

Solicitation #: 39798

Solicitation Title: Gym Wood Floor Refinishing – Murray Center

BID FORM

To: Rhode Island College
600 Mt. Pleasant Avenue, Purchasing Office
Building 5
Providence, RI 02908

Bidder: Kenro Floor Co., Inc.
Legal name of entity
128 Ten Rod Road
Address (street/city/state/zip)
Mark Votta estimator@kenrofloor.com
Contact name Contact email
(401) 294-1244 (401) 294-7550.
Contact telephone Contact fax

Project: RIC – Gym Wood Floor Refinishing – Murray Center

1. BASE BID PRICE

The Bidder submits this bid proposal to perform all of the work (including labor and materials) described in the solicitation for this Base Bid Price (including the costs for all Allowances, Bonds, and Addenda):

\$30,133.²

(base bid price in figures printed electronically, typed, or handwritten legibly in ink)

Thirty Thousand One Hundred Thirty Three 00/100

(base bid price in words printed electronically, typed, or handwritten legibly in ink)

• **ALLOWANCES** - None Required

• **Bonds** - None Required

• **Addenda**

The Bidder has examined the entire solicitation (including the following Addenda), and the Base Bid Price **includes** the costs of any modifications required by the Addenda.

All Addenda must be acknowledged.

Addendum No. 1 dated: 04/22/2016.

Addendum No. 2 dated: _____

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Addendum No. 3 dated: _____

2. ALTERNATES (*Additions/Subtractions* to Base Bid Price) - None

The Bidder offers to: (i) perform the work described in these Alternates as selected by the State in the order of priority specified below, based on the availability of funds and the best interest of the State; and (ii) increase or reduce the Base Bid Price by the amount set forth below for each Alternate selected.

3. UNIT PRICES

The Bidder submits these predetermined Unit Prices as the basis for any change orders approved in advance by the State. These Unit Prices include ***all*** costs, including labor, materials, services, regulatory compliance, overhead, and profit.

Unit Price 1 - No Unit Prices

4. CONTRACT TIME

The Bidder offers to perform the work in accordance with the timeline specified below:

- Start of construction: June 6, 2016
- Substantial completion: June 17, 2016
- Final completion: June 19, 2016

5. LIQUIDATED DAMAGES

The successful bidder awarded a contract pursuant to this solicitation shall be liable for and pay the State, as liquidated damages and not as a penalty, the following amount for each calendar day of delay beyond the date for substantial completion, as determined in the sole discretion of the State: \$0 per day.

This bid proposal is irrevocable for 60 days from the bid proposal submission

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deadline.

If the Bidder is determined to be the successful bidder pursuant to this solicitation, the Bidder will promptly: (i) comply with each of the requirements of the Tentative Letter of Award; and (ii) commence and diligently pursue the work upon issuance and receipt of the purchase order from the State and authorization from the user agency.

The person signing below certifies that he or she has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

Date: 4/26/2016

BIDDER

Kenro Floor Co. Inc.

Name of Bidder

Mark Vetta

Signature in ink

Mark Vetta / President

Printed name and title of person signing on behalf of Bidder

72167

Bidder's Contractor Registration Number

4/4/16



**RHODE ISLAND
COLLEGE**

PURCHASING DEPARTMENT
600 Mt. Pleasant Avenue, Building #5
Providence, Rhode Island 02908
Phone: 401-456-8047 Fax: 401-456-8528

INVITATION TO BID

SOLICITATION NUMBER: 39798

SOLICITATION TITLE: **Wood Floor Refinishing at the Murray Center -RIC**

BID PROPOSAL SUBMISSION DEADLINE: April 27, 2016 at 11:00 AM

PRE-BID/PROPOSAL CONFERENCE: Yes DATE: April 15, 2016 @ 9:00 AM

LOCATION OF PRE-BID: Murray Center Lobby

Note to Bidders: Questions concerning this solicitation may be emailed to jeimorelli@ric.edu no later than 4/15/16 @ 2:00 PM (EST). Please reference the Bid # on all correspondence. Questions received if any, will be posted on the internet as an addendum to this solicitation. It is the responsibility of all interested parties to download the information.

FEIN:	05-0447571.
VENDOR NAME:	Keno Floor Co., Inc.
ADDRESS:	128 Ten Rod Road Exeter RI 02822
TELEPHONE:	401-294-1244
FAX:	401-294-7550
CONTACT PERSON:	Mark Votta
EMAIL:	estimator@kenofloor.com
TITLE:	President.

