

Quasi-Public
University of Rhode Island

SECTION 1 – RIVIP VENDOR INFORMATION

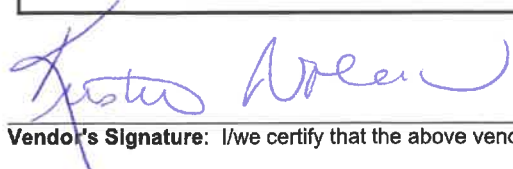
Bid/RFP Number: 100681
Bid/RFP Title: FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING & SER
Bid Contact Person: PURCHASING
Bid Contact Phone: 401-874-2171
Opening Date & Time: 2/13/2019 2:00 PM
RIVIP Vendor ID #: 78963
Vendor Name: Encore Holdings, LLC
Address: 70 Bacon Street
Telephone: 800-966-0000
Fax: 401-365-1131
E-Mail: knolan@encorefireprotection.com
Contact Person: Kristen Nolan
Title: Sales

NOTE: AWARD OF CONTRACTS AND PURCHASE ORDERS SHALL BE SUBJECT, AT THE DISCRETION OF THE PURCHASING AGENT, TO THE OFFEROR COMPLETING AN ON-LINE RIVIP REGISTRATION at www.purchasing.state.ri.us. It is THE RESPONSIBILITY OF THE VENDOR to make on-line corrections/updates using the Vendor maintenance program on the RI Division of Purchases Web Site.

Submission Information

Submit offers as required within the Bid/RFP document. This contract is NOT a state bid.

Signature below commits vendor to the attached offer and certifies (1) that the offer has taken into account all solicitation amendments, (2) that the above statements and information are accurate, (3) that vendor understands and has complied with the requirements set forth.



Date 2/13/19

Vendor's Signature: I/we certify that the above vendor information is correct and complete.

Kristen Nolan Rhode Island Business Executive
Print Name and Title of company official signing offer

Quasi-Public
University of Rhode Island

SECTION 1 – RIVIP VENDOR INFORMATION

Bid/RFP Number: 100681A1
Bid/RFP Title: FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING & SERVICE
Bid Contact Person: PURCHASING
Bid Contact Phone: 401-874-2171
Opening Date & Time: 2/13/2019 2:00 PM
RIVIP Vendor ID #: 78963
Vendor Name: Encore Holdings, LLC
Address: 70 Bacon Street
Telephone: 800-966-0000
Fax: 401-365-1131
E-Mail: knolan@encorefireprotection.com
Contact Person: Kristen Nolan
Title: Sales

NOTE: AWARD OF CONTRACTS AND PURCHASE ORDERS SHALL BE SUBJECT, AT THE DISCRETION OF THE PURCHASING AGENT, TO THE OFFEROR COMPLETING AN ON-LINE RIVIP REGISTRATION at www.purchasing.state.ri.us. It is THE RESPONSIBILITY OF THE VENDOR to make on-line corrections/updates using the Vendor maintenance program on the RI Division of Purchases Web Site.

Submission Information

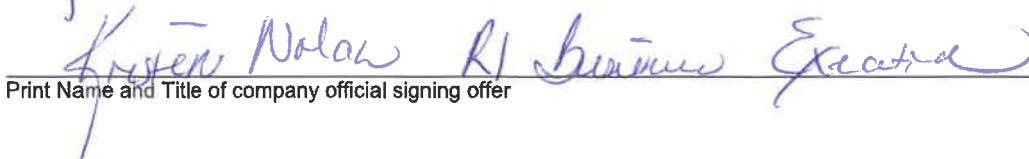
Submit offers as required within the Bid/RFP document. This contract is NOT a state bid.

Signature below commits vendor to the attached offer and certifies (1) that the offer has taken into account all solicitation amendments, (2) that the above statements and information are accurate, (3) that vendor understands and has complied with the requirements set forth.



Date 2/13/19

Vendor's Signature: I/we certify that the above vendor information is correct and complete.


Print Name and Title of company official signing offer
Kristen Nolan RI Business Executive

Quasi-Public
University of Rhode Island

SECTION 1 – RIVIP VENDOR INFORMATION

Bid/RFP Number: 100681A2
Bid/RFP Title: FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING & SERVICE
Bid Contact Person: PURCHASING
Bid Contact Phone: 401-874-2171
Opening Date & Time: 2/13/2019 2:00 PM
RIVIP Vendor ID #: 78963
Vendor Name: Encore Holdings, LLC
Address: 70 Bacon Street
Telephone: 800-966-0000
Fax: 401-365-1131
E-Mail: knolan@encorefireprotection.com
Contact Person: Kristen Nolan
Title: Sales

NOTE: AWARD OF CONTRACTS AND PURCHASE ORDERS SHALL BE SUBJECT, AT THE DISCRETION OF THE PURCHASING AGENT, TO THE OFFEROR COMPLETING AN ON-LINE RIVIP REGISTRATION at www.purchasing.state.ri.us. It is THE RESPONSIBILITY OF THE VENDOR to make on-line corrections/updates using the Vendor maintenance program on the RI Division of Purchases Web Site.

