

Request for Quote

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

BUYER: Melillo, Charlotte A
 PHONE #: 401-574-8110

CREATION DATE : 05-MAR-13
 BID NUMBER: 7461297
 TITLE: LABORATORY TESTS FOR RESIDENTS OF RI VETERANS HOME
 BLANKET START : 01-APR-13
 BLANKET END : 31-MAR-16
 BID CLOSING DATE AND TIME: 27-MAR-2013 11:00:00

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 DOA CENTRAL BUSINESS OFFICE
 ADMINISTRATIVE SERVICES
 ONE CAPITOL HILL, 4TH FLOOR
 PROVIDENCE, RI 02908
 US

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 DHS VETERANS HOME
 480 METACOM AVE
 BRISTOL, RI 02809
 US

Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
1	4/1/13 - 3/31/16 LABORATORY TESTS FOR RESIDENTS OF THE RI VETERANS HOME BUYER'S EMAIL: charlotte.melillo@purchasing.ri.gov FOR QUESTIONS PERTAINING TO THIS BID. QUESTIONS WILL BE ENTERTAINED UNTIL MARCH 15, 2013. WOUND CULTURE SMEAR	1.00	Each		
2	VRE	1.00	Each		
3	VITAMIN D 25-HYDROXY	1.00	Each		
4	VITAMIN B12	1.00	Each		
5	VITAMIN A	1.00	Each		
6	VANILMANDELIC ACID	1.00	Each		
7	VANCOMYCIN (THROUGH)	1.00	Each		
8	VANCOMYCIN (PEAK)	1.00	Each		
9	VALPROIC ACID	1.00	Each		
10	URINE CYTOLOGY	1.00	Each		
11	URINE CULTURE	1.00	Each		

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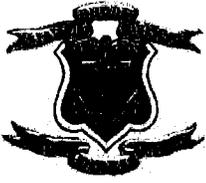
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Line	Description	Quantity	Unit	Unit Price	Total
12	URINE CREATININE	1.00	Each		
13	URINE (MACROSCOPIC)	1.00	Each		
14	URINALYSIS	1.00	Each		
15	URIC ACID URINE	1.00	Each		
16	URIC ACID	1.00	Each		
17	URIC ACID (RANDOM URINE)	1.00	Each		
18	URETHRAL CULTURE	1.00	Each		
19	TSH 3RD GENERATION	1.00	Each		
20	TSH RECEPTOR AB	1.00	Each		
21	TROPONIN I	1.00	Each		
22	TRIGLYCERIDE	1.00	Each		
23	TREPONEMAL ANTIBODIES	1.00	Each		
24	TRANSFERRIN	1.00	Each		
25	TOTAL PROTEIN	1.00	Each		

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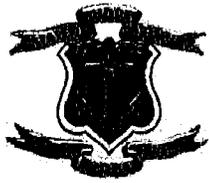
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Line	Description	Quantity	Unit	Unit Price	Total
26	TOBRAMYCIN, THROUGH	1.00	Each		
27	TOBRAMYCIN, PEAK	1.00	Each		
28	TISSUE PATHOLOGY	1.00	Each		
29	THYROID STIM IMMUNOGLOB	1.00	Each		
30	THYROID AUTOANTIBODIES	1.00	Each		
31	THYROGLOBULIN	1.00	Each		
32	THY, PEROXIDASE ANTIBODY	1.00	Each		
33	THROAT HEMOLYTIC STREP	1.00	Each		
34	THROAT CULTURE	1.00	Each		
35	THROAT CUL. BETA STREP	1.00	Each		
36	THEOPHYLLINE	1.00	Each		
37	TESTOSERONE	1.00	Each		
38	TESTOSERONE, FREE	1.00	Each		
39	TEGRETOL	1.00	Each		

