State of Rhode Island

Department of Administration
Division of Purchases
One Capitol Hill
Providence, RI 02908

INVITATION TO BID

SOLICITATION TITLE: **Nursing Services-Eleanor Slater Hospital, Cranston and Zambarano Units, BHDDH**

SOLICITATION NUMBER: **7549381**

BID PROPOSAL SUBMISSION DEADLINE: **April 17, 2015 at 11:30 AM**

PREBID CONFERENCE

☐ NONMANDATORY

☐ MANDATORY ➡ Bidder must attend the mandatory prebid conference. The bidder's representative must register with the Division of Purchases at the mandatory prebid conference and identify the bidder he or she represents.

Location:
Date:
Time: Choose an item.

QUESTIONS about this solicitation must be emailed and received by the Division of Purchases at john.ohara@purchasing.ri.gov no later than Thursday, April 09, 2015, 5:00 PM, in a Microsoft Word attachment with the corresponding solicitation number. Questions, if any, and responses will be posted on the Division of Purchases website at www.purchasing.ri.gov as an addendum to this solicitation

BID BOND REQUIRED: ☒ NO
☐ YES

PAYMENT AND PERFORMANCE BOND REQUIRED: ☒ NO
☐ YES

SPECIFICATIONS AND PLANS: ☐ NO
☒ YES ➡ See Electronic Solicitation Bidding Information.
Click on the online active "D" link in the "info" column.

Continued onto next page

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RIVIP REGISTRATION: Bidders must be registered vendors through the online Division of Purchases Rhode Island Vendor Information Program at www.purchasing.ri.gov. To register or update information, click on "Vendor Center," then "Vendor Information" from the dropdown menu on the left.

BIDDER CERTIFICATION COVER FORM: Bidders must download (obtainable at www.purchasing.ri.gov), complete, and submit a Bidder Certification Cover Form with each bid proposal.

The State of Rhode Island through its, Department of Administration, Division of Purchases, is soliciting bid proposals to perform the work described in the plans and specifications dated attached For the Project in accordance with this solicitation.

Bidders are invited to submit bid proposals to the Division of Purchases by the bid proposal submission deadline.

This solicitation contains, and is subject to the terms and conditions of, the Invitation to Bid, Instructions to Bidders, Bid Preparation Checklist (with applicable forms), Agreement, General Conditions, any Supplemental Conditions, Specifications and Plans, Bidder Certification Cover Form, and Bid Form. The solicitation is available at www.purchasing.ri.gov.

The award of the contract pursuant to this solicitation will be made to the responsive and responsible bidder with the lowest bid price. *The Division of Purchases reserves the right to waive any technicalities in the bid proposals, accept or reject any bid proposal, award a contract in the best interest of the State, or revoke any solicitation.*

Continued onto next page

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INVITATION TO BID

Electronic Solicitation Bidding Information

Downloading and Accessing Additional Electronic Solicitation Files

Accessing electronic files on the purchasing website will require Adobe viewer. All bid solicitations that include a "D" in the "Info" column will require WinZip 8.1 software. The WinZip file may contain one or more files. These files may require additional software such as Microsoft Office.

Specifications that have a file for download are marked with a "D" in the "Info" field of the bid search results page located on the Purchasing website. The "D" will indicate an active link to the WinZip file until the bid reaches its opening date. Clicking on the active "D" link will allow you to open or save the WinZip file associated with the bid. Opening the WinZip file will offer you the option of saving to your local computer.

Once saved, you can open the WinZip file and view the files. The individual files can be saved to your computer in a location such as "Desktop" or "My Documents".

Buyer Name: John F. O'Hara II, Title: Chief Buyer

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 574-8387
Website: www.purchasing.ri.gov

Bid #7549381

Effective Period: 6/1/15 – 6/30/18

Nursing Services = Eleanor Slater Hospital, Cranston and Zambarano Units

Instructions to Vendors for Submitting Price Quotes

A Disk Based File is attached that includes an Excel Spreadsheet for submission of vendor quotes for each of the three years.

To access the spreadsheet, CLICK in the letter "D" under the column labeled "INFO" at the bidding Search Results. This will open the Excel Spreadsheet.

Please submit a DISC Copy of your Quotes in the same excel format provided.

Bidders are instructed to submit pricing ONLY in excel on the Disk Based Excel File. Please print the Sample Spread Sheet(s) and manually enter pricing.

Once Disk Based File is completed, submit both an electronic version in Excel on disk and a hard (paper print out) copy of pricing.

Instructions on submission of bids are outlines in the Bidder Certification Form attached documentation of solicitation.

Request for Quote

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

CREATION DATE : 05-MAR-15
BID NUMBER: 7549381
TITLE: NURSING SERVICES - ELEANOR SLATER HOSPITAL, CRANSTON AND ZAMBARANO UNITS

BLANKET START : 01-JUN-15
BLANKET END : 30-JUN-16
BID CLOSING DATE AND TIME:17-APR-2015 11:30:00

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

BILL TO
DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
US

SHIP TO
BHDDH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON, RI 02920
US

Requistion Number:

Line	Description	Quantity	Unit	Unit Price	Total
	NURSING SERVICES - ELEANOR SLATER HOSPITAL, CRANSTON AND ZAMBARANO UNITS. Blanket Requirement: June 1, 2015 - June 30, 2016 with option to renew for two additional years. A Disk file is attached that includes an Excel Spreadsheet for submission of vendor quotes for each of the years. 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 AT WWW.PURCHASING.RI.GOV				
1	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, MONDAY THROUGH FRIDAY, FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
2	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, MONDAY THROUGH FRIDAY, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
3	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, MONDAY THROUGH FRIDAY, THIRD SHIFT ESH, CRANSTON & ZAMBARANO UNITS-	1.00	Hour		
4	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, WEEKENDS FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
5	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, WEEKENDS SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
6	APA-10294 6/1/15-6/30/16 REGISTERED NURSE,	1.00	Hour		

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not b[illegible]ed 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

Request for Quote

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

CREATION DATE : 05-MAR-15
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TITLE: NURSING SERVICES - ELEANOR SLATER HOSPITAL, CRANSTON AND ZAMBARANO UNITS

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SMITH ST
PROVIDENCE, RI 02908
US

SHIP TO
BHDDH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON, RI 02920
US

Requistion Number:

Line	Description	Quantity	Unit	Unit Price	Total
	WEEKENDS THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS				
7	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, HOLIDAY FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
8	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, HOLIDAY SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
9	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, HOLIDAY THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
10	APA-10294 6/1/15-6/30/16 REGISTERED NURSE, CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY-ALL SHIFTS - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
11	APA-10294 6/1/15-6/30/16 CNA, MONDAY THROUGH FRIDAY FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
12	APA-10294 6/1/15-6/30/16 CNA, MONDAY THROUGH FRIDAY SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
13	APA-10294 6/1/15-6/30/16 CNA, MONDAY THROUGH FRIDAY THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
14	APA-10294 6/1/15-6/30/16 CNA, WEEKEND, FIRST SHIFT ESH, CRANSTON & ZAMBARANO UNITS-	1.00	Hour		
15	APA-10294 6/1/15-6/30/16 CNA, WEEKEND, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
16	APA-10294 6/1/15-6/30/16 CNA, WEEKEND, THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
17	APA-10294 6/1/15-6/30/16 CNA, HOLIDAY, FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
18	APA-10294 6/1/15-6/30/16 CNA, HOLIDAY, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
19	APA-10294 6/1/15-6/30/16 CNA, HOLIDAY, THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		

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

CREATION DATE : 05-MAR-15
BID NUMBER: 7549381
TITLE: NURSING SERVICES - ELEANOR SLATER HOSPITAL, CRANSTON AND ZAMBARANO UNITS

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BLANKET END : 30-JUN-16
BID CLOSING DATE AND TIME: 17-APR-2015 11:30:00

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

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ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
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SHIP TO
BHDDH-ESH CENTRAL RECEIVING
REGAN BLDG, FIRST FLOOR
ATTN: SEE BELOW
CRANSTON, RI 02920
US

Requistion Number:

Line	Description	Quantity	Unit	Unit Price	Total
20	APA-10294 6/1/15-6/30/16 CNA, CHRISTMAS EVE/CHRISTMAS DAY-NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
21	APA-10294 6/1/15-6/30/16 OVERTIME FOR REGISTERED NURSE OR CNA - ESH, CRANSTON & ZAMBARANO UNITS - ALL SHIFTS WILL BE PAID AT 1 1/2 TIMES THE HOURLY RATE	1.00	Hour		
22	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, MONDAY THROUGH FRIDAY, FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
23	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, MONDAY THROUGH FRIDAY, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS		Hour		
24	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, MONDAY THROUGH FRIDAY, THIRD SHIFT ESH, CRANSTON & ZAMBARANO UNITS-	1.00	Hour		
25	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, WEEKENDS FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
26	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, WEEKENDS SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
27	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, WEEKENDS THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
28	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, HOLIDAY FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
29	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, HOLIDAY SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
30	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, HOLIDAY THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
31	APA-10294 7/1/16-6/30/17 REGISTERED NURSE, CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY-ALL SHIFTS - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
32	APA-10294 7/1/16-6/30/17 CNA, MONDAY THROUGH FRIDAY FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		

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CRANSTON, RI 02920
US

Requistion Number:

Line	Description	Quantity	Unit	Unit Price	Total
33	APA-10294 7/1/16-6/30/17 CNA, MONDAY THROUGH FRIDAY SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
34	APA-10294 7/1/16-6/30/17 CNA, MONDAY THROUGH FRIDAY THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
35	APA-10294 7/1/16-6/30/17 CNA, WEEKEND, FIRST SHIFT ESH, CRANSTON & ZAMBARANO UNITS-	1.00	Hour		
36	APA-10294 7/1/16-6/30/17 CNA, WEEKEND, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
37	APA-10294 7/1/16-6/30/17 CNA, WEEKEND, THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
38	APA-10294 7/1/16-6/30/17 CNA, HOLIDAY, FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
39	APA-10294 7/1/16-6/30/17 CNA, HOLIDAY, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
40	APA-10294 7/1/16-6/30/17 CNA, HOLIDAY, THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
41	APA-10294 7/1/16-6/30/17 CNA, CHRISTMAS EVE/CHRISTMAS DAY- NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
42	APA-10294 7/1/16-6/30/17 OVERTIME FOR REGISTERED NURSE OR CNA - ESH, CRANSTON & ZAMBARANO UNITS - ALL SHIFTS WILL BE PAID AT 1 1/2 TIMES THE HOURLY RATE	1.00	Hour		
43	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, MONDAY THROUGH FRIDAY, FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
44	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, MONDAY THROUGH FRIDAY, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
45	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, MONDAY THROUGH FRIDAY, THIRD SHIFT ESH, CRANSTON & ZAMBARANO UNITS-	1.00	Hour		
46	APA-10294 7/1/17-6/30/18 REGISTERED NURSE,	1.00	Hour		

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ATTN: SEE BELOW
CRANSTON, RI 02920
US

Requistion Number:

Line	Description	Quantity	Unit	Unit Price	Total
	WEEKENDS FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS				
47	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, WEEKENDS SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
48	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, WEEKENDS THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
49	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, HOLIDAY FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
50	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, HOLIDAY SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
51	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, HOLIDAY THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
52	APA-10294 7/1/17-6/30/18 REGISTERED NURSE, CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY-ALL SHIFTS - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
53	APA-10294 7/1/17-6/30/18 CNA, MONDAY THROUGH FRIDAY FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
54	APA-10294 7/1/17-6/30/18 CNA, MONDAY THROUGH FRIDAY SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
55	APA-10294 7/1/17-6/30/18 CNA, MONDAY THROUGH FRIDAY THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
56	APA-10294 7/1/17-6/30/18 CNA, WEEKEND, FIRST SHIFT ESH, CRANSTON & ZAMBARANO UNITS-	1.00	Hour		
57	APA-10294 7/1/17-6/30/18 CNA, WEEKEND, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
58	APA-10294 7/1/17-6/30/18 CNA, WEEKEND, THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
59	APA-10294 7/1/17-6/30/18 CNA, HOLIDAY, FIRST SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		

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Line	Description	Quantity	Unit	Unit Price	Total
60	APA-10294 7/1/17-6/30/18 CNA, HOLIDAY, SECOND SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
61	APA-10294 7/1/17-6/30/18 CNA, HOLIDAY, THIRD SHIFT - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
62	APA-10294 7/1/17-6/30/18 CNA, CHRISTMAS EVE/CHRISTMAS DAY-NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS - ESH, CRANSTON & ZAMBARANO UNITS	1.00	Hour		
63	APA-10294 7/1/17-6/30/18 OVERTIME FOR REGISTERED NURSE OR CNA - ESH, CRANSTON & ZAMBARANO UNITS - ALL SHIFTS WILL BE PAID AT 1 1/2 TIMES THE HOURLY RATE	1.00	Hour		

Delivery: _____

Terms of Payment: _____

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NURSING SERVICES - BHDDH – ELEANOR SLATER HOSPITAL
CRANSTON UNIT / ZAMBARANO UNIT

PERIOD COVERAGE: 6/1/15 - 6/30/16
WITH OPTION TO RENEW FOR (2) ADDITIONAL YEARS

THIS PURCHASE AGREEMENT IS TO FILL THE NEED FOR NURSING SERVICES FOR THE ELEANOR SLATER HOSPITAL, CRANSTON UNIT, 111 HOWARD AVE, CRANSTON, RI 02920 AND ELEANOR SLATER HOSPITAL, ZAMBARANO UNIT, 2090 WALLUM ROAD, PASCOAG, RI 02859.

THE AWARD WILL BE BASED ON MONDAY THROUGH FRIDAY PRICING.

THE SHIFT HOURS ARE AS FOLLOWS:
FIRST SHIFT – 8 HOURS 7:00 AM – 3:30 PM
SECOND SHIFT – 8 HOURS – 3:30 PM – 11:30 PM
THIRD SHIFT – 8 HOURS – 11:00 PM – 7:00 AM
WEEKEND HOURS ARE FRIDAY 11:00 PM THROUGH SUNDAY 11:30 PM

OVERTIME PAY: TIME AND ONE-HALF RATE FOR NURSES AND C.N.A.'S WORKING MORE THAN FORTY (40) HOURS IN ONE WEEK

HOLIDAYS ARE: MARTIN LUTHER KING DAY, PRESIDENTS DAY, EASTER, MEMORIAL DAY, FOURTH OF JULY, VICTORY DAY, LABOR DAY, COLUMBUS DAY, VETERANS DAY, THANKSGIVING

CHRISTMAS EVE AND CHRISTMAS DAY AND NEW YEARS EVE AND NEW YEARS DAY HAVE SEPARATE PRICE LINES

MALPRACTICE INSURANCE ($1,000.000.00) INDIVIDUAL MINIMUM WORKERS COMPENSATION, HEALTH CARE INSURANCE TO BE THE RESPONSIBILITY OF THE PROVIDER

MINIMUM FTE'S (FULL TIME EQUIVALENTS) WHO WILL HAVE RECEIVED ESH (ELEANOR SLATER HOSPITAL) ORIENTATION (POST AWARD) AS FOLLOWS:

16 RN'S (MEDICAL EXPERIENCE)
4 RN'S (PSYCHIATRIC EXPERIENCE)
12 CNA'S (PSYCHIATRIC EXPERIENCE)

AGENCY MUST HAVE 24/7/365 TELEPHONE RESPONSE AVAILABILITY, ACCEPT REQUESTS FOR COVERAGE ONE HOUR BEFORE THE START OF EACH SHIFT, AND BE ABLE TO PROVIDE FTE'S WITHIN ONE HOUR

NURSES AND CNA'S MUST BE AVAILABLE FOR ASSIGMENT FOR ALL SHIFTS, 7 DAYS PER WEEK 9INCLUDING HOLIDAYS) **AGENCY MUST BE JCAHO ACCREDITED**

NURSING STAFF SUPPLIED BY THE SUCCESSFUL BIDDER MUST BE FAMILIAR WITH THE HOSPITAL'S POLICIES, WHICH ARE TO BE UTILIZED WHILE PROVIDING NURSING SERVICES

POLCIES/PROCEDURES WILL BE OUTLINED TO AGENCY NURSING PERSONNEL DURING ONE (1) DAY ORIENTATION SESSION, WHICH WILL BE PROVIDED AT NO COST TO THE HOSPITAL

NURSING PERSONNEL MUST ATTEND ORIENTATION PRIOR TO REDERING SERVIC

VENDOR MUST HOLS CERTIFICATION OF DISTINCTION UNDER THE JOINT COMMISSIONS HEALTH CARE STAFFING SERVICES PROGRAM AND MUST FURNISH CERTIFICATE WITH BID

MULTPLE AWARDS WILL BE MADE TO ALLOW SUFFICIENT COVERAGE OF THE REQUESTING FACILITIES.

