Request for Quote

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

CREATION DATE : 12-MAR-13
BID NUMBER: 7461324
TITLE: MPA-472 STATE OF RHODE ISLAND CAR WASH PROGRAM

BLANKET START : 01-JUN-13
BLANKET END : 30-JUN-16
BID CLOSING DATE AND TIME:08-MAY-2013 11:00:00

BUYER: McGurn, Cheryl A
PHONE #: N/A

BILL TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

SHIP TO
MASTER PRICE AGREEMENT
SEE BELOW
RELEASE AGAINST, RI MPA
US

Requistion Number:

Line	Description	Quantity	Unit	Unit Price	Total
	STATE CAR WASH PROGRAM PER ATTACHED BID SPECIFICATIONS QUESTIONS CONCERNING THIS SOLICITATION MAY BE EMAILED TO CHERYL.MCGURN@PURCHASING.RI.GOV NO LATER THAN APRIL 19, 2013 @ 12:00 PM (EST). QUESTIONS SHOULD BE SUBMITTED IN A MICROSOFT WORD ATTACHMENT. PLEASE REFERENCE THE RFQ # ON ALL CORRESPONDENCE. QUESTIONS RECEIVED IF ANY, WILL BE POSTED ON THE INTERNET AS AN ADDENDUM TO THIS SOLICITATION. IT IS THE RESPONSIBILITY OF ALL INTERERSTED PARTIES TO DOWNLOAD THIS INFORMATION. A VENDOR PURCHASING "BIDDER CERTIFICATION FOUR PAGE COVER FORM" MUST ACCOMPANY ALL BID RESPONSES. IF YOU ARE CURRENTLY NOT A STATE OF RHODE ISLAND REGISTERED VENDOR, PLEASE VISIT OUR WEBSITE AT WWW.PURCHASING.RI.GOV FOR VENDOR REGISTRATON INFORMATION. * * *				
1	MPA-472 6/1/2013 - 6/30/2016 TOTAL COST - FULL SERVICE CAR WASH INCLUDING INTERIOR CLEANING PER ATTACHED SPECIFICATION	1.00	Each		
2	MPA-472 3/1/2013 - 6/30/2016 TOTAL COST - ARMOR ALL OR EQUIVILANT PER ATTACHED SPECIFICATIONS	1.00	Each		

Delivery: _____

Terms of Payment: _____

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

PURCHASE ORDER STANDARD TERMS AND CONDITIONS

BID 7461324

TERMS AND CONDITIONS FOR THIS PURCHASE ORDER:

PURCHASE AGREEMENT AWARD

THIS IS A NOTICE OF AWARD, NOT AN ORDER. Any quantity reference in the agreement or in the bid preceding it are estimates only and do not represent a commitment on the part of the state to any level of billing activity, other than for quantities or volumes specifically released during the term. No action is to be taken except as specifically authorized, as described herein under AUTHORIZATION AND RELEASE. ENTIRE AGREEMENT - This NOTICE OF AWARD, with all attachments, and any release(s) against it shall be subject to: (1) the specifications, terms and conditions set forth in the Request/Bid Number cited herein, (2) the General Terms and Conditions of Contracts for the State of Rhode Island and (3) all provisions of, and the Rules and Regulations promulgated pursuant to, Title 37, Chapter 2 of the General Laws of the State of Rhode Island. This NOTICE shall constitute the entire agreement between the State of Rhode Island and the Vendor. No assignment of rights or responsibility will be permitted except with the express written permission of the State Purchasing Agent or his designee. CANCELLATION, TERMINATION and EXTENSION - This Price Agreement shall automatically terminate as of the date(s) described under CONTRACT PERIOD unless this Price Agreement is altered by formal amendment by the State Purchasing Agent or his designee upon mutual agreement between the State and the Vendor.

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.

AUTHORIZATION AND RELEASE

In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency. A Direct Purchase Order (DPO) shall be created by the agency listing the items ordered, using the pricing and format set forth in the Master Blanket. All pricing shall be as described in the Master Blanket and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected in Master Blanket.

PARTIAL PAYMENTS

PARTIAL OR PROGRESS PAYMENTS MAY BE MADE. PAYMENT WILL BE AUTHORIZED UPON RECEIPT AND ACCEPTANCE BY THE AGENCY OF THE PORTION OF THE CONTRACT OR PURCHASE ORDER COMPLETED BY THE VENDOR. PAYMENT UPON THE RENDERING OF A PROPERLY SUBMITTED INVOICE.

CAMPAIGN FINANCE

EVERY PERSON OR BUSINESS ENTITY PROVIDING GOODS OR SERVICES AT A COST OF $5000 CUMULATED VALUE IS REQUIRED TO FILE AN AFFIDAVIT REGARDING POLITICAL CAMPAIGN CONTRIBUTIONS WITH THE RI STATE BOARD OF ELECTIONS EVEN IF NO

REPORTABLE CAMPAIGN CONTRIBUTIONS HAVE BEEN MADE. (RI GENERAL LAW 17-27) FORMS OBTAINED AT BOARD OF ELECTIONS, CAMPAIGN FINANCE DIVISION, 50 BRANCH AVENUE PROVIDENCE 02904 (401-222-2056).

ARRA SUPPLEMENTAL TERMS AND CONDITIONS

For contracts and sub-awards funded in whole or in part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto, such contracts and sub-awards shall be subject to the Supplemental Terms and Conditions For Contracts and Sub-awards Funded in Whole or in Part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto located on the Division of Purchases website at www.purchasing.ri.gov."

BLANKET PAYMENT

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY. PAYMENTS WILL BE AUTHORIZED UPON SUBMISSION OF PROPERLY RENDERED INVOICES NO MORE THAN MONTHLY TO THE RECEIVING AGENCY. ANY UNUSED BALANCE AT END OF BLANKET PERIOD IS AUTOMATICALLY CANCELLED.

TERMS AND CONDITIONS OF PRICING AGREEMENT

SCOPE AND LIMITATIONS - This Agreement covers requirements as described herein, ordered by State agencies during the Agreement Period. No additional or alternative requirements are covered, unless added to the Agreement by formal amendment by the State Purchasing Agent or his designee.

Under State Purchasing Law, 37-2-54, no purchase or contract shall be binding on the state or any agency thereof unless approved by the department [of administration] or made under general regulations which the chief purchasing officer may prescribe. Under State Purchasing Regulation 8.2.1.1.2, any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the Office of Purchases may be disregarded and shall not be binding on the state.

PRODUCT ACCEPTANCE - All merchandise offered or otherwise provided shall be new, of prime manufacture, and of first quality unless otherwise specified by the State. The State reserves the right to reject all nonconforming goods, and to cause their return for credit or replacement, at the State's option.

a) Failure by the state to discover latent defect(s) or concealed damage or non-conformance shall not foreclose the State's right to subsequently reject the goods in question.

b) Formal or informal acceptance by the State of non-conforming goods shall not constitute a precedent for successive receipts or procurements.

Where the vendor fails to cure the defect promptly or replace the goods, the State reserves the right to cancel the Release, contract with a different vendor, and to invoice the original vendor for any differential in price over the original contract price.

ORDER AUTHORIZATION AND RELEASE AGAINST PRICING AGREEMENT

In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency.

State Agencies shall request release as follows: All releases shall reference the Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein.

A Department Purchase Order (DPO) listing the items ordered shall be created by the agency. The agency may mail or fax a copy of the order to the Vendor. In some cases the agency may request delivery by telephone, but must provide the Vendor with a DPO Order Number reference for billing purposes. Vendors are encouraged to require written orders to assure payments are processed accurately and promptly.

DELIVERY If this is an MPA, Vendor will obtain "ship to" information from each participating agency. This information will be contained in the DPO. APA delivery information will be contained in the Notice of Award.

PRICING - All pricing shall be as described herein, and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected herein.

INVOICING All invoices shall reference the DPO Order Number(s), Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein. If this is an MPA, Vendor will obtain "bill to" information from each participating agency. This information will be contained in the DPO. APA billing information will be contained in the Notice of Award.

PAYMENT - Invoices for items not received, not priced according to contract or for work not yet performed will not be honored. No payment will be processed to any vendor for whom there is no IRS W-9 on file with the State Controller.

EQUAL OPPORTUNITY COMPLIANCE

THIS PURCHASE ORDER IS AWARDED SUBJECT TO EQUAL OPPORTUNITY COMPLIANCE.

INSURANCE REQUIREMENTS

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.

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.

MPA BID AWARD – STATEWIDE APPLICABILITY

STATEWIDE APPLICABILITY - Political Subdivisions (cities, towns, schools, quasi-public agencies), as authorized by law, may participate in this Agreement. All ordering and billing shall be between the vendor and the political subdivision (only).

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.

SOLIATATION INFORMATION
MPA 472
STATE VEHICLE CAR WASH PROGRAM

PURPOSE AND INTENT

This statewide contract "Request for Quote" (RFQ) is issued by the Department of Administration; Division of Purchases and the Office of State Fleet Operations on behalf of all State Agencies. The purpose of this RFQ is to solicit bid proposals for **MPA 472** "State of Rhode Island – State Car Wash Services".

All washing services furnished under this contract must be environmental compliant and meet all Federal, State, City and Town regulations for the washing of vehicles and the disposal of wastewater.

The intent of this RFQ is to award contracts to those responsible bidders whose bid proposals, conforming to this RFQ are most advantageous to the State of Rhode Island, price and other factors considered. Because the State's fleet is dispersed across the State of Rhode Island, car wash locations will be a prime consideration with regard to selection and award, and it is the State's intent to identify and award to more than one car wash facility. Pricing will remain firm for the entire contract period.

Contractors are required to offer the extension of this contract (including pricing, terms and conditions) to City and Town Municipalities and State quasi-public agencies.

ESTIMATE OF PROCUREMENT

The approximate statewide annual estimate of this procurement is $60,000. State of Rhode Island does not guarantee any minimum number of washes. The contract will be for the actual number of washings done.

CAR WASH CONTRACTOR SERVICES AND RESPONSIBILITIES

The Contractor shall comply with all Federal, State and local laws which apply and are now in effect or hereafter promulgated for car washing service operations.

The Contractor will be responsible for taking proper care and protecting the condition of the vehicle on which service is being performed.

The Contractor shall furnish all labor, cleansers, materials, and equipment for the complete cleaning of State vehicles.

All vehicles that are washed shall be provided with the same care given to detail and workmanship as the Contractor gives regular retail customers.

A vehicle full service car wash shall consist of both exterior and interior cleaning. Interior cleaning must include vacuuming of the vehicle, as well as, washing of all windows on both interior and exterior of vehicle and must be toweled down by hand. The floor mats in the vehicle shall be removed, cleaned and put back in the vehicle.

No wax, perfume or other services, other than the basic car wash shall be provided with the exception of the Rhode Island State Police vehicles that shall include Armor All or equivalent tire protection.

CONTRACTOR BUSINESS HOURS

The Contractor shall provide services during their normal business hours.

CAR WASH DEPARTMENTAL LOG SHEETS

The contractor must have an employee on duty that is responsible to confirm vehicle information and will require employees to sign departmental log sheets for each car wash provided during normal business hours (See attached Exhibits A-K).

FORM OF COMPENSATION AND INVOICES

The Contractor is authorized to submit an invoice monthly for all car wash services satisfactorily completed to:

Department of Administration,
Office of State Fleet Operations
One Capitol Hill, 2nd floor
Providence, RI 02908

Each invoice must include the original Departmental Log Sheets that will detail and total with Contractors invoice. Invoices must be in strict accordance with the firm, fixed prices of the

contract. Payment will be made only for confirmed State-owned/operated vehicles with proper signature.

SERVICES PROVIDED UNDER THIS CONTRACT

The vehicles to be washed will include:
Cars
Pickup Trucks
SUV's
Vans
unless vehicle does not fit in car wash building.

Shampooing upholstery and carpets, detailing, etc. are not provided under this contract. State agencies must contact the Office of State Fleet Operations regarding any such services, if/when required.

CONTRACT PERIOD

The contract period will be from **June 1, 2013 through May 31, 2016**. The State of Rhode Island reserves the right to extend this contract for a period of up to two (2) additional twelve month periods.

RESPONSES:

Responses should be mailed or hand delivered in a sealed envelope by the bid date and time. Responses need to be clearly marked with the company name, bid number and date and time of bid. Responses are to be delivered to:

Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908-5855

No faxed proposal will be accepted. No offer will be considered that is not accompanied by a completed and signed "**Bidder Certification Cover Form**".

DEPARTMENT: BHDDH **A**

Car Wash

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

DEPARTMENT: CHILDREN YOUTH & FAMILIES (DCYF)

Car Wash

B

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

DEPARTMENT: CORRECTIONS (DOC) **C**

Car Wash

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

DEPARTMENT: ENVIRONMENTAL MANAGEMENT (DEM)

Car Wash

D

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

DEPARTMENT: TRANSPORTATION (DOT)

Car Wash

E

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

DEPARTMENT: COMMUNITY COLLEGE OF RI

Car Wash **F**

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

DEPARTMENT: RHODE ISLAND COLLEGE

Car Wash

G

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

DEPARTMENT: UNIVERSITY OF RHODE ISLAND (URI)

Car Wash

H

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

DEPARTMENT: PUBLIC SAFETY (DPS)

Car Wash

I

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

RI STATE POLICE VEHICLES ONLY
Car Wash
J

DATE	C#	VEHICLE#	PRINTED NAME	SIGNATURE	BADGE#	ARMOR ALL Y/N

SAMPLE

DEPARTMENT:_____

Car Wash

****K****

DATE	PLATE	VEHICLE#	YR	MAKE	MODEL	PRINTED NAME	SIGNATURE

SAMPLE

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

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A $50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN) ☐☐☐

Employer ID No. (EIN) ☐☐

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