



COMMUNITY COLLEGE
OF RHODE ISLAND

Purchasing Office

BID/PROPOSAL

PUBLIC BID NO. **R0067284**

COMMODITY: **Dental Hygiene Clinic Cabinetry**

DATE & TIME BID TO BE RECEIVED:

Monday, December 5, 2022 at 10:00AM. THIS IS A SEALED BID. SUBMIT IN A SEALED ENVELOPE WITH THE SPECIFIC BID/RFP NUMBER, DATE & TIME OF BID CLOSING NOTED ON THE ENVELOPE. MAIL OR DELIVER TO PURCHASING OFFICE, COMMUNITY COLLEGE OF RI, 400 EAST AVE, WARWICK, RI 02886.

QUESTIONS MAY BE EMAILED TO THE PURCHASING OFFICE AT PURCHASING@CCRI.EDU BY Wednesday, November 16, 2022 at 10:00AM. Response to questions will be posted as an addendum to the original posting. It is the responsibility of the vendor to check for addenda.

PRE-BID CONFERENCE: NO

SURETY: NOT REQUIRED: REQUIRED:

CCRI VENDOR ID: _____ FEIN: _____

COMPANY NAME: _____

STREET AND NUMBER: _____

CITY, STATE & ZIP CODE: _____

ORDERING E-MAIL ADDRESS: _____

No offer will be considered that is not accompanied by the attached three-page Bidder Certification Form/Contract Offer completed and signed by the offeror.

Print Name and Title

Telephone Number/E-Mail Address

Signature

Date

Community College of Rhode Island Bidder Certification Form/Contract Offer

NOTICE TO OFFERORS

This three-page Community College of Rhode Island (CCRI) Bidder Certification Form/Contract Offer **must** be attached to the front of the offer and shall be considered an integral part of each offer made by a vendor to enter into a contract with CCRI. As such, submittal of the entire Community College of Rhode Island Bidder Certification Form/Contract Offer, signed by a duly authorized representative of the offeror attesting to the accuracy of the information provided and the offer extended, is a mandatory part of any contract award. Offers received without the entire completed three-page form attached may result in offer disqualification.

Other Provisions and Procedures

To assure maximum access opportunities for users, public bid/RFP notices shall be posted on the Rhode Island Division of Purchases Website (www.purchasing.ri.gov/) for a minimum of seven days and no amendments shall be made within the last five days before the date an offer is due.

Offers are irrevocable for sixty (60) days from the opening date (or such other extended period set forth in the solicitation), and may not be withdrawn, except with the express permission of the College Purchasing Agent. All pricing will be considered to be firm and fixed unless otherwise indicated. All offers must define delivery dates for all items; if no delivery date is specified, it is assumed that immediate delivery from stock will be made. After an award has been made, failure to meet all requirements of this invitation may result in a determination of default. Payments for partial delivery will not be made, except where expressly provided herein.

Unless specified "no substitute," product offerings equivalent in quality and performance will be considered (at the sole option of the College) on the condition that the offer is accompanied by detailed product specifications.

The College reserves the right to (a) make awards on the basis that best serves the interest of CCRI, individual items, total low, etc., and (b) reject any and all bids in whole or in part. Prices quoted are N30, FOB DESTINATION, less federal/state tax.

VENDOR AUTHORIZATION TO PROCEED. When a purchase order or change order is issued by the Community College of Rhode Island, no claim for payment for services rendered or goods delivered contrary to or in excess of the contract terms and scope shall be considered valid unless the vendor has obtained a written change order issued by the Community College of Rhode Island PRIOR TO delivery.

Any offer, whether in response to a solicitation for proposals or bids, or made without a solicitation, which is accepted in the form of a purchase order made in writing by the Purchasing Agent, or a state official with purchasing authority delegated by the Purchasing Agent, shall be considered a binding contract.

Where bid surety is required, bidder must furnish a bid bond or certified check for 5% of the bid total with the bid, or for such other amount as may be specified. Where indicated, successful bidder must furnish a 100% performance bond and labor and payment bond for contracts subject to Title 37 Chapters 12 and 13 of the Rhode Island General Laws. All bonds must be furnished by a surety company authorized to conduct business in the State of Rhode Island.

This solicitation and any contract or purchase order arising from it is issued in accordance with the specific requirements described herein, and the State's Purchasing Laws and Regulations and other applicable State Laws, including the Board of Governors for Higher Education General Terms and Conditions of Purchase. The regulations, General Terms and Conditions are incorporated into all Community College of Rhode Island contracts and can be viewed at <http://www.ribghe.org/procurementregs113006.pdf>.

Offerors are advised that all materials submitted to the College for consideration in response to this solicitation will be considered without exception to be Public Records pursuant to Title 38 Chapter 2 of the Rhode Island General Laws, and will be released for inspection upon written request once an award has been made. Bidders are encouraged to attend Public Bid Openings to obtain competitive pricing information. Bid tabulations may be reviewed after award(s) have been made at the Community College of Rhode Island Purchasing Office Mondays through Fridays between the hours of 9:00 a.m. and 3:30 p.m. – telephone requests for bid results will not be honored.

