



**BOARD OF CONTRACT AND SUPPLY  
CITY OF PROVIDENCE, RHODE ISLAND**

# **REQUEST FOR PROPOSALS**

**Item Description: SPILL PREVENTION, CONTROL AND COUNTERMEASURE (SPCC) PLANS  
(Exp. 6/30/2026)**

**Date to be opened: MONDAY, DECEMBER 20, 2021**

**Issuing Department: PROVIDENCE WATER**

## **QUESTIONS**

- Please direct questions relative to the bidding process, how to fill out forms, and how to submit a bid (Pages 1-8) to Purchasing Agent Patti Jordan.
  - Phone: (401) 680-5264
  - Email: [pjordan@providenceri.gov](mailto:pjordan@providenceri.gov)
    - Please use the subject line “**RFP Question**”
- Please direct questions relative to the Minority and Women’s Business Enterprise Program and the corresponding forms (Pages 9-13) to the MBE/WBE Outreach Director for the City of Providence, Grace Diaz
  - Phone: (401) 680-5766
  - Email: [gdiaz@providenceri.gov](mailto:gdiaz@providenceri.gov)
    - Please use subject line “**MBE WBE Forms**”
- Please direct questions relative to the specifications outlined (beginning on page 14) to the issuing department’s subject matter expert:
  - **Roger Choiniere – Support Services Division Manager**
  - **401-521-6300 EXT 7175**
  - **ROGERC@PROVWATER.COM**

## **Pre-bid Conference**

**THERE IS NO PRE-BID CONFERENCE**



**BOARD OF CONTRACT AND SUPPLY  
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**INSTRUCTIONS FOR SUBMISSION**

Bids may be submitted up to **2:15 P.M.** on the above meeting date at the **Department of the City Clerk, Room 311, City Hall, 25 Dorrance Street, Providence.** At 2:15 P.M. all bids will be publicly opened and read at the Board of Contract Meeting in the City Council Chambers, on the 3<sup>rd</sup> floor of City Hall.

- Bidders must submit **3 copies** of their bid in sealed envelopes or packages labeled with the captioned **Item Description** and the **City Department to which the RFP and bid are related and must include the company name and address on the envelope as well.** (On page 1).
- If required by the Department, please keep the original bid bond and check in only one of the envelopes.
- Communications to the Board of Contract and Supply that are not competitive sealed bids (i.e. product information/samples) should have **"NOT A BID"** written on the envelope or wrapper.
- Only use form versions and templates included in this RFP. If you have an old version of a form do not recycle it for use in this bid.
- The bid envelope and information relative to the bid must be addressed to:

**Board of Contract and Supply  
Department of the City Clerk – City Hall, Room 311  
25 Dorrance Street  
Providence, RI 02903**

**\*\*PLEASE NOTE:** This bid may include details regarding information that you will need to provide (such as proof of licenses) to the issuing department before the formalization of an award.

*This information is **NOT** requested to be provided in your initial bid by design.*

**All bids submitted to the City Clerk become public record.** Failure to follow instructions could result in information considered private being posted to the city's Open Meetings Portal and made available as a public record. The City has made a conscious effort to avoid the posting of sensitive information on the City's Open Meetings Portal, by requesting that such sensitive information be submitted to the issuing department only at their request.



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**BID PACKAGE CHECKLIST**

Digital forms are available in the City of Providence Purchasing Department Office or online at <http://www.providenceri.gov/purchasing/how-to-submit-a-bid/>

The bid package **MUST** include the following, in this order:

- Bid Form 1: Bidder's Blank as the cover page/ 1<sup>st</sup> page (*see page 6 of this document*)
- Bid Form 2: Certification of Bidder as 2<sup>nd</sup> page (*see page 7 of this document*)
- Bid Form 3: Certificate Regarding Public Records (*see page 8 of this document*)
- Forms from the Minority and Women Business Enterprise Program: Based on Bidder Category. *See forms and instructions enclosed (pages 9-13) or on: <https://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>*

**\*Please note: MBE/WBE forms must be completed for EVERY bid submitted and must be inclusive of ALL required signatures. Forms without all required signatures will be considered incomplete.**

- Bidder's Proposal/Packet: Formal response to the specifications outlined in this RFP, including pricing information and details related to the good(s) or service(s) being provided. Please be mindful of formatting responses as requested to ensure clarity.
- Financial Assurance, *if requested* (as indicated on page 5 of this document under "Bid Terms")

**All of the above listed documents are REQUIRED.** (With the exception of financial assurances, which are only required if specified on page 5.)

