State of Rhode Island

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

INVITATION TO BID

SOLICITATION TITLE: **Nursing Services-RI Community Living & Support Facilities**
SOLICITATION NUMBER: **7549414**
BID PROPOSAL SUBMISSION DEADLINE: **May 4, 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 23, 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 Click here to enter a date. 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

April 7, 2015

Bid #7549414

Effective Period: 6/1/15 – 6/30/18

Nursing Services – RI Community Living & Support

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.

Please submit a DISC (CD) 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 Do Not print the Spread Sheet(s) and manually enter pricing.

Once Disk Based File is completed, submit an electronic version in Excel on a disk. And also submit a printed, hard copy, of your Excel disc.

To summarize: **Bidders will be submitting a disc (CD) copy of quotes in Excel format plus a hard (paper) copy of the Excel Request for Quote.**

Request for Quote

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

CREATION DATE : 16-MAR-15
BID NUMBER: 7549414
TITLE: NURSING SERVICES RI COMMUNITY LIVING & SUPPORT FACILITIES

BLANKET START : 01-JUN-15
BLANKET END : 30-JUN-18
BID CLOSING DATE AND TIME:04-MAY-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
RI COMMUNITY LIVING & SUPPORT
SIMPSON HALL, 3RD FLOOR
6 HARRINGTON RD
CRANSTON, RI 02920-3080
US

Requisition Number: 1387268

Line	Description	Quantity	Unit	Unit Price	Total
	Nursing Services - Rhode Island Community Living and Support. Blanket Requirement: June 1, 2015 - June 30, 2016 with option to renew for two (1) year renewals. 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-10293 6/1/15-6/30/16 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT (RICLAS)	1.00	Each		
2	APA-10293 6/1/15-6/30/16 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT,OVERTIME RATE (RICLAS)	1.00	Each		
3	APA-10293 6/1/15-6/30/16 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT, (RICLAS)	1.00	Each		
4	APA-10293 6/1/15-6/30/16 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT, OVERTIME RATE (RICLAS)	1.00	Each		
5	APA-10293 6/1/15-6/30/16 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT, (RICLAS)	1.00	Each		
6	APA-10293 6/1/15-6/30/16 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT, OVERTIME RATE (RICLAS)	1.00	Each		

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Requistion Number: 1387268

Line	Description	Quantity	Unit	Unit Price	Total
7	APA-10293 6/1/15-6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT (RICLAS)	1.00	Each		
8	APA-10293 6/1/15-6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT-OVERTIME RATE (RICLAS)	1.00	Each		
9	APA-10293 6/1/15-6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT (RICLAS)	1.00	Each		
10	APA-10293 6/1/15-6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
11	APA-10293 6/1/15-6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT (RICLAS)	1.00	Each		
12	APA-10293 6/1/15-6/30/16 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT OVERTIME RATE (RICLAS)	1.00	Each		
13	APA-10293 6/1/15-6/30/16 LPN - HOLIDAY PAY FIRST SHIFT (RICLAS)	1.00	Each		
14	APA-10293 6/1/15-6/30/16 LPN - HOLIDAY PAY SECOND SHIFT (RICLAS)	1.00	Each		
15	APA-10293 6/1/15-6/30/16 LPN - HOLIDAY PAY THIRD SHIFT (RICLAS)	1.00	Each		
16	APA-10293 6/1/15-6/30/16 LPN - THANKSGIVING/CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS (RICLAS)	1.00	Each		
17	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT (RICLAS)	1.00	Each		
18	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
19	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT (RICLAS)	1.00	Each		
20	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT -	1.00	Each		

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6 HARRINGTON RD
CRANSTON, RI 02920-3080
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Requistion Number: 1387268