Submission Information

Submit offers as required within the Bid/RFP document. This contract is NOT a state bid.


Signature below commits vendor to the attached offer and certifies (1) that the offer has taken into account all solicitation amendments, (2) that the above statements and information are accurate, (3) that vendor understands and has complied with the requirements set forth.


Vendor's Signature: I/we certify that the above vendor information is correct and complete.

Date 2/13/19

 Kristen Nolan Rhode Island Business Executive
Print Name and Title of company official signing offer

BID/PROPOSAL

COMMODITY: FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING & SERVICE DATE: 1/11/2019
FORMAL BID NO. _____ PUBLIC BID NO. 100681 RFP NO. _____
BIDS ARE TO BE RECEIVED IN URI PURCHASING DEPARTMENT BY: DATE: 2/8/2019 TIME: 2:00PM
Eastern Time
BUYER: RYAN PINCINCE/rlc  SURETY REQUIRED: YES: _____ NO: X

PRE-BID/PROPOSAL CONFERENCE: DATE: 1/24/2019 TIME: 9:30 AM
MANDATORY: YES: X NO: _____
LOCATION: PURCHASING CONFERENCE ROOM, DINING SERVICES DISTRIBUTION CENTER
10 TOOTELL RD., KINGSTON, RI 02881

Questions concerning this solicitation must be received by the URI Purchasing Department at URIPurchasing@uri.edu no later than DATE: 1/28/2019 TIME: 12:00 PM Please reference the Bid/RFP No. on all correspondence. Questions received, if any, will be posted on the internet as an addendum to this solicitation at the conclusion of the question period. It is the responsibility of all interested parties to download this information. For Bid Solicitation Information visit: <http://web.uri.edu/purchasing/bid-information/>

BE SURE ALL INFORMATION SHOWN BELOW IS CORRECT.
FEDERAL EMPLOYER IDENTIFICATION NUMBER MUST BE INCLUDED.

COMPANY NAME: Encore Fire Protection FEIN: 27-0867747
STREET AND NUMBER: 70 Baconstreet
CITY, STATE & ZIP CODE: Pawtucket, RI, 02860

No offer will be considered that is not accompanied by the attached University of Rhode Island Bidder Certification Form/Contract Offer completed and signed by the offeror.

Kristen Nolan _____ Telephone Number/Facsimile Number 800 966 0000 x122
Print Name and Title
Kristen Nolan Business Executive _____ Date 2/13/19 E-mail address knolan@encorefireprotection.com
Signature

THIS BID WILL NOT BE HONORED UNLESS SIGNED

The University of Rhode Island is an equal opportunity employer committed to the principles of affirmative action.

ALL CONTRACT AWARDS ARE SUBJECT TO THE FOLLOWING DISCLOSURES & CERTIFICATIONS

Offerors must respond to every disclosure statement. A person authorized to enter into contracts must sign the offer and attest to the accuracy of all statements.

Indicate Yes (Y) or No (N):

N 1 State whether your company, or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has been subject to suspension or debarment by any federal, state, or municipal government agency, or the subject of criminal prosecution, or convicted of a criminal offense with the previous five (5) years. If so, then provide details below.

N 2 State whether your company, or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has had any contracts with a federal, state or municipal government agency terminated for any reason within the previous five (5) years. If so, then provide details below.

N 3 State whether your company or any owner, stockholder, officer, director, member, partner, or principal thereof, or any subsidiary or affiliated company, has been fined more than \$5000 for violation(s) of Rhode Island environmental laws by the Rhode Island Department of Environmental Management within the previous five (5) years. If so, then provide details below.

Y 4 I/we certify that I/we will immediately disclose, in writing, to the University Purchasing Agent any potential conflict of interest which may occur during the course of the engagement authorized pursuant to this contract.

Y 5 I/we acknowledge that, in accordance with (1) Chapter §37-2-54(c) of the Rhode Island General Laws "no purchase or contract shall be binding on the state or any agency thereof unless approved by the Department [of Administration] or made under general regulations which the Chief Purchasing Officer may prescribe," and (2) RIGL section §37-2-7(16) which identifies the Board of Governors for Higher Education as a public agency and gives binding contractual authority to the University Purchasing Agent, including change orders and other types of contracts and under State Purchasing Regulation 8.2.1.1.2 any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the University of Rhode Island may be disregarded and shall not be binding on the University of Rhode Island.

