract document.

- DEBARMENT FORM: Must be completed and signed by CBO authorized agent.
- LOBBYING FORM: Enter known project information on PAGE 1 (DESCRIPTION etc.); CBO must complete FORM and submit signed by an authorized agent of your Agency.
- CONFLICTS DISCLOSURE STATEMENT: In line with directions stated, completed FORM shall be signed and submitted accordingly.
- W-9 FORM: Must be completed and signed by CBO authorized agent. Form may be downloaded @ www.purchasing.ri.gov .

ALL FORMS (Except W-9) ARE ATTACHED TO SOLICITATION AND MUST BE COMPLETED AND COPIES SUBMITTED ALONG WITH EACH HS-1 APPLICATION SUBMISSION. ("ORIGINAL" & COPIES). PLEASE NOTE, FOR W-9 FORM ONLY, ONE (1) UNBOUND "ORIGINAL" COPY IS REQUIRED AT TIME OF SUBMISSION. COPIES OF W-9 NEED NOT BE INCLUDED IN INDIVIDUAL APPLICATION SUBMISSION..

HS-1 APPLICATION PROCESS AND INSTRUCTION

Interested CBO applicants must fully-complete the attached **HS-1 APPLICATION along with the required FORMS** for technical review and final selection recommendation. Applicants may either manually complete the “blank” HS-1 Application attached to this RFP or can access a “user friendly” electronic version available on the RIDOT website @ www.dot.ri.gov.

Applicants may attach additional sheets -as needed- to HS-1 application to document any or all of the responses requested. Please ensure that any additional sheets properly reference the matching response field. RIDOT will not be responsible for any mislabeled information cited.

An “**ORIGINAL**” **HS-1 plus SIX (6) COPIES** is required from each CBO applicant. Applications will be evaluated and scored based on the following project specifics:

PROJECT INFORMATION - Applicants must provide a detailed description of their proposed initiative and defined objective. Information provided should define specific activities and deliverables that will be utilized. Activities proposed shall be age appropriate and take place within the targeted community demographics (specifically, Providence, Pawtucket, Central Falls, Cranston, East Providence, Newport, West Warwick and Woonsocket.) Imagery and/or materials proposed shall be culturally appropriate and reflective of the ethnic diversity of the representative urban communities. Project timeframe (MAX 12 MONTHS) and frequency of activity (i.e. number of community meetings) shall be disclosed along with the address and contact information of proposed location/venue for scheduled activity.

Specific consideration will be given to Applicants who demonstrate a close relationship/ connection to the representative minority communities. Proven experience and outreach capabilities with the selected communities will be strongly evaluated.

PROJECT IMPACT -Proposed initiatives must be designed to promote **seatbelt usage**. Therefore, the impact of activities and materials proposed should encourage and persuade behavioral change with regard to driving habits and personal safety. To achieve this goal, each Applicant’s proposed initiative will be evaluated based on cultural suitability and personal connection to the minority community targeted. Venues chosen and project representation shall be tailored to minority outreach and participation in an effort to maximize this educational impact.

Evaluation will focus on applicants’ relationship with the community especially in terms of how this initiative will be integrated and utilized with regard to promoting seatbelt usage and safety.

MEASURABLE PROGRESS – Since this is a performance driven project, success shall be measured in terms of completed deliverables and/or milestones achieved. Measurable progress shall be determined based on behavioral patterns in place “before” proposed activities begin as compared to behavioral patterns “after” activities accomplished.

Evaluation will concentrate on measurable progress in terms of attainable goal(s) and project objective(s). Sustainability and feasibility of projected achievement(s) will be taken into consideration.

COST - Applicants shall provide an itemized breakdown (i.e. hours and expenses) with regard to firm and fixed TOTAL COST proposed. Evaluation will compare the level of project complexity against project cost. Applicant’s organizational capability and financial capacity to provide the services proposed will also be taken into consideration.

"SAMPLE" APPLICATION FOR HIGHWAY SAFETY PROGRAM GRANT- FORM HS-1

Generic project information is provided for applicant in "shaded" HS-1 fields: each applicant is required to complete all information requested in "non-shaded" fields.

