



**Solicitation Information
March 1, 2019**

RFP# 7598653

TITLE: Comprehensive Purchase Card Services for the State of Rhode Island (MPA 427)

Submission Deadline: April 1, 2019 at 2:00 PM (ET)

PRE-BID/ PROPOSAL CONFERENCE: NO

Questions concerning this solicitation must be received by the Division of Purchases at gail.walsh@purchasing.ri.gov no later than **Monday, March 11, 2019 at 5:00 PM (ET)**. Questions should be submitted in a *Microsoft Word attachment*. Please reference the RFP# on all correspondence. Questions received, if any, will be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to download this information.

BID SURETY BOND REQUIRED: NO

PAYMENT AND PERFORMANCE BOND REQUIRED: NO

**GAIL WALSH
CHIEF BUYER**

Note to Applicants:

1. Applicants must register on-line at the State Purchasing Website at www.purchasing.ri.gov
2. Proposals received without a completed RIVIP Bidder Certification Cover Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION COVER FORM

Table of Contents

SECTION 1. INTRODUCTION.....	3
Instructions and Notifications to Offerors.....	3
SECTION 2. BACKGROUND	6
SECTION 3: SCOPE OF WORK AND REQUIREMENTS	6
General Scope of Work	6
SECTION 4: PROPOSAL	11
A. Technical Proposal.....	11
B. Cost Proposal.....	14
C. ISBE Proposal.....	14
SECTION 5: EVALUATION AND SELECTION	14
SECTION 6. QUESTIONS	16
SECTION 7. PROPOSAL CONTENTS.....	16
SECTION 8. PROPOSAL SUBMISSION.....	18
SECTION 9. CONCLUDING STATEMENTS	18
APPENDIX A. PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION FORM	20
APPENDIX B. STATE OF RHODE ISLAND PURCHASE CARD STATISTICS	
APPENDIX C. STATE OF RHODE ISLAND SEAL	
APPENDIX D. STATE OF RHODE ISLAND PURCHASE CARD PROGRAM FORMS	
APPENDIX E. COST (REBATE) PROPOSAL	

SECTION 1. INTRODUCTION

The Rhode Island Department of Administration/Division of Purchases, on behalf of the agencies of the Executive, Legislative and Judicial Branches of the State of Rhode Island, and the University and Colleges, quasi-public agencies, municipalities (cities, towns and school districts) is soliciting proposals from qualified firms to provide comprehensive purchase card services for the State of Rhode Island (“Vendor” or “Offeror” to participate on a Master Price Agreement (MPA) in accordance with the terms of this Request for Proposals (“RFP”) and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at www.purchasing.ri.gov.

The initial contract period will begin approximately September 1, 2019 for three (3) years. Contracts may be renewed for up to two additional 12-month periods at the sole option of the State based on vendor performance and the availability of funds.

There is no guarantee of any level spending activity to a vendor or vendors selected for this MPA.

This is a Request for Proposals, not a Request for Quotes. Responses will be evaluated on the basis of the relative merits of the proposal, in addition to cost; there will be no public opening and reading of responses received by the Division of Purchases pursuant to this solicitation, other than to name those offerors who have submitted proposals.

Instructions and Notifications to Offerors

1. Potential vendors are advised to review all sections of this RFP carefully and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.
2. Alternative approaches and/or methodologies to accomplish the desired or intended results of this RFP are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this RFP may be rejected as being non-responsive.
3. All costs associated with developing or submitting a proposal in response to this RFP or for providing oral or written clarification of its content, shall be borne by the vendor. The State assumes no responsibility for these costs even if the RFP is cancelled or continued.
4. Proposals are considered to be irrevocable for a period of not less than 180 days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.
5. All pricing submitted will be considered to be firm and fixed unless otherwise indicated in the proposal.
6. It is intended that an award pursuant to this RFP will be made to a prime vendor, or prime vendors in the various categories, who will assume responsibility for

all aspects of the work. Subcontracts are permitted, provided that their use is clearly indicated in the vendor's proposal and the subcontractor(s) to be used is identified in the proposal.

7. The purchase of goods and/or services under an award made pursuant to this RFP will be contingent on the availability of appropriated funds.
8. Vendors are advised that all materials submitted to the Division of Purchases for consideration in response to this RFP may be considered to be public records as defined in R. I. Gen. Laws § 38-2-1, *et seq.* and may be released for inspection upon request once an award has been made.

Any information submitted in response to this RFP that a vendor believes are trade secrets or commercial or financial information which is of a privileged or confidential nature should be clearly marked as such. The vendor should provide a brief explanation as to why each portion of information that is marked should be withheld from public disclosure. Vendors are advised that the Division of Purchases may release records marked confidential by a vendor upon a public records request if the State determines the marked information does not fall within the category of trade secrets or commercial or financial information which is of a privileged or confidential nature.

9. Interested parties are instructed to peruse the Division of Purchases website on a regular basis, as additional information relating to this solicitation may be released in the form of an addendum to this RFP.
10. By submission of proposals in response to this RFP vendors agree to comply with R. I. General Laws § 28-5.1-10 which mandates that contractors/subcontractors doing business with the State of Rhode Island exercise the same commitment to equal opportunity as prevails under Federal contracts controlled by Federal Executive Orders 11246, 11625 and 11375.

Vendors are required to ensure that they, and any subcontractors awarded a subcontract under this RFP, undertake or continue programs to ensure that minority group members, women, and persons with disabilities are afforded equal employment opportunities without discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability.

Vendors and subcontractors who do more than \$10,000 in government business in one year are prohibited from engaging in employment discrimination on the basis of race, color, religion, sex, sexual orientation, gender identity or expression, age, national origin, or disability, and are required to submit an "Affirmative Action Policy Statement."

Vendors with 50 or more employees and \$50,000 or more in government contracts must prepare a written "Affirmative Action Plan" prior to issuance of a purchase order.

- a. For these purposes, equal opportunity shall apply in the areas of recruitment, employment, job assignment, promotion, upgrading, demotion, transfer, layoff, termination, and rates of pay or other forms of compensation.
- b. Vendors further agree, where applicable, to complete the "Contract Compliance Report" (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliance->

[report.pdf](#)), as well as the “Certificate of Compliance” (<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>), and submit both documents, along with their Affirmative Action Plan or an Affirmative Action Policy Statement, prior to issuance of a purchase order. For public works projects vendors and all subcontractors must submit a “Monthly Utilization Report” (<http://odeo.ri.gov/documents/monthly-employment-utilization-report-form.xlsx>) to the ODEO/State Equal Opportunity Office, which identifies the workforce actually utilized on the project.

For further information, contact Vilma Peguero at the Rhode Island Equal Employment Opportunity Office, at 222-3090 or via e-mail at ODEO.EOO@doa.ri.gov.

11. In accordance with R. I. Gen. Laws § 7-1.2-1401 no foreign corporation has the right to transact business in Rhode Island until it has procured a certificate of authority so to do from the Secretary of State. This is a requirement only of the successful vendor(s). For further information, contact the Secretary of State at (401-222-3040).
12. In accordance with R. I. Gen. Laws §§ 37-14.1-1 and 37-2.2-1 it is the policy of the State to support the fullest possible participation of firms owned and controlled by minorities (MBEs) and women (WBEs) and to support the fullest possible participation of small disadvantaged businesses owned and controlled by persons with disabilities (Disability Business Enterprises a/k/a “DisBE”)(collectively, MBEs, WBEs, and DisBEs are referred to herein as ISBEs) in the performance of State procurements and projects. As part of the evaluation process, vendors will be scored and receive points based upon their proposed ISBE utilization rate in accordance with 150-RICR-90-10-1, “Regulations Governing Participation by Small Business Enterprises in State Purchases of Goods and Services and Public Works Projects”. As a condition of contract award vendors shall agree to meet or exceed their proposed ISBE utilization rate and that the rate shall apply to the total contract price, inclusive of all modifications and amendments. Vendors shall submit their ISBE participation rate on the enclosed form entitled “MBE, WBE and/or DisBE Plan Form”, which shall be submitted in a separate, sealed envelope as part of the proposal. ISBE participation credit will only be granted for ISBEs that are duly certified as MBEs or WBEs by the State of Rhode Island, Department of Administration, Office of Diversity, Equity and Opportunity or firms certified as DisBEs by the Governor’s Commission on Disabilities. The current directory of firms certified as MBEs or WBEs may be accessed at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. Information regarding DisBEs may be accessed at www.gcd.ri.gov.