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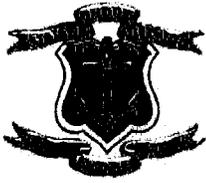
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Line	Description	Quantity	Unit	Unit Price	Total
40	T-4 FREE	1.00	Each		
41	T-4	1.00	Each		
42	T-3 UPTAKE	1.00	Each		
43	T-3 (TOTAL)	1.00	Each		
44	STOOL OCCULT BLOOD	1.00	Each		
45	STOOL CULTURE	1.00	Each		
46	SPUTUM CYTOLOGY	1.00	Each		
47	SPUTUM CULTURE	1.00	Each		
48	SODIUM (U)	1.00	Each		
49	SODIUM (RANDOM URINE)	1.00	Each		
50	SODIUM	1.00	Each		
51	SMOOTH MUSCLE AB	1.00	Each		
52	SHIGA-LIKE TOXINS 1 & 2	1.00	Each		
53	SGPT	1.00	Each		

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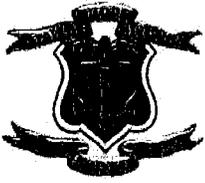
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Line	Description	Quantity	Unit	Unit Price	Total
54	SGOT	1.00	Each		
55	SEROTONIN, SERUM	1.00	Each		
56	SED RATE	1.00	Each		
57	RUBEOLA ANTIBODY	1.00	Each		
58	RUBELLA	1.00	Each		
59	RPR	1.00	Each		
60	ROTAVIRUS ANTIGEN DECT.	1.00	Each		
61	RHEUMATOLOGY PROFILE	1.00	Each		
62	RETIC COUNT	1.00	Each		
63	RENAL FUNCTION PANEL	1.00	Each		
64	RBC	1.00	Each		
65	RA LATEX	1.00	Each		
66	RA FACTOR SYNOVIAL FLUID	1.00	Each		
67	PTH-C (MID-MOLECULE)	1.00	Each		

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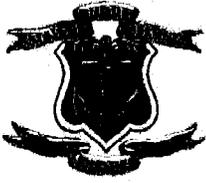
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68	PTH, INTACT (IRMA)	1.00	Each		
69	PROTEIN ELECTROPHORESIS U	1.00	Each		
70	PROTHROMBIN TIME ACTIVITY	1.00	Each		
71	PROTEIN ELECTROPHORESES	1.00	Each		
72	PROTEIN (URINE)	1.00	Each		
73	PROTEIN (RANDOM URINE)	1.00	Each		
74	PROSTATIC SPEC AG	1.00	Each		
75	PROSTATIC CULTURE	1.00	Each		
76	PROSTATIC ACID PHOS	1.00	Each		
77	PROS SPEC AG FREE & TOTAL	1.00	Each		
78	PROLACTIN	1.00	Each		
79	PROGESTERONE	1.00	Each		
80	PRIMIARY SMEAR	1.00	Each		
81	PREALBUMIN	1.00	Each		

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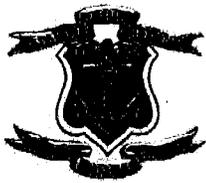
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Line	Description	Quantity	Unit	Unit Price	Total
82	POTASSIUM (RANDOM URINE)	1.00	Each		
83	POTASSIUM (HEPARIN)	1.00	Each		
84	POTASSIUM	1.00	Each		
85	POS ORG #2	1.00	Each		
86	POS ORG #1	1.00	Each		
87	PLATELET COUNT	1.00	Each		
88	PHOSPHOROUS (RANDOM URINE)	1.00	Each		
89	PHOSPHOROUS (URINE)	1.00	Each		
90	PHOSPHOROUS	1.00	Each		
91	PHENOBARBITOL	1.00	Each		
92	PARTIAL THROMBO TIME	1.00	Each		
93	PARATHYROID HORMONE	1.00	Each		
94	PAP SMEAR	1.00	Each		
95	OXYCODONE	1.00	Each		

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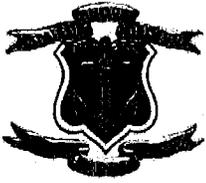
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Line	Description	Quantity	Unit	Unit Price	Total
96	OVA PARASITES	1.00	Each		
97	OSMOLALITY (URINE)	1.00	Each		
98	NEURONTIN	1.00	Each		
99	NOSE CULTURE	1.00	Each		
100	NORTRIPYLINE	1.00	Each		
101	NEG ORG #2A	1.00	Each		
102	NEG ORG #2	1.00	Each		
103	NEG ORG #1	1.00	Each		
104	MYSOLINE	1.00	Each		
105	MYOBLOBIN	1.00	Each		
106	MRSA	1.00	Each		
107	MONO TEST	1.00	Each		
108	MITOCHONFRIAL AB	1.00	Each		
109	MICROALBUMIN (24 HOUR)	1.00	Each		

