



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 874-8387
Website: www.ridop.ri.gov

INVITATION TO BID

Solicitation Title: Testing & Certification of Biological Safety Cabinets, Fume Hoods – DOH

Solicitation Number: RFQ #7599867

Bid Proposal Submission Deadline: **Monday, December 23, 2019 @ 12:00 p.m. (EST)**

Questions concerning this solicitation must be received by the Division of Purchases at DOA.PurQuestions10@purchasing.ri.gov no later than **Wednesday, December 4, 2019 at 10:00 AM EST**. No other contact with State parties is permitted. Please reference RFQ#7599867 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.

RIVIP REGISTRATION: Bidders must be registered vendors through the online Division of Purchases Rhode Island Vendor Information Program at www.ridop.ri.gov. To register or update information, click on "Vendor Resources".

BIDDER CERTIFICATION COVER FORM: Bidders must download (obtainable at www.ridop.ri.gov), complete, and submit a Bidder Certification Cover Form with each bid proposal.

Bidders are invited to submit bid proposals to the Division of Purchases by the bid proposal submission deadline.

This solicitation contains, and is subject to the terms and conditions of, the Invitation to Bid, Instructions to Bidders, Bid Preparation Checklist (with applicable forms), Agreement, General Conditions, and Supplemental Conditions Specifications and Plans, Bidder Certification Cover Form, Form, and Bid Form. The solicitation is available at www.ridop.ri.gov.

The award of the contract pursuant to this solicitation will be made to the responsive and responsible bidder with the lowest bid price. *The Division of Purchases reserves the right to waive any technicalities in the bid proposals, accept or reject any bid proposal, award a contract in the best interest of the State or revoke any solicitation.*

CONTINUED ONTO THE NEXT PAGE

ADDITIONAL INFORMATION AND SCOPE OF WORK

The Rhode Island Department of Administration/Division of Purchases, on behalf of the Rhode Island Department of Health, is soliciting proposals from qualified firms to provide Semi-Annual Inspections, Testing, Certification of Biological Safety Cabinets and Fume Hoods for the Rhode Island State Health Laboratories, in accordance with the terms of this Request for Quotes (“RFQ”) and the State’s General Conditions of Purchase, which may be obtained at the Division of Purchases’ website at www.ridop.ri.gov.

1. Period of Agreement

The agreement will be effective for a three-year period, from February 1, 2020 through June 30, 2020, with the option to renew for two (2) additional 12-month extensions to be exercised at the sole discretion of the State of RI.

For the purposes of this bid:

FY 20 represents the time period: 2/1/2020 – 6/30/2020

FY 21 represents the time period: 7/1/2020 – 6/30/2121

FY 22 represents the time period: 7/1/2021 – 6/30/2022

FY 23 represents the time period: 7/1/2022 – 1/31/2023

2. Equipment Covered

The equipment to be certified and serviced consists of Biological Safety Cabinets (BSC), Laminar Flow Clean Benches (LFCB) and Chemical Fume Hoods (CFH). See attachment #1 for a description of the equipment. Note that if the total number of equipment changes (new or decommissioned items) during the contract period, the service will be adjusted.

3. Services Covered

The following services must be provided:

Certification

A. BSC

1. Certify Class II Biological Safety Cabinets at **six-month and one-year intervals**, according to the specifications listed on the equipment table (see attachment #1). Tests to include all field tests specified in National Sanitation Foundation (NSF) / American National Standards Institute (ANSI) 49-2002 Annex F, or the most current standard, including but not limited to downflow velocity profile test, inflow velocity test, airflow smoke patterns test, High-Efficiency Particulate Air (HEPA) filter leak test, cabinet integrity test on Type A1 cabinets, site installation assessment tests, lighting intensity test, vibration test (upon advance request at additional charge), noise level test, electrical leakage, ground circuit resistance and polarity tests (when required and accessible).
2. Upon successful completion of the testing and certification, the vendor must affix a “Certificate of Operating Performance” to the BSC that indicates the company name, certification date, unit tested, standards used, test number, due date for next certification, and the service technician name. Also, within seven days, provide a test report identifying all tests performed, test results, and any adjustments or repairs made.