For further information, visit the Office of Diversity, Equity & Opportunity’s website, at <http://odeo.ri.gov/> and *see* R.I. Gen. Laws Ch. 37-14.1, R.I. Gen. Laws Ch. 37-2.2, and 150-RICR-90-10-1. The Office of Diversity, Equity & Opportunity may be contacted at, (401) 574-8670 or via email Dorinda.Keene@doa.ri.gov

SECTION 2. BACKGROUND

Background

The State of Rhode Island wishes to continue our Purchase card program without disruption and to work with an organization to further enhance our current program.

General Purpose

The purpose of this proposal is to identify a single vendor to provide comprehensive purchase card services for the State of Rhode Island, its agencies, University and Colleges, and/or any Rhode Island quasi-government agency or municipality whom chooses to participate in the program.

The goals of this program include:

- Provide potential revenue opportunities to the State
- Reduce overall costs of purchase transactions
- Simplify the process for small dollar value purchase requirements
- Improve management reporting
- Provide potential for enhanced discount structure with suppliers
- Improve service to the State Agencies and Vendor community

SECTION 3: SCOPE OF WORK AND REQUIREMENTS

General Scope of Work

It is anticipated that a contract will be established with a single vendor.

General Description

The State of Rhode Island intends to continue utilizing purchase cards for small dollar transactions and ghosted/departmental vendor cards. The State currently has a hierarchical based purchase card program which contains accounting cost allocation capability. The State requires qualified vendors to have the ability to convert existing program data accordingly. The summary information, including number of cards outstanding, the number of transactions and total purchase card volume is included in Appendix B.

There is no guarantee of any level spending activity to a vendor or vendors selected for this MPA.

Vendor Requirements

Transition of the Current Purchase Card Program:

Qualified vendors will have the ability to continue the RI State's purchase card program without disruption. Successful vendor will provide a comprehensive plan for transferring data from the current system and a timeline for implementation.

Card Issuance:

Qualified vendors will have the ability to provide the following purchase cards:

1. Individual and departmental credit cards issued in accordance with the State's policies, requiring approval from the Office of Accounts and Control utilizing the forms provided

in Appendix D, or approval from the University of Rhode Island utilizing the forms providing in Appendix D.

2. All issued credit cards will have a format distinctive to Rhode Island and include the following:
 - a. the State seal (included in Appendix C)
 - b. the name “State of Rhode Island” or “University of Rhode Island” or “Rhode Island College” or “Community College of Rhode Island”
 - c. the phrase “For Official Use Only”
 - d. the phrase “Tax Exempt” and the State’s Employer Identification Number
 - e. the vendor’s toll-free customer service telephone number
 - f. no reference to Automated Teller Machines (ATM’s)
 - g. name of cardholder or department
 - h. signature of cardholder or department authorized user
 - i. Specific to the **University of Rhode Island**, the vendor will be able to provide two different styles/colors/identifiers of the card; one for the PCard and another for the TCard, to allow the user to easily differentiate between the two cards.
3. Issue new, replacement and emergency cards when requested

State Policies

Qualified vendors will have the ability to implement the following policies:

1. Social security numbers cannot be required for the issuance of cards
2. Cards cannot be canceled by the bank for non-usage – all expired cards are to be replaced unless the State notifies the vendor that the card is no longer required.
3. Personal identification numbers (PINs) are not to be assigned to allow cards to be used as debit cards or at ATM’s
4. Cash advances and convenience checks are strictly prohibited
5. Returns/refunds should always be processed as card credits not cash refunds.

Misuse and Fraud:

Qualified vendors will have the ability to track potential misuse and fraud and communicate with administrators and/or card holders in the case of potential misuse or fraud. In addition, programs to revoke fraudulent card holder authority must be in place.

Purchase Card System Requirements:

Qualified vendors will have the ability to provide a web-based system which allows the State to do the following (please include a time frame for processing each item, i.e. real-time, 24-hour lag, etc):

1. Assign certain Accounts & Control, University or college employees as system administrators of their individual purchase card programs and allow them to have direct access and maintenance capability into the site
2. Enable controls based on transaction and spending limits for each card issued
 - a. Single transaction limits for each card
 - b. Monthly credit limits for each card
 - c. Number of transactions per day, per week, per month for each card
3. Set up control groups of Merchant Category Codes and enable controls based on control groups for each card issued
4. Set up users as different types based on a complex hierarchy set to limit and restrict access to review transaction information and run reports
5. Maintain, update and delete users on-going to ensure proper employees have access to card

- information
6. Cancel or inactivate a card
 7. The system must maintain the State's accounting codes and cost centers and allow users to apply accounting codes to posted transactions.
 - a. Some transactions require multiple accounting codes to be applied, therefore the system should allow for the splitting of transactions by either dollar amount or by percentage of the total transaction.
 8. Allow the cardholder or other authorized system user to obtain monthly billing statements immediately after the closing of the billing period.
 9. Process an electronic data exchange in a prescribed format on a monthly basis of all charges and accounting allocations to ensure the payment to the vendor can be made in a timely manner.
 10. Specific to the **University of Rhode Island**, the vendor will need to facilitate the receipt of multiple daily transaction files which URI can upload into Oracle/Peoplesoft or an equivalent ERP software system. The vendor will initially provide URI's contact information to the service provider and ultimately oversee this process to its conclusion. The files need to be broken down between purchase and travel transactions and should be in a format specified by the service provider (e.g. VCF 4.0) and include Enhanced Data Record Types.
 11. Capture data from a purchase card transaction. Include what data is captured, how the data is captured and how you ensure that the data is captured throughout the entire supplier base.
 - a. Provide a listing of all data elements captured from a level 1, 2, 3 and 4 merchants
 - b. Please provide the following statistics relative to your overall program:
 - i. Card transactions w/Level 2, 3, or 4 Data: _____%
 - ii. Card transactions w/Ship to Zip Codes: _____%
 - iii. Card transactions w/Customer Code: _____%
 - iv. Card transactions w/Tax ID Number _____%
 - v. Card transactions w/Merchant 1099 Data: _____%
 12. Provide reports including but not limited to transaction detail (including information posted by travel agent), total spend by card and/or MCC code. Include a comprehensive list of the standard reports that will be available and describe the availability of custom reporting.
 13. Describe your backup and business recovery process.
 14. How long is information available on-line?
 15. Describe your retention record capabilities.
 16. Provide a list of three clients for whom you have completed the above.

Disputed Charges:

Qualified vendors must have a detailed procedure for handling questionable transactions and charge-back items once resolved. This process should not hold the state liable for questionable transactions until resolved.

Customer Service:

Qualified vendors will provide a program manager dedicated to the State of Rhode Island to handle implementation as well as continued communication with the State as a client. A knowledgeable support staff must also be available 24 hours a day, 7 days a week via a toll free telephone number. At minimum, support staff must be able to assist card holders with billing, lost or stolen cards and reports of fraudulent transactions; support staff must also be able to assist system administrators with inquiries regarding account information, restrictions, and on-line system guidance/training.

Training:

Qualified vendors shall provide sufficient on-site and/or off-site training to appropriate state staff

at no additional cost to ensure administrators and users have adequate knowledge to use the vendor's system.

1. Vendor shall provide training during the full-scale implementation as well as follow-up training as needed.
2. Include a description of the types of training provided based on employee role, i.e. cardholder, administrator.
3. Include the number of training sessions to be held and what parameters determine the frequency, i.e. geographic location, number of attendees, role, etc.
4. Include what types of training documentation will be provided for users and in what manner they will be distributed.
5. Vendor shall also provide a clear description of the responsibilities of the State's System Administrator as opposed to the Vendor's Program Manager.

