

BID SOLICITATION



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

BID NUMBER: B06007
TITLE: CERTIFIED NURSING ASSISTANTS
BID OPENING DATE AND TIME:
02/16/2006 11:00 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 3/1/2006 - 2/28/2007

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HUMAN SERVICES
DHS VETERANS HOME
BUSINESS OFFICE
PO BOX 689
BRISTOL RI 02809

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HUMAN SERVICES
DHS VETERANS HOME
480 METACOM AVE
BRISTOL RI 02809

Requisition Number(s): R69G067117

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENTS: 3/1/06 - 2/28/07</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>				

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	<p>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.</p>				

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	<p>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:</p> <ul style="list-style-type: none"> * 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. 				

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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>				

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>CERTIFIED NURSING ASSISTANTS</p> <p>THE AWARD WILL BE BASED ON THE LOW BIDDER(S) FOR MONDAY THROUGH FRIDAY.</p> <p>THIS BID WILL BE AWARDED TO THE TWO LOWEST BIDDERS.</p> <p>MALPRACTICE INSURANCE (\$1,000,000.00) INDIVIDUAL MINIMUM WORKERS COMPENSATION, HEALTH CARE INSURANCE TO BE THE RESPONSIBILITY OF THE PROVIDER.</p> <p>EMERGENCY CERTIFIED NURSING ASSISTANT FOR POOL AT THE RI VETERANS HOME 4-5 CNA'S ON A DAILY BASIS. SUNDAY-SATURDAY, AVAILABLE FOR ALL THREE SHIFTS. MUST SHOW VALID CNA LICENSE.</p> <p>SHIFTS TO BE WORKED: 8:00AM-4:00PM 4:00 PM-12:00AM 12:00AM-8:00AM</p> <p>INVOICES MUST BE SUBMITTED WITH CORRESPONDING TIME SHEETS FOR HOURS WORKED AND INVOICED FOR.</p> <p>OVERTIME WILL BE PAID AT A RATE OF 1.5 TIMES THE SET RATE. OVERTIME WILL BE PAID AFTER EIGHT (8) HOURS OF CONSECUTIVE DUTY.</p> <p>SUBMIT WITH YOUR BID YOUR CERTIFICATE OF GOOD STANDING FROM THE DIVISION OF TAXATION. ALL COMPANIES THAT ARE LEASING COMPANIES (LEASE EMPLOYEES TO THE STATE) ARE REQUIRING TO HAVE THIS CERTIFICATE. IF YOU DO NOT HAVE A CERTIFICATE. CONTACT MR. RICHARD SMITH. DIVISION</p>				

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	CERTIFIED NURSING ASSISTANTS, DIVISION OF TAXATION AT 401-222-2957.				
	948-64				
1.0	FIRST SHIFT CNA 8 HOURS WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) - MONDAY - FRIDAY	1.00	HR		
2.0	FIRST SHIFT CNA OVERTIME RATE 1.5 TIMES WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) - MONDAY - FRIDAY	1.00	HR		
3.0	SECOND SHIFT CNA 8 HOURS WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) - MONDAY - FRIDAY	1.00	HR		
4.0	SECOND SHIFT CNA OVERTIME RATE 1.5 TIMES WITH .5 DEDUCTION (1/2 HR. DEDUCTION FOR MEAL) - MONDAY - FRIDAY	1.00	HR		
5.0	THIRD SHIFT CNA 8 HOURS WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) - MONDAY - FRIDAY	1.00	HR		
6.0	THIRD SHIFT CNA OVERTIME RATE 1.5 TIMES, WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) MONDAY - FRIDAY	1.00	HR		

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7.0	FIRST SHIFT CNA 8 HOURS WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) - WEEKENDS	1.00	HR		
8.0	FIRST SHIFT CNA OVERTIME RATE 1.5 TIMES WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) - WEEKENDS	1.00	HR		
9.0	SECOND SHIFT CNA 8 HOURS WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) - WEEKENDS	1.00	HR		
10.0	SECOND SHIFT CNA OVERTIME RATE 1.5 TIMES WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) - WEEKENDS	1.00	HR		
11.0	THIRD SHIFT CNA 8 HOURS WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) WEEKENDS	1.00	HR		
12.0	THIRD SHIFT CNA OVERTIME RATE 1.5 TIMES WITH .5 DEDUCTION (1/2 HR. DEDUCTED FOR MEAL) WEEKENDS	1.00	HR		
THE HOLIDAYS TO BE PAID AT 1.5 TIMES THE SET RATE ARE: MARTIN LUTHER KING DAY, COLUMBUS DAY AND VETERAN'S DAY.					

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13.0	FIRST SHIFT CNA HOLIDAY PAY AT 1.5 TIMES THE SET RATE, WITH .5 (1/2 HR. DEDUCTION FOR MEAL).	1.00	HR		
14.0	SECOND SHIFT CNA HOLIDAY PAY AT 1.5 TIMES THE SET RATE, WITH .5 (1/2 HR. DEDUCTION FOR MEAL).	1.00	HR		
15.0	THIRD SHIFT CNA HOLIDAY PAY AT 1.5 TIMES THE SET RATE, WITH .5 (1/2 HR. DEDUCTION FOR MEAL).	1.00	HR		
	THE FOLLOWING WILL BE PAID AT TWO (2) TIMES THE SET RATE: CHRISTMAS EVE 4:00 PM - 12:00 AM AND CHRISTMAS DAY, NEW YEARS EVE 4:00 PM - 12:00 AM, AND NEW YEARS DAY, MEMORIAL DAY, 4TH OF JULY, LABOR DAY, THANKSGIVING DAY.				
16.0	FIRST SHIFT CNA HOLIDAY PAY AT 2.0 TIMES THE SET RATE, WITH .5 (1/2 HR. DEDUCTION FOR MEAL.)	1.00	HR		
17.0	SECOND SHIFT CNA HOLIDAY PAY AT 2.0 TIMES THE SET RATE, WITH .5 (1/2 HR. DEDUCTION FOR MEAL.)	1.00	HR		
18.0	THIRD SHIFT CNA HOLIDAY PAY AT 2.0 TIMES THE SET RATE, WITH .5 (1/2 HR. DEDUCTION FOR MEAL.)	1.00	HR		

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Item	Class-Item	Quantity	Unit	Unit Price	Total
	CONTACT PERSON: JANIS MARKOFF 401-253-8000 EXT. 519 DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.				
				TOTAL:	

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