

BID SOLICITATION



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

BID NUMBER: B05440
TITLE: TRACHEOSTOMY MASKS
BID OPENING DATE AND TIME:
08/22/2005 11:30 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 9/1/2005 - 8/31/2007

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O** MENTAL HEALTH, RETARDATION & HOSPITALS
 MHRH-ESH ELEANOR SLATER HOSPITAL
 ZAMBARANO UNIT
 2090 WALLUM LAKE ROAD
 PASCOAG RI 02859-1813

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 MHRH-ESH ELEANOR SLATER HOSPITAL
 ZAMBARANO UNIT
 2090 WALLUM LAKE ROAD
 PASCOAG RI 02859-1813

Requisition Number(s): R76D060254

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENTS: 9/1/05 - 8/31/07</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!
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Item	Class-Item	Quantity	Unit	Unit Price	Total
1.0	<p>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.</p> <p>475-87 ADULT TRACHEOSTOMY MASK HUDSON - RCI # 1075 50/CS.</p> <p>BRAND _____</p> <p>PRODUCT CODE # _____</p> <p>PACKAGING _____</p> <p>CONTACT PERSON: PAT VANASSE/JMH (401) 467-5546/5450</p> <p>DELIVERY OF GOODS TO BE DELIVERED AS REQUESTED BY AGENCY.</p>	200.00	EA		

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	DELIVERIES ACCEPTED BETWEEN 7:00 AM - 2:00 PM, MONDAY - FRIDAY, EXCLUDING HOLIDAYS.				
				TOTAL:	_____

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