



# Request for Quote

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

**CREATION DATE :** 03-JUN-13  
**BID NUMBER:** 7465365,2  
**TITLE:** New Roof for the Midstate Maintenance Facility, (East Greenwich), DOT  
**BID CLOSING DATE AND TIME:** 11-JUN-2013 01:45:00

**BUYER:** Ohara 2nd, John F  
**PHONE #:** 401-574-8125

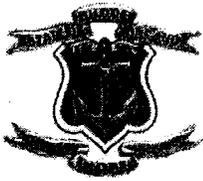
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 DOT ACCOUNTS PAYABLE  
 TWO CAPITOL HILL, RM 243  
 SMITH ST  
 PROVIDENCE, RI 02903  
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 DOT MAINTENANCE BUSINESS OFFICE  
 360 LINCOLN AVE  
 WARWICK, RI 02888  
 US

**Requisition Number:** 1313713  
**Amendment Description:** Addendum Number Two

Line	Description	Quantity	Unit	Unit Price	Total
	<p>There will be a Mandatory Pre-Bid Conference held:            Date &amp; Time: 5/28/13 at 10:00 AM.            Location: DOT Midstate Facility,            2400 New London Turnpike            E. Greenwich, RI</p> <p>BIDDER IS REQUIRED TO PROVIDE A BID SURETY IN THE FORM OF A BID BOND, OR A CERTIFIED CHECK PAYABLE TO THE STATE OF RHODE ISLAND, IN THE AMOUNT OF A SUM NOT LESS THAN FIVE PERCENT (5%) OF THE BID PRICE. BID SURETY MUST BE ATTACHED TO THE BID FORM. THE SUCCESSFUL BIDDER WILL ALSO BE REQUIRED TO FURNISH PERFORMANCE AND LABOR AND PAYMENT BONDS AT TIME OF TENTATIVE CONTRACT AWARD.</p>				

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



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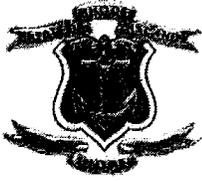
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Line	Description	Quantity	Unit	Unit Price	Total
	<p>Addendum Number One</p> <p>SUBSTITUTION TERMS            A) THE MATERIALS, PRODUCTS, AND EQUIPMENT DESCRIBED IN THE BIDDING DOCUMENTS ESTABLISH A STANDARD OF REQUIRED FUNCTION, DIMENSION, APPEARANCE, AND QUALITY TO BE MET BY ANY PROPOSED SUBSTITUTION. B) NO SUBSTITUTION WILL BE CONSIDERED PRIOR TO RECEIPT OF BIDS UNLESS WRITTEN REQUEST FOR APPROVAL HAS BEEN RECEIVED BY THE DIVISION OF PURCHASES NO LATER THAN</p> <p>.May 31, 2013 @ 12:00 PM (ET).</p> <p>SUCH REQUESTS SHALL INCLUDE THE NAME OF THE MATERIAL OR EQUIPMENT FOR WHICH IT IS TO BE SUBSTITUTED AND A COMPLETE DESCRIPTION OF THE PROPOSED SUBSTITUTION INCLUDING DRAWINGS, PERFORMANCE, AND TEST DATA AND OTHER INFORMATION NECESSARY FOR AN EVALUATION. A STATEMENT SETTING FORTH CHANGES IN OTHER MATERIALS, EQUIPMENT, OR OTHER PORTIONS OF THE WORK, INCLUDING CHANGES IN THE WORK OF OTHER CONTRACTS THAT INCORPORATION OF THE PROPOSED SUBSTITUTION WOULD REQUIRE, SHALL BE INCLUDED. THE BURDEN OF PROOF OF THE MERIT OF THE PROPOSED SUBSTITUTION IS UPON THE PROPOSER. THE STATE OF RHODE ISLAND'S DECISION OF APPROVAL OR DISAPPROVAL OF A PROPOSED SUBSTITUTION SHALL BE FINAL. B) IF THE STATE APPROVES A PROPOSED SUBSTITUTION PRIOR TO RECEIPT OF BIDS, SUCH APPROVAL WILL BE SET FORTH IN AN ADDENDUM. BIDDERS SHALL NOT RELY UPON APPROVALS MADE IN ANY OTHER MANNER. C) NO SUBSTITUTIONS WILL BE CONSIDERED AFTER THE CONTRACT AWARD UNLESS SPECIFICALLY PROVIDED FOR IN THE CONTRACT DOCUMENTS.</p>				

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Line	Description	Quantity	Unit	Unit Price	Total
1	<p>Addendum Number Two.</p> <p>We received three (3) questions regarding this Request for Quote:</p> <p>Q. 1. Can we substitute a Carlisle Fully Adhered Roofing System in lieu of the System specified?</p> <p>A. 1. Yes you may substitute that system.</p> <p>Q. 2. May we substitute a GenFlex Roofing System?</p> <p>A. 2. Yes you may substitute that system.</p> <p>Q. 3. Please advise if a Building Permit for this project will be required or will the fee be waived by the Town?</p> <p>A. 3. The building permit that is required is only from the State Building Commission. No Town permit will be required.</p> <p>NOTE:</p> <p>1. We have removed item 2 from the bid requirements. It will not be a requirement of this spec.</p> <p>2. The MANDATORY Pre-Bid Conference Sign-In Sheets (2) are attached.</p> <p>TOTAL COST TO INSTALL A NEW FULLY ADHERED .060 EPDM ROOF SYSTEM</p>	1.00	Each		

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

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