B. LFCB

1. Certify Laminar Flow Clean Benches at **one-year intervals**. Tests to include all field tests specified in the Institute of Environmental Sciences and Technology (IEST) RP-CC002.2, or the most current standards, including but not limited to airflow velocity, filter pressure, HEPA / Ultra Low Penetration Air (ULPA) filter leak test, induction leak test/backstreaming test (at additional charge, when requested), airborne particle count (at additional charge when requested), lighting intensity test (when appropriate), and noise level test.
2. Upon successful completion of the testing and certification, the vendor must affix a “Certificate of Operating Performance” to the Computer Aided Drafting (CAD) that indicates the company name, certification date, unit tested, standards used, test number, due date for next certification, and the service technician name. Also, within seven days, provide a test report identifying all tests performed, test results, and any adjustments or repairs made.

C. CFH

1. Certify Chemical Fume Hoods at **one-year intervals**. Tests to include all field tests specified in the American Industrial Hygiene Association (AIHA) / ANSI Z9.5, or the most current standards, including but not limited to face velocity, airflow smoke patterns, and inspection of physical condition.
2. Upon successful completion of the testing and certification, the vendor must affix a “Certificate of Operating Performance” to the CFH that indicates the company name, certification date, unit tested, standards used, test number, due date for next certification, and the service technician name. Also, within seven days, provide a test report identifying all tests performed, test results, and any adjustments or repairs made.

D. Additional Testing

Additional Testing on Fume Hoods using the American Society of Heating, Refrigerating and Air-Conditioning Engineers (ASHRAE) 110 method, or equivalent, if requested.

4. Place of Service

RI Department of Health Laboratories
Chapin Building
50 Orms Street
Providence, RI 02904

5. Hours

Scheduled certification testing must generally be performed during normal business hours (Monday-Friday 8:30am – 4:30pm). Services will be scheduled at mutually convenient times and dates. Repair service, if accepted, will be scheduled at mutually convenient times and dates.

6. Equipment

The certifying agency will provide all necessary tools, equipment and supplies required to perform the services outlined in section 3.

7. Special Requirements

Must use NSF accredited Biosafety Cabinet Field Certifiers for all BSC work.

8. Rate Structure

Vendor to provide costs for Services listed above (A, B, C, D) per unit, as well as hourly and overtime rates for repairs, if requested, in order to pass certification on biological safety cabinets and laminar flow clean benches. In addition, any parts and/or decontamination services will be proposed at standard rates.

Attachment #1:

Biological Safety Cabinet, Laminar Flow Clean Bench, and Chemical Fume Hood Equipment List.

Note: Facility needs may change if items are added or removed during contract period.

Biological Safety Cabinets (BSC)

Manufacturer	Model #	Serial #	Class, Type	Location	Frequency A= Annual S= Semi-annual
LABCONCO	3621204	040722984AG	CLASS II, TYPE A2	203	A
LABCONCO	302511100	181167012B	CLASS II, TYPE A2	222	A
NUAIRE	NU425-600	15234031902	CLASS II, TYPE A/B3	302	A
BD/BBL	60633	86113828	CLASS II, A1	304	A
NUAIRE	NU425-600	13922062100	CLASS II, TYPE A/B3	403A	S
THERMOFORMA	1286	100231-1460	CLASS II, TYPE A/B3	403A	S
NUAIRE	NU425-600	58598ABR	CLASS II, TYPE A/B3	403	S
NUAIRE	NU425-600	115992062907	CLASS II, TYPE A2	403	S
NUAIRE	NU425-600	78469061802	CLASS II, TYPE A/B3	406	A
NUAIRE	NU425-600	17913TZ	CLASS II, TYPE A2	414	A
NUAIRE	543-600	177892011017	CLASS II, TYPE A2	414	A
NUAIRE	NU425-400	151972072712	CLASS II, TYPE A2	414	A
NUAIRE	NU425-400	16594TS	CLASS II, TYPE A2	418	A
LABCONCO	36213-01	183848	CLASS II, TYPE A1	421	S
NUAIRE	NU425-600	84208052903	CLASS II, TYPE A2	424	A
THERMO	1385	181318-3781	CLASS II, TYPE A2	422	A

