

BID SOLICITATION



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

BID NUMBER: B03987
TITLE: PRINTING: DIPLOMA TYPE CERTIF.
BID OPENING DATE AND TIME:
07/21/2004 10:00 AM

BUYER: JOHN COWELL
PHONE #: (401) 222 - 2142 ext. 114
BLANKET PERIOD: 8/1/04 - 7/31/07

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DOH PROFESSIONAL REGULATION
THREE CAPITOL HILL, ROOM 410
PROVIDENCE RI 02908

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DOH PROFESSIONAL REGULATION
THREE CAPITOL HILL, ROOM 410
PROVIDENCE RI 02908

Requisition Number(s): R75E047419

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENTS: 08/1/2004 - 07/31/2007</p> <p>BIDDING</p> <p>(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.</p> <p>(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.</p> <p>(c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost.</p> <p>(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.</p> <p>ORDERING</p> <p>(a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period.</p> <p>(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.</p>				

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DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>THE SAMPLE IS AVAILABLE TO BE PICKED UP AT THE DIVISION OF PURCHASES, ONE CAPITOL HILL, 2ND FLOOR, PROVIDENCE, RI, BETWEEN 8:30 AM AND 3:30 PM WEEKDAYS (EXCLUDING RHODE ISLAND STATE HOLIDAYS), OR UPON MAILING OR FAXING A WRITTEN REQUEST INCLUDING A FEDERAL EXPRESS PREPAID AUTHORIZATION NUMBER TO COMMUNICATIONS COORDINATOR (FAX# 401-222-6387). THE BID NUMBER MUST BE CLEARLY REFERENCED.</p> <p>IF SAMPLES ARE REQUESTED, THEY MUST BE PROVIDED WITHIN TEN (10) WORKING DAYS OF REQUEST DATE. FAILURE TO DO SO MAY RESULT IN DISQUALIFICATION OF BID.</p> <p>PROFESSIONAL LICENSE CERTIFICATES TOTAL ESTIMATED PIECES: 17,000</p>				
1.0	<p>966-28 DIPLOMA TYPE PROFESSIONAL LICENSE CERTIFICATES SIZE: 11" X 14" CERTIFICATE - 8/1/04 - 6/30/05</p>	2060.00	EA		
2.0	<p>966-28 DIPLOMA TYPE PROFESSIONAL LICENSE CERTIFICATES SIZE: 11" X 14" CERTIFICATE - 7/1/05 - 6/30/06</p>	1470.00	EA		

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Item	Class-Item	Quantity	Unit	Unit Price	Total
3.0	966-28 DIPLOMA TYPE PROFESSIONAL LICENSE CERTIFICATES SIZE: 11" X 14" CERTIFICATE - 7/1/06 - 7/31/07	1470.00	EA		
	DIPLOMA TYPE PROFESSIONAL LICENSE CERTIFICATES LISTED IN LINE ITEMS 1 THROUGH 3 ARE FOR 10 DIFFERENT PROFESSIONS REQUIRING PROFESSIONAL TITLE CHANGE - NUMBER OF CERTIFICATES IS DIFFERENT FOR EACH PROFESSION				
4.0	DIPLOMA TYPE PROFESSIONAL LICENCE CERTIFICATE SIZE: 8 1/2" X 11" - 8/1/04 - 6/30/05	4940.00	EA		
5.0	966-28 DIPLOMA TYPE PROFESSIONAL LICENCE CERTIFICATE SIZE: 8 1/2" X 11" - 7/1/05 - 6/30/06	3530.00	EA		
6.0	966-28 DIPLOMA TYPE PROFESSIONAL LICENCE CERTIFICATE SIZE: 8 1/2" X 11" - 7/1/06 - 7/31/07	3530.00	EA		
	DIPLOMA TYPE PROFESSIONAL LICENSE CERTIFICATES IN LINE ITEMS 4 THROUGH 6 ARE THE SAME - LICENSE PROFESSION IS BLANK				

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>SPECIFICATIONS:</p> <p>STOCK: 70# TAN PARCHMENT LIKE STOCK - EXACT COLOR TO BE APPROVED</p> <p>INK: BASE PRINTING IN BLACK THERMOGRAPHY</p> <p>FOIL: ALL LICENSE CERTIFICATES WILL CARRY A TWO-COLOR (BLUE AND GOLD) FOIL STAMPED SEAL OF THE STATE OF RHODE ISLAND AT THE TOP OF THE CERTIFICATE. BOTH THE BLUE SHIELD AND THE GOLD ANCHOR TO BE FOIL STAMPED.</p> <p>DIE: "SEAL OF THE STATE OF RHODE ISLAND" "SEAL OF THE RHODE ISLAND DEPARTMENT OF HEALTH"</p> <p>PROOFS: APPROVAL OF ALL PROOFS IS REQUIRED.</p> <p>CONTACT: JOHN E. WOJCIK TELEPHONE: (401) 222-1057</p> <p>DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.</p>				
				TOTAL:	_____

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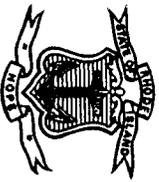
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RIVIP VENDOR ID#: _____

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State of Rhode Island and Providence Plantations



Department of Health

This Certifies That

~~VOID~~
is a

Doctor of Osteopathic Medicine

and is hereby authorized to so act under the authority of the laws of the State of Rhode Island and Providence Plantations.

Lic. No. _____

Committee on Licensure

~~_____~~
~~_____~~
~~_____~~
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BOARD OF MEDICAL LICENSURE AND DISCIPLINE

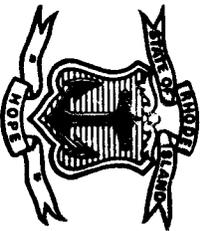
~~Miss W. Hamblady, M.D.~~

~~Patricia G. Moran, MD, MPH~~

~~DIRECTOR OF HEALTH~~

Issued _____

State of Rhode Island and Providence Plantations



Department of Health

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This Certifies That

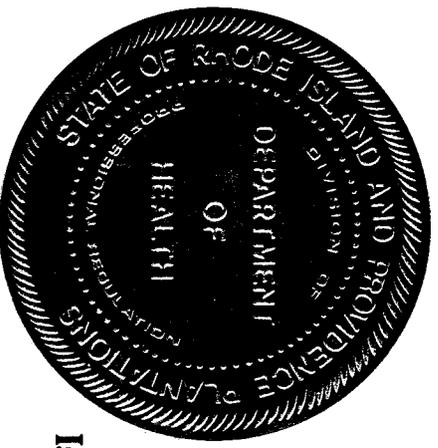
and is hereby authorized to so act under the authority of the laws of the State of Rhode Island and Providence Plantations.

Lic. No. _____

Board of Examiners

~~_____

_____~~



Ronald J. [Signature]
ADMINISTRATOR OF PROFESSIONAL REGULATION

Sabirah A. [Signature]
DIRECTOR OF HEALTH
MD, MPH

Issued _____