PART I (To be completed by Project Director)

1. PROJECT TITLE BID NO. 7449772 - Primary Seatbelt Usage: Education and Statewide Public Outreach Program		2. TYPE OF APPLICATION A. Initial B. Revision C. Continuation <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> NOTE: If you click on the wrong box—click again to undo and make correction	
3. APPLICANT (NAME OF CONTACT) Provide the <u>name and contact information</u> of the person responsible for submission.			
A. NAME OF AGENCY Provide <u>formal name of individual/ group/ organization</u> submitting the application. If submission is from partnership- both entities shall be defined.		B. ADDRESS OF AGENCY Provide <u>formal address of individual/group/ organization</u> submitting the application. This will be address through which all correspondence will be transmitted as well as any documentation issued.	
C. GOVERNMENTAL UNIT NOT APPLICABLE <input type="checkbox"/> STATE <input type="checkbox"/> COUNTY <input type="checkbox"/> CITY <input type="checkbox"/> OTHER		D. NAME/ ADDRESS OF GOVERNMENTAL UNIT NOT APPLICABLE	
E. LOCATION OF PROJECT Applicant shall define projected targeted audience – if statewide initiative or specify focus on certain area(s)			
4. DURATION OF GRANT A. Period (Mo. Yr.) From: October 1, 2012 To: September 30, 2013		5. FUNCTIONAL AREA SEATBELT USAGE	
6. DESCRIPTION OF PROJECT – What strategies, training and partnership(s) will be utilized. (Describe in detail on SCHEDULE A) This section must fully describe your proposed outreach initiative in detail. Specific information must be provided relative to the <u>tasks and deliverables</u> anticipated as well as identification of the <u>staff assigned and roles</u> defined. Applicants must be definitive in describing their <u>relationship with the proposed minority community</u> especially in terms of how this initiative will be integrated and utilized with regard to promoting seatbelt usage and safety. Description shall include a project <u>schedule or timeline</u> inclusive of proposed milestones and/or task deliverables.			
7. BUDGET- Provide itemization as called for on SCHEDULE B This section must define all costs associated with the specific outreach initiative defined in FIELD 6. Itemized costs must include at a minimum hours / salaries associated with defined tasks and costs associated with direct expenses (i.e. printing, brochures etc.) Pricing must be tallied to define fixed and firm TOTAL PROJECT COST.			
A. SOURCE OF FUNDS – NHTSA GRANT SECTION 406			
(1) Federal		100%	B. Specify how Non-Federal Share will be Provided (If applicable) NOT APPLICABLE
(2) State		N/A	
(3) Political Subdivision		N/A	
(4) Other (Explain in SCHEDULE C)		N/A	
TOTAL		100% FEDERAL	

8. ACCEPTANCE OF CONDITIONS - It is understood and agreed by the undersigned that a grant received as a result of this application is subject to the regulations governing grants which have been furnished (or will be furnished upon request) to applicant.		
A. PROJECT DIRECTOR - <i>Cite name of person responsible for overseeing management of project including all technical and financial responsibilities associated with proposed project.</i>		
(1) NAME (FIRST, MIDDLE INITIAL, LAST)	(2) TITLE	(3) ADDRESS
(4) SIGNATURE		(5) TELEPHONE
B. AUTHORIZING OFFICIAL OF GOVERNMENT UNIT		
(1) NAME (FIRST, MIDDLE INITIAL, LAST) N/A	(2) TITLE N/A	3) ADDRESS N/A
(4) SIGNATURE N/A		(5) TELEPHONE N/A
PART II		
Problem ID/ Project Description- Detail the problem and how it is identified, how outcomes & goals will be measured. (Describe in Detail in <u>SCHEDULE D</u>)		
<i>Proposed initiatives must promote seatbelt usage in the urban communities as defined in the RFP. Description shall focus how CBO applicant plans to access and engage these communities through defined tasks. Each task shall have a desired outcome and the success of project proposed must be measured by goals achieved. This section shall address and define these focal points.</i>		
A. Authorization to proceed with this highway safety project is requested. It is expressly agreed that this project constitutes an official part of the State's highway safety program for Fiscal Year 2013 and that said state highway safety program will meet the requirements of Public Law 89-564 and all administrative regulations established by the Federal Highway Administration. .		
B. SUBMITTED BY:		
(1) NAME (FIRST, MIDDLE INITIAL, LAST)		
(2) TITLE		
(3) SIGNATURE		