Provisions of State labor laws concerning payment of prevailing wage rates, issued by the R.I. Department of Labor and Training, shall apply for contracts involving public works construction, alteration, or building repair work.

In accordance with Title 7 Chapter 1.1-99 of the Rhode Island General Laws, foreign corporations (a corporation established other than in Rhode Island) must be qualified to transact business in this state.

State Equal Employment Opportunity Compliance certificate and agreement procedures will apply to all awards for supplies or services valued at \$10,000 and more. Minority Business Enterprise policies and procedures, including subcontracting opportunities as described in Title 37 Chapter 14.1 of the Rhode Island General Laws, also apply. For further information, contact the State MBE Administrator at (401) 574-8253 or Dorinda.Keene@doa.ri.gov, visit the website <http://www.mbe.ri.gov/>.

ALL CONTRACT AWARDS ARE SUBJECT TO THE FOLLOWING DISCLOSURES & CERTIFICATIONS

A person authorized to enter into contracts must sign the offer and attest to the accuracy of all statements. Incomplete certification forms are grounds for disqualification of offer.

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 1-3, and if "Yes," provide details below. Complete Disclosure 4.

___ 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.

___ 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.

___ 3. 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 fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If "Yes," provide details below.

___ 4. List each officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder.

Disclosure details (continue on additional sheet if necessary):

CERTIFICATIONS

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

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

___ 1. The Bidder will immediately disclose, in writing, to the CCRI Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.

___ 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the CCRI Purchasing Agent in writing.

___ 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the CCRI Purchasing Agent in writing.

___ 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the CCRI Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.

___ 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.

___ 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.

___ 7. 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.

___ 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and all amendments and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this RIVIP Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

BIDDER

Date: _____

Name of Bidder

Signature in ink

Printed name and title of person signing on behalf of Bidder

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)

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Employer ID No. (EIN)

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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



RFQ – AGENCY SOLICITATION SPECIFICATIONS

HEADER: BID NUMBER R0067284

TITLE: DENTAL HYGIENE CLINIC CABINetry

DESCRIPTION: Community College of Rhode Island Lincoln Campus Dental Clinic replacement of patient station Cabinetry and equipment upgrades.

PRE-BID/ PROPOSAL CONFERENCE: NO
MANDATORY: NO

BONDING REQUIREMENTS

BID SURETY BOND REQUIRED: YES

PAYMENT AND PERFORMANCE BOND REQUIRED: NO

CONTRACT TERMS

The project is anticipated for June 2023.

Insurance Requirements

In accordance with this solicitation, or as outlined in Section 13.19 of the General Conditions of Purchase, found at <https://rules.sos.ri.gov/regulations/part/220-30-00-13> and **General Conditions - Addendum A** found at <https://www.ridop.ri.gov/documents/general-conditions-addendum-a.pdf>, the following insurance coverage shall be required of the awarded vendor(s):

General Requirements:

- 13a) Liability - combined single limit of \$1,000,000 per occurrence, \$1,000,000 general aggregate and \$1,000,000 products/completed operations aggregate.
- 13b) Workers compensation - \$100,000 each accident, \$100,000 disease or policy limit and \$100,000 each employee.
- 13c) Automobile liability - \$1,000,000 each occurrence combined single limit.
- 13d) Crime - \$500,000 per occurrence or 50% of contract amount, whichever is greater.

Professional Services:

- 13e) Professional liability (“errors and omissions”) - \$2,000,000 per occurrence, \$2,000,000 annual aggregate.

- 13f) Environmental/Pollution Liability when past, present or future hazard is possible - \$1,000,000 per occurrence and \$2,000,000 aggregate.
- 13g) Working with Children, Elderly or Disabled Persons – Physical Abuse and Molestation Liability Insurance - \$1 Million per occurrence.

Information Technology and/or Cyber/Privacy:

- 13h) Technology Errors and Omissions - Combined single limit per occurrence shall not be less than \$5,000,000. Annual aggregate limit shall not be less than \$5,000,000.
- 13i) Information Technology Cyber/Privacy – minimum limits of \$5,000,000 per occurrence and \$5,000,000 annual aggregate. If Contract Party provides:
- a) key back office services Contract Party shall have a minimum limit of \$10,000,000 per occurrence and \$10,000,000 annual aggregate;
 - b) if Contract Party has access to Protected Health Information as defined in HIPAA and its implementing regulations, Personal Information as defined in in R.I. Gen. Laws § 11-49.3-1, et seq., or as otherwise defined in the Contract (together Confidential Information”), Contract Party shall have as a minimum the per occurrence, per annual aggregate, the total rounded product of projected number of persons data multiplied by \$25 per person breach response expense per occurrence; but no less than \$5,000,000 per occurrence, per annual aggregate; or,
 - c) if the Contract Party provides or has access to mission critical services, network architecture and/or the totality of confidential data \$20,000,000 per occurrence and in the annual aggregate.