Billing:

Qualified vendors must provide a detailed explanation of their billing procedures.

Late Charges and Payment:

Subject to Section 42-11.1 of the Rhode Island General Laws, the state intends to pay all valid charges for authorized purchases by authorized cardholders of participating agencies within thirty (30) working days of the receipt of invoice date. A Department or the State will not incur late penalty interest charges provided payments are issued within this period. No interest shall accrue, however, when payment is delayed because of disagreement between the State and the Contractor regarding the quantity, quality or time of delivery of any equipment, materials, supplies or services or the accuracy of any invoice. The Contractor shall notify the Office of Accounts and Control, and the authorized State Agency Representative of participating State agencies of all invoices in excess of thirty (30) days old.

The state intends to pay all valid charges for authorized purchases by authorized cardholders of participating State agencies within thirty (30) working days of the receipt of a bill at the designated payment office. Thereafter during full scale implementation of the program, the State may opt to pay in less than thirty (30) working days. Vendors shall specify incentives for payment by the State in less than thirty (30) working days.

Conditions precedent to the billing date are (i) shipment, receipt and acceptance of the material, equipment, supplies or services by the participating State agency, or (ii) receipt of a correct invoice for such payment, whichever is latest. In addition, where payment is to be made by mail, the date of check and not the date of postmark, shall be deemed to be the date of payment. The State and the Contractor shall establish mutually acceptable definitions and procedures in the Contract with respect to authorized purchases and authorized cardholders in participating State agencies.

The state has the right of setoff with respect to defaulting vendors. If the State is exercising its right of setoff and the vendor owes the state, the vendor's right to payment is suspended. Unless the debt is otherwise resolved, the suspended payment is applied to the debt owed by the vendor to the State. Vendors shall confirm their agreement to this right of the State and provide a procedure to address this issue in its Purchase Card service program proposal.

1099 Reporting:

Vendor must affirm compliance with 1099 reporting as it relates to IRS reporting requirements for credit card transactions.

Liability:

Qualified vendors must describe in detail the liability of each party.

1. Explain the contractual liability of the State and each cardholder.
2. What type of indemnification do you offer for inappropriate card utilization by employees?
3. What type of indemnification do you offer for fraudulent use of card by outsiders?
4. Identify the appropriate controls for implementation to identify fraudulent use of any Purchase Card and appropriate responses by the parties upon identification of such fraudulent use.
5. Give a detailed explanation of the procedure card holders must follow when they discover a card is lost or stolen, including the responsibilities of the card holder and the State and the vendor.
6. Qualified vendors must describe how they will or will not support the following: “The State and a Department shall be liable only for Purchase Card charges incurred by authorized Department users provided that the charges are within the authorized parameters of the Program and the Department authorization for the Department user. Unauthorized charges will be credited to the Department account. Unauthorized charges will include:
 - a. Charges that exceed any of the mandatory limits established by the State and/or Department for the Program.
 - b. Charges that are made to vendors under Merchant Category Code restriction limits established by the State and the Contractor for the Program.
 - c. Charges made on a lost or stolen Purchase Card or fraudulent use.

The State of Rhode Island shall be liable for the use of the Purchase Cards by authorized cardholders provided that the use is within the single per transaction dollar limits and any other limits imposed upon use of individual Purchase Cards by the State. The State shall have no liability for lost or stolen Purchase Cards or fraudulent use of any Purchase Card and shall establish by mutual agreement in the Contract with the Purchase Card service Contractor procedures for notice of loss and theft of the Purchase Card.

Notwithstanding the above, the Purchase Card service Contractor must indemnify and hold harmless the State, its officers and employees from any and all claims, suits, actions, liabilities and costs of any kind (including attorney’s fees), for personal injury (including death) or damage to real property or tangible personal property arising from the acts or omission of the Purchase Card service Contractor, its agents, officers, employees, partners, or subcontractors, without limitations.

Furthermore, the State shall be entitled to and the Contractor shall adhere to and provide all protections offered with respect to, but not limited to, extensions of credit, Purchase Card issuance, Purchase Card transactions, interest, payments and settlements, as established by Federal or State law, regulation or rule, Rhode Island procedure or executive order.”

Cardholder Information:

The Contractor shall not sell or distribute a list of participating employees, State agencies, addresses or any other information to any person, firm, or other entity for any purpose. This section is not intended to prevent the Contractor from complying with the requirements herein and the resulting Contract for reports and reporting.

SECTION 4: PROPOSAL

A. Technical Proposal

Narrative and format: The proposal should address specifically each of the following elements:

1. Vendor Qualifications

- a. *Vendor Information:*
 - i. Provide a brief description of the company including history and years in purchase card program market.
- b. *Current Purchase Card Program Experience:*
 - i. Provide the following for fiscal year 2017 and fiscal year 2018:
 1. Number of purchase card program clients
 2. Number of purchase card program clients by industry
 3. Spending totals
 4. Cards Issued
 5. Average Transaction Size
 6. Number of Suppliers Used
 - ii. Number of purchase card program clients added and lost in the last three (3) years. If any clients lost, explain circumstances.
 - iii. Summarize your firm's competitive advantages over all other providers in the Corporate Purchase Card Market.
 - iv. List of current governmental customers, in particular other states, large cities or large universities/colleges
 1. Name of governmental entity serviced
 2. Contract start/end dates
 3. Description of services provided
 4. Name, title, email and telephone number of contact person
- c. *Personnel:*
 - i. Provide an organizational chart of employees dedicated to your purchase card products.
 - ii. How many positions that will be assigned to the Rhode Island program? Include their individual qualifications and the scope of other responsibilities (clients, contracts, etc.) that they will be handling in addition to the Rhode Island Program.
 - iii. What is the physical location of the employees assigned to the Rhode Island account?
- d. *Best Practices and Innovations:*
 - i. What method of communication does your firm use to notify clients of industry best practices and process improvements?
 - ii. How do you introduce new and innovative products to your clients? Give an example of a recent innovation your firm has introduced to the industry.
- e. *Use of Subcontractors:*
 - i. Does your firm control all phases of the transactional cycle?
 - ii. Does your firm outsource any activities (transaction processing, supplier enrollment, card issuance, authorization, PO'S activation, MIS reporting, G/L integration, etc.) to any third parties? List all third parties employed in your organization's Purchase Card Program and describe the functions they perform.

- iii. The vendor must identify any subcontractors that will be used to conduct any of the work in the contract, including the names of the subcontractors, summaries of their qualifications, experience, and duties.
- f. *Outstanding or Previous Litigation:*
 - i. Provide a list of any outstanding or previous litigation which involved the proposed services offered in your RFP response.

2. Vendor Work Plan Requirements - Please describe in detail, the framework within which Comprehensive Purchase Card Services will be performed. The following elements must be included in the proposed work plan, see previous Section IV Scope of Work:

- a. ***Transition of the Current Purchase Card Program:*** A comprehensive plan for transferring data from the current system and a timeline for implementation is required.
 - i. What kind of transition support will your purchase card program provide?
 - ii. Provide a detailed timeline for implementation that identifies key elements, identifies your specific Purchase Card Program resources that will be committed to complete each element, and identifies each element's completion date.
 - iii. What type of material for both cardholders and program administrators will your Corporate Purchase Card Program make available during program roll-out?
 - iv. Provide three references who can comment on their Purchasing Card Program implementation with your Corporate Purchase Card Program.
 - v. Provide a comprehensive summary of your Purchase Card service program incorporating mandatory requirements to meet the needs of the State of Rhode Island. Such summary shall include detailed action and implementation plans for the pilot phase and the full-scale implementation phase with deliverables. Vendor shall delineate what staff would be deployed to implement the program for the State by name, title and experience. Vendor shall provide action plan(s) for assisting participating agencies in the development, implementation and modifications of procedures and processes and recommend changes to rules and regulations relative to procurement and Purchase Card use.
- b. ***Card Issuance:***
 - i. What is your card issuance process?
 - ii. How will your firm utilize the forms in Appendix D to issue cards?
 - iii. What controls will your firm have in place to ensure unauthorized cards are not issued?
 - iv. What is your firm's normal delivery time and method for new card issuance?
 - v. What is your firm's normal delivery time and method for replacement and emergency card issuance?
 - vi. What type of supplier/merchant do you support?
- c. ***State Policies: Qualified vendors must describe their ability to implement the following policies:***
 - i. Social security numbers cannot be required for the issuance of cards
 - ii. Cards cannot be canceled by the bank for non-usage – all expired cards are to be replaced unless the State notifies the vendor that the card is no longer required.