Line	Description	Quantity	Unit	Unit Price	Total
	OVERTIME RATE (RICLAS)				
21	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - THIRD SHIFT (RICLAS)	1.00	Each		
22	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - MONDAY THROUGH FRIDAY - THIRD SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
23	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT (RICLAS)	1.00	Each		
24	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
25	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT (RICLAS)	1.00	Each		
26	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
27	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - THIRD SHIFT (RICLAS)	1.00	Each		
28	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - THIRD SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
29	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - HOLIDAY PAY - FIRST SHIFT (RICLAS)	1.00	Each		
30	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - HOLIDAY PAY - SECOND SHIFT (RICLAS)	1.00	Each		
31	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - HOLIDAY PAY - THIRD SHIFT (RICLAS)	1.00	Each		
32	APA-10293 6/1/15-6/30/16 REGISTERED NURSE - THANKSGIVING/CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS (RICLAS)	1.00	Each		
33	APA-10293 6/1/15-6/30/16 OVERTIME - LPN OR REGISTERED NURSE - ALL SHIFTS (RICLAS) WILL BE	1.00	Each		

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US

Requistion Number: 1387268

Line	Description	Quantity	Unit	Unit Price	Total
	PAID AT 1/2 TIMES THE HOURLY RATE				
34	APA-10293 7/1/16-6/30/17 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT (RICLAS)	1.00	Each		
35	APA-10293 7/1/16-6/30/17 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT,OVERTIME RATE (RICLAS)	1.00	Each		
36	APA-10293 7/1/16-6/30/17 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT, (RICLAS)	1.00	Each		
37	APA-10293 7/1/16-6/30/17 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT, OVERTIME RATE (RICLAS)	1.00	Each		
38	APA-10293 7/1/16-6/30/17 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT, (RICLAS)	1.00	Each		
39	APA-10293 7/1/16-6/30/17 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT, OVERTIME RATE (RICLAS)	1.00	Each		
40	APA-10293 7/1/16-6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT (RICLAS)	1.00	Each		
41	APA-10293 7/1/16-6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT-OVERTIME RATE (RICLAS)	1.00	Each		
42	APA-10293 7/1/16-6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT (RICLAS)	1.00	Each		
43	APA-10293 7/1/16-6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
44	APA-10293 7/1/16-6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT (RICLAS)	1.00	Each		
45	APA-10293 7/1/16-6/30/17 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT OVERTIME RATE (RICLAS)	1.00	Each		
46	APA-10293 7/1/16-6/30/17 LPN - HOLIDAY PAY FIRST SHIFT (RICLAS)	1.00	Each		

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CREATION DATE : 16-MAR-15
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BUYER: Ohara 2nd, John F
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BILL TO
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SIMPSON HALL, 3RD FLOOR
6 HARRINGTON RD
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US

Requistion Number: 1387268

Line	Description	Quantity	Unit	Unit Price	Total
47	APA-10293 7/1/16-6/30/17 LPN - HOLIDAY PAY SECOND SHIFT (RICLAS)	1.00	Each		
48	APA-10293 7/1/16-6/30/17 LPN - HOLIDAY PAY THIRD SHIFT (RICLAS)	1.00	Each		
49	APA-10293 7/1/16-6/30/17 LPN - THANKSGIVING/CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS (RICLAS)	1.00	Each		
50	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT (RICLAS)	1.00	Each		
51	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
52	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT (RICLAS)	1.00	Each		
53	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
54	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - THIRD SHIFT (RICLAS)	1.00	Each		
55	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - MONDAY THROUGH FRIDAY - THIRD SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
56	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT (RICLAS)	1.00	Each		
57	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
58	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT (RICLAS	1.00	Each		
59	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
60	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) -	1.00	Each		