Y 6 I/we certify that I or my/our firm possesses all licenses required by Federal and State laws and regulations as they pertain to the requirements of the solicitation and offer made herein and shall maintain such required license(s) during the entire course of the contract resulting from the offer contained herein and, should my/our license lapse or be suspended, I/we shall immediately inform the University of Rhode Island Purchasing Agent in writing of such circumstance.

Y 7 I/we certify that I/we will maintain required insurance during the entire course of the contract resulting from the offer contained herein and, should my/our insurance lapse or be suspended, I/we shall immediately inform the University of Rhode Island Purchasing Agent in writing of such circumstance.

Y 8 I/we certify that I/we understand that falsification of any information herein or failure to notify the University of Rhode Island Purchasing Agent as certified herein may be grounds for suspension, debarment and/or prosecution for fraud.

Y 9 I/we acknowledge that the provisions and procedures set forth in this form apply to any contract arising from this offer.

Y 10 I/we acknowledge that I/we understand the State's Purchasing Laws (§37-2 of the General Laws of Rhode Island) and Purchasing Regulations and General Terms and Conditions available at the Rhode Island Division of Purchases Website (<http://www.purchasing.ri.gov>) and the Board of Governors Website (www.righe.org/procurementregs113006.pdf) apply as the governing conditions for any contract or purchase order I/we may receive from the University of Rhode Island, including the offer contained herein.

Y 11 I/we certify that the bidder: (i) is not identified on the General Treasurer's list, created pursuant to R.I. Gen. Laws § 37-2.5-3, as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.

N 12 If the product is subject to Department of Commerce Export Administration Regulations (EAR) or International Traffic in Arms Regulations (ITAR), please provide the Export Control Classification Number (ECCN) or the US Munitions List (USML) Category: _____

Y 13 I/we certify that the above information is correct and complete.

IF YOU HAVE ANSWERED "YES" TO QUESTIONS #1 – 3 OR IF YOU ARE UNABLE TO CERTIFY YES TO QUESTIONS #4 – 11 and 13 OF THE FOREGOING, PROVIDE DETAILS/EXPLANATION IN AN ATTACHED STATEMENT. INCOMPLETE CERTIFICATION FORMS SHALL BE GROUNDS FOR DISQUALIFICATION OF OFFER.

Signature below commits vendor to the attached offer and certifies (1) that the offer has taken into account all solicitation amendments, (2) that the above statements and information are accurate and that vendor understands and has complied with the requirements set forth herein.

Vendor's Signature: Kristen Nolan Bid Number: 100681 Date: 2/13/19
(Person Authorized to enter into contracts; signature must be in ink) (if applicable)

Kristen Nolan Rhode Island Business Executive
Print Name and Title of Company official signing offer Telephone Number _____

**THE
UNIVERSITY
OF RHODE ISLAND**

**DIVISION OF
ADMINISTRATION
AND FINANCE**

THINK BIG  WE DO™

PURCHASING DEPARTMENT

10 Tootell Road, Suite 3, Kingston, RI 02881 USA

p: 401.874.2171

f: 401.874.2306

uri.edu/purchasing



DATE: 2/5/19

ADDENDUM #2

BID NO.: 100681
OPENING: 2/13/18-2:00PM
COMMODITY: FIRE PROTECTION SYSTEMS, INSPECTIONS & TESTING

Attached please find the listing of Valve Inspections mentioned in Addendum #1.



Tracey A. Angell, Director
Purchasing Department
The University of Rhode Island

Rev. 9-1-15

**THE
UNIVERSITY
OF RHODE ISLAND**

**DIVISION OF
ADMINISTRATION
AND FINANCE**

THINK BIG  WE DO™

PURCHASING DEPARTMENT
10 Tootell Road, Suite 3, Kingston, RI 02881 USA p: 401.874.2171 f: 401.874.2306 uri.edu/purchasing



DATE: 2/4/19

ADDENDUM # 1

BID NO.: 100681
OPENING: 2/13/18 – 2:00 PM
COMMODITY: FIRE PROTECTION SYSTEMS, INSPECTIONS & TESTING

The attendance sheet for the pre-bid conference is attached.

Please note that the bid opening date has changed as follows:

From: 2/8/19

To: 2/13/19

Questions submitted by the deadline and the corresponding answers are also attached.