NOTICE TO VENDORS:

Each bid proposal for a *public works project* must include a "public copy" to be available for public inspection upon the opening of bids. **Bid proposals that do not include a copy for public inspection will be deemed nonresponsive.** For further information on how to comply with this statutory requirement, see R.I. Gen. Laws §§ 37-2-18(b) and (j). Also see Procurement Regulations 5.11, and in addition, for highway and bridge projects, also see Procurement Regulations 5.13, accessible at www.purchasing.ri.gov.

SECTION 2 —DISCLOSURES

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No) for Disclosures 1-4, and if "Yes," provide details below

N 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If "Yes," provide details below.

N 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If "Yes," provide details below.

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)

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05	0447571
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NAME Kemro Floor Co., Inc.

ADDRESS 128 Ten Road Rd.

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE Exeter RI 02822.

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 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 the 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 x M. E. Vetto

TITLE President

DATE 4/27/16

TEL NO. (401) 294-1244

BUSINESS DESIGNATION:

- Please Check One:
- | | | |
|--------------------------------------|---|---|
| Individual <input type="checkbox"/> | Medical Services Corporation <input type="checkbox"/> | Government/Nonprofit Corporation <input type="checkbox"/> |
| Partnership <input type="checkbox"/> | Corporation <input checked="" type="checkbox"/> | Trust/Estate <input type="checkbox"/> |
| | | Legal Services Corporation <input type="checkbox"/> |

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.

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ADDENDUM # 1

4/22/16

Scope Revisions and Clarifications:

The Main Court will be refinished – wall to wall is 50' x 135'

Bid Form:

Utilize the revised bid form attached to this addendum that notes the changes to the schedule.

The schedule is to consist of weekends and nights to complete the scope of work.

Pre-Bid sign in sheet is attached.

Request for Taxpayer Identification Number and Certification

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

Print or type See Specific Instructions on page 2.	Name (as shown on your income tax return)	
	Business name/disregarded entity name, if different from above Kenvo Floor Co., Inc.	
	Check appropriate box for federal tax classification (required): <input type="checkbox"/> Individual/sole proprietor <input type="checkbox"/> C Corporation <input checked="" type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____	<input type="checkbox"/> Exempt payee
	Address (number, street, and apt. or suite no.) 128 Ten Rod Road City, state, and ZIP code Exeter, RI 02822	Requester's name and address (optional)
	List account number(s) here (optional)	

Part I Taxpayer Identification Number (TIN)	Social security number																				
Enter your TIN in the appropriate box. The TIN provided must match the name given on the "Name" line to avoid backup withholding. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see <i>How to get a TIN</i> on page 3.	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px;"></td><td style="width: 25px; height: 25px;"></td></tr> <tr><td colspan="4" style="text-align: center;">-</td><td colspan="2" style="text-align: center;">-</td><td colspan="4"></td></tr> </table>											-				-					
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Note. If the account is in more than one name, see the chart on page 4 for guidelines on whose number to enter.	Employer identification number																				
	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr><td style="width: 25px; height: 25px; text-align: center;">0</td><td style="width: 25px; height: 25px; text-align: center;">5</td><td style="width: 25px; height: 25px; text-align: center;">-</td><td style="width: 25px; height: 25px; text-align: center;">0</td><td style="width: 25px; height: 25px; text-align: center;">4</td><td style="width: 25px; height: 25px; text-align: center;">4</td><td style="width: 25px; height: 25px; text-align: center;">7</td><td style="width: 25px; height: 25px; text-align: center;">5</td><td style="width: 25px; height: 25px; text-align: center;">7</td><td style="width: 25px; height: 25px; text-align: center;">1</td></tr> </table>	0	5	-	0	4	4	7	5	7	1										
0	5	-	0	4	4	7	5	7	1												

Part II 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: (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 3. I am a U.S. citizen or other U.S. person (defined below).	
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 on page 4.	
Sign Here	Signature of U.S. person ▶ Date ▶ <u>1/20/16</u>

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

Purpose of Form
A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

1. Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
2. Certify that you are not subject to backup withholding, or
3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income.

Note. If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301.7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share of income from such business. Further, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of partnership income.