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Line	Description	Quantity	Unit	Unit Price	Total
	THIRD SHIFT (RICLAS)				
61	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - THIRD SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
62	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - HOLIDAY PAY - FIRST SHIFT (RICLAS)	1.00	Each		
63	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - HOLIDAY PAY - SECOND SHIFT (RICLAS)	1.00	Each		
64	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - HOLIDAY PAY - THIRD SHIFT (RICLAS)	1.00	Each		
65	APA-10293 7/1/16-6/30/17 REGISTERED NURSE - THANKSGIVING/CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS (RICLAS)	1.00	Each		
66	APA-10293 7/1/16-6/30/17 OVERTIME - LPN OR REGISTERED NURSE - ALL SHIFTS (RICLAS) WILL BE PAID AT 1/2 TIMES THE HOURLY RATE	1.00	Each		
67	APA-10293 7/1/17-6/30/18 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT (RICLAS)	1.00	Each		
68	APA-10293 7/1/17-6/30/18 LPN - MONDAY THROUGH FRIDAY FIRST SHIFT,OVERTIME RATE (RICLAS)	1.00	Each		
69	APA-10293 7/1/17-6/30/18 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT, (RICLAS)	1.00	Each		
70	APA-10293 7/1/17-6/30/18 LPN - MONDAY THROUGH FRIDAY SECOND SHIFT, OVERTIME RATE (RICLAS)	1.00	Each		
71	APA-10293 7/1/17-6/30/18 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT, (RICLAS)	1.00	Each		
72	APA-10293 7/1/17-6/30/18 LPN - MONDAY THROUGH FRIDAY THIRD SHIFT, OVERTIME RATE (RICLAS)	1.00	Each		
73	APA-10293 7/1/17-6/30/18LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT	1.00	Each		

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Line	Description	Quantity	Unit	Unit Price	Total
	(RICLAS)				
74	APA-10293 7/1/17-6/30/18 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) FIRST SHIFT-OVERTIME RATE (RICLAS)	1.00	Each		
75	APA-10293 7/1/17-6/30/18 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT (RICLAS)	1.00	Each		
76	APA-10293 7/1/17-6/30/18 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) SECOND SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
77	APA-10293 7/1/17-6/30/18 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT (RICLAS)	1.00	Each		
78	APA-10293 7/1/17-6/30/18 LPN - WEEKENDS (FRIDAY 11:00PM THROUGH SUNDAY 11:00PM) THIRD SHIFT OVERTIME RATE (RICLAS)	1.00	Each		
79	APA-10293 7/1/17-6/30/18 LPN - HOLIDAY PAY FIRST SHIFT (RICLAS)	1.00	Each		
80	APA-10293 7/1/17-6/30/18 LPN - HOLIDAY PAY SECOND SHIFT (RICLAS)	1.00	Each		
81	APA-10293 7/1/17-6/30/18 LPN - HOLIDAY PAY THIRD SHIFT (RICLAS)	1.00	Each		
82	APA-10293 7/1/17-6/30/18 LPN - THANKSGIVING/CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS (RICLAS)	1.00	Each		
83	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT (RICLAS)	1.00	Each		
84	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - FIRST SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
85	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT (RICLAS)	1.00	Each		
86	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT -	1.00	Each		

Request for Quote

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

CREATION DATE : 16-MAR-15
BID NUMBER: 7549414
TITLE: NURSING SERVICES RI COMMUNITY LIVING & SUPPORT FACILITIES

BLANKET START : 01-JUN-15
BLANKET END : 30-JUN-18
BID CLOSING DATE AND TIME:04-MAY-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
RI COMMUNITY LIVING & SUPPORT
SIMPSON HALL, 3RD FLOOR
6 HARRINGTON RD
CRANSTON, RI 02920-3080
US