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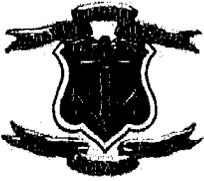
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Line	Description	Quantity	Unit	Unit Price	Total
110	MICROALBUMIN (RANDOM)	1.00	Each		
111	METHYLMALONIC ACID	1.00	Each		
112	METHADONE	1.00	Each		
113	MERCURY	1.00	Each		
114	MAGNESIUM	1.00	Each		
115	LYME DISEASE ANTIBODY	1.00	Each		
116	LYME ANTIBODY	1.00	Each		
117	LUTEINIZING HORMONE	1.00	Each		
118	LIVER PROFILE	1.00	Each		
119	LITHIUM	1.00	Each		
120	LIPOPROTEIN (A)	1.00	Each		
121	LIPID 1 PROFILE	1.00	Each		
122	LIPASE	1.00	Each		
123	LEU ALK PHOS	1.00	Each		

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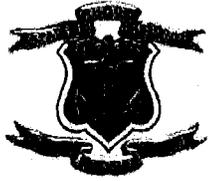
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124	LEAD BLOOD	1.00	Each		
125	LDH ISOENZYMES	1.00	Each		
126	LDH	1.00	Each		
127	LACTIC ACID	1.00	Each		
128	KAPPA/LAMBDA LIGHT CHAINS	1.00	Each		
129	IRON, SERUM	1.00	Each		
130	IRON BINDING CAPACITY	1.00	Each		
131	INFLUENZA A & B	1.00	Each		
132	IMMUNOGLOBULINS (G,A,M)	1.00	Each		
133	IMMUNOGLOBULIN IGM	1.00	Each		
134	IMMUNOGLOBULIN (IGA)	1.00	Each		
135	IMMUNOELECTROPHORESIS (U)	1.00	Each		
136	IMMUNOELECTROPHORESIS	1.00	Each		
137	IMMUNOFIXATION ELECTRO	1.00	Each		

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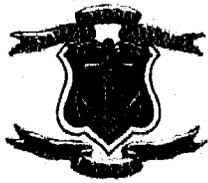
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138	IMIPRAMINE	1.00	Each		
139	IGG SUBCLASSES	1.00	Each		
140	IGG	1.00	Each		
141	IGE	1.00	Each		
142	H-PYLORI	1.00	Each		
143	HOMOCYSTINE	1.00	Each		
144	HIV BY WESTERN BLOT	1.00	Each		
145	HEPATITIS C ANTIBODY	1.00	Each		
146	HEPATITIS BE ANTIGEN	1.00	Each		
147	HEPATITIS BE ANTIBODY	1.00	Each		
148	HEPATITIS B CORE AB IGM	1.00	Each		
149	HEPATITIS A ANTIBODY IGM	1.00	Each		
150	HEPATITIS B SURFACE AG	1.00	Each		
151	HEPATITIS B SURFACE AB	1.00	Each		

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152	HEPATITIS B CORE ANTI	1.00	Each		
153	HEP A ANTIBODY	1.00	Each		
154	HEMOGLOBIN	1.00	Each		
155	HDL	1.00	Each		
156	HCT	1.00	Each		
157	HAPTOGLOBIN	1.00	Each		
158	HALDOL	1.00	Each		
159	GROUP A STREP	1.00	Each		
160	GLYCOHEMOGLOBIN-A1C	1.00	Each		
161	GLUCOSE TOL (F,30,1,2,3)	1.00	Each		
162	GLUCOSE LOAD (50 GMS)	1.00	Each		
163	GLUCOSE - 2 SPECIMENS	1.00	Each		
164	GLUCOSE	1.00	Each		
165	GGTP	1.00	Each		

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BUYER: Melillo, Charlotte A
 PHONE #: 401-574-8110

CREATION DATE : 05-MAR-13
 BID NUMBER: 7461297
 TITLE: LABORATORY TESTS FOR RESIDENTS OF RI VETERANS HOME
 BLANKET START : 01-APR-13
 BLANKET END : 31-MAR-16
 BID CLOSING DATE AND TIME: 27-MAR-2013 11:00:00