Other:

Specify insurance type and minimum coverage required, e.g. builder’s risk insurance, vessel operation (marine or aircraft):

- 13j) Other - Specify insurance type and minimum coverage required

Optional Instructions to Vendors:

- AIA Contract - For public works projects, the selected Vendor must submit a fully executed Rhode Island custom AIA contract. If awarded the contract, Vendor shall be required to obtain the specified AIA Documents from <https://documentsondemand.aia.org/?filter=Rhode>. Design Agents must obtain and utilize the Custom Rhode Island AIA Documents G701-2017, AIA G714-2017, AIA G802-2017, which can also be located at <https://documentsondemand.aia.org/?filter=Rhode>. Full instructions will be included in the Tentative Selection Letter.

SECTION A. BACKGROUND

THIS IS A SOLE BRAND, NO SUBSTITUTION PROJECT TO INSTALL NEW A-DEC CABINETS AND RELATED COMPONENTS PER THE SPECS CONTAINED IN THIS RFQ.

VENDOR TO SUPPLY ALL LABOR, MATERIALS, AND EQUIPMENT REQUIRED FOR THE REPLACEMENT (IN KIND) OF THE A-DEC CABINETS AND ASSOCIATED EQUIPMENT FOR SIXTEEN (16) PATIENT STATIONS IN THE DENTAL CLINIC OF THE CCRI LINCOLN CAMPUS LOCATED AT 1762 LOUISQUISSET PIKE, LINCOLN, RI 02865.

INSTALLATION TO BE A TURNKEY PROJECT TO INCLUDE BUT NOT BE LIMITED TO THE REMOVAL AND DISPOSAL OF THE OLD CABINETS AND COMPONENTS FROM THE COMMUNITY COLLEGE OF RHODE ISLAND CAMPUS, AND INSTALLATION IN KIND OF NEW A-DEC COMPONENTS. PLEASE NOTE ALL COSTS ASSOCIATED WITH THE REMOVAL AND DISPOSAL OF OLD CABINETS AND COMPONENTS IS AT THE SOLE RESPONSIBILITY OF THE VENDOR.

SECTION B: SCOPE OF WORK AND REQUIREMENTS

1. VENDOR AND ITS TECHNICIANS TO BE FACTORY TRAINED, CERTIFIED AND APPROVED BY A-DEC.
2. ALL VENDOR EMPLOYEES WORKING ON CCRI CAMPUSES TO BE OSHA 10 CERTIFIED. COPIES OF CURRENT OSHA 10 CARDS MUST BE SUBMITTED PRIOR TO START OF INSTALLATION.
3. **PROJECT COMPLETION: (39) WEEKS FROM ISSUANCE OF CCRI PURCHASE ORDER.**
4. **DUE TO THE CCRI DENTAL CLINIC ACADEMIC SCHEDULE AND THE POSSIBILITY OF EXTENDED LEAD TIMES FOR THE A-DEC COMPONENTS, VENDOR WILL BE REQUIRED TO STORE MATERIALS AT THEIR COST UNTIL SUCH TIME THAT THE CLINIC CAN BE SHUT DOWN FOR THE COMPLETION OF THIS PROJECT. CCRI WILL WORK CLOSELY WITH THE VENDOR TO BEST COORDINATE THE PROJECT SCHEDULE.**
5. UNLESS OTHERWISE NOTED VENDOR RESPONSIBLE FOR ALL PHASES OF THE REMOVAL AND DISPOSAL OF THE EXISTING CABINETS AND ALL RELATED OLD COMPONENTS.
6. **CCRI TO DISCONNECT AND LOCK-OUT ALL ELECTRICAL AND PLUMBING CONNECTIONS PRIOR TO THE START OF ANY WORK.**
7. **CCRI WILL BE RESPONSIBLE FOR ALL ELECTRIC, PLUMBING, AND MINOR CARPENTRY REQUIRED WITH THE NEW A-DEC CABINETS AND FIXTURES.**
8. VENDOR MUST USE DUST FREE HAND TOOLS AND TECHNIQUES FOR ALL CORING, DRILLING, HAMMER DRILLING ETC. PROPER DUST CONTAINMENT IS THE RESPONSIBILITY OF THE VENDOR. PROPER DUST CONTAINMENT DRAPING OF THE WORK AREA IS MANDATORY AND THE SOLE RESPONSIBILITY OF THE VENDOR.
9. AT ALL TIMES DURING AND AT COMPLETION OF THIS PROJECT, CONSTRUCTION AREAS ARE TO BE KEPT IN A CLEAN, SAFE AND ACCEPTABLE CONDITION.