Requistion Number: 1387268

Line	Description	Quantity	Unit	Unit Price	Total
	OVERTIME RATE (RICLAS)				
87	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - SECOND SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
88	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - MONDAY THROUGH FRIDAY - THIRD SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
89	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT (RICLAS)	1.00	Each		
90	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - FIRST SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
91	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT (RICLAS)	1.00	Each		
92	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - SECOND SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
93	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - THIRD SHIFT (RICLAS)	1.00	Each		
94	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - WEEKENDS (FRIDAY 11:00PM - SUNDAY 11:00PM) - THIRD SHIFT - OVERTIME RATE (RICLAS)	1.00	Each		
95	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - HOLIDAY PAY - FIRST SHIFT (RICLAS)	1.00	Each		
96	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - HOLIDAY PAY - SECOND SHIFT (RICLAS)	1.00	Each		
97	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - HOLIDAY PAY - THIRD SHIFT (RICLAS)	1.00	Each		
98	APA-10293 7/1/17-6/30/18 REGISTERED NURSE - THANKSGIVING/CHRISTMAS EVE/CHRISTMAS DAY/NEW YEARS EVE/NEW YEARS DAY - ALL SHIFTS (RICLAS)	1.00	Each		
99	APA-10293 7/1/17-6/30/18 OVERTIME - LPN OR REGISTERED NURSE - ALL SHIFTS (RICLAS) WILL BE	1.00	Each		

Request for Quote

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

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SHIP TO
RI COMMUNITY LIVING & SUPPORT
SIMPSON HALL, 3RD FLOOR
6 HARRINGTON RD
CRANSTON, RI 02920-3080
US

Requistion Number: 1387268

Line	Description	Quantity	Unit	Unit Price	Total
	PAID AT 1/2 TIMES THE HOURLY RATE				

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

SPECIFICATIONS FOR R.I. COMMUNITY LIVING & SUPPORTS' FACILITIES

Rhode Island Community Living & Supports' Facilities, Simpson Hall – 3rd floor, 6 Harrington Road, Cranston, RI 02920 is seeking bids to provide consultant RN/LPN services.

When the calls for overtime within the agency are unproductive, supplemental nursing is required for developmentally disabled clients. This requirement is evident at our 3 special care facilities (Smithfield Commons, College Park and University Fields Apartments).

When calling an outside agency, we would expect that clinical requirements and State regulations would be met as well as Agency policy and procedures affecting nursing practices It also is expected that the agency response needs to be consistent and timely.

AWARD: Award will be made to the two (2) lowest bidders based on the Monday to Friday pricing.

OVERTIME RATE will apply in Emergency situations only, e.g., when a nurse cannot be relieved by the nurse for the next shift. Overtime rate applies after 40 hours worked by the individual. The temporary agency is to schedule nurses up to 40 hours per week.

The times for the shifts (SUNDAY THROUGH SATURDAY) are as follows:

1st shift - 7:00AM – 3:00 PM
2nd shift - 3:00 PM – 11:00 PM
3rd shift - 11:00 PM – 7:00 AM

ALL SHIFTS ARE EIGHT (8) HOURS

HOLIDAY PAY IS FOR THE FOLLOWING HOLIDAYS: Martin Luther King Day, Presidents Day, Easter, Mother's Day, Memorial Day, 4th of July, Victory Day, Labor Day, Columbus Day and Veterans' Day (10 holidays).

New Year's Eve, New Year's Day, Thanksgiving, Christmas Eve and Christmas Day have separate price lines.

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 GARY DANELLA (401) 574-8747. IF CERTIFICATE OF GOOD STANDING IS NOT OBTAINABLE BEFORE BID OPENING, INCLUDE WITH YOUR BID A COPY OF YOUR CANCELLED CHECK AS WELL AS AN ESTIMATED DATE THE DIVISION OF PURCHASES CAN EXPECT IT.

MALPRACTICE insurance ($1,000,000.00), individual minimum workers compensation, health care insurance to be the responsibility of the provider.

All temporary agency personnel must have a valid nurse's license and a current CPR card.

Contract Terms and Conditions

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Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

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

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.

INSURANCE REQUIREMENTS

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.

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.

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

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.

DELIVERY PER AGENCY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.

State of Rhode Island
Division of Purchases

Public Works
Bid Preparation Checklist

Date: **4/7/2014**

Bid#: **7549414**

Title: **Nursing Services-RI Community Living & Support**

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: john.ohara@purchasing.ri.gov

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