NOTE:
ALL VENDORS, SUBMIT WITH YOUR BID, YOUR CERTIFICATE OF GOOD STANDING FROM THE DIVISION OF TAXATION. IF YOU ARE A LEASING COMPANY, YOU MUST INDICATE THIS WHEN APPLYING FOR A CERTIFICATE. IF YOU DO NOT HAVE A RECENT CERTIFICATE, GO TO WWW.TAX.RI.GOV AND CLICK ON FORMS, MISCELLANEOUS, OR FOR ANY QUESTIONS CONTACT 401-574-8747. IFTHE CERTIFICATE OF GOOD STANDING IS NOT OBTAINABLE BEFORE THE BID CLOSING, INCLUDE WITH YOUR BID A COPY OF YOUR CANCELLED CHECK AS WELL AS AN ESTIMATED DATE THE DIVISION OF PURCHASES CAN EXPECT IT.

Contract Terms and Conditions

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Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

READING VENDOR NAMES ONLY

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 AT WWW.PURCHASING.RI.GOV

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.

MAILING ADDRESS FOR BID PROPOSALS ISSUED BY THE STATE OF RHODE ISLAND, DIVISION OF PURCHASES

All Bid Proposals must be submitted by mail or hand delivered to:

- State of Rhode Island
- Department of Administrtion
- Division of Purchases, Second floor
- One Capitol Hill
- Providence, RI 02908-5855

DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

PURCHASE AGREEMENT BID

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 ordering 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.

Mailing Address for Bid Proposals issued by the State of Rhode Island, Division of Purchases:
All Bid Proposals must be submitted to the following address:
State of Rhode Island
Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908

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.

State of Rhode Island
Division of Purchases

Public Works
Bid Preparation Checklist

Date: **3/27/2014**

Bid#: **7549381**

Title: **Nursing Services-Eleanor Slater Hospital, Cranston and Zambarano Units, BHDDH**Click here to enter text.

This checklist is provided to assist the bidder in preparing a bid proposal for submission. It is not a substitute for a thorough review of the Instruction to Bidders nor a comprehensive list of all bid proposal requirements. Each bidder is responsible to review the Instructions to Bidders and to comply with all requirements of the Solicitation.

Bid Proposal Package:

☒ RIVIP Bidder Certification Cover Form (completed) signed in ink

☒ Bid Form
- All applicable blank spaces on the Bid Form have been completed
- All Addenda have been acknowledged
- Bid price printed legibly in ink (in both words and figures that match where specified)
- Erasures or corrections have been initialed by person signing the Bid Form
- Bid Form is signed in ink

☐ Bid Surety
- Bid bond or certified check (for DOT projects, bid bond only)
- Bid surety is five percent of the bid total (or such other specified amount)
- Bid Bond is signed by the bidder and surety
- Power of Attorney is attached to the Bid Bond showing the name of person who signed the surety bond

☐ Public Copy of bid proposal in pdf format on a read-only CD-R media disk

☐ General Contractor Apprenticeship Certification Form "2013-14" (for projects $1,000,000 and greater) required at time of bid proposal submission

Note: General Contractor Apprenticeship Re-Certification and Certification Form "2013-16" and Subcontractor Apprenticeship Certification Form "2013-15" are not required at time of bid proposal submission deadline.

- ☒ Applicable professional licenses (as specified in the Solicitation)
- ☐ Rhode Island Contractor Registration Board No.
- ☒ All bid proposal documents in a sealed envelope with the specific Solicitation #, Solicitation title, and the bid proposal submission deadline marked in the upper left hand corner of the envelope
- ☒ Each bid proposal submitted in a separate sealed envelope
- ☒ Completed Form W-9
- ☒ **Other: Excel CD**

Buyer Name: John F. O'Hara II

Contact Information: 401-574-8125

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