Tracey A. Angel, Director
Purchasing Department
The University of Rhode Island

Rev. 9-1-15

THE
UNIVERSITY
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DIVISION OF
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AND FINANCE

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PURCHASING DEPARTMENT
10 Tootell Road, Suite 3, Kingston, RI 02881 USA p: 401.874.2171 f: 401.874.2308 uri.edu/purchasing



PAGE 1 OF 1

"MANDATORY" PRE-BID CONFERENCE SIGN-IN SHEET

Mandatory pre-bid onference: Any vendor who intends to submit a bid proposal in response to this solicitation must have its designated representative attend the mandatory pre-bid conference. The representative must register at the pre-bid conference and disclose the identity of the vendor whom he/she represents. Because attendance at the pre-bid conference is mandatory, a vendor's failure to attend and register at the pre-bid conference shall result in disqualification of the vendor's bid proposal as non-responsive to the solicitation.

BID NUMBER:	100681	PURCHASING REPRESENTATIVE:	Ryan Pincince
BID TITLE:	Fire Protection Systems Inspections, Testing & Service		
LOCATION:	Purchasing Conference Room, Dining Services Dist Cntr, 10 Tootell Rd, Kingston RI		
PRE BID DATE AND TIME:	1/24/19 @ 9:30AM	PRE BID END TIME:	10:00 AM

Company Name:	Representative:	Email Address:	Phone Number
URI	Ryan Pincince	ryan.pincince@uri.edu	(401) 874-5463
Red Hawk Fire	Susan Lindholm	Susan.Lindholm@redhawkfire.com	914 538 8402
Johnson Controls	Bob Harding	Bob.Harding@jci.com	401 410 5001
Johnson Controls	Vicki LaRachelle	victoria.larachelle@jci.com	401-200-2161
ARDEN	KEN GIVIENS	kgiviens@ardeneng.com	401-230-8383
Zincare Fire Protection	Kristen Welein	kwelein@zincarefireprotection.com	(617) 201-9162
URI	Michael Surian	MIKE.SURI@URI.EDU	639 2268

Question and Answers for Bid 100681 - Fire Protection Systems Inspections, Testing & Service

Q1. Can you confirm if the bidder is required to man the panel during inspections or if URI will be supplying personnel to man the panels during sprinkler inspections?

A1: URI will supply one alarm technician to escort the vendor and disable the fire alarm for testing. The purpose of this technician is not to be the vendor's second person if one is needed. Our personnel can not be expected to be in multiple locations at the same time.

Q2. Can recent fire sprinkler & pre-action system reports be provided so we can obtain all needed system information to price the testing accurately?

A2: We will not supply report from other vendors.

Q3. Can you provide a total number of backflow devices?

A3: Approximately 75.

Q4. In the meeting we were informed a valve chart for each sprinkler system would be provided, will this be provided in the addenda?

A4: It should have been posted to the website.

Q5. Can you confirm that the foam system will be tested per manufactures recommendations?

A5: Per the narrative in the bid documents;

Chemical Foam extinguishing system;

Maintenance of the FireFlex ICAF- Intergrated compressed Air Foam system to include;

Quarterly inspection per manufacture's specifications and state law. Inspection and testing of

the water flow switch and all supervisory points shall be performed.

Annual inspection, to include engaging the services of a factory-authorized service

representative to inspect components, assemblies, and equipment including connections,

and to assist with the annual test. The annual test shall include, control valve, main drain,

and an operation test of the system. The strainers shall be cleaned.

5 Year inspection, Shall include an inspection of the flow control valve

and the replacement of all gauges.

Q6. Line item 5 mentions "Trip test of all dry systems – once per contract", sprinkler specs mention a "Full Trip Test" - can line item 5 be change to "full trip test" to avoid misinterpretation?

A6: Yes.

Q7. How many days a quarter does the sprinkler testing take?

A7: That depends on the speed and competence of your staff.

Q8. I am being told that only FireFlex factory reps do their own inspections do you know if this is true?

A8: When the system was installed we were told factory certified reps should be used for the annual inspection of the foam system.

Q9. Are we permitted to use subcontractors??

A9: This is a purchasing question. We have no issue with subcontracting when necessary as long as the winning bidder carries the proper license and liability insurance for this work and the subcontracting is in accordance with DLT regulations.

Q10. Exhibit A is not referenced in the sprinkler blanket specs, am I to assume that this is a list of the wet sprinkler system being that exhibit B is a list of Dry?

A10: Per the bid narrative (word document); Buildings included under this agreement are attached as Exhibit A.