**\*\*\*Failure to meet specified deadlines, follow specific submission instructions, or enclose all required documents with all applicable signatures will result in disqualification, or in an inability to appropriately evaluate bids.**



**BOARD OF CONTRACT AND SUPPLY**  
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**NOTICE TO VENDORS**

1. The Board of Contract and Supply will make the award to the lowest qualified and responsible bidder.
2. In determining the lowest responsible bidder, cash discounts based on preferable payment terms will not be considered.
3. Where prices are the same, the Board of Contract and Supply reserves the right to award to one bidder, or to split the award.
4. No proposal will be accepted if the bid is made in collusion with any other bidder.
5. Bids may be submitted on an "equal in quality" basis. The City reserves the right to decide equality. Bidders must indicate brand or the make being offered and submit detailed specifications if other than brand requested.
6. A bidder who is an out-of-state corporation shall qualify or register to transact business in this State, in accordance with the Rhode Island Business Corporation Act, RIGL Sec. 7-1.2-1401, et seq.
7. The Board of Contract and Supply reserves the right to reject any and all bids.
8. Competing bids may be viewed in person at the Department of the City Clerk, City Hall, Providence, immediately upon the conclusion of the formal Board of Contract and Supply meeting during which the bids were unsealed/opened. Bids may also be accessed electronically on the internet via the City's [Open Meetings Portal](#).
9. As the City of Providence is exempt from the payment of Federal Excise Taxes and Rhode Island Sales Tax, prices quoted are not to include these taxes.
10. In case of error in the extension of prices quoted, the unit price will govern.
11. The contractor will **NOT** be permitted to: a) assign or underlet the contract, or b) assign either legally or equitably any monies or any claim thereto without the previous written consent of the City Purchasing Director.
12. Delivery dates must be shown in the bid. If no delivery date is specified, it will be assumed that an immediate delivery from stock will be made.
13. A certificate of insurance will normally be required of a successful vendor.
14. For many contracts involving construction, alteration and/or repair work, State law provisions concerning payment of prevailing wage rates apply ([RIGL Sec. 37-13-1 et seq.](#))
15. No goods should be delivered or work started without a Purchase Order.
16. **Submit 3 copies of the bid to the City Clerk, unless the specification section of this document indicates otherwise.**
17. Bidder must certify that it does not unlawfully discriminate on the basis of race, color, national origin, gender, gender identity or expression, sexual orientation and/or religion in its business and hiring practices and that all of its employees are lawfully employed under all applicable federal, state and local laws, rules and regulations. (See Bid Form 2.)



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**BID TERMS**

1. Financial assurances may be required in order to be a successful bidder for Commodity or Construction and Service contracts. If either of the first two checkboxes below is checked, the specified assurance must accompany a bid, or the bid will not be considered by the Board of Contract and Supply. The third checkbox indicates the lowest responsible bidder will be contacted and required to post a bond to be awarded the contract.
  - a) ☐ A certified check for \$\_\_\_\_\_ must be deposited with the City Clerk as a guarantee that the Contract will be signed and delivered by the bidder.
  - b) ☐ A bid bond in the amount of \_\_\_\_\_ per centum (%) of the proposed total price, must be deposited with the City Clerk as a guarantee that the contract will be signed and delivered by the bidder; and the amount of such bid bond shall be retained for the use of the City as liquidated damages in case of default.
  - c) ☐ A performance and payment bond with a satisfactory surety company will be posted by the bidