

BID SOLICITATION



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

BID NUMBER: B06494
TITLE: TYVEK SUITS
BID OPENING DATE AND TIME:
07/19/2006 11:00 AM

BUYER: ALMA MILLER
 PHONE #: (401) 222 - 2142 ext. 124
 BLANKET PERIOD: 9/1/2006 - 8/31/2008

B HEALTH
I DOH MEDICAL EXAMINER
L CHAPIN BLDG, 1ST FLOOR
L 48 ORMS ST
T PROVIDENCE RI 02904
O

S HEALTH
H DOH MEDICAL EXAMINER
I CHAPIN BLDG, 1ST FLOOR
P 48 ORMS ST
T PROVIDENCE RI 02904
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Requisition Number(s): R75C070581

Item	Class-Item	Quantity	Unit	Unit Price	Total
	<p>BLANKET REQUIREMENTS: 9/1/06 - 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.

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TERMS OF PAYMENT: _____

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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>ALL ITEMS TO BE MADE OF TYVEK BRAND MATERIAL. SUITS MUST NOT HAVE A HOOD. SHOE COVERS MUST BE NON SKID.</p> <p>475-62 XL TYVEK ZIP FRONT SUIT BRAND _____ PRODUCT CODE #: _____ PACKAGING _____</p>	34.00	CS		

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Item	Class-Item	Quantity	Unit	Unit Price	Total
2.0	475-62 XXL TYVEK ZIP FRONT SUIT BRAND _____ PRODUCT CODE #: _____ PACKAGING _____	10.00	CS	_____	_____
3.0	475-62 XXXL TYVEK ZIP FRONT SUIT BRAND _____ PRODUCT CODE #: _____ PACKAGING _____	20.00	CS	_____	_____
4.0	475-62 901NS TYVEK SHOE COVERS BRAND _____ PRODUCT CODE #: _____ PACKAGING _____	6.00	CS	_____	_____

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Item	Class-Item	Quantity	Unit	Unit Price	Total
5.0	475-62 850 18" SLEEVE COVERS BRAND _____ PRODUCT CODE #: _____ PACKAGING _____ ESTIMATES ARE APPROXIMATE. SIZE USAGE VARIES ACCORDING TO SIZE DOCTORS CHOOSE TO WEAR AND NUMBER OF CASES ON WHICH THEY WOULD WORK. DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.	10.00	CS		
				TOTAL:	

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