AUTHORIZING OFFICIAL OF STATE AGENCY

(1) NAME (FIRST, MIDDLE INITIAL, LAST) Daniel T. DiBiasio	(2) TITLE Chief of State Highway Safety Programs	(3) ADDRESS RIDOT Office of Highway Safety Suite 116, Two Capitol Hill Providence, RI 02903-1111
(4) Signature	(5) Telephone:	(401) 222-3024 EXT. 4098
	E-Mail	d.dibiasio@dot.ri.gov

SCHEDULE A
GENERAL PROJECT INFORMATION

Include what strategies, training, and partnership(s) will be utilized

SEE HS-1 FIELD 6 - *Applicants may attach additional sheets as needed to document project narrative and pertinent information. Please ensure that any additional sheets properly reference the matching response field. RIDOT will not be responsible for any mislabeled information cited.*

SCHEDULE A (Continued)

SCHEDULE B
BUDGET AND PERSONNEL DATA

SEE HS-1 FIELD 7 - Applicants may attach additional sheets as needed to document project cost and expense breakdown. Please ensure that any additional sheets properly reference the matching response field. RIDOT will not be responsible for any mislabeled information cited.

PART I

<u>ITEM 7A BUDGET FOR GRANT PERIOD</u>	
<u>(A) Personnel Services</u>	
<u>(B) Contractual Services</u>	
<u>(C) Commodities</u>	
<u>(D) Other Direct Costs</u>	
<u>(E) Indirect Costs</u>	
<u>TOTAL</u>	\$

SCHEDULE C
EXPLANATION OF OTHER SOURCES AND FUNDS

NOT APPLICABLE

SCHEDULE D

Problem I.D. / Project Description – Detail the problem and how it is identified, how outcomes & goals will be measured.

SEE PART II – Problem I.D/ Project Description- *Applicants may attach additional sheets as needed to document project objectives/goals relative to seatbelt usage and safety. Please ensure that any additional sheets properly reference the matching response field. RIDOT will not be responsible for any mislabeled information cited.*

Scheduled Community Workshops And On-Line Questions

RIDOT will hold a series of Community Workshops in conjunction with the Black and Latino Caucus Community Partnership for the purpose of clarifying the intent of this Request, as well as the evaluative criteria to be employed in the State’s review of proposals. The scheduled dates and meeting locations are as follows:

THURSDAY, MAY 31, 2012	9:00 AM to 10:30 PM	Federal Hill House 9 Courtland Street Providence, RI 02909
MONDAY, JUNE 4, 2012	5:00 PM to 6:30 PM	St. Martin dePorres Center 160 Cranston Street Providence, RI 02918
THURSDAY, JUNE 7, 2012	1:00 PM to 3:30 PM	St. Martin dePorres Center 160 Cranston Street Providence, RI 02918
TUESDAY, JUNE 12, 2012	10:00 AM to NOON	Dr. Martin Luther King, Jr. Community Center 20 Dr. Marcus F. Wheatland Blvd. Newport, RI 02840
TUESDAY, JUNE 12, 2012	2:00 PM to 4:00 PM	Progreso Latino, Inc. 626 Broad Street Central Falls, RI 02888

Attendance is not mandatory but encouraged. Anyone with questions about the Grant Program or planning to attend a Community Workshop event should contact RIDOT’S Highway Safety Coordinator Mr. Elvys Ruiz, B.S, M.S. at (401) 222-3024 Ext. 4441 or via e-mail at elvys.ruiz@dot.ri.gov. Individuals requiring interpreting or hearing-impaired services, please inform Mr. Ruiz at least 72 HOURS prior to the community meeting to request an interpreter.

Any pertinent questions subsequent to this solicitation may be posted at RIDOT’S “*Bidding Opportunities*” web page accessible at: <http://www.dot.state.ri.us/contracting/bids> and follow the link to “?” to submit questions for this solicitation. Responses to questions submitted for the subject project will also be posted under the same questions menu. A determination will be made by RIDOT, in coordination with the Division of Purchases, whether an addendum will be required. The Q & A Forum will disable 5 FULL CALENDAR DAYS prior to the due date for this project. Therefore, questions will not be accepted after Midnight on JULY 5, 2012.