Laminar Flow Clean Benches (LFCB)

Note: Testing frequency is yearly

Manufacturer	Model #	Serial #	Location
MISONIX	PCR6	PCR6-365	128
MISONIX	PCR6	PCR6-366	128

Chemical Fume Hoods (CFH)

Note: Testing frequency is yearly

Manufacturer	Model #	Serial #	Location
GENERIC	GENERIC	122-1	122
DURALAB	GENERIC	203-1	203
GENERIC	GENERIC	203-2	203
DURALAB	GENERIC	204-1	204
LAB CRAFTERS	AIR SENTRY HBASC6	204-2	204
LAB CRAFTERS	AIR SENTRY HBASC6	204-3	204
LABCONCO	70310/11	15431	220
BROWN-MORSE	GENERIC	222-1	222
GENERIC	GENERIC	302-1	302
GENERIC	GENERIC	302-2	302
GENERIC	GENERIC	304-1	304
GENERIC	GENERIC	304-2	304
GENERIC	GENERIC	304-3	304
GENERIC	GENERIC	305-1	305
GENERIC	GENERIC	305-2	305
DURALAB	GENERIC	305-3	305
DURALAB	GENERIC	311-1	311
LABCONCO	GENERIC	311-2	311
HAMILTON	GENERIC	311-3	311
DURALAB	GENERIC	311-4	311
LABCONCO	GENERIC	311-5	311
DURALAB	GENERIC	312-1	312
DURALAB	GENERIC	312-2	312
DURALAB	GENERIC	312-3	312
DURALAB	GENERIC	313-1	313
DURALAB	GENERIC	313-2	313
DURALAB	GENERIC	313-3	313
DURALAB	GENERIC	414-1	414
DURALAB	GENERIC	414-2	414
HEMCO	GENERIC	H9-4891	414
DURALAB	GENERIC	415-1	415
DURALAB	GENERIC	415-2	415



Request for Quote

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

BUYER: Vittorio, Dawn R
 PHONE #: 401-574-8134

CREATION DATE : 25-NOV-19
BID NUMBER: 7599867
TITLE: Testing & Certification of Biological Safety Cabinets,
 Fume Hoods – DOH
BLANKET START : 01-FEB-20
BLANKET END : 31-JAN-23
BID CLOSING DATE AND TIME: 23-DEC-2019 12:00:00

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DOA CONTROLLER
ONE CAPITOL HILL, 4TH FLOOR
SMITH ST
PROVIDENCE, RI 02908
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DOH HEALTH LABORATORIES
50 ORMS STREET
PROVIDENCE, RI 02904
US

Requisition Number: 1635606

Note to Bidders: QUESTIONS concerning this solicitation must be received by the Division of Purchases at DOA.PURQUESTIONS10@purchasing.ri.gov no later than Wednesday, December 4, 2019 @ 10:00 AM Eastern Time (ET). Questions should be submitted in a Microsoft Word attachment. Please reference the RFQ #7599867 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.

Line	Description	Quantity	Unit	Unit Price	Total
1	FY 20 SEMI ANNUAL INSPECTION, TESTING & CERTIFICATION OF 5 BIOLOGICAL SAFETY CABINETS. INSPECTION TO BE DONE MARCH 2020 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	5.00	Each		
2	FY 21 SEMI ANNUAL INSPECTION, TESTING & CERTIFICATION OF 5 BIOLOGICAL SAFETY CABINETS. INSPECTION TO BE DONE SEPTEMBER 2020 AND MARCH 2021 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	10.00	Each		
3	FY 22 SEMI ANNUAL INSPECTION, TESTING & CERTIFICATION OF 5 BIOLOGICAL SAFETY CABINETS. INSPECTION TO BE DONE SEPTEMBER 2021 AND MARCH 2022 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	10.00	Each		
4	FY 23 SEMI ANNUAL INSPECTION, TESTING & CERTIFICATION OF 5 BIOLOGICAL SAFETY CABINETS. INSPECTION TO BE DONE SEPTEMBER 2022 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	5.00	Each		
5	FY 20 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 11 BIOLOGICAL SAFETY CABINETS. INSPECTION TO BE DONE MARCH 2020 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	11.00	Each		
6	FY 21 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 11 BIOLOGICAL SAFETY CABINETS. INSPECTION TO BE DONE MARCH 2021 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	11.00	Each		
7	FY 22 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 11 BIOLOGICAL SAFETY CABINETS. INSPECTION TO BE DONE MARCH 2022 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	11.00	Each		
8	FY 21 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 32 CHEMICAL FUME HOODS. INSPECTIONS TO BE DONE SEPTEMBER 2020 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	32.00	Each		

