



Solicitation Information
9/27/07

Letter of Interest # 7028770

TITLE: CONSTABLE SERVICES, BODY ATTACHMENTS

OPENING DATE AND TIME: 10/17/2007 @ 10:45am (EDT)

PRE-BID CONFERENCE No

For computer technical assistance, call the help line at 401 222-2142, ext 134.

SURETY REQUIRED: No

BOND REQUIRED: No

Linda P. Roche
Chief Buyer

Vendors must register on-line at the State Purchasing Website at www.purchasing.ri.gov

NOTE TO VENDORS:

Offers received without the entire completed three-page RIVIP Generated Bidder Certification Form attached may result in disqualification.

THIS PAGE IS NOT A BIDDER CERTIFICATION FORM

CONSTABLE SERVICES - EXECUTIONS OF WRITS OF BODY ATTACHMENTS FOR CHILD SUPPORT ENFORCEMENT

The Department of Administration / Division of Purchases, on behalf of the Department of Administration / Division of Taxation – Child Support Enforcement Program is seeking to establish a list of licensed constables interested in executing Writs of Body Attachments ordered by the Rhode Island Family Court against individuals involved in the cases of the Child Support Enforcement Office. These services must be performed in accordance with the terms of this solicitation and the State's General Conditions of Purchase, which is available on the Internet at www.purchasing.state.ri.us. This solicitation will be used to establish a Master Price Agreement established list of eligible constables that will remain active for a period of 11/1/07 to 10/31/12.

All constables who desire to be included on this list must meet all of the bid criteria listed below at the time the list is established. The Child Support Enforcement Office reserves the right to give preference to those constables who have worked for the agency in the past in their selections from this new listing. These services are designed to supplement the Division of Taxation's use of State of Rhode Island Sheriffs who are allowed to serve these writs by state law.

INSTRUCTIONS AND NOTIFICATIONS TO OFFERORS:

Potential offerors are advised to review all sections of this solicitation carefully, and to follow instructions completely, as failure to make a complete submission as described elsewhere herein may result in rejection of the proposal.

Alternative approaches and/or methodologies to accomplish the desired or intended results of this procurement are solicited. However, proposals which depart from or materially alter the terms, requirements, or scope of work defined by this Request will be rejected as being non-responsive.

The State reserves the right to award to one or more offerors.

All costs associated with developing or submitting a proposal in response to this Request, or to provide oral or written clarification of its content, shall be borne by the offeror. The State assumes no responsibility for these costs.

Proposals are considered to be irrevocable for a period of not less than sixty (60) days following the opening date, and may not be withdrawn, except with the express written permission of the State Purchasing Agent.

All pricing submitted will be considered to be firm and fixed unless otherwise indicated herein.

Proposals misdirected to other State locations or which are otherwise not present in the Office of Purchases at the time of opening for any cause will be determined to be late and will not be considered.

It is intended that an award pursuant to this Request will be made to a prime contractor, who will assume responsibility for all aspects of the work. Joint venture and cooperative proposals will not be considered, but subcontracts are permitted, provided that their use is clearly indicated in the offeror's proposal, and the subcontractor(s) proposed to be used are identified in the proposal.

ACCEPTANCE CRITERIA:

All constables seeking to be placed on the agency's list of eligibles to execute Writs of Body Attachments must meet the following criteria:

1. Constable must hold a current Constable's License issued by the Chief Judge of the Rhode Island District Court with authority to execute Writs of Body Attachments and be fully authorized by the Chief Judges of the District and Family Courts of Rhode Island

- E. Constables selected from the list of eligibles must comply with any and all agency instructions regarding the performance of duties and the associated paperwork requirements of the agency,
- F. The Child Support Enforcement agency reserves the right to terminate the use of any constable and further delete such constable from the list of eligibles for just cause upon immediate notice to the constable. Just cause includes, but is not limited to, dishonorable service, malfeasance, misfeasance and nonfeasance.

INFORMATION REQUIRED FROM BIDDERS

The following information must be submitted to the Division of Purchasing in response to this bid:

1. Constable's full name
2. Full residence address (Street #, Street name, City/Town, State, Zip Code)
3. Full business address (if different from residence)
4. All personal and business telephone numbers where the constable can be reached at any time of the day.
5. Completed and signed IRS form W-9 (attached)

All bidders who respond to this request will be assumed by the State of Rhode Island as willing and able to meet all the Bid Criteria and all of the General Policies and Conditions of Employment, as detailed herein.

Letters of Interest to provide the services covered by this Request must be received by the Division of Purchases on or before 10/17/07-10:45 AM. Responses received after this time, as registered by the official time clock in the reception area of the Division of Purchases, will not be considered. Faxed proposals will not be considered.

Responses (**an original plus one copy**) should be mailed or hand-delivered in a sealed envelope marked 7028770- Constable Services - Body Attachments". No faxed proposals will be accepted.

Deliver to:

Department of Administration
Division of Purchases (2nd floor)
One Capitol Hill
Providence, RI 02908-5097

The Vendor assumes responsibility for proposals submitted by mail or commercial delivery service. Proposals misdirected to other state locations which are otherwise not present in the Office of Purchases at the time of opening, for any cause, will be determined to be late and will not be considered.

RESPONSE CONTENTS

In addition to those specifics requested herein, responses must also include the following:

1. A completed and signed bidder certification cover form
2. Copy of a current Rhode Island Constables License (Acceptance Criteria #1)
3. A completed Federal Form W 9 - Payer's Request for Taxpayer Identification Number and Certification (attached).

State of Rhode Island
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 _____

(REMITTANCE ADDRESS, IF DIFFERENT) _____

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 either because: (A) 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 (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE _____ TITLE _____ DATE _____ TEL NO. _____

BUSINESS DESIGNATION:

Please Check One:: Individual Medical Services Corporation Government/Nonprofit
Partnership Corporation Trust/Estate Legal Services Corporation

NAME:-- Be sure to enter your full and correct name as listed in the IRS file for you or your business. **ADDRESS, CITY, STATE AND ZIP CODE** -- Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. 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 T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.