HS-1 Submission Requirements And Due Date:

HS-1 Application ("**Original**" plus **SIX (6) copies**) is to be either mailed or hand-delivered in a sealed envelope marked: ***BID 7449772 - Primary Seat Belt Law: Education and Statewide Public Outreach Program***" by JULY 11, 2012 no later than 11:30 A.M. to:

BY COURIER OR MAIL: RI Department of Administration Division of Purchases (2nd fl) One Capitol Hill Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time will not be considered. SEE GENERAL INSTRUCTIONS AND NOTIFICATIONS.

Evaluation And Selection:

A Technical Evaluation Committee (TEC) will be convened to review the HS-1 Applications received based on the following evaluation criteria:

SELECTION CRITERIA:

1. PROJECT INFORMATION	0-5 POINTS
2. PROJECT IMPACT	0-5 POINTS
3. MEASURABLE PROGRESS	0-5 POINTS
4. PROJECT COST	0-5 POINTS
MAXIMUM SCORE	20 POINTS

The applicant submissions will be concurrently reviewed for acceptance by the federal funding agency for formal concurrence. Applications will then be collaboratively reviewed between the RIDOT/OHS and the Black and Latino Caucus Community Partnership for final selection recommendation.. Once approval is finalized, the RIDOT/OHS will prepare contract award documents for each approved Applicant RIDOT/OHS will coordinate with the State's Division of Purchases to execute an authorized Purchase Order. Upon completion of formal award process, the RIDOT/OHS will issue a formal Notice to Proceed to each of the successful applicants.

At any point during the review process, any application found to be substantially non-responsive will be dropped from further consideration. Should the applicant be unable to fulfill the terms and requirements of the Agreement or produce the deliverables as defined in the accepted HS-1 application, RIDOT may terminate this Agreement. Should such circumstances emerge RIDOT will issue 30 days written notice prior to terminating services and the applicant will deliver any finished or unfinished work products prepared, developed, furnished or obtained under the terms of this Agreement to RIDOT within 30 days from the date of written notice . RIDOT agrees to compensate the applicant for work performed up to the termination date based upon a percentage of work completed as applied to the Firm Fixed Price contract value.

Notwithstanding the above, the State reserves the right to accept or reject any or all options, bids, proposals, to award on the basis of cost alone, and to act in its best interest.

**Rhode Island Department of Transportation
Office on Highway Safety
(401) 222- 3024**

**Application For Highway Safety Program Grant
FORM HS – 1**

Note: Press tab key to move to each field. Check boxes may be selected by keying in an x or clicking inside the box. You can deselect a check box by clicking it a second time.

PART I (To be completed by Project Director)

1. Project Title	2. Type of Application (Check Applicable Box (es)) A. Initial B. Revision C. Continuation <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Note: If you click on the wrong box---click again to undo and make correction.										
3. Applicant (Name of Contact)											
A. Name of Agency	B. Address of Agency										
C. Governmental Unit (Check Applicable Box) <input type="checkbox"/> (1) State <input type="checkbox"/> (3) County <input type="checkbox"/> (2) City <input type="checkbox"/> (4) Other (Specify)	D. Name and Address of Governmental Unit										
E. Location of Project											
4. Duration of Grant A. Period (Mo. Yr.) From: To:	5. Functional Area (Child Restraint, Seatbelt, DUI etc.)										
6. Description of Project ■ What strategies, training, and partnership(s) will be utilized. (Describe in Detail on Schedule A)											
7. Budget - Provide itemization as called for on Schedule B											
A. Source of Funds											
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;">(1) Federal</td> <td style="width: 25%;"></td> </tr> <tr> <td>(2) State</td> <td></td> </tr> <tr> <td>(3) Political Subdivision</td> <td></td> </tr> <tr> <td>(4) Other (Explain in Schedule C)</td> <td></td> </tr> <tr> <td>Total</td> <td></td> </tr> </table>	(1) Federal		(2) State		(3) Political Subdivision		(4) Other (Explain in Schedule C)		Total		B. Specify How Non-Federal Share Will Be Provided (If Applicable)
(1) Federal											
(2) State											
(3) Political Subdivision											
(4) Other (Explain in Schedule C)											
Total											

8. Acceptance of Conditions – It is understood and agreed by the undersigned that a grant received as a result of this application is subject to the regulations governing grants which have been furnished (or will be furnished upon request) to applicant.