- iii. Personal identification numbers (PINs) are not to be assigned to allow cards to be used as debit cards or at ATM's
 - iv. Cash advances and convenience checks are strictly prohibited
 - v. Returns/refunds should always be processed as card credits not cash refunds.
- d. *Misuse and Fraud:*** *Qualified vendors must describe their ability to track potential misuse and fraud:*
- i. Identify your programs for tracking potential misuse and fraud.
 - ii. How do you communicate with administrators and/or card holders in the case of potential misuse or fraud?
 - iii. Identify your process for the revocation of purchase card authority from a card holder in the case of misuse or fraud.
- e. *Purchase Card System Requirements:*** *Qualified vendors must describe in detail their ability to provide a web-based system as described in Section 3: Scope of Work.*
- f. *Disputed Charges:*** *Qualified vendors must describe their detailed procedure for handling questionable transactions:*
- i. What is your process for questionable or disputed charges appearing on a statement?
 - ii. What is the process to credit the State account pending resolution of the questioned or disputed item? How does this affect the electronic data exchange?
 - iii. What is the charge-back process for items resolved?
- g. *Customer Service:*** *Qualified vendors must describe their customer service staffing patterns:*
1. Describe your program manager roles and provide resume(s) for the staff hired for these positions.
 2. Outline your 24 hour support staff program and include what services are available for cardholders and system administrators.
 - i. Include the number of staff, the hierarchical level they represent, the training they are provided and their qualifications.
 - ii. What is the expected wait time on a call to your toll free telephone number?
 - iii. What, if any, limitations do the support staff have in resolving issues?
 - iv. What percent of issues are resolved on the first call?
 - v. What is your escalation procedure?
 - vi. Explain how you gauge customer satisfaction. Describe the specific indicators used and explain briefly how the data is gathered.
- h. *Training:*** *Qualified vendors must describe in detail their training plan as described in Section 3: Scope of Work.*
- i. *Billing:*** *Qualified vendors must describe their detailed procedure for billing:*
- i. What is the frequency of billing?
 - ii. What are your standard payment terms?
 - iii. What form(s) of payment is acceptable?
 - iv. Describe how you will or will not be able to support the following:
 1. Statements must be provided on each separate account
 - a. Statements can be retrieved electronically by any system user given access to the account
 - b. Statements will list each transaction, including credits and totals.
 2. A summary statement must be provided for the parent/root/summary account.

- j. **Late Charges and Payments:** Vendor must affirm complains with the late charge and payment statements in Section 3: Scope of Work.
- k. **1099 Reporting:** Please describe your procedure for 1099 reporting as it relates to IRS reporting requirements for credit card transactions.
- l. **Liability:** Qualified vendors must describe in detail the liability of each party as described in Section 3: Scope of Work.
- m. **Cardholder Information:** Vendor must affirm compliance with the condition to not sell or distribute a list of participating employees, State agencies, addresses or any other information to any person, firm, or other entity for any purpose.

B. Cost Proposal

Program Costs:

It is expected that this program will be of no-cost to the State.

Qualified vendors must provide a rebate schedule based on the annual fiscal spend and include all volume level rebates offered based upon percent of total value of transactions processed through the Purchase Card system, inclusive of all University, College and quasi-government spend. Scoring will be based on rebate available as it relates to actual volume of spend. Using the Appendix E: Cost (Rebate) Proposal.

When rebates are provided, the Contractor(s) shall provide a rebate based on fiscal year spend (July 1 to June 30). Payment is to be payable to the State and directed to the State Controller within sixty (60) days from the end of the fiscal year. Reports must be provided to the State Controller showing summary and detail of total spend for the State, URI, RIC, CCRI and each quasi-government agency whom chooses to participate, as well as the method of calculation for the rebate.

It is expected that the rebate percentage for the annual fiscal spend shall remain for the life of the contract, including optional renewal years.

C. ISBE Proposal

See Appendix A for information and the MBE, WBE, and/or Disability Business Enterprise Participation Plan form(s). Bidders are required to complete, sign and submit these forms with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.

SECTION 5: EVALUATION AND SELECTION

Proposals shall be reviewed by a technical evaluation committee (“TEC”) comprised of staff from State agencies. The TEC first shall consider technical proposals.

Technical proposals must receive a minimum of 60 (85.7%) out of a maximum of 70 points to advance to the cost evaluation phase. Any technical proposals scoring less than 60 points shall not have the accompanying cost or ISBE participation proposals opened and evaluated. The proposal will be dropped from further consideration.

Technical proposals scoring 60 points or higher will have the cost proposals evaluated and assigned up to a maximum of 30 points in cost category bringing the total potential

evaluation score to 100 points. After total possible evaluation points are determined ISBE proposals shall be evaluated and assigned up to 6 bonus points for ISBE participation.

The Division of Purchases reserves the right to select the vendor(s) or firm(s) (“vendor”) that it deems to be most qualified to provide the goods and/or services as specified herein; and, conversely, reserves the right to cancel the solicitation in its entirety in its sole discretion.

Proposals shall be reviewed and scored based upon the following criteria:

Criteria	Possible Points
Vendor Qualifications	20 Points
Work Plan/Approach	50 Points
Points	70 Points
Cost proposal*	30 Points
Total Possible Evaluation Points	100 Points
ISBE Participation**	6 Bonus Points
Points	106 Points

***Cost Proposal Evaluation:**

The vendor with the lowest cost proposal shall receive one hundred percent (100%) of the available points for cost. All other vendors shall be awarded cost points based upon the following formula:

$$(\text{lowest cost proposal} / \text{vendor's cost proposal}) \times \text{available points}$$

For example: If the vendor with the lowest cost proposal (Vendor A) bids \$65,000 and Vendor B bids \$100,000 for monthly costs and service fees and the total points available are thirty (30), Vendor B’s cost points are calculated as follows:

$$\$65,000 / \$100,000 \times 30 = 19.5$$

****ISBE Participation Evaluation:**

a. Calculation of ISBE Participation Rate

1. ISBE Participation Rate for Non-ISBE Vendors. The ISBE participation rate for non-ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the

amount of non-ISBE vendor's total contract price that will be subcontracted to ISBEs by the non-ISBE vendor's total contract price. For example if the non-ISBE's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs, the non-ISBE's ISBE participation rate would be 12%.

2. ISBE Participation Rate for ISBE Vendors. The ISBE participation rate for ISBE vendors shall be expressed as a percentage and shall be calculated by dividing the amount of the ISBE vendor's total contract price that will be subcontracted to ISBEs and the amount that will be self-performed by the ISBE vendor by the ISBE vendor's total contract price. For example if the ISBE vendor's total contract price is \$100,000.00 and it subcontracts a total of \$12,000.00 to ISBEs and will perform a total of \$8,000.00 of the work itself, the ISBE vendor's ISBE participation rate would be 20%.

b. Points for ISBE Participation Rate:

The vendor with the highest ISBE participation rate shall receive the maximum ISBE participation points. All other vendors shall receive ISBE participation points by applying the following formula:

$$\text{(Vendor's ISBE participation rate} \div \text{Highest ISBE participation rate)} \\ \text{X Maximum ISBE participation points)}$$

For example, assuming the weight given by the RFP to ISBE participation is 6 points, if Vendor A has the highest ISBE participation rate at 20% and Vendor B's ISBE participation rate is 12%, Vendor A will receive the maximum 6 points and Vendor B will receive $(12\% \div 20\%) \times 6$ which equals 3.6 points.

