Click here to enter a date.

Vendor Contact.

Vendor Company.

Street (PO).

City., State. ZipCode.

Vendor Email.

Re: Solicitation #Solicitation NUMBER. , Solicitation TITLE.

Dear Mr./Ms. Vendor Contact.:

This letter is to notify you that the Division of Purchases has tentatively selected your company to provide the goods and/or services requested in the above-referenced solicitation for $Dollar Amount of Contract and/or description of goods/services may be inserted in this field. . This tentative selection may be revoked by the Division of Purchases if your company fails to satisfy any of the requirements of this letter or the solicitation.

No work may commence until your company has received a purchase order issued by the Division of Purchases and, in addition, an authorization from the user agency. Prior to issuance of a purchase order by the Division of Purchases, your company must provide the documentation listed below by Purchasing agent or Deputy MUST approve ANY Staff Deviation from 21 day requirement. Use Drop-Down for Calendar Date.. Except #5 for a Minority Business Enterprise (MBE) Plan of which shall be submitted within 5 business days of the date of this tentative award notice.

Submit all documentation, except as provided below, to: Purchases Staff Name, Division of Purchases, One Capitol Hill, 2nd Floor, Providence, Rhode Island 02908, Email: Purchases Staff Email. Failure to timely provide the required documentation may result in the revocation of this tentative contract award by the Division of Purchases.

**Please provide the following documents indicated by a** [x] :

1) [ ]  Agreement outlining the scope and special terms and conditions covering the work, *executed by an authorized representative of your company*. Vendor Name is hereby authorized to commence contract negotiations with the Agency Name and Division of Legal Services. The Division of Purchases shall not issue a purchase order unless and until it receives a contract executed by both Vendor Name and Agency Name. Contact Agency Contact Name Agency Telephone # Agency Email

2) [ ]  Performance bond and labor payment bond in accordance with the terms of the solicitation from a firm authorized to conduct business in the State of Rhode Island.

3) [ ]  Certificates of insurance in accordance with the solicitation, or as outlined in Appendix A, General Conditions of Purchase http://www.purchasing.ri.gov/RIVIP/publicdocuments/ATTA.pdf. Certificates of insurance must: (i) reference the solicitation title and number; (ii) name the State of Rhode Island as “certificate holder” and “additional insured;” and (iii) state that 20 days’ advance notice of cancellation (referencing the solicitation number) will be sent to: Rhode Island Department of Administration, Division of Purchases, One Capitol Hill, Providence, Rhode Island 02908-5855, fax # (401) 574-8387:

3a) [ ]  Liability - $1 Million bodily injury each occurrence, $1 Million annual aggregate

3b) [ ]  Property - $500,000 each occurrence, $500,000 annual aggregate

3c) [ ]  Workers compensation - $100,000 coverage B

3d) [ ]  Professional liability (“errors and omissions”) - $1 Million or 5% of estimated project cost, whichever is greater

3e) [ ]  Builder’s risk insurance- contract amount

3f) [ ]  Automobile liability - $1 Million each occurrence combined single limit

3g) [ ]  Environmental impairment (“pollution control”) - $1 Million or 5% of contract
amount, whichever is greater

3h) [ ]  Vessel operation (marine or aircraft) liability and indemnity - $1 Million.

 3i) [ ]  Data Breach Regulatory and Privacy Coverage (a/k/a Network Security and Privacy Liability Insurance) - $2,000,000 per occurrence

3j) [ ]  Technology Errors and Omissions Coverage - Combined single limit per occurrence shall not be less than $2,000,000. Annual aggregate limit shall not be less than $2,000,000.

3k) [ ]  Other - Specify insurance type and minimum coverage required

4) [ ]  Rhode Island Affirmative Action Plan and contract compliance forms. Submit the applicable forms as indicated below to Rhode Island Department of Administration, Office of Diversity, Equity and Opportunity (ODEO), State Equal Opportunity Office at One Capitol Hill, 3rd Floor, Providence, Rhode Island 02908. For further information, contact Vilma Peguero at (401) 222-1452, ODEO.EOO@doa.ri.gov or visit the Office of Diversity, Equity and Opportunity website at <http://odeo.ri.gov/>.

[ ]  Contract Compliance Report (<http://odeo.ri.gov/documents/odeo-eeo-contract-compliance-report.pdf>)

[ ]  Certificate of Compliance(<http://odeo.ri.gov/documents/odeo-eeo-certificate-of-compliance.pdf>)

[ ]  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>)

The resulting determination from the Office of Diversity, Equity and Opportunity shall be the required final document to complete the tentative award process.

5) [ ]  Minority Business Enterprise (MBE) Plan. Within 5 business days, submit MBE plan to Rhode Island Department of Administration, Office of Diversity, Equity and Opportunity (ODEO), Minority Business Enterprise Compliance Office at One Capitol Hill, 3rd Floor, Providence, Rhode Island 02908. For further information, contact Dorinda Keene at (401) 574-8670 or [dorinda.keene@doa.ri.gov](file:///%5C%5Cent-fs-vm002.enterprise.ri.gov%5CDOA-Purchases%5CShared%5Cpurch_d.ata%5C3-TENTATIVE%20AWARD%20LETTER%20AND%20DOCUMENTS%5Cdorinda.keene%40doa.ri.gov) or visit the Office of Diversity, Equity and Opportunity website at <http://odeo.ri.gov/>. The resulting determination from the Office of Diversity, Equity and Opportunity shall be the required final document to complete the tentative award process.

6) [ ]  Internal Revenue Service Form W-9 (attached).

7) [ ]  Good Standing Certificate issued by the Rhode Island Secretary of State within the 30-day period prior to the date all documentation is due. Contact the Corporations Division at the Rhode Island Secretary of State at (401) 222-3040 or http://ucc.state.ri.us/Certificates/Certificate\_Request.asp.

8) [ ]  General Contractor Apprenticeship Re-Certification and Certification Form.\*

\*In addition collect and maintain Subcontractor Apprenticeship Certification Forms from all subcontractors.

9) [ ]  Department of Labor and Training Prevailing Wage Contract Addendum Certification

10) [ ]  Drug-Free Workplace Compliance Certificate (attached).

11) [ ]  Business Associate Agreement (HIPAA compliant), executed by an authorized representative of your company (attached).

12) [ ]  Rhode Island Department of Attorney General Bureau of Criminal Identification Release (attached).

If you have any questions regarding this letter, please feel free to contact me.

Sincerely,

Buyer Name

Buyer Title

cc: Vilma Peguero

 Dorinda Keene – MBE

 Cheryl Burrell – ODEO - Associate Director, Office of Diversity, Equity and Opportunity

 Agency or Other Contact