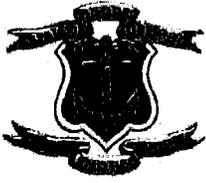
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 DOA CENTRAL BUSINESS OFFICE
 ADMINISTRATIVE SERVICES
 ONE CAPITOL HILL, 4TH FLOOR
 PROVIDENCE, RI 02908
 US

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 DHS VETERANS HOME
 480 METACOM AVE
 BRISTOL, RI 02809
 US

Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
166	GENTAMICIN (TROUGH)	1.00	Each		
167	GENTAMICIN (PEAK)	1.00	Each		
168	GENTAMICIN	1.00	Each		
169	GASTRIN	1.00	Each		
170	FUNGUS CULTURE	1.00	Each		
171	FSH (SERUM)	1.00	Each		
172	FOLIC ACID, RBC	1.00	Each		
173	FOLATE LEVEL	1.00	Each		
174	FIBRINOGEN	1.00	Each		
175	FERRITIN	1.00	Each		
176	EYE CULTURE	1.00	Each		
177	ERYTHROPIETIN	1.00	Each		
178	EOSIN COUNT, TOTAL	1.00	Each		
179	ELECTROLYTE PROFILE 1	1.00	Each		

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Request for Quote

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

BUYER: Melillo, Charlotte A
 PHONE #: 401-574-8110

CREATION DATE : 05-MAR-13
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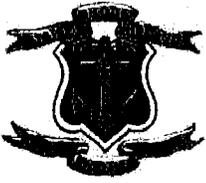
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 US

Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
180	EBSTEIN BARR VIRUS PANEL	1.00	Each		
181	EAR CULTURE	1.00	Each		
182	DRUG SCREEN	1.00	Each		
183	DRUGS OF ABUSE	1.00	Each		
184	DOXEPIN	1.00	Each		
185	DIRECT LDL	1.00	Each		
186	DIRECT COOMBS	1.00	Each		
187	DILANTIN TOTAL AND FREE SER	1.00	Each		
188	DILANTIN	1.00	Each		
189	DIGOXIN	1.00	Each		
190	DHEA	1.00	Each		
191	DESIPRAMINE	1.00	Each		
192	DEPAKENE	1.00	Each		
193	D-DIMER	1.00	Each		

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PROVIDENCE RI 02908

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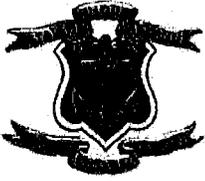
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 US

Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
194	CYTOLOGY	1.00	Each		
195	CULTURE 9(SINGLE ORGANISM)	1.00	Each		
196	CREATININE CLEARANCE	1.00	Each		
197	CREATININE (RANDOM URINE)	1.00	Each		
198	CREATININE	1.00	Each		
199	C-REACTIVE PROTEIN	1.00	Each		
200	CPK ISOENZYMES	1.00	Each		
201	CPK	1.00	Each		
202	C-PEPTIDE, URINE	1.00	Each		
203	CORTISOL FREE (URINE)	1.00	Each		
204	CORTISOL	1.00	Each		
205	COPPER URINE	1.00	Each		
206	COPPER SERUM	1.00	Each		
207	COMPREHENSIVE MATA PANEL	1.00	Each		

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PROVIDENCE RI 02908

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BUYER: Melillo, Charlotte A
PHONE #: 401-574-8110

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Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
208	COMPREHENSIVE	1.00	Each		
209	CLOSTRIDIUM DIFFICILE	1.00	Each		
210	CLOSTRIDIUM DIFF TOXIN	1.00	Each		
211	CLONOPIN	1.00	Each		
212	CK MB	1.00	Each		
213	CHOLESTEROL	1.00	Each		
214	CHLORIDE (URINE)	1.00	Each		
215	CHLORIDE (RANDOM URINE)	1.00	Each		
216	CHLORIDE	1.00	Each		
217	CHL/GC AMPLIFI	1.00	Each		
218	CERUOPLASMIN	1.00	Each		
219	CEA ANTIGEN	1.00	Each		
220	CBC W/MANUAL D	1.00	Each		
221	CBC W/DIFF & PLATELET	1.00	Each		