COMMODITY: FIRE PROTECTION SYSTEMS INSPECTIONS,
 TESTING & SERVICE
 OPENING DATE & TIME: 2/8/19 2:00 PM
 BLANKET REQUIREMENTS: 3/1/19 - 2/28/22

SHIP TO:
 UNIVERSITY OF RHODE ISLAND
 SAFETY & RISK
 177 PLAINS RD.
 KINGSTON, RI 02881

BIDDER (NAME OF FIRM)
 BID NO: 100681

Encore Fire Protection

BID NO: 100681

BID NO: 100681

ATTACHMENT "A"

ITEM NO.	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE	UNIT PRICE	EXTENDED PRICE	ITEM NO.
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INSTRUCTIONS:

IF BIDDING ON ANY ITEM, THE ENTIRE BID MUST BE RETURNED. THE PRICE COLUMN ON THE RIGHT WILL BE DETACHED TO CREATE A BID TABULATION SPREAD SHEET FOR THE "OFFICIAL BID ANALYSIS", THEREFORE:

- A. VENDOR NAME MUST APPEAR IN BOTH COLUMNS ON "EVERY" PAGE UNDER THE WORDS "BIDDER"
- B. PRICE COLUMNS MUST CONTAIN "EXACTLY" THE SAME INFORMATION.
- C. ANY SUPPLEMENTARY INFORMATION MUST BE REPEATED IN "BOTH" COLUMNS.
- D. TO ASSURE THAT OFFERS ARE CONSIDERED ON TIME, EACH OFFER MUST BE SUBMITTED WITH SPECIFIC BID/RFP NUMBER (PROVIDED ABOVE), DATE AND TIME OF OPENING MARKED IN THE UPPER LEFT HAND CORNER OF ENVELOPE. EACH BID/OFFER MUST BE SUBMITTED IN SEPARATE SEALED ENVELOPES:

MAIL TO:
 UNIVERSITY OF RHODE ISLAND
 P.O. BOX 1773
 PURCHASING DEPARTMENT
 KINGSTON, RI 02881

COURIER:
 UNIVERSITY OF RHODE ISLAND
 PURCHASING DEPARTMENT
 DINING SERVICES DISTRIBUTION CENTER
 10 TOOTELL ROAD
 KINGSTON, RI 02881-2010

DOCUMENTS MISDIRECTED TO OTHER STATE LOCATIONS OR WHICH ARE NOT PRESENT IN THE UNIVERSITY OF RHODE ISLAND PURCHASING DEPARTMENT AT THE TIME OF OPENING FOR WHATEVER CAUSE WILL BE DEEMED TO BE LATE AND WILL NOT BE CONSIDERED. FOR THE PURPOSE OF THIS REQUIREMENT, THE OFFICIAL TIME AND DATE SHALL BE THAT OF THE TIME CLOCK IN THE UNIVERSITY OF RHODE ISLAND PURCHASING DEPARTMENT. POSTMARKS SHALL NOT BE CONSIDERED PROOF OF TIMELY SUBMISSION.

FAILURE TO COMPLETE FORM AS INSTRUCTED MAY BE GROUNDS FOR "DISQUALIFICATION".

GROUP PURCHASING ORGANIZATIONS (GPO):

THE UNIVERSITY OF RHODE ISLAND IS A MEMBER OF THE FOLLOWING:

- 1) Educational & Institutional Cooperative Purchasing (E&I)
- 2) Provista

IF THIS IS A MULTI-YEAR BID/CONTRACT. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE UNIVERSITY. TERMINATION MAY BE EFFECTED BY THE UNIVERSITY BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE UNIVERSITY TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/ SERVICES AND SUBJECT TO AVAILABILITY OF FUNDS.

DELIVERY AS REQUESTED

COMMODITY: FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING & SERVICE
 OPENING DATE & TIME: 2/8/19 2:00 PM
 BLANKET REQUIREMENTS: 3/1/19 - 2/28/22

SHIP TO:
 UNIVERSITY OF RHODE ISLAND
 SAFETY & RISK
 177 PLAINS RD.
 KINGSTON, RI 02881

BIDDER (NAME OF FIRM)
Encore Fire Protection

ATTACHMENT "A" DESCRIPTION

BID NO: 100681

BIDDER (NAME OF FIRM)

ITEM NO.	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE	UNIT PRICE	EXTENDED PRICE	ITEM NO.
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DO NOT ATTACH QUOTES. QUOTATIONS SUBMITTED WITH BID RESPONSES WILL NOT BE CONSIDERED. ALL BID RESPONSES ARE IN ACCORDANCE WITH THE ATTACHED BID SPECIFICATIONS AND THE BOARD OF GOVERNORS FOR HIGHER EDUCATION PROCUREMENT REGULATIONS:
 - <http://www.rfbghe.org/procurementregs113006.pdf>

BLANKET REQUIREMENTS: 03/01/19 - 02/28/22

FIRE PROTECTION SYSTEMS INSPECTIONS, TESTING, and SERVICE for the University of Rhode Island's Main Campus (Kingston), Narragansett Bay Campus, and W. Alton Jones Campus per the attached specifications.