10. VENDOR RESPONSIBLE FOR REMOVAL OF ALL DEMOLITION DEBRIS AND PROJECT WASTE MATERIALS AND WILL DEPOSITED DEBRIS IN CCRI PROVIDED WASTE DUMPSTERS. CCRI WILL BARE THE COST OF THE DUMPSTER AND ASSOCIATED FEES.
11. VENDOR MUST HAVE ALL OF THE EQUIPMENT NECESSARY TO PERFORM THE INSTALLATION AND SERVICE INCLUDING BUT NOT LIMITED TO, TOOLS, STAGING, LIFT TRUCK, LADDERS ETC. **NO CCRI EQUIPMENT OR TOOLS WILL BE AVAILABLE FOR USE BY THE VENDOR OR THEIR SUBS.**
12. WORK HOURS: PROJECT TO BE COMPLETED DURING NORMAL OPERATING BUSINESS HOURS 7 AM – 3:30 PM, MON-FRI. HOWEVER, DUE TO POTENTIAL SCHEDULING USAGE HOURS OF THE GYM, INSTALLATION AFTER HOURS AND/OR ON WEEKENDS IS PERMITTED. **VENDOR MUST SCHEDULE WORK FOR NON-OPERATING HOURS IN ADVANCE WITH PHYSICAL PLANT.**
13. VENDOR RESPONSIBLE FOR MAINTAINING A SAFE WORK AREA INCLUDING THE PLACEMENT OF VENDOR SUPPLIED SAFETY SIGNAGE, CAUTION TAPE, BARRIERS, ETC. TO ENSURE THE SAFETY OF CCRI PERSONNEL, STUDENTS AND VISITORS.
14. ALL COMPLETED WORK MUST BE INSPECTED AND APPROVED BY CCRI PHYSICAL PLANT AND THE CCRI DENTAL TEAM OR THEIR DESIGNATE.
15. VENDOR TO PROVIDE AT THE FINAL ACCEPTANCE AND COMMISSIONING OF THE NEW INSTALLED CABINETS & FIXTURES, ALL MANUFACTURER OWNERS MANUAL CONSISTING OF BUT NOT LIMITED TO ALL HARDWARE MANUALS, DATA SHEETS, PREVENTATIVE MAINTENANCE SCHEDULES, REPLACEMENT PART LISTS ETC.
16. VENDOR, IF APPLICABLE, TO PROVIDE FINAL AS-BUILT DRAWINGS FOR THE NEW CABINETS AND FIXTURES AND RELATED COMPONENTS.
17. VENDOR TO PROVIDE TRAINING TO CCRI DENTAL STAFF ON THE USE OF NEW A-DEC COMPONENTS.
18. **WARRANTIES:** IN ADDITION TO ALL A-DEC WARRANTIES, VENDOR TO PROVIDE A MINIMUM OF **EIGHTEEN (18) MONTHS FULL WARRANTY** ON ALL COMPONENTS INCLUDING INSTALLATION, LABOR AND MATERIALS. WARRANTIES COMMENCE ON THE DATE OF CCRI COMMISSIONING AND ACCEPTANCE.
19. **AS OF THE PUBLISHING OF THIS DOCUMENT, CCRI CONTINUES TO FOLLOW ALL STATE AND CDC COVID-19 GUIDELINES. ALL CONTRACTORS WILL BE REQUIRED TO SIGN IN DAILY AND ARE HIGHLY ENCOURAGED TO WEAR A MASK IF NOT FULLY VACCINATED (INCLUDING BOOSTERS) FOR COVID.**

SECTION C: A-DEC CABINETS AND PRICE PROPOSAL

QUANTITY	UNIT OF MEASURE	DESCRIPTION	COST
11	EA	A-DEC INSPIRE CENTER CONSOLE- 592 (line 1 of A-Dec proposal attached)	
2	EA	A-DEC INSPIRE SIDE STORAGE CONSOLE- 593 84" WIDE (line 2 of A-Dec proposal attached)	
8	EA	A-DEC INSPIRE WALL MOUNT UPPER STORAGE CABINET 595 (line 3 of A-Dec proposal attached)	
1	EA	A-DEC INSPIRE SIDE STORAGE CONSOLE-593 STAND ALONE- 56" WIDE (line 4 of A-Dec proposal attached)	
5	EA	A-DEC OREGON ASSISTANT CART- 5744 (line 5 of A-Dec proposal attached)	
1	EA	A-DEC INSPIRE SIDE SINK CONSOLE- 593 56" WIDE (line 6 of A-Dec proposal attached)	
1	EA	A-DEC INSPIRE UPPER STORAGE & DISPENSER CABINET- 595 (line 7 of A-Dec proposal attached)	
1	TTL	LABOR TO INCLUDE DEMOLITION AND REMOVAL OF OLD EQUIPMENT AND INSTALLATION OF NEW EQUIPMENT	
		TOTAL	