General Evaluation:

Points shall be assigned based on the vendor's clear demonstration of the ability to provide the requested goods and/or services. Vendors may be required to submit additional written information or be asked to make an oral presentation before the TEC to clarify statements made in the proposal.

SECTION 6. QUESTIONS

Questions concerning this solicitation must be e-mailed to the Division of Purchases at gail.walsh@purchasing.ri.gov no later than the date and time indicated on page one of this solicitation. No other contact with State parties is permitted. Please reference **RFP # 7598653** on all correspondence. Questions should be submitted in writing in a Microsoft Word attachment in a narrative format with no tables. Answers to questions received, if any, shall be posted on the Division of Purchases' website as an addendum to this solicitation. It is the responsibility of all interested parties to monitor the Division of Purchases website for any procurement related postings such as addenda. If technical assistance is required, call the Help Desk at (401) 574-8100.

SECTION 7. PROPOSAL CONTENTS

4. Proposals shall include the following:

- a. One completed and signed RIVIP Bidder Certification Cover Form (included in the original copy only) downloaded from the Division of

Purchases website at www.purchasing.ri.gov. *Do not include any copies in the Technical or Cost proposals.*

b. One completed and signed Rhode Island W-9 (included in the original copy only) downloaded from the Division of Purchases website at <http://www.purchasing.ri.gov/rivip/publicdocuments/fw9.pdf>. *Do not include any copies in the Technical or Cost proposals.*

c. Two (2) completed original and copy versions, signed and sealed Appendix A. MBE, WBE, and/or Disability Business Enterprise Participation Plan. Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation. *Do not include any copies in the Technical or Cost proposals.*

d. Technical Proposal - describing the qualifications and background of the applicant and experience with and for similar projects, and all required information as described earlier in this solicitation. The technical proposal is limited to twenty-five (25) pages (this excludes any appendices and as appropriate, resumes of key staff that will provide services covered by this request).

a. One (1) Electronic copy on a CD-R, marked “Technical Proposal - Original”.

a. One (1) printed paper copy, marked “Technical Proposal -Original” and signed.

b. Four (4) printed paper copies

e. Cost Proposal - A separate, signed and sealed cost proposal reflecting the complete rebate schedule and any fees proposed to implement and/or maintain all the requirements of the program.

f. One (1) Electronic copy on a CD-R, marked “Cost Proposal -Original”.

17. One (1) printed paper copy, marked “Cost Proposal -Original” and signed.

g. Four (4) printed paper copies

5. Formatting of proposal response contents should consist of the following:

b. Formatting of CD-Rs – Separate CD-Rs are required for the technical proposal and cost proposal. All CD-Rs submitted must be labeled with:

- Vendor’s name
- RFP #
- RFP Title
- Proposal type (e.g., technical proposal or cost proposal)
- If file sizes require more than one CD-R, multiple CD-Rs are acceptable. Each CD-R must include the above labeling and additional labeling of how many CD-Rs should be accounted for (e.g., 3 CD-Rs are submitted for a technical proposal and each CD-R should have additional label of ‘1 of 3’ on first CD-R, ‘2 of 3’ on second CD-R, ‘3 of 3’ on third CD-R).

Vendors are responsible for testing their CD-Rs before submission as the Division of Purchase’s inability to open or read a CD-R may be grounds for rejection of a Vendor’s proposal. All files should be readable and readily accessible on the CD-Rs submitted with

no instructions to download files from any external resource(s). If a file is partial, corrupt or unreadable, the Division of Purchases may consider it “non-responsive”. USB Drives or any other electronic media shall not be accepted. Please note that CD-Rs submitted, shall not be returned.

- c. Formatting of written documents and printed copies:
 - a. For clarity, the technical proposal shall be typed. These documents shall be single-spaced with 1” margins on white 8.5”x 11” paper using a font of 12 point Calibri or 12 point Times New Roman.
 - b. All pages on the technical proposal are to be sequentially numbered in the footer, starting with number 1 on the first page of the narrative (this does not include the cover page or table of contents) through to the end, including all forms and attachments. The Vendor’s name should appear on every page, including attachments. Each attachment should be referenced appropriately within the proposal section and the attachment title should reference the proposal section it is applicable to.
- a. The cost proposal shall be typed using the formatting provided on the provided template.
 - c. Printed copies are to be only bound with removable binder clips.

SECTION 8. PROPOSAL SUBMISSION

Interested vendors must submit proposals to provide the goods and/or services covered by this RFP on or before the date and time listed on the cover page of this solicitation. Responses received after this date and time, as registered by the official time clock in the reception area of the Division of Purchases, shall not be accepted.

Proposals should be mailed or hand-delivered in a sealed envelope marked “**RFP# 7598653 Comprehensive Purchase Card Services**” to:

RI Dept. of Administration
Division of Purchases, 2nd floor
One Capitol Hill
Providence, RI 02908-5855

NOTE: Proposals received after the above-referenced due date and time shall not be accepted. Proposals misdirected to other State locations or those not presented to the Division of Purchases by the scheduled due date and time shall be determined to be late and shall not be accepted. Proposals faxed, or emailed, to the Division of Purchases shall not be accepted. The official time clock is in the reception area of the Division of Purchases.

SECTION 9. CONCLUDING STATEMENTS

Notwithstanding the above, the Division of Purchases reserves the right to award on the basis of cost alone, to accept or reject any or all proposals, and to award in the State’s best interest.

Proposals found to be technically or substantially non-responsive at any point in the evaluation process will be rejected and not considered further.

If a Vendor is selected for an award, no work is to commence until a purchase order is issued by the Division of Purchases.

The State's General Conditions of Purchase contain the specific contract terms, stipulations and affirmations to be utilized for the contract awarded for this RFP. The State's General Conditions of Purchases can be found at the following URL:
<https://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf>.

APPENDIX A. PROPOSER ISBE RESPONSIBILITIES AND MBE, WBE, AND/OR DISABILITY BUSINESS ENTERPRISE PARTICIPATION FORM

2. Proposer's ISBE Responsibilities (from 150-RICR-90-10-1.7.E)

1. Proposal of ISBE Participation Rate. Unless otherwise indicated in the RFP, a Proposer must submit its proposed ISBE Participation Rate in a sealed envelope or via sealed electronic submission at the time it submits its proposed total contract price. The Proposer shall be responsible for completing and submitting all standard forms adopted pursuant to 105-RICR-90-10-1.9 and submitting all substantiating documentation as reasonably requested by either the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to the names and contact information of all proposed subcontractors and the dollar amounts that correspond with each proposed subcontract.
2. Failure to Submit ISBE Participation Rate. Any Proposer that fails to submit a proposed ISBE Participation Rate or any requested substantiating documentation in a timely manner shall receive zero (0) ISBE participation points.
3. Execution of Proposed ISBE Participation Rate. Proposers shall be evaluated and scored based on the amounts and rates submitted in their proposals. If awarded the contract, Proposers shall be required to achieve their proposed ISBE Participation Rates. During the life of the contract, the Proposer shall be responsible for submitting all substantiating documentation as reasonably requested by the Using Agency's MBE/WBE Coordinator, Division, ODEO, or Governor's Commission on Disabilities including but not limited to copies of purchase orders, subcontracts, and cancelled checks.
4. Change Orders. If during the life of the contract, a change order is issued by the Division, the Proposer shall notify the ODEO of the change as soon as reasonably possible. Proposers are required to achieve their proposed ISBE Participation Rates on any change order amounts.
5. Notice of Change to Proposed ISBE Participation Rate. If during the life of the contract, the Proposer becomes aware that it will be unable to achieve its proposed ISBE Participation Rate, it must notify the Division and ODEO as soon as reasonably possible. The Division, in consultation with ODEO and Governor's Commission on Disabilities, and the Proposer may agree to a modified ISBE Participation Rate provided that the change in circumstances was beyond the control of the Proposer or the direct result of an unanticipated reduction in the overall total project cost.

3. MBE, WBE, AND/OR Disability Business Enterprise Participation Plan Form:

Attached is the MBE, WBE, and/or Disability Business Enterprise Participation Plan form. Bidders are required to complete, sign and submit with their overall proposal in a sealed envelope. Please complete separate forms for each MBE, WBE and/or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.



**STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
DEPARTMENT OF ADMINISTRATION
ONE CAPITOL HILL
PROVIDENCE, RHODE ISLAND 02908**

MBE, WBE, and/or DISABILITY BUSINESS ENTERPRISE PARTICIPATION PLAN

Bidder's Name:

Bidder's Address:

Point of Contact:

Telephone:

Email:

Solicitation No.:

Project Name:

This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE and/or Disability Business Enterprise subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity MBE Compliance Office and all Disability Business Enterprises must be certified by the Governor's Commission on Disabilities at time of bid, and that MBE/WBE and Disability Business Enterprise subcontractors must self-perform 100% of the work or subcontract to another RI certified MBE in order to receive participation credit. Vendors may count 60% of expenditures for materials and supplies obtained from an MBE certified as a regular dealer/supplier, and 100% of such expenditures obtained from an MBE certified as a manufacturer. This form must be completed in its entirety and submitted at time of bid. **Please complete separate forms for each MBE/WBE or Disability Business Enterprise subcontractor/supplier to be utilized on the solicitation.**

Name of Subcontractor/Supplier:

Type of RI Certification: MBE WBE Disability Business Enterprise

Address:

Point of Contact:

Telephone:

Email:

Detailed Description of Work To Be Performed by Subcontractor or Materials to be Supplied by Supplier:

Total Contract Value (\$):

Subcontract Value (\$):

ISBE Participation Rate (%):

Anticipated Date of Performance:

I certify under penalty of perjury that the forgoing statements are true and correct.

Prime Contractor/Vendor Signature

Title

Date

Subcontractor/Supplier Signature

Title

Date

APPENDIX B: State of Rhode Island Purchase Card Statistics+

Active Purchase Cards for the fiscal year ended June 30, 2018:

Group	Active Purchase Cards	Number of Card Transactions
State of Rhode Island	557	23,351
University of Rhode Island	1273	42,419
Community College of RI	17	2,035
Rhode Island College	17	1,282
RI Airport Corporation	8	215
Narragansett Bay Commission*	28	382
Town of Westerly*	5	43

Purchase Card Dollar Volume

Group	12 Months Ending 7/31/17	12 Months Ending 7/31/18
State of Rhode Island	\$ 7,334,459.61	\$ 7,534,087.94
University of Rhode Island	\$ 9,524,545.95	\$10,228,480.48
Community College of RI	\$ 760,707.88	\$ 684,531.73
Rhode Island College	\$ 280,664.33	\$ 368,084.00
RI Airport Corporation	\$ 539,158.39	\$ 54,506.54
Narragansett Bay Commission*	\$ 0.00	\$ 141,972.02
Town of Westerly*	\$ 0.00	\$ 16,930.70

*Narragansett Bay Commission's program started 2/14/18

*Town of Westerly's program started 2/20/18

+Non-Large Ticket Volume

APPENDIX C: STATE SEAL



DRAFT

APPENDIX D: State of Rhode Island Purchase Card Program Forms

PC-1a
9/13

PC-1a Purchase Card Request Form – Individual

State of Rhode Island
Department of Administration
Office of Accounts and Control

PURCHASE CARD REQUEST FORM - INDIVIDUAL

Cardholder Information:

Cardholder's Name: _____

Department: _____

Hierarchy Node: _____

Is PaymentNet4 Access Required? No Yes (PC-5 Required)

Email Address: _____

Complete Business Address: _____

Business Phone: _____ DOB: _____

Card Information:

Approver's Name: _____

Approver's Email: _____

Limit # of transactions per day to _____ Limit # of transactions per month to _____

Limit \$ _____ per transaction* Limit \$ _____ per month *

* Explanation/Justification for increase (if applicable): _____

List Default Accounting Needed:

Fund Agency _____

Line Item Sequence: _____

Natural Account: _____

Cost Center: _____

Type/Print Name of Authorized Agent

Signature of Authorized Agent/Date

APPENDIX D: State of Rhode Island Purchase Card Program Forms

PC-1b
9/13

PC-1b Purchase Card Request Form – Departmental

State of Rhode Island
Department of Administration
Office of Accounts and Control

PURCHASE CARD REQUEST FORM - DEPARTMENTAL

Card Information:

Name to be Printed on Card: _____

Department: _____

Hierarchy Node: _____

Department Cardholder (person to sign PC-2b): _____

Email Address: _____ Business Phone: _____

Complete Business Address: _____

Approver's Name: _____

Approver's Email: _____

Limit # of transactions per day to _____ Limit # of transactions per month to _____

Limit \$ _____ per transaction* Limit \$ _____ per month *

* Explanation/Justification for increase (if applicable): _____

List Default Accounting Needed:

Fund Agency _____

Line Item Sequence: _____

Natural Account: _____

Cost Center: _____

Type/Print Name of Authorized Agent

Signature of Authorized Agent/Date

PURCHASE CARD PROGRAM INDIVIDUAL CARDHOLDER AGREEMENT

By signing this agreement, I apply for a State of Rhode Island purchase card and agree to abide by all the guidelines specified below and those in applicable Department of Administration and agency policies and procedures.

1. For lost or stolen cards, call: **1-800-270-7760**
2. I will be the only person who will sign for purchases with this card. I do not have authority to allow anyone else to make purchases with this card. All purchases I make will be within the established credit limit. I agree to pay all the costs and charges associated with this card from my agency's approved budget based on detail coding provided by me.

The card will only be used for authorized purposes of the state and agency/institution. Authorized purposes are defined as purchases which further the business of the state. For purposes of this paragraph, a purchase will "further the business of the state" only when the purchase: (1) is authorized by statute and by Department of Administration's rule or policy and agency rule or procedure; (2) will promote or support the lawful operation of the state agency on whose behalf the purchase is made; and (3) may be paid by public funds that are currently available to the agency, by appropriation, expenditure limitation, or other legislative authority (and where applicable, by Department of Administration allotment) for the purpose of the purchase.

3. I will not use the purchase card for any cash advances. I will not use the purchase card for any purpose that does not "further the business of the state." I understand that this prohibits me from using the purchase card for any personal purposes. Personal purposes are non-employment related purposes, purchases that do not "further the business of the state," and purchases that benefit me or another person individually rather than facilitate the discharge of the official functions or duties of my agency.
4. I will protect the purchase card at all times. I will not give the purchase card number to anyone except authorized agency personnel or when making an authorized agency/institution purchase.
5. I will immediately notify the bank and the Controller's Office if the card is lost or stolen. I will immediately surrender my purchase card to the Approving Official or the Controller's Office when I leave agency employment or if I no longer will be allowed to use the purchase card.

The purchase card belongs to the bank and I will surrender it immediately when asked. The Approving Official will make a reasonable attempt to recover

the purchase card from me if I am an unauthorized or terminated employee. I am responsible for any costs in that effort and agree to pay them from any funds owed me by the State of Rhode Island, subject to due process. The Approving Official may assist in efforts to prevent any unauthorized card use and in any legal action against me.