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



Request for Quote

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

BUYER: Vittorioso, Dawn R
 PHONE #: 401-574-8134

CREATION DATE : 25-NOV-19
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DOA CONTROLLER
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PROVIDENCE, RI 02908
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50 ORMS STREET
PROVIDENCE, RI 02904
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Line	Description	Quantity	Unit	Unit Price	Total
9	FY 22 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 32 CHEMICAL FUME HOODS. INSPECTIONS TO BE DONE SEPTEMBER 2021 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	32.00	Each		
10	FY 23 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 32 CHEMICAL FUME HOODS. INSPECTIONS TO BE DONE SEPTEMBER 2022 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	32.00	Each		
11	FY 20 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 2 LAMINAR FLOW CLEAN BENCHES. INSPECTIONS TO BE DONE MARCH 2020 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	2.00	Each		
12	FY 21 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 2 LAMINAR FLOW CLEAN BENCHES. INSPECTIONS TO BE DONE MARCH 2021 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	2.00	Each		
13	FY 22 ANNUAL INSPECTION, TESTING & CERTIFICATION ON 2 LAMINAR FLOW CLEAN BENCHES. INSPECTIONS TO BE DONE MARCH 2022 AT THE CHAPIN BUILDING (MONDAY - FRIDAY 8:30AM - 4:30PM)	2.00	Each		
14	FY20 - FY23 HOURLY LABOR RATE TO REPAIR, IF REQUESTED, TO PASS CERTIFICATION	1.00	Hour		
15	FY20 - FY23 OVERTIME HOURLY LABOR RATE TO REPAIR, IF REQUESTED, TO PASS CERTIFICATION ON THE ABOVE EQUIPMENT	1.00	Hour		
16	FY20 - FY23 MISCELLANEOUS PARTS FOR REPAIRS. PERCENT DISCOUNT OFF MANUFACTURER LIST PRICE _____%	1.00	Each		
17	FY20 - FY23 ADDITIONAL TESTING ON FUME HOODS USING ASHRAE 110 METHOD, OR EQUIVALENT, IF REQUESTED PER ATTACHED SPECIFICATIONS	1.00	Each		

Delivery: _____

Terms of Payment: _____

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

Contract Terms and Conditions

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Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

AWARD

THE STATE, AT ITS SOLE DISCRETION, SHALL RESERVE THE RIGHT TO MAKE ONE OR MULTIPLE AWARDS FOR THIS REQUIREMENT AND/OR TO REJECT ANY OR ALL BIDS.

DELIVERY PER AGENCY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.

INSURANCE REQUIREMENTS

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.

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: * 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.

LICENSE REQUIREMENTS

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.

RIVIP INFO - BID SUBMISSION REQUIREMENTS

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 should be attached to the front of the offer.

Each bid proposal must be submitted in a separate sealed envelope with the bidder's name and address and the specific "Solicitation Number," "Solicitation Title," and the "Bid Proposal Submission Deadline" marked in the upper left-hand corner of the envelope.

The bid proposal must be delivered (via mail, messenger service, or personal delivery) to the Division of Purchases and date-stamped/receipted by the date and time specified for the bid proposal submission deadline. Bidders should mail bid proposals sufficiently in advance of the bid proposal submission deadline to ensure timely delivery to the Division of Purchases or, when delivering a bid proposal in person or by messenger, should allow additional time for parking and clearance through security checkpoints. Bid proposals must be addressed to:

Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill, Providence, RI 02908-5855

Bid proposals that are not received by the Division of Purchases by the bid proposal submission deadline for whatever reason will be deemed late and will not be considered. The submission time will be determined by the time clock in the Division of Purchases. Postmarks will not be considered proof of timely submission.

