

BID SOLICITATION



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

BID NUMBER: B05437
TITLE: WHEELCHAIRS/REPR. & MODIFIC.
BID OPENING DATE AND TIME:
08/19/2005 2:00 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 9/1/2005 - 8/31/2008

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
RI COMMUNITY LIVING & SUPPORT
SIMPSON HALL, 3RD FLOOR
6 HARRINGTON RD
CRANSTON RI 02920-3080

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
RI COMMUNITY LIVING & SUPPORT
SIMPSON HALL, 3RD FLOOR
6 HARRINGTON RD
CRANSTON RI 02920-3080

Requisition Number(s): R76G060566

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENTS: 9/1/05 - 8/31/08</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>				

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.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION



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

BID NUMBER: B05437
TITLE: WHEELCHAIRS/REPR. & MODIFIC.
BID OPENING DATE AND TIME:
08/19/2005 2:00 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 9/1/2005 - 8/31/2008

B MENTAL HEALTH, RETARDATION & HOSPITALS
I RI COMMUNITY LIVING & SUPPORT
L SIMPSON HALL, 3RD FLOOR
L 6 HARRINGTON RD
T CRANSTON RI 02920-3080
O

S MENTAL HEALTH, RETARDATION & HOSPITALS
H RI COMMUNITY LIVING & SUPPORT
I SIMPSON HALL, 3RD FLOOR
P 6 HARRINGTON RD
T CRANSTON RI 02920-3080
O

Requisition Number(s): R76G060566

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>AWARDS EXTENDING BEYOND JUNE 30TH 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.</p> <p>VENDOR TO PROVIDE MATERIALS AND LABOR NECESSARY FOR REPAIRS AND MODIFICATIONS TO WHEECHAIRS, WALKERS, AND SPECIALIZED EQUIPMENT. EXAMPLES: REPAIRING/REPLACING BRAKES, TILT MECHANISMS, FRAMES AND UPHOLSTERY, AND MODIFYING/ADAPTING SEATING SYSTEMS AND SPECIALIZED EQUIPMENT.</p> <p>VENDOR MUST BE A CERTIFIED DURABLE MEDICAL EQUIPMENT (DMV) DEALER.</p> <p>ARE YOU A CERTIFIED DMV DEALER? _____</p> <p>VENDOR WILL RESPOND TO "EMERGENCY" CALLS WITHIN 24 HOURS. ALL OTHER MAINTENANCE/REPAIR CALLS SHOULD BE ADDRESSED WITHIN FIVE WORKING DAYS.</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. 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.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
 USE CERTIFICATION COVER FORM.**

BID SOLICITATION



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

BID NUMBER: B05437
TITLE: WHEELCHAIRS/REPR. & MODIFIC.
BID OPENING DATE AND TIME:
08/19/2005 2:00 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 9/1/2005 - 8/31/2008

**B
I
L
L
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
RI COMMUNITY LIVING & SUPPORT
SIMPSON HALL, 3RD FLOOR
6 HARRINGTON RD
CRANSTON RI 02920-3080

**S
H
I
P
T
O**
MENTAL HEALTH, RETARDATION & HOSPITALS
RI COMMUNITY LIVING & SUPPORT
SIMPSON HALL, 3RD FLOOR
6 HARRINGTON RD
CRANSTON RI 02920-3080

Requisition Number(s): R76G060566

Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	<p>A SEMI-ANNUAL PREVENTATIVE MAINTENANCE PROGRAM WILL BE ESTABLISHED. THE PREVENTATIVE MAINTENANCE PROGRAM WILL INCLUDE: CHECKING FRAMES INTEGRITY, BRAKES, BEARINGS, FORK STEMS, CASTORS, REAR WHEELS AND ALL OTHER MOVING PARTS AND INSURING ALL ARE IN WORKING ORDER. A SCHEDULE WILL BE DISCUSSED WITH THE APPOINTED VENDOR AT THE BEGINNING OF THE CONTRACT YEAR.</p> <p>ALL WORK MUST CONFORM TO THE SPECIFIC DIRECTIONS GIVEN THE APPOINTED VENDOR BY THE PHYSICAL THERAPY REPRESENTATIVE. PHYSICAL THERAPY MUST BE NOTIFIED OF ANY CANCELLATION PRIOR TO A SCHEDULED APPOINTMENT. CANCELLATIONS SHOULD BE KEPT TO A MINIMUM.</p> <p>AT EACH VISIT, THE VENDOR WILL HAVE BUILDING CHARGE SIGN A REPAIR SLIP WHICH THE VENDOR WILL THEN GIVE TO THE PHYSICAL THERAPY REPRESENTATIVE WITH AN ITEMIZED BILL FOR THE REPAIRS. A REVIEW OF THE REPAIRS WILL BE DONE BY APPOINTMENT WITH THE PHYSICAL THERAPY REPRESENTATIVE.</p> <p>938-57 HOURLY RATE - (RATE STARTS ON THE JOB) (APPROXIMATELY 376 HOURS)</p> <p>PARTS AS NEEDED, DISCOUNT IF APPLICABLE DISCOUNT _____%.</p>	1.00	HR		

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.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

DO NOT SIGN BID ON THIS PAGE!
USE CERTIFICATION COVER FORM.

BID SOLICITATION



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

BID NUMBER: B05437
TITLE: WHEELCHAIRS/REPR. & MODIFIC.
BID OPENING DATE AND TIME:
08/19/2005 2:00 PM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 9/1/2005 - 8/31/2008

B MENTAL HEALTH, RETARDATION & HOSPITALS
I RI COMMUNITY LIVING & SUPPORT
L SIMPSON HALL, 3RD FLOOR
L 6 HARRINGTON RD
T CRANSTON RI 02920-3080
O

S MENTAL HEALTH, RETARDATION & HOSPITALS
H RI COMMUNITY LIVING & SUPPORT
I SIMPSON HALL, 3RD FLOOR
P 6 HARRINGTON RD
T CRANSTON RI 02920-3080
O

Requisition Number(s): R76G060566

Item	Class-Item	Quantity	Unit	Unit Price	Total
	CONTACT PERSON: JOANNE GRILLS (401) 462-6098 DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.				
				TOTAL:	

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.

DELIVERY: _____

RIVIP VENDOR ID#: _____

TERMS OF PAYMENT: _____

**DO NOT SIGN BID ON THIS PAGE!
 USE CERTIFICATION COVER FORM.**