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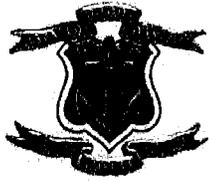
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Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
222	CAROTENE	1.00	Each		
223	CARDIAC RISK PROFILE	1.00	Each		
224	CALCIUM IONIZED	1.00	Each		
225	CALCIUM URINE	1.00	Each		
226	CALCIUM (RANDOM URINE)	1.00	Each		
227	CALCIUM	1.00	Each		
228	BUN	1.00	Each		
229	BRAIN NATRIURE CPEPT ID	1.00	Each		
230	BRAIN NATRIURE	1.00	Each		
231	BORDETELLA PER	1.00	Each		
232	BODY FLUID CULTURE	1.00	Each		
233	BLOOD TYPE & RH FACTOR	1.00	Each		
234	BLOOD CULTURE	1.00	Each		
235	BILRUBIN TOTAL	1.00	Each		

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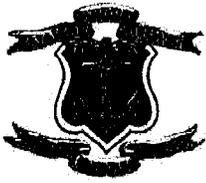
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Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
236	BILRUBIN DIRECT	1.00	Each		
237	BETA-2 MICROGLOBULIN	1.00	Each		
238	BASIC METABOLIC PROFILE	1.00	Each		
239	BARBITURATES	1.00	Each		
240	ASO TITER	1.00	Each		
241	ASCORBIC ACID	1.00	Each		
242	ANTI-THYROGLOBULIN	1.00	Each		
243	ANTI-PARIETAL CELL AB	1.00	Each		
244	ANTI-DNA SINGLE STRANDED	1.00	Each		
245	ANTI-DNA DOUBLE STRANDED	1.00	Each		
246	ANTIBODY SCREEN	1.00	Each		
247	ANTI SM & ANTI RNP AB	1.00	Each		
248	ANA/FA	1.00	Each		
249	AMYLASE (URINE)	1.00	Each		

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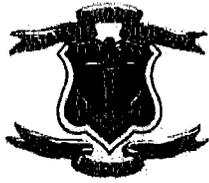
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Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
250	AMYLASE	1.00	Each		
251	AMMONIA	1.00	Each		
252	AMITRIPTYLINE	1.00	Each		
253	ALPH FETO PROTEIN	1.00	Each		
254	ALPH 1 ANTITRYPSIN	1.00	Each		
255	ALKALINE PHOSPHATASE	1.00	Each		
256	ALK PHOS ISOENZYMES	1.00	Each		
257	ALK PHOS FRAC	1.00	Each		
258	ALDOLASE	1.00	Each		
259	ALCOHOL	1.00	Each		
260	ALBUMIN	1.00	Each		
261	AEROBIC ISOLATE	1.00	Each		
262	ADDITIONAL SPECIMEN	1.00	Each		
263	ACUTE HEPATITIS PANEL	1.00	Each		

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480 METACOM AVE
BRISTOL, RI 02809
US

Requisition Number: 1305520

Line	Description	Quantity	Unit	Unit Price	Total
264	ACTH	1.00	Each		
265	ACID PHOS. TOTAL	1.00	Each		
266	ACID FAST CULTURE	1.00	Each		
267	24 HR URINE VOLUME	1.00	Each		
268	1,25 DIHYDROXYVITAMIN D	1.00	Each		

Delivery: _____

Terms of Payment: _____

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SPECIFICATIONS MEDICAL LAB TESTS RI VETERAN'S HOME

CLINICAL SERVICE PROVIDER WILL PICK UP ALL PREPARED SPECIMENS. TESTING WILL BE COMPLETED LOCALLY TO ASSURE TIMELY REPORTING AND RESULTS WILL BE AVAILABLE VIA INTERNET ACCESS, FAX, IN HOUSE PRINTER OR TELEPHONE 24 HOURS A DAY SEVEN DAYS A WEEK. THE LAB WILL PROVIDE STAT PICK-UP WITH ALL CHEMISTRY AND HEMATOLOGY RESULTS TO BE REPORTED WITHIN ONE HOUR OF PICK UP. ALL LAB RESULTS OF A CRITICAL NATURE WILL NOT ONLY BE REPORTED VIA COMPUTER, PRINTER AND FAX, BUT ALSO MUST BE CALLED TO THE NURSING UNIT. ALL LABORATORY SPECIMENS MUST BE IDENTIFIED USING A BARCODE SYSTEM.