6. I am responsible to assure that total charges made on the purchase card do not exceed the defined credit limit. Any charge made by the bank for exceeding the limit will be charged to my agency and may be charged to me personally. Deliberate misuse will be cause for loss of my purchase card privileges.
7. All purchase card statements for my agency/institution will be paid by the Controller's Office within 5 days of the end of the month.
 - (a) I will keep all required documentation for all purchases made on the purchase card. Once each month I will print my statement, I will attach the documentation to the statement, and, after reconciling and verifying all charges, will sign and date the statement indicating approval. If the original charge slip is lost, I will circle the charge on the memo statement, attach a written statement identifying what was purchased, and retain the additional support with the approved statement as required agency policy. I understand that a pattern of missing original charge slips may result in the loss of my purchase card privileges.
 - (b) I will do the following each month:
 - (1) I will indicate the appropriate expenditure classification code to be charged for each purchase listed on the statement. I will forward the approved statement to my department's Fiscal Office within 2 days of the date on the statement.
 - (2) I will keep the documentation for verification, reconciliation and approval for audit purposes. I will forward all said documentation to my department's Approving Official.
8. In the case of a billing disagreement or adjustment, I am responsible to initiate and complete necessary action. The Approving Official and I will work directly with the bank and/or the merchant to make needed adjustments. I will not delay timely payments to the bank in cases of disagreement. If a credit is due, I will instruct the merchant to issue to the purchase card account. **I will not request or accept cash back from the merchant when an item is returned or a credit is due.**
9. I recognize my responsibility to comply with the following four criteria for payment of a claim against money held by the State Treasurer.
 - (a) The claim must be supported by the approval of the state agency that incurred the obligation or made the expenditure on which the claim is based. (Approval is evidenced by an authorized signature or approval.)

- (b) Law and appropriation must make the provision for payment of the claim. (The agency must have adequate budget resources available to pay the claim when incurred.)
- (c) The obligation or expenditure on which the claim is based must be authorized as provided by law. (The claim is based on agency action required or allowed by statute.)
- (d) The claim otherwise satisfies requirements as provided by law. (Rule or statute does not otherwise prohibit the claim.)

10. I acknowledge that I have read, understand and am familiar with the 'Purchase Card Policy and Procedures' Manual.

I understand and agree that I shall use the Purchase card only to purchase supplies within the guidance of this program. I acknowledge and understand that making false statements on purchase card records may provide support for disciplinary action), and may result in my civil liability and/or criminal prosecution.

I acknowledge and understand that it is the Cardholder's responsibility to assure that the Purchase card is not accessible to others for an improper or unauthorized use.

I acknowledge and understand that 'unauthorized use' of the Purchase card shall mean the use of said card by any person other than the Cardholder whose name appears on the Purchase card. I further acknowledge and understand that 'unauthorized use' of the Purchase card shall also mean the use of a Purchase card by a Cardholder who exceeds his/her delegation of authority.

I acknowledge and understand that 'unauthorized use' of the Purchase card may provide support for disciplinary action(s), and may result in my civil liability and/or criminal prosecution. I agree that I will not use the Purchase card in an unauthorized manner, nor will I knowingly permit another to use a Purchase card in an unauthorized manner.

I acknowledge and understand that as a Cardholder authorized to conduct acquisitions, I am subject to administrative disciplinary actions or remedies as well as civil and criminal penalties for violations of the State Purchasing Act.

Any inappropriate or personal purchases become my personal liability for which I will make immediate and complete reimbursement (including any accrued interest) to the agency. Amounts not properly reimbursed by me can be withheld (in total) from my next paycheck. I agree that my acceptance of the purchase card authorizes the State to make such withholding automatically from any amount due me by the State, subject to due process.

SIGNATURE:

My signature below indicates that I agree to abide by the terms of this purchase card agreement and any subsequent amendment or addendum. I have received a copy of this agreement.

Cardholder Printed Name: _____

Last Four Digits of Card: _____ Telephone #: _____

Department/Agency: _____

Division/Unit: _____

Cardholder Signature: _____ **Date:** _____

DRAFT

PURCHASE CARD PROGRAM DEPARTMENT CARDHOLDER AGREEMENT

By signing this agreement, I accept a State of Rhode Island departmental purchase card and agree to abide by all the guidelines specified below and those in applicable Department of Administration and agency policies and procedures.

10. For lost or stolen cards, call: **1-800-270-7760**

11. I will be the individual responsible for ensuring only authorized persons in my department/agency will sign for purchases with this card and that all purchases made will be within the established credit limit. All the costs and charges associated with this card will be paid from my agency's approved budget.

The card will only be used for authorized purposes of the state and agency/institution. Authorized purposes are defined as purchases which further the business of the state. For purposes of this paragraph, a purchase will "further the business of the state" only when the purchase: (1) is authorized by statute and by Department of Administration's rule or policy and agency rule or procedure; (2) will promote or support the lawful operation of the state agency on whose behalf the purchase is made; and (3) may be paid by public funds that are currently available to the agency, by appropriation, expenditure limitation, or other legislative authority (and where applicable, by Department of Administration allotment) for the purpose of the purchase.

12. The purchase card will not be used for any cash advances. The purchase card will not be used for any purpose that does not "further the business of the state." I understand that this prohibits anyone from using the purchase card for any personal purposes. Personal purposes are non-employment related purposes, purchases that do not "further the business of the state," and purchases that benefit me or another person individually rather than facilitate the discharge of the official functions or duties of my agency.

13. I will protect the purchase card at all times. I will not give the purchase card number to anyone except authorized agency personnel or when making an authorized agency/institution purchase.

14. I will immediately notify the bank and the Controller's Office if the card is lost or stolen. I will immediately cease and desist from using the purchase card when I leave agency employment or if I no longer will be allowed to use the purchase card. A new PC-2b Form will be immediately submitted to the Controller's Office to ensure there is a continuous chain of authority over the card.

The purchase card belongs to the bank and I will surrender it immediately when asked. The Approving Official will make a reasonable attempt to recover the purchase card from me if I am an unauthorized or terminated employee. I am responsible for any costs in that effort and agree to pay them from any funds owed me by the State of Rhode Island, subject to due process. The Approving Official may assist in efforts to prevent any unauthorized card use and in any legal action against me.

15. I am responsible to assure that total charges made on the purchase card do not exceed the defined credit limit. Any charge made by the bank for exceeding the limit will be charged to my agency and may be charged to me personally. Deliberate misuse will be cause for loss of my purchase card privileges.

16. All purchase card statements for my agency/institution will be paid by the Controller's Office within 5 days of the end of the month.

(c) I will keep all required documentation for all purchases made on the purchase card. Once each month I will print my statement, I will attach the documentation to the statement, and, after reconciling and verifying all charges, will sign and date the statement indicating approval. If the original charge slip is lost, I will circle the charge on the memo statement, attach a written statement identifying what was purchased, and retain the additional support with the approved statement as required agency policy. I understand that a pattern of missing original charge slips may result in the loss of my purchase card privileges.

17. In the case of any unresolved vendor disputes, I agree to inform my approving official(s) in a timely manner. If a credit is due, I will instruct the merchant to issue to the departmental purchase card account. **I will not request or accept cash back from the merchant when an item is returned or a credit is due.**

18. I acknowledge that I have read, understand and am familiar with the 'Purchase Card Policy and Procedures' Manual.

I understand and agree that I shall use the Purchase card only to purchase supplies within the guidance of this program. I acknowledge and understand that making false statements on purchase card records may provide support for disciplinary action), and may result in my civil liability and/or criminal prosecution.

I acknowledge and understand that it is the Department Cardholder's responsibility to assure that the Purchase card is not accessible to others for an improper or unauthorized use.

I acknowledge and understand that 'unauthorized use' of the Purchase card shall mean the use of said card by any person other than authorized persons in my department/agency. I further acknowledge and understand that

'unauthorized use' of the Purchase card shall also mean the use of a Purchase card by a Cardholder who exceeds his/her delegation of authority.

I acknowledge and understand that 'unauthorized use' of the Purchase card may provide support for disciplinary action(s), and may result in my civil liability and/or criminal prosecution. I agree that I will not use the Purchase card in an unauthorized manner, nor will I knowingly permit another to use a Purchase card in an unauthorized manner.

I acknowledge and understand that as a Department Cardholder authorized to conduct acquisitions, I am subject to administrative disciplinary actions or remedies as well as civil and criminal penalties for violations of the State Purchasing Act.

Any inappropriate or personal purchases become my personal liability for which I will make immediate and complete reimbursement (including any accrued interest) to the agency. Amounts not properly reimbursed by me can be withheld (in total) from my next paycheck. I agree that my acceptance of the purchase card authorizes the State to make such withholding automatically from any amount due me by the State, subject to due process.