A. Project Director

(1) Name (First- Middle Initial – Last)	(2) Title	(3) Address
(4) Signature		(5) Telephone

B. Authorizing Official of Governmental Unit

(1) Name (First- Middle Initial – Last)	(2) Title	(3) Address
(4) Signature		(5) Telephone

Part II

Problem I.D./ Project Description ■ Detail the problem and how it is identified, how outcomes & goals will be measured. (Describe in detail on Schedule D)

A. Authorization to proceed with this highway safety project is requested. It is expressly agreed that this project constitutes an official part of the state's highway safety program for fiscal year 2013 and that said state highway safety program will meet the requirements of public law 89-564 and all administrative regulations established by the Federal Highway Administration.

B. Submitted by:

(1) Name (First- Middle Initial – Last)
(2) Title
(3) Signature

Authorizing Official of State Agency

(1) Name: Daniel T. DiBiasio	(2) Title: Chief of State Highway Safety Programs	(3) Address: Two Capitol Hill, Suite 116 Providence, RI 02903-1111
(4) Signature		(5) Telephone (401) 222-3024 ext. 4098 E-mail: daniel.dibiasio@dot.ri.gov

**SCHEDULE A
GENERAL PROJECT INFORMATION**

Include what strategies, training, and partnership(s) will be utilized.

SCHEDULE A (continued)

**SCHEDULE B
BUDGET AND PERSONNEL DATA**

PART I

ITEM 7A BUDGET FOR GRANT PERIOD

(A) PERSONNEL SERVICES

(B) CONTRACTUAL SERVICES

(C) COMMODITIES

(D) OTHER DIRECT COSTS

(E) INDIRECT COSTS

TOTAL

\$

**SCHEDULE C
EXPLANATION OF OTHER SOURCES OF FUNDS**

SCHEDULE D

Problem I.D./ Project Description ■ Detail the problem and how it is identified, how outcomes & goals will be measured.

Empty table area for problem identification and project description.

CONSULTANTS

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTIONS FOR PRIME CONSULTANTS
AND LOWER TIER PARTICIPANTS (SUBCONSULTANTS ETC.)**

Appendix B - - certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion – Lower Tier Covered Transactions

INSTRUCTIONS FOR CERTIFICATION:

1. By signing and submitting this proposal, the prospective lower tier participant is providing the certification set out below.

2. The certification in this clause is a material representation of fact upon which reliance was placed when this transaction was entered into. If it is later determined that the prospective lower tier participant knowingly rendered an erroneous certification, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

3. The prospective lower tier participant shall provide immediate written notice to the person to which this proposal is submitted if at any time the prospective lower tier participant learns that its certification was erroneous when submitted or has become erroneous by reason of changed circumstances.

4. The terms "covered transaction," "debarred," "suspended," "ineligible," "lower tier covered transaction," "participant," "person," "primary covered transaction," "principal," "proposal," and "voluntarily excluded," as used in this clause, have the meanings set out in the Definitions and Coverage sections of rules implementing Executive Order 12549. You may contact the person to which this proposal is submitted for assistance in obtaining a copy of those regulations.

5. The prospective lower tier participant agrees by submitting this proposal that, should the proposed covered transaction be entered into, it shall not knowingly enter into any lower tier covered transaction with a person who is debarred, suspended, declared ineligible, or voluntarily excluded from participation in this covered transaction, unless authorized by the department or agency with which this transaction originated.

6. The prospective lower tier participant further agrees by submitting this proposal that it will include this clause titled "Certification Regarding Debarment, Suspension, Ineligibility and Voluntary Exclusion--Lower Tier Covered Transaction," without modification, in all lower tier covered transactions and in all solicitations for lower tier covered transactions.