For URI Campuses: Alton Jones, Kingston, and GSO.

There will be a mandatory pre-bid conference: 1/24/19 @ 9:30 AM - Purchasing Conference Room, Dining Services Distribution Ctr., 10 Tootell Rd, Kingston, RI 02881

1	3/1/19-6/30/19 Quarterly inspection, testing and maintenance	2	each	\$ 9120.00	\$ 18240.00	\$	\$	1
2	7/1/19-6/30/20 Quarterly inspection, testing and maintenance	4	each	\$ 9120.00	\$ 36480.00	\$	\$	2
3	7/1/20-6/30/21 Quarterly inspection, testing and maintenance	4	each	\$ 9120.00	\$ 36480.00	\$	\$	3
4	7/1/21-2/28/22 Quarterly inspection, testing and maintenance	2	each	\$ 9120.00	\$ 18240.00	\$	\$	4
5	Trip Test of all dry systems - one per contract	1	each	\$ 5,500.00	\$ 5,500.00	\$	\$	5
6	3/1/19-6/30/19 Quarterly Releasing systems inspection 100% tested every quarter as required	2	each	\$ 1200.00	\$ 2400.00	\$	\$	6
7	7/1/19-06/30/20 Quarterly Releasing systems inspection 100% tested every quarter as required	4	each	\$ 1200.00	\$ 4800.00	\$	\$	7
8	7/1/20-6/30/21 Quarterly Releasing systems inspection 100% tested every quarter as required	4	each	\$ 1200.00	\$ 4800.00	\$	\$	8
9	7/1/21-2/28/22 Quarterly Releasing systems inspection 100% tested every quarter as required	2	each	\$ 1200.00	\$ 2400.00	\$	\$	9
10	7/1/19-6/30/20 Fire pump annual flow tests	1	each	230 each	\$ 230.00	\$	\$	10
11	7/1/20-06/30/21 Fire pump annual flow tests	1	each	\$ 2070.00	\$ 2070.00	\$	\$	11
12	7/1/21-2/28/22 Fire pump annual flow tests	1	each	\$ 2070.00	\$ 2070.00	\$	\$	12
13	Internal inspection of all systems - assume once per contract period	1	each	\$ 7080.00	\$ 7080.00	\$	\$	13
14	FireFlex foam system maintenance and service	2	each	\$ 370.00	\$ 740.00	\$	\$	14
15	3/1/19-6/30/19 Quarterly Inspection	4	each	\$ 370.00	\$ 1480.00	\$	\$	15
16	7/1/19-6/30/20 Quarterly Inspection	4	each	\$ 370.00	\$ 1480.00	\$	\$	16
17	7/1/21-2/28/22 Quarterly Inspection	2	each	\$ 370.00	\$ 740.00	\$	\$	17
18	FireFlex foam system maintenance and service	1	each	\$ 75.00	\$ 75.00	\$	\$	18
19	3/1/19-6/30/19 Annual Inspection	1	each	\$ 150.00	\$ 150.00	\$	\$	19
20	7/1/20-6/30/21 Annual Inspection	1	each	\$ 150.00	\$ 150.00	\$	\$	20
21	7/1/21-2/28/22 Annual Inspection	1	each	\$ 75.00	\$ 75.00	\$	\$	21
22	FireFlex foam system maintenance and service 5 Year Inspection - once per contract period	1	each	\$ 740.00	\$ 740.00	\$	\$	22

NOTE: Fire Alarm technician not included during Quarterly Sprinkler inspections. If need will be added at \$105 each. NOTE: Fire Year Internal Extinguish Clean up as per Fireman and Ball with foam

COMMODITY: FIRE PROTECTION SYSTEMS INSPECTIONS,
 TESTING & SERVICE
 OPENING DATE & TIME: 2/8/19 2:00 PM
 BLANKET REQUIREMENTS: 3/1/19 - 2/28/22

