



Request for Quote

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

BUYER: Cowell Jr, John A
 PHONE #: 401-574-8114

CREATION DATE : 27-JUL-16
 BID NUMBER: 7550824
 TITLE: IV ADMIXTURE SERVICES - BHDDH
 BLANKET START : 01-OCT-16
 BLANKET END : 30-JUN-18
 BID CLOSING DATE AND TIME: 17-AUG-2016 10:30:00

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

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

Requisition Number: 1461988

Note to Bidders: QUESTIONS REGARDING THIS BID SHOULD BE EMAILED TO: john.cowell@purchasing.ri.gov
 BEFORE CLOSE OF DAY AUGUST 5, 2016. PLEASE INCLUDE THE BID NUMBER WITHIN THE
 SUBJECT LINE.

Line	Description	Quantity	Unit	Unit Price	Total
1	10/1/16 - 6/30/17 ANTIBIOTIC THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
2	10/1/16 - 6/30/17 ANTIBIOTIC THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
3	7/1/17 - 6/30/18 ANTIBIOTIC THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
4	7/1/17 - 6/30/18 ANTIBIOTIC THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
5	10/1/16 - 6/30/17 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
6	10/1/16 - 6/30/17 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
7	7/1/17 - 6/30/18 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
8	7/1/17 - 6/30/18 TPN (TOTAL PARENTERAL NUTRITION) INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
9	10/1/16 - 6/30/17 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
10	10/1/16 - 6/30/17 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
11	7/1/17 - 6/30/18 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		

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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Line	Description	Quantity	Unit	Unit Price	Total
12	7/1/17 - 6/30/18 NARCOTIC PAIN MANAGEMENT THERAPY INCLUDES PUMP AND RELATED SUPPLIES/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
13	10/1/16 - 6/30/17 PULMONARY DISEASE THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
14	10/1/16 - 6/30/17 PULMONARY DISEASE THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
15	7/1/17 - 6/30/18 PULMONARY DISEASE THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
16	7/1/17 - 6/30/18 PULMONARY DISEASE THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
17	10/1/16 - 6/30/17 CANCER CHEMOTHERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
18	10/1/16 - 6/30/17 CANCER CHEMOTHERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
19	7/1/17 - 6/30/18 CANCER CHEMOTHERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
20	7/1/17 - 6/30/18 CANCER CHEMOTHERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
21	10/1/16 - 6/30/17 HIV THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
22	10/1/16 - 6/30/17 HIV THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 17	1.00	Each		
23	7/1/17 - 6/30/18 HIV THERAPY/CRANSTON UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		
24	7/1/17 - 6/30/18 HIV THERAPY/ZAMBARANO UNIT QUANTITY TO BE DETERMINED BY PHYSICIAN'S ORDER F/Y 18	1.00	Each		

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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 Administration
- 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.

LICENSE REQUIREMENTS

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.

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.

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.

Title: IV Admixture Services: Eleanor Slater Hospital – Cranston Unit and Zambarano Unit

Blanket Requirements: 10/1/16 to 6/30/18

Intravenous (IV) admixture services required for Eleanor Slater Hospital at its two campus locations, Cranston and Zambarano.

Specifically, the required services are compounding and delivering sterile pharmaceuticals as determined by physicians' orders for medications that are unavailable from on-site pharmacy.

Provider must be a licensed pharmacy in the State of Rhode Island in good standing with the RI Department of Health.

Provider must be compliant with all applicable Joint Commission standards as well as state and federal regulations.

Pricing structure of medication cost per unit charged will be specified.

Charge for compounding and delivering per unit of medication will be specified.

Delivery of medication directly to patient care units is required on a daily basis including weekends when applicable due to stability limitations of potential additives, IE for TPN therapy.