7. A participant in a covered transaction may rely upon a certification of a prospective participant in a lower tier covered transaction that it is not debarred, suspended, ineligible, or voluntarily excluded from the covered transaction, unless it knows that the certification is erroneous. A participant may decide the method and frequency by which it determines the eligibility of its principals. Each participant may, but is not required to, check the Nonprocurement List.

8. Nothing contained in the foregoing shall be construed to require establishment of a system of records in order to render in good faith the certification required by this clause. The knowledge and information of a participant is not required to exceed that which is normally possessed by a prudent person in the ordinary course of business dealings.

9. Except for transactions authorized under paragraph 5 of these instructions, if a participant in a covered transaction knowingly enters into a lower tier covered transaction with a person who is suspended, debarred, ineligible, or voluntarily excluded from participation in this transaction, in addition to other remedies available to the Federal Government, the department or agency with which this transaction originated may pursue available remedies, including suspension and/or debarment.

Certification Regarding Debarment, Suspension, ineligibility And Voluntary Exclusion - - Lower Tier Covered Participants

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.

2. Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

**CERTIFICATION REGARDING DEBARMENT, SUSPENSION
AND OTHER RESPONSIBILITY MATTERS
PRIMARY COVERED TRANSACTIONS**

In accordance with the code of Federal Regulations, Part 49 CFR Section 29.510, the prospective primary participant _____ (name of Authorized Agent), _____ (Title), being duly sworn (or under penalty of perjury under the laws of the United States), certifies to the best of his/her knowledge and belief, that its principals:

- a. Are not presently debarred, suspended, proposed for debarment, declared ineligible or voluntarily excluded from covered transactions by any Federal department or agency;
- b. Have not within a three-year period preceding this proposal been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
- c. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (1)(b) of this certification;
- d. Have not within a three-year period preceding this application/proposal had one or more public transactions (Federal, State or local) terminated for cause or default.

Where the prospective primary participant is unable to certify to any of the statements in this certification, such prospective participant shall list exceptions below.

Exceptions will not necessarily result in denial of award, but, will be considered in determining contractor responsibility. For any exception noted, indicate below to whom it applies, the initiating agency, and the dates of the action. Providing false information may result in criminal prosecution or administrative sanctions. If an exception is noted the contractor must contact the Department to discuss the exception prior to award of the contract.

Signature of Authorized Agent

Date

Certification for Federal-Aid Construction/Consultant Contracts

IN ACCORDANCE WITH PUBLIC LAW 101-1210 SECTION 319 (DEPARTMENT OF THE INTERIOR AND RELATED AGENCIES) THE PROSPECTIVE PARTICIPANT CERTIFIES, BY SIGNING AND SUBMITTING THIS BID OR PROPOSAL, TO THE BEST OF HIS/HER KNOWLEDGE AND BELIEF, THAT:

1. No Federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any Federal contract, the making of any Federal grant, the making of any Federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any Federal contract, grant, loan, or cooperative agreement.
2. If any funds other than Federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any Federal agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal contract, grant, loan, or cooperative agreement, the undersigned shall complete and submit Standard Form-LLL, "Disclosure Form to Report Lobbying," in accordance with its instructions.

This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Submission of this certification is a prerequisite for making or entering into this transaction imposed by Section 1352, Title 31, U.S. Code. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.

The prospective participant also agrees by submitting his or her bid or proposal that he or she shall require that the language of this certification be included in all lower tier subcontracts, which exceed \$100,000 and that all such subrecipients shall certify and disclose accordingly.

(R.I.D.O.T. APPENDIX C)

INSTRUCTIONS FOR COMPLETION OF SF-LLL, DISCLOSURE OF LOBBYING ACTIVITIES

This disclosure form shall be completed by the reporting entity, whether subawardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to Title 31, U.S.C. Section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and/or has been secured to influence the outcome of a covered Federal action.
2. Identify the status of the covered Federal action.
3. Identify the appropriate classification of this report. If this is a followup report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or subaward recipient. Identify the tier of the subawardee, e.g., the first subawardee of the prime is the 1st tier. Subawards include but are not limited to subcontracts, subgrants and contract awards under grants.
5. If the organization filing the report in item 4 checks "Subawardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number, Invitation for Bid (IFB) number, grant announcement number, the contract, grant, or loan award number, the application/proposal control number assigned by the Federal agency). Include prefixes, e.g., "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award/loan commitment for the prime entity identified in item 4 or 5.
10.
 - (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.
 - (b) Enter the full names of the individual(s) performing services, and include full address if different from 10(a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box(es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box(es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form, print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (03-48-00-46), Washington, D.C. 20503.