SHIP TO:
 UNIVERSITY OF RHODE ISLAND
 SAFETY & RISK
 177 PLAINS RD.
 KINGSTON, RI 02881

BIDDER (NAME OF FIRM)
 Fire Fire Protection

BID NO: 100681

BIDDER (NAME OF FIRM)
 BID NO: 100681

ITEM NO.	DESCRIPTION	QUANTITY	UOM	UNIT PRICE	EXTENDED PRICE	UNIT PRICE	EXTENDED PRICE	ITEM NO.
23	Annual Forward flow tests of back flow devices	1	each					23
24	3/1/19-6/30/19 Annual Inspection	1	each		600.00			24
25	7/1/19-6/30/20 Annual Inspection	1	each		1200.00			25
26	7/1/20-6/30/21 Annual Inspection	1	each		1200.00			26
27	Repair work performed shall be considered public works per RI General Laws 37-13, and therefore the awarded vendor shall be required to pay his/her employees the applicable prevailing wage rates. Routine maintenance work is not considered public works and is not subject to prevailing wage rates.	20	hour	102.00	2040.00			27
28	3/1/19-6/30/19 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	100	hour	102.00	10200.00			28
29	7/1/19-6/30/20 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	100	hour	102.00	10200.00			29
30	7/1/21-2/28/22 Hourly rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	80	hour	102.00	8160.00			30
31	3/1/19-6/30/19 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	70.00	1400.00			31
32	7/1/19-6/30/20 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	100	hour	70.00	7000.00			32
33	7/1/20-6/30/21 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	100	hour	70.00	7000.00			33
34	7/1/21-2/28/22 Hourly rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	80	hour	70.00	5600.00			34
35	3/1/19-6/30/19 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	153.00	3060.00			35
36	7/1/19-6/30/20 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	40	hour	153.00	6120.00			36
37	7/1/20-6/30/21 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	40	hour	153.00	6120.00			37
38	7/1/21-2/28/22 Hourly overtime rate on site for a sprinkler fitter for repairs as needed (Prevailing Wage)	20	hour	153.00	3060.00			38
39	3/1/19-6/30/19 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	105.00	2100.00			39
40	7/1/19-6/30/20 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	40	hour	105.00	4200.00			40
41	7/1/20-6/30/21 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	40	hour	105.00	4200.00			41
42	7/1/21-2/28/22 Hourly overtime rate on site for a sprinkler apprentice for repairs as needed (Prevailing Wage)	20	hour	105.00	2100.00			42
43	% off list price for materials, assume an annual list cost \$5,000.00			10%				43

STATE CONTRACT ADDENDUM
RHODE ISLAND DEPARTMENT OF LABOR AND TRAINING
PREVAILING WAGE REQUIREMENTS
(37-13-1 ET SEQ.)

The prevailing wage requirements are generally set forth in RIGL 37-13-1 et seq. These requirements refer to the prevailing rate of pay for regular, holiday, and overtime wages to be paid to each craftsmen, mechanic, teamster, laborer, or other type of worker performing work on public works projects when state or municipal funds exceed one thousand dollars (\$1,000).

All Prevailing Wage Contractors and Subcontractors are required to:

1. Submit to the Awarding Authority a list of the contractor's subcontractors for any part or all of the prevailing wage work in accordance with RIGL § 37-13-4;
2. Pay all prevailing wage employees at least once per week and in accordance with RIGL §37-13-7 (see Appendix B attached);
3. Post the prevailing wage rate scale and the Department of Labor and Training's prevailing wage poster in a prominent and easily accessible place on the work site in accordance with RIGL §37-13-11; posters may be downloaded at www.dlt.ri.gov/pw/Posters.htm or obtained from the Department of Labor and Training, Center General Complex, 1511 Pontiac Avenue, Cranston, Rhode Island;
4. Access the Department of Labor and Training website, at www.dlt.ri.gov on or before July 1st of each year, until such time as the contract is completed, to ascertain the current prevailing wage rates and the amount of payment or contributions for each covered prevailing wage employee and make any necessary adjustments to the covered employee's prevailing wage rates effective July 1st of each year in compliance with RIGL §37-13-8;
5. Attach a copy of this CONTRACT ADDENDUM and its attachments as a binding obligation to any and all contracts between the contractor and any subcontractors and their assignees for prevailing wage work performed pursuant to this contract;
6. Provide for the payment of overtime for prevailing wage employees who work in excess of eight (8) hours in any one day or forty (40) hours in any one week as provided by RIGL §37-13-10;

By: Justin Nolan

Title: Rhode Island Business Executive

Subscribed and sworn before me this 13th day of February 2019

[Signature]
Notary Public
My commission expires: 12-11-2021

Joan S. Golembeski
Notary Public, State of Rhode Island
My Commission Expires 12/11/2021

Request for Taxpayer Identification Number and Certification

Give Form to the requester. Do not send to the IRS.

Go to www.irs.gov/FormW9 for instructions and the latest information.

Print or type. See Specific Instructions on page 3.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.
Encore Holdings LLC

2 Business name/disregarded entity name, if different from above
Encore Fire Protection

3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.