Line#	Item #	Description	QTY
1	592	592 - Inspire Central Console	11
	V0313.9999	PriceBook Current	
	592	Model 592- Inspire Central	
	V0452.0001	Product Version A	
	V0335.0010	Starting Point 114" Full Central	
	V0357.0002	X-Ray Attenuation No X-Ray Attenuation	
	V0420.0002	Soap And Sanitizer Option Soap Dispenser	
	V0336.0002	Delivery System No Delivery	
	V0344.0012	Base Module Width 114"	
	V0341.0410	Base Module Name SB2000- Base	
	V0344.0005	Sink Module Width 26"	
	V0415.0002	Faucet Activation Front Only	
	V0341.0217	Sink Module Name SK2001- Sink Module w/Toe Activation	
	V0344.0017	Dispenser Module Width 10"	
	V0347.0004	DS1 Dispenser Door Style Aluminum Doors with 2 Gloves	
	V0341.0179	Dispenser Module Name DS2001- T-Wall Dispenser, Aluminum Doors, 2X Gloves	
	V0344.0001	Lower Position 1 Module Width 14"	
	V0413.0022	Lower Position 1 Module Option 1 Shelf with Backside Door	
	V0341.0159	Lower Position 1 Module Name DR2002- Door Storage, Shelf / Door	
	V0344.0001	Lower Position 2 Module Width 14"	
	V0413.0022	Lower Position 2 Module Option 1 Shelf with Backside Door	
	V0341.0159	Lower Position 2 Module Name DR2002- Door Storage, Shelf / Door	
	V0344.0003	Privacy Panel Module Width 28"	
	V0416.0003	Privacy Panel Location Centered	
	V0344.0003	Midsection Module Width 28"	
	V0341.0457	Midsection Module Name WA2103- Midsection Privacy Panel, 1 Floating Shelf	
	V0417.0002	Shelf Location Shelf Located on A side	
	V0418.0003	Sink Wall Power Panel Option ICV On B-Side	
	V0341.0227	Power Panel Module Name WA2002- Sink Wall, Power Panel, ICV	
	V0567.0001	ICV Configuration Option 2-11mm HVEs, 1 SE	



This written material is not intended to be, and should not be, used as a substitute for the compliance with local, state, federal code and Americans with Disabilities Act. It is the responsibility of the user to integrate the A-dec equipment specifications presented herein with the regulations and codes overseen by local planning and inspection authorities. A-dec, Inc. shall not be held liable for any errors contained herein or any consequential or other damages concerning, the furnishings, performance or use this material. The information in this document is subject to change without notice. If you find any problems with this document, please report them to us in writing.

Line#	Item #	Description	QTY
	V0344.0003	Upper Module Width 28"	
	V0419.0001	Upper Glove Dispenser 4 (2 On A-Side and 2 on B-Side)	
	V0414.0004	Upper Doors Style Standard Height Aluminum Doors	
	V0341.0286	Upper Module Name UP2007- Upper Storage, Aluminum Door, 4x Gloves	
	V0344.0003	Top Extension Module Width 28"	
	V0341.0214	Top Extension Module Name EX2002- 28" Clerestory	
	V0344.0002	Equip. Lower Position 1 Module Width 21"	
	V0413.0022	Equip. Lower Position 1 Module Option 1 Shelf with Backside Door	
	V0341.0159	Equip. Lower Position 1 Module Name DR2002- Door Storage, Shelf / Door	
	V0344.0002	Equip. Lower Position 2 Module Width 21"	
	V0413.0022	Equip. Lower Position 2 Module Option 1 Shelf with Backside Door	
	V0341.0159	Equip. Lower Position 2 Module Name DR2002- Door Storage, Shelf / Door	
	V0344.0006	Equip. Storage Module Width 56"	
	V0566.0001	Equip. Storage Bi-Fold X-ray Door Style Aluminum Doors	
	V0341.0194	Equip. Storage Module Name EQ2006- Split Storage System, Aluminum Door	
	V0344.0005	Countertop Module Width 26"	
	V0352.0002	Countertop Material Solid Surface	
	V0351.0003	Sink Package Undermount Stainless Steel	
	V0341.0441	Countertop Module Name CS2101- 26" Solid Surface Countertop, Under Mount SS	
	V0344.0003	Mid Countertop Module Width 28"	
	V0341.0440	Mid Countertop Module Name CS2002- 28" Solid Surface Countertop	
	V0473.0143	Countertop Color Solid Surface Color To Follow	
	V0466.0144	Cabinet Laminate Color Laminate Color To Follow	
	V0468.0144	Interior Wall Laminate Color Laminate Color To Follow	
	V0470.0144	Exterior Wall Laminate Color Laminate Color To Follow	
	V0472.0888	Door Infill Color To Follow Infill	
	V0473.0888	Clerestory Infill Color To Follow Infill	
	V0421.0002	Air/Water Quick Disconnects None	
	V0422.0001	Packaging Standard	