DISCLOSURE OF LOBBYING ACTIVITIES

Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352 - 0348-0046
(see reverse for public burden disclosure)

<p>1. Type of Federal Action:</p> <div style="display: flex; align-items: flex-start;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <ul style="list-style-type: none"> a. contract b. grant c. cooperative agreement d. loan e. loan guarantee f. loan insurance </div>	<p>2. Status of Federal Action:</p> <div style="display: flex; align-items: flex-start;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <ul style="list-style-type: none"> a. bid/offer/application b. initial award c. post-award </div>	<p>3. Report Type:</p> <div style="display: flex; align-items: flex-start;"> <input style="width: 30px; height: 30px; margin-right: 10px;" type="checkbox"/> <ul style="list-style-type: none"> a. initial filing b. material change </div> <p>For Material Change Only: year _____ quarter _____ date of last report _____</p>
<p>4. Name and Address of Report Entity:</p> <input checked="" type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier ____, if known: Congressional District, if known: _____	<p>5. If Reporting Entity in No. 4 is Subawardee, Enter Name and Address of Prime: Congressional District, if known: _____</p>	
<p>6. Federal Department Agency:</p>	<p>7. Federal Program Name/Description: CFDA Number, if applicable: _____</p>	
<p>8. Federal Action Number, if known:</p>	<p>9. Award Amount, if known: \$ _____</p>	
<p>10. a. Name and Address of Lobbying Entity: (if individual, last name, first name, mi): _____</p>	<p>10. b. Individuals Performing Services (including address if different from No. 10a) (last name, first name, mi): _____</p>	
<p>11. Amount of Payment (check all that apply)</p> <p>\$ _____ <input type="checkbox"/> actual <input type="checkbox"/> planned</p>	<p>13. Type of Payment (check all that apply):</p> <ul style="list-style-type: none"> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. other; specify: _____ 	
<p>12. Form of Payment (check all that apply):</p> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<p>14. Brief Description of Services Performed or to be Performed and Date(s) of Service, including officer(s), employee(s), or Member(s) contracted, for Payment indicated in Item 11 (Attach Continuation Sheet(s) SF-LLL-A, if necessary):</p> 		
<p>15. Continuation Sheet(s) SF-LLL-A attached: <input type="checkbox"/> yes <input checked="" type="checkbox"/> no</p>		
<p>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. this disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</p>	<p>Signature: _____</p> <p>Print Name: _____</p> <p>Title: _____</p> <p>Telephone No: _____ Date: _____</p>	
<p>For Federal use Only:</p>	<p>Authorized for Local Reproduction Standard Form – LLL-A</p>	

DISCLOSURE OF LOBBYING ACTIVITIES

CONTINUATION SHEET

Reporting Entity: _____ Page _____ of _____

CONFLICTS DISCLOSURE POLICY

To ensure that the Rhode Island Department of Transportation (RIDOT) maintains the continued confidence and trust of the people of Rhode Island in carrying out its mission, prospective vendors must disclose any family (or other personal) relationships, associations or connections that the vendor, its affiliates, or employees, may currently have with any RIDOT employee. A Conflicts Disclosure Statement shall be submitted to RIDOT from the following:

- ❖ Owners;
- ❖ Directors;
- ❖ Principals;
- ❖ Officers, board members, or individuals with corporate authority;
- ❖ If the vendor is a partnership, the applicant's partners;
- ❖ If the vendor is a limited liability company, its members and managers;
- ❖ Employees with decision-making authority, including executive directors, managers or individuals in a similar position with corporate authority; and
- ❖ Shareholders with a controlling interest.

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)

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Employer ID No. (EIN)

--	--

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: Supplier Coordinator, One Capitol Hill, Providence, RI 02908