Individual/sole proprietor or single-member LLC C Corporation S Corporation Partnership Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ **P**

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) _____

Exemption from FATCA reporting code (if any) _____

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.
70 Bacon Street

6 City, state, and ZIP code
Pawtucket, RI 02860

7 List account number(s) here (optional)

Requester's name and address (optional)

Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number

			-				
--	--	--	---	--	--	--	--

or

Employer identification number

2	7	-	0	8	6	7	7	4	7
---	---	---	---	---	---	---	---	---	---

Part II Certification

Under penalties of perjury, I certify that:

- 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
- I am not subject to backup withholding because: (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; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

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. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

Sign Here Signature of U.S. person ▶  Date ▶ **1-7-2019**

General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to www.irs.gov/FormW9.

Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (Interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.

Client#: 736597

ENCORHOL

ACORD™

CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

10/01/2018

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must have ADDITIONAL INSURED provisions or be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer any rights to the certificate holder in lieu of such endorsement(s).

PRODUCER USI Insurance Services LLC 475 Kilvert Street, Building B Suite 205 Warwick, RI 02886		CONTACT NAME: Candace Zubee PHONE (A/C, No, Ext): 855 874-0123 E-MAIL ADDRESS: candace.zubee@usi.com FAX (A/C, No): 610-537-9437															
INSURED Encore Holdings, LLC dba Encore Fire Protection 70 Bacon Street Pawtucket, RI 02860		<table border="1"> <thead> <tr> <th>INSURER(S) AFFORDING COVERAGE</th> <th>NAIC #</th> </tr> </thead> <tbody> <tr> <td>INSURER A : Admral Insurance Co.</td> <td>24856</td> </tr> <tr> <td>INSURER B : Starr Indemnity & Liability Company</td> <td>38318</td> </tr> <tr> <td>INSURER C : Hartford Accident & Indemnity Company</td> <td>22357</td> </tr> <tr> <td>INSURER D : Westchester Surplus Lines Insurance Co.</td> <td>10172</td> </tr> <tr> <td>INSURER E : Navigators Specialty Ins Co</td> <td>42307</td> </tr> <tr> <td>INSURER F : Selective Ins Co of SC</td> <td>19259</td> </tr> </tbody> </table>		INSURER(S) AFFORDING COVERAGE	NAIC #	INSURER A : Admral Insurance Co.	24856	INSURER B : Starr Indemnity & Liability Company	38318	INSURER C : Hartford Accident & Indemnity Company	22357	INSURER D : Westchester Surplus Lines Insurance Co.	10172	INSURER E : Navigators Specialty Ins Co	42307	INSURER F : Selective Ins Co of SC	19259
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COVERAGES CERTIFICATE NUMBER: REVISION NUMBER:

THIS IS TO CERTIFY THAT THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.


INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (MM/DD/YYYY)	LIMITS
A	<input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> BI/PD Ded:5,000 GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input type="checkbox"/> LOC OTHER:	X	X	CA00003205301	09/30/2018	09/30/2019	EACH OCCURRENCE \$1,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$500,000 MED EXP (Any one person) \$5,000 PERSONAL & ADV INJURY \$1,000,000 GENERAL AGGREGATE \$2,000,000 PRODUCTS - COM/OP AGG \$2,000,000 \$
C	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO OWNED AUTOS ONLY <input checked="" type="checkbox"/> HIRED AUTOS ONLY <input checked="" type="checkbox"/> Drive Oth Car <input type="checkbox"/> SCHEDULED AUTOS NON-OWNED AUTOS ONLY	X	X	02UEAAZ7908	09/30/2018	09/30/2019	COMBINED SINGLE LIMIT (Ea accident) \$1,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$ \$
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE			1000584656181	09/30/2018	09/30/2019	EACH OCCURRENCE \$10,000,000 AGGREGATE \$10,000,000
E	DED RETENTION \$0			IS18EXC944690IV	09/30/2018	09/30/2019	Occ/Agg \$5M Excess
C	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below		X	02WEAAB9HXX	10/01/2018	10/01/2019	<input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$1,000,000 E.L. DISEASE - EA EMPLOYEE \$1,000,000 E.L. DISEASE - POLICY LIMIT \$1,000,000
D	Pollution			G7118609A001	09/30/2018	09/30/2019	\$1,000,000 Occ / Agg
A	Professional			CA00003205301	09/30/2018	09/30/2019	\$1,000,000
F	Equipment			S2127905	09/30/2018	09/30/2019	50,000 Leased/Rented

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES (ACORD 101, Additional Remarks Schedule, may be attached if more space is required)

The General Liability policy includes an automatic Additional Insured endorsement that provides Additional Insured status to Owner only when there is a written contract that requires such status, and only with regard to work performed on behalf of the named insured.

CERTIFICATE HOLDER

CANCELLATION

Encore Holdings, LLC dba Clarion Fire Protection 70 Bacon Street Pawtucket, RI 02860	SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS. AUTHORIZED REPRESENTATIVE 
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