Bid proposals in electronic format are not accepted at this time.

At the bid proposal submission deadline, bid proposals will be opened and read aloud in public.

DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

WAGE REQUIREMENTS

BIDDERS ARE ADVISED THAT ALL PROVISIONS OF TITLE 37 CHAPTER 13 OF THE GENERAL LAWS OF RHODE ISLAND APPLY TO THE WORK COVERED BY THIS REQUEST, AND THAT PAYMENT OF THE GENERAL PREVAILING RATE OF PER DIEM WAGES AND THE GENERAL PREVAILING RATE FOR REGULAR, OVERTIME, AND OTHER WORKING CONDITIONS EXISTING IN THE LOCALITY FOR EACH CRAFT, MECHANIC, TEAMSTER, OR TYPE OF WORKMAN NEEDED TO EXECUTE THIS WORK IS A REQUIREMENT FOR BOTH CONTRACTORS AND SUBCONTRACTORS. THE PREVAILING WAGE TABLE MAY BE OBTAINED AT THE RI DIVISION OF PURCHASES HOME PAGE BY INTERNET at www.purchasing.ri.gov. SELECT "BIDDING INFORMATION", THEN "GENERAL INFORMATION", AND THEN SELECT "PREVAILING WAGE TABLES". PRINTING THE ENTIRE DOCUMENT AVERAGES APPROXIMATELY ONE MINUTE PER PAGE - YOU MAY WANT TO PRINT ONLY THE PAGES APPLICABLE TO YOUR BID. BIDDERS NOTE: IN THE EVENT THIS BID SPECIFIES PRICE OFFERS ON A TIME-AND-MATERIALS BASIS, i.e., AN HOURLY RATE, ANY OR ALL BIDS SUBMITTED IN AN AMOUNT LESS THAN THE PREVAILING RATE IN EFFECT FOR THE WORK COVERED BY THIS REQUEST AS OF THE DATE OF BID ISSUANCE SHALL BE REJECTED BY THE DIVISION OF PURCHASES.

STATE OF RHODE ISLAND
FORM W-9 PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION



THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)
[] [] [] [] [] [] [] [] [] []

Employer ID No. (EIN)
[] [] [] [] [] [] [] [] [] [] [] []

NAME

ADDRESS

CITY, STATE AND ZIP CODE

PAYMENT REMITTANCE ADDRESS, IF DIFFERENT FROM THE ADDRESS ABOVE
ADDRESS
CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), **and**
- (2) I am not subject to backup withholding because either: (A) I am exempt from backup withholding, or (B) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (C) the IRS has notified me that I am no longer subject to backup withholding.
- (3) I am a U.S. citizen or other U.S. person (as defined by the IRS).

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item (2) does not apply.

Please sign here and provide title, date and telephone number:

SIGNATURE _____ **TITLE** _____ **DATE** _____ **TEL NO** _____
Original Signature Required (Digital Signature Not Acceptable)

BUSINESS DESIGNATION:

Please Check One: Individual Corporation Trust/Estate Government/Nonprofit Corporation
Partnership Medical Services Corporation Legal Services Corporation
LLC Tax Classification: Single Member (Individual) Partnership Corporation

TIPS:

- NAME:** Be sure to enter your full and correct legal name as shown on your income tax return for the SSN or EIN provided.
ADDRESS, CITY, STATE AND ZIP CODE: If you operate a business at more than one location, adhere to the following:
1) Same EIN with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
2) Different EIN for each different location -- submit a completed W-9 form for each EIN and location. (One year-end tax information return will be reported for each EIN and remittance address.)

Mail Completed Form To:
Supplier Coordinator
Purchasing Department
One Capitol Hill, 2nd Floor
Providence RI 02908

Or Email To: doa.pursuppliercoordinator@purchasing.ri.gov

For State Use Only:
IRS ___ RI SOS ___ FED ___ Other _____
RI Supplier # _____ Approved _____
Date Entered _____ Entered By _____