Line#	Item #	Description	QTY
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V0313.9999		PriceBook Current	
593		Model 593- Inspire Side Support	
V0452.0001		Product Version A	
V0335.0012		Starting Point 84" Lower Only	
V0346.0001		Cabinet Depth 19"	
V0345.0001		Countertop Height 34"	
V0340.0003		Sink Module Location No Sink	
V0336.0002		Delivery System No Delivery	
V0204.0193		Left Endcap Flat Left Endcap	
V0366.0190		Right Endcap Curved Right Endcap	
V0420.0004		Soap And Sanitizer Option None	
V0344.0008		Base Module Width 84"	
V0341.0409		Base Module Name SB3000- Base	
V0344.0001		Lower Position 1 Module Width 14"	
V0413.0007		Lower Position 1 Module Option 1 Shelf	
V0341.0398		Lower Position 1 Module Name DR3201- Door Storage, 1 Shelf	
V0567.0004		ICV Configuration Option No ICV	
V0339.0002		Lower Position 1 Hinge Location Left Hinge	
V0344.0001		Lower Position 2 Module Width 14"	
V0413.0007		Lower Position 2 Module Option 1 Shelf	
V0341.0398		Lower Position 2 Module Name DR3201- Door Storage, 1 Shelf	
V0567.0004		ICV Configuration Option No ICV	
V0339.0001		Lower Position 2 Hinge Location Right Hinge	
V0344.0003		Lower Position 3 Module Width 28"	
V0413.0011		Lower Position 3 Module Option 5"- 7.5"- 7.5" 7.5" Drawer Module	
V0341.0114		Lower Position 3 Module Name DB3004- 5"- 7.5"- 7.5"- 7.5" Drawers	
V0344.0001		Lower Position 4 Module Width 14"	
V0413.0007		Lower Position 4 Module Option 1 Shelf	
V0341.0398		Lower Position 4 Module Name DR3201- Door Storage, 1 Shelf	
V0567.0004		ICV Configuration Option No ICV	
V0339.0002		Lower Position 4 Hinge Location Left Hinge	
V0344.0001		Lower Position 5 Module Width 14"	
V0413.0007		Lower Position 5 Module Option 1 Shelf	
V0341.0398		Lower Position 5 Module Name DR3201- Door Storage, 1 Shelf	
V0567.0004		ICV Configuration Option No ICV	
V0339.0001		Lower Position 5 Hinge Location Right Hinge	

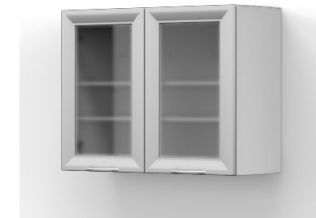


Line#	Item #	Description	QTY
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	V0344.0008	Countertop Module Width 84"	
	V0352.0002	Countertop Material Solid Surface	
	V0341.0081	Countertop Module Name CS3021- 84" Solid Surface Countertop, Lower, No Sink	
	V0473.0143	Countertop Color Solid Surface Color To Follow	
	V0466.0144	Cabinet Laminate Color Laminate Color To Follow	
	V0421.0002	Air/Water Quick Disconnects None	
	V0422.0001	Packaging Standard	

3 595 595 - Inspire Wall-Mounted Cabinet 4

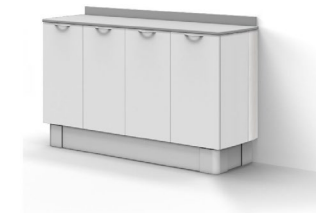
	V0313.9999	PriceBook Current	
	595	Model 595- Inspire Storage & Dispensing	
	V0452.0001	Product Version A	
	V0335.0017	Starting Point 28" Wall Hung Upper	
	V0357.0002	X-Ray Attenuation No X-Ray Attenuation	
	V0204.0193	Left Endcap Flat Left Endcap	
	V0366.0191	Right Endcap Curved Right Endcap	
	V0344.0003	Upper Module Width 28"	
	V0414.0001	Upper Doors Style Aluminum Doors	
	V0341.0313	Upper Module Name UP5001- Upper Storage, Aluminum Doors	
	V0466.0144	Cabinet Laminate Color Laminate Color To Follow	
	V0472.0888	Door Infill Color To Follow Infill	
	V0422.0001	Packaging Standard	



4 593 593 - Inspire Side Console 1

stand alone

	V0313.9999	PriceBook Current	
	593	Model 593- Inspire Side Support	
	V0452.0001	Product Version A	
	V0335.0014	Starting Point 56" Lower Only	
	V0346.0001	Cabinet Depth 19"	
	V0345.0001	Countertop Height 34"	
	V0340.0003	Sink Module Location No Sink	
	V0336.0002	Delivery System No Delivery	



Line#	Item #	Description	QTY
	V0204.0191	Left Endcap Curved Left Endcap	
	V0366.0190	Right Endcap Curved Right Endcap	
	V0420.0004	Soap And Sanitizer Option None	
	V0344.0006	Base Module Width 56"	
	V0341.0409	Base Module Name SB3000-- Base	
	V0344.0001	Lower Position 1 Module Width 14"	
	V0413.0007	Lower Position 1 Module Option 1 Shelf	
	V0341.0398	Lower Position 1 Module Name DR3201-- Door Storage, 1 Shelf	
	V0567.0004	ICV Configuration Option No ICV	
	V0339.0002	Lower Position 1 Hinge Location Left Hinge	
	V0344.0001	Lower Position 2 Module Width 14"	
	V0413.0007	Lower Position 2 Module Option 1 Shelf	
	V0341.0398	Lower Position 2 Module Name DR3201-- Door Storage, 1 Shelf	
	V0567.0004	ICV Configuration Option No ICV	
	V0339.0001	Lower Position 2 Hinge Location Right Hinge	
	V0344.0001	Lower Position 3 Module Width 14"	
	V0413.0007	Lower Position 3 Module Option 1 Shelf	
	V0341.0398	Lower Position 3 Module Name DR3201-- Door Storage, 1 Shelf	
	V0567.0004	ICV Configuration Option No ICV	
	V0339.0002	Lower Position 3 Hinge Location Left Hinge	
	V0344.0001	Lower Position 4 Module Width 14"	
	V0413.0007	Lower Position 4 Module Option 1 Shelf	
	V0341.0398	Lower Position 4 Module Name DR3201-- Door Storage, 1 Shelf	
	V0567.0004	ICV Configuration Option No ICV	
	V0339.0001	Lower Position 4 Hinge Location Right Hinge	
	V0344.0006	Countertop Module Width 56"	
	V0352.0002	Countertop Material Solid Surface	
	V0341.0075	Countertop Module Name CS3009-- 56" Solid Surface Countertop, Lower, No Sink	
	V0473.0143	Countertop Color Solid Surface Color To Follow	
	V0466.0144	Cabinet Laminate Color Laminate Color To Follow	
	V0421.0002	Air/Water Quick Disconnects None	
	V0422.0001	Packaging Standard	