ALL DRAWING SUPPLIES INCLUDING SPECIMEN AND TRANSPORT CONTAINERS, CULTURE SWABS, CYTOLOGY PREPS, LAB WORK ORDERS , COMPUTERS, PRINTERS , SUPPLIES AND CENTRIFUGES WILL BE PROVIDED AND SERVICED AT NO ADDITIONAL COST TO THE FACILITY. THE CLINICAL SERVICE PROVIDER ENSURES THAT SPECIMEN INTEGRITY IS MAINTAINED DURING TRANSPORT. WEEKEND SERVICES SHOULD SPECIMEN PICK UP AND STAT TESTING. ALL URINE SPECIMENS MUST BE PROCESSED WITH A REFLEX TO CULTURE USING PARAMETERS SET BY THE MEDICAL DIRECTOR.

INFECTION CONTROL CONSULTANTS MUST BE CERTIFIED AND SPECIALIZE IN LONG TERM CARE. INFECTION CONTROL FORUMS AND INSERVICE EDUCATION TO OUR STAFF SHOULD BE AVAILABLE AT NO EXTRA COST. PHONE CONSULTATIONS AND INDIVIDUALIZED INFECTION CONTROL CONSULTATIONS SHOULD ALSO BE AVAILABLE. ANTI BIOGRAM, CULTURE SUMMARIES AND A QUARTERLY REGIONAL MEAN INFECTION RATE/GRAPH MUST BE PROVIDED ALONG WITH CUMULATIVE REPORTS.

ATTENDANCE TO QUALITY ASSURANCE MEETINGS WITH QA REPORTS IS REQUIRED.

VENDOR TO INVOICE FOR PAYMENT AT THE END OF EACH MONTH. THIS INVOICE MUST BE ITEMIZED AND SHOULD INCLUDE DATE OF SPECIMEN, PATIENT NAME, SPECIMEN ID#, TEST PERFORMED AND THE FEE FOR EACH PATIENT SPECIMEN DURING THE MONTH.

REQUEST FOR QUOTE # 7461297

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordered during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. **ORDERING** (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

MULTI YEAR

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.

INSURANCE

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.

LICENSE

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.

RIVIP

IT IS THE VENDOR'S RESPONSIBILITY TO CHECK AND DOWNLOAD ANY AND ALL ADDENDA FROM RIVIP. THIS OFFER MAY NOT BE CONSIDERED UNLESS A SIGNED RIVIP GENERATED BIDDER CERTIFICATION COVER FORM IS ATTACHED AND THE UNIT PRICE COLUMN IS COMPLETE. 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.

THIS OFFER MAY NOT BE CONSIDERED UNLESS 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 DELIVERED OFFERS ON PERSON TO ONE CAPITOL HILL, VENDORS ARE ADVISED TO ALLOW AT LEAST ONE HOUR ADDITIONAL TIME FOR CLEARANCE THROUGH SECURITY CHECKPOINTS.

DELIVERY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.

AWARD

THE STATE, AT ITS SOLE DISCRETION, SHALL RESERVE THE RIGHT TO MAKE ONE OR MULTIPLE AWARDS FOR THIS REQUIREMENT AND/OR REJECT ANY OR ALL BIDS.

NO READ

DUE TO LENGTH OF BID AND TIME CONSTRAINTS, THE STATE WILL ONLY ACKNOWLEDGE RECEIPT AND READ THE NAMES OF VENDORS SUBMITTING PROPOSALS. NO EXAMINATION OF DOCUMENTS OR PRESENTATION OF INFORMATION CONTAINED IN PROPOSALS WILL BE MADE AVAILABLE AT THE BID OPENING; HOWEVER, INSTRUCTIONS TO OBTAIN THE TABULATION OR SUMMARY OF BID RESPONSES WILL BE

MADE AVAILABLE AT THE RI DIVISION OF PURCHASES WEBSITE
www.purchasing.ri.gov.