SIGNATURE/INFORMATION: (of person listed on Form PC-1b)

My signature below indicates that I agree to abide by the terms of this purchase card agreement and any subsequent amendment or addendum. I have received a copy of this agreement.

Name Printed on Card: _____

Last Four Digits of Card: _____ Telephone: _____

Department/Agency: _____

Division/Unit: _____

Department Cardholder Printed: _____

Dept Cardholder Signature: _____

Fax: 401.874.4825
Email: PCARD@etal.uri.edu

Mail: University of Rhode Island
Carloti Administration Bldg.
75 Lower College Road, Rm 103, Kingston, RI 02881-1966

Applicant/Cardholder Information:

First Name:	Middle Initial:	Last Name:
Email:	Business Phone #: ()	Employee ID#:
Department:	Date of Birth:	Country of Citizenship:
Mother's Maiden Name:		

Applicant's Complete Business Mailing Address

Building & Room #:	Street Address:	
City:	State:	Zip:

Applicant's Home Address

Street Address:		
City:	State:	Zip:

Department Administrator/Approver Information:

First Name:	Middle Initial:	Last Name:
Email:	PeopleSoft User ID:	Employee ID#:

Default ChartField:

Account:	Fund:	Dept.:	Program:	Project:
----------	-------	--------	----------	----------

GRANTS: DESIGNATION OF ALTERNATE ACCOUNT (REQUIRED) this must be a funded account. Charges will only be made against an alternate account if a purchase card transaction cannot be documented as a reasonable and allowable charge against a budgeted grant category.
NOTE: The alternate fund account CANNOT be another grant fund, i.e. Fund 500.

Grant Reserve ChartField:

Account:	Fund (other than 500):	Dept.:	Program:	Project:
----------	------------------------	--------	----------	----------

The following signatures are required:

Applicant Signature	Date
Dept. Administrator (Approver) (Print)	(Signature)
Dean, Director, or Dept. Head, as applicable (Print)	(Signature)
Director, Office of Sponsored Projects (Required for ALL Fund 500 PCARD Requests)	Date
President's Delegated Signature Authorization	Date

To be completed by the Office of the Controller

Default MCC Table _____	Single Transaction Limit \$ _____	Monthly Credit Limit \$ _____
Office of the Controller/PCard (Signature)		Date

Fax: 401/874-4825
Email: Pcard@etal.uri.edu

Mail to: University of Rhode Island
Carlotti Administration Bldg.
75 Lower College Road, Room 103
Kingston, RI 02881-1966

Cardholder Name (Print):

Department:

Your signature/ initials below indicate that you have read and will comply with the terms of this agreement regarding the use of the University of Rhode Island Purchase Card:

Cardholder Initials (Required)

- 1. I understand that by using the Purchase Card, I will be making financial commitments on behalf of the University and that the University will be liable for all charges made with the Purchase Card.
- 2. I agree to use the Purchase Card only for authorized purchases and in an appropriate manner, as defined in the Purchase Card Policy Manual and in accordance with all existing state and University purchasing policies and procedures.
- 3. I understand that should I make an unauthorized purchase with the Purchase Card or use the Card in an inappropriate manner, I may be subject to disciplinary action, including without limitation termination of employment, civil penalties and/or criminal prosecution under Section 42-11-14.2 of the General Laws.

NOTE: SECTION 42-11-14.2 OF THE GENERAL LAWS makes it unlawful for any employee of the state, or his/her designee, to use or permit others to use state-issued purchase cards for personal use. Any person who violates this law shall be liable for a civil penalty equal to three times the value of the unlawful use, plus an amount not to exceed \$10,000. The penalty shall be assessed and recovered in a civil action brought in the name of the people of the State of Rhode Island by the Attorney General. If two (2) or more persons are responsible for any violation, they shall be jointly and severally liable for the penalty. If the action is brought by the Attorney General, the moneys recovered shall be paid into the General Fund. Nothing in this section shall prevent the Attorney General from pursuing criminal charges against any person who violates the policies and procedures established pursuant to this section.

- 4. I understand that the Purchase Card remains the property of the University and that I am accountable for activity on the Card. I agree to return the Purchase Card immediately upon termination of employment at the University, the transfer to another department, or at the request of the Office of the Controller.
- 5. I understand that the University can terminate my right to use the card at any time, for any reason and require its return.
- 6. My signature below indicates that I have read this agreement, understand it and agree to be bound by it, for as long as I am a Purchase Cardholder at the University.

Cardholder Signature

Date

To be completed by the Office of the Controller:

<hr/> <p>Office of the Controller (Signature)</p>	<hr/> <p>Date</p>
---	-------------------

Fax: 401-874-4825
Email: PCARD@etal.uri.edu

Send to: Pcard@etal.uri.edu

Applicant/Cardholder Information:

First Name:	Middle Initial:	Last Name:
Email:	Business Phone #: ()	Employee ID#:
Department:	Date of Birth:	Country of Citizenship:
Mother's Maiden Name:		

Applicant's Complete Business Mailing Address:

Building & Room #:	Street Address:		
City:	State:	Country:	Zip Code:

Applicant's Home Address

Street Address:		
City:	State:	Zip:

The following signatures are required:

Applicant Signature	Date
Direct Supervisor (Print)	(Signature)
Dean, Director, or Dept. Head, as applicable (Print)	(Signature)

To be filled out by the Office of the Controller:

MCC Codes _____	Single Transaction Limit \$ _____	Monthly Credit Limit \$ _____
Office of the Controller (Signature) _____		Date _____

Fax: 401/874-4825
Email: PCARD@etal.uri.edu

Mail to: University of Rhode Island
Carlotti Administration Building
75 Lower College Road, Room 103
Kingston, RI 02881-1966

Your signature below indicates that you have read and will comply with the terms of this agreement regarding the use of the University of Rhode Island Travel Card:

Initials (required)

- _____ 1. I understand that by using the Travel Card, I will be making financial commitments on behalf of the University and that the University will be liable for all charges made with the Travel Card.
- _____ 2. I agree to use the Travel Card only for authorized travel, in an appropriate manner, and in accordance with the URI Travel Policy.
- _____ 3. I understand that should I make an unauthorized purchase with the Travel Card or use the Card in an inappropriate manner, I may be subject to disciplinary action, including without limitation termination of employment, civil penalties and/or criminal prosecution under Section 42-11-14.2 of the General Laws.

NOTE: SECTION 42-11-14.2 OF THE GENERAL LAWS makes it unlawful for any employee of the state, or his/her designee, to use or permit others to use state-issued travel cards for personal use. Any person who violates this law shall be liable for a civil penalty equal to three times the value of the unlawful use, plus an amount not to exceed \$10,000. The penalty shall be assessed and recovered in a civil action brought in the name of the people of the State of Rhode Island by the Attorney General. If two (2) or more persons are responsible for any violation, they shall be jointly and severally liable for the penalty. If the action is brought by the Attorney General, the moneys recovered shall be paid into the General Fund. Nothing in this section shall prevent the Attorney General from pursuing criminal charges against any person who violates the policies and procedures established pursuant to this section.

- _____ 4. I agree to reimburse the University for any amounts owed related to my travel within 10 business days of the last day of travel. The University reserves the right to terminate the Travel Card if reimbursement is not received within the 10 business day timeframe.
- _____ 5. I understand that the Travel Card remains the property of the University and that I am accountable for activity on the Card. I agree to return the Travel Card immediately upon termination of employment at the University or at the request of the Office of the Controller.
- _____ 6. I understand that the University can terminate my right to use the Travel card at any time.
- _____ 7. My signature below indicates that I have read this agreement, understand it and agree to be bound by it, for as long as I am a Travel Cardholder at the University.

Print Cardholder Name

Cardholder Signature

Date

To be completed by the Office of the Controller

_____ Office of the Controller (Signature)	_____ Date
---	---------------

APPENDIX E: Cost (Rebate) Proposal.

Annual Fiscal Spend Rebate: _____%

DRAFT