5 5744 5744 - Oregon 5744 ASST Cart

Line#	Item #	Description	QTY
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V0313.9999	PriceBook Current		
5744	Model 5744 Oregon Cart		
V0011.0016	Cabinet Width 18.7"		
V0066.0020	Structure Type 4 Drawer- Side to Side Sliding Top		
V0002.0002	Access Type Soft Close		
V0195.0202	Foundation Price 5744 Oregon Assistant Cart- 4 Dwr- Side to Side Sliding Top		
V0067.0143	Countertop Color Solid Surface Color To Follow		
V0334.0071	Countertop Price Gibraltar Price		
V0097.0144	Accent Color Laminate Color To Follow		
V0098.0144	Decor Color Laminate Color To Follow		
V0309.0079	B1 Module Width 18.7"		
V0050.DBOC	Base Module B1 Oregon Cart		
V0327.0004	Packaging Standard (Boxed)		



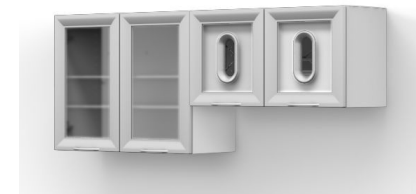
6 593 593 - Inspire Side Console 1

V0313.9999	PriceBook Current		
593	Model 593- Inspire Side Support		
V0452.0001	Product Version A		
V0335.0014	Starting Point 56" Lower Only		
V0346.0001	Cabinet Depth 19"		
V0345.0001	Countertop Height 34"		
V0340.0002	Sink Module Location Right		
V0336.0002	Delivery System No Delivery		
V0204.0193	Left Endcap Flat Left Endcap		
V0366.0192	Right Endcap Flat Right Endcap		
V0420.0002	Soap And Sanitizer Option Soap Dispenser		
V0344.0006	Base Module Width 56"		
V0341.0409	Base Module Name SB3000- Base		
V0344.0001	Lower Position 1 Module Width 14"		
V0413.0007	Lower Position 1 Module Option 1 Shelf		
V0341.0398	Lower Position 1 Module Name DR3201- Door Storage, 1 Shelf		
V0567.0004	ICV Configuration Option No ICV		
V0339.0002	Lower Position 1 Hinge Location Left Hinge		
V0344.0001	Lower Position 2 Module Width 14"		



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Line#	Item #	Description	QTY
	V0413.0007	Lower Position 2 Module Option 1 Shelf	
	V0341.0398	Lower Position 2 Module Name DR3201- Door Storage, 1 Shelf	
	V0567.0004	ICV Configuration Option No ICV	
	V0339.0001	Lower Position 2 Hinge Location Right Hinge	
	V0344.0003	Lower Position 3 Module Width 28"	
	V0355.0003	Plumbing Location Floor	
	V0341.0218	Lower Position 3 Module Name SK3001- Sink Module	
	V0344.0006	Countertop Module Width 56"	
	V0352.0002	Countertop Material Solid Surface	
	V0351.0003	Sink Package Undermount Stainless Steel	
	V0341.0077	Countertop Module Name CS3012- 56" Solid Surface Countertop, Under Mount SS	
	V0473.0143	Countertop Color Solid Surface Color To Follow	
	V0466.0144	Cabinet Laminate Color Laminate Color To Follow	
	V0421.0002	Air/Water Quick Disconnects None	
	V0422.0001	Packaging Standard	
7	595	595 - Inspire Wall-Mounted Cabinet	1
	V0313.9999	PriceBook Current	
	595	Model 595- Inspire Storage & Dispensing	
	V0452.0001	Product Version A	
	V0335.0018	Starting Point 56" Wall Hung Upper	
	V0359.0001	Dispenser Location Right	
	V0357.0002	X-Ray Attenuation No X-Ray Attenuation	
	V0204.0193	Left Endcap Flat Left Endcap	
	V0366.0191	Right Endcap Curved Right Endcap	
	V0344.0003	Upper Position 1 Module Width 28"	
	V0414.0001	Upper Position 1 Doors Style Aluminum Doors	
	V0341.0313	Upper Position 1 Module Name UP5001- Upper Storage, Aluminum Doors	
	V0344.0003	Upper Position 2 Module Width 28"	
	V0347.0001	UP2 Dispenser Door Style Aluminum Doors	
	V0341.0183	Upper Position 2 Module Name DS5001- Upper Dispensing, Aluminum Doors, Gloves (2), Mask, Cup & Towel	
	V0493.0002	Light/Monitor Mount Location None	
	V0466.0144	Cabinet Laminate Color Laminate Color To Follow	



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Customer Name: Community College of Rhode Island
Reference: CCRI Inspire Furniture



Line#	Item #	Description	QTY
	<i>V0472.0888</i>	<i>Door Infill Color To Follow Infill</i>	
	<i>V0422.0001</i>	<i>Packaging Standard</i>	
8		Wall Mount Cabinets	4
	493-0546	595 Curved Right Endcap	
	492-9504	UP5001,Upr Strg,Alum Door	

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Visual Document

Line	Item	Label
1	592	



A Side



B Side



Hinge Orientation

Visual Document

Line	Item	Label
2	593	



Treatment Room



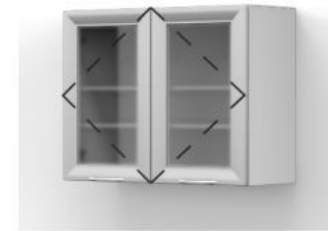
Hinge Orientation

Visual Document

Line	Item	Label
3	595	



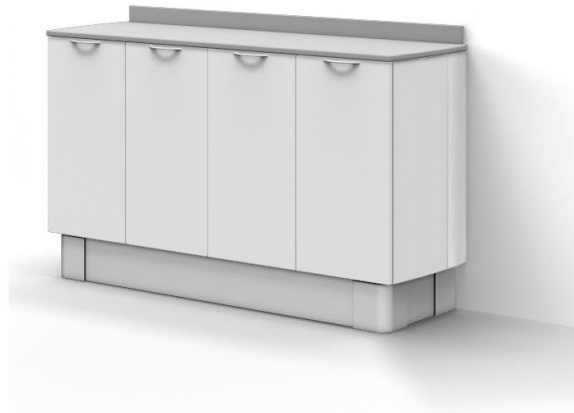
Treatment Room



Hinge Orientation

Visual Document

Line	Item	Label
4	593	stand alone



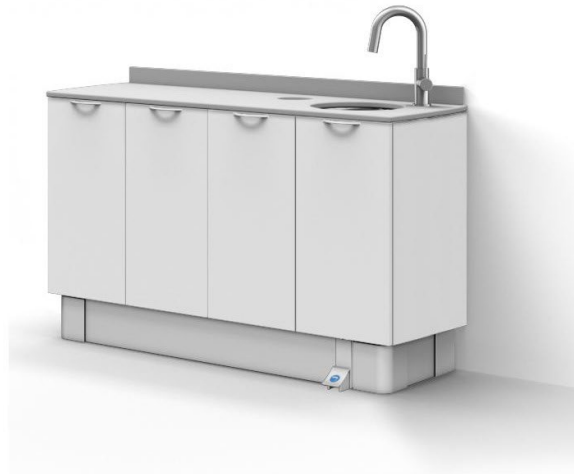
Treatment Room



Hinge Orientation

Visual Document

Line	Item	Label
6	593	



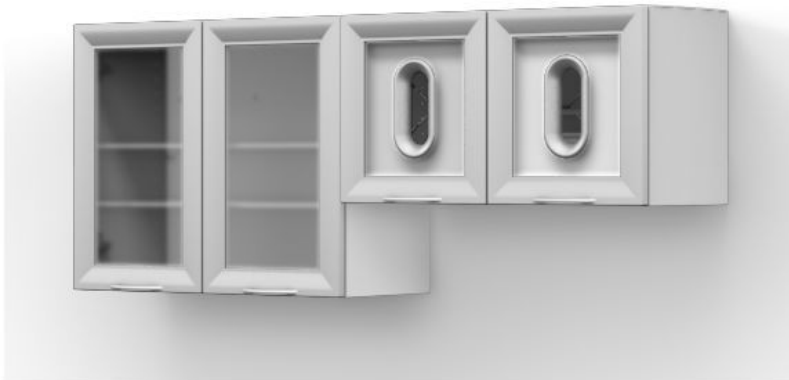
Treatment Room



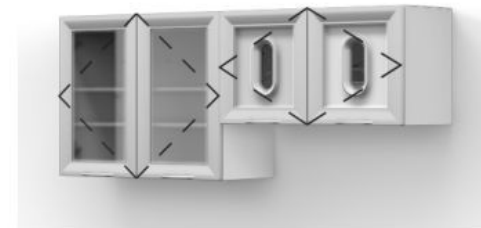
Hinge Orientation

Visual Document

Line	Item	Label
7	595	



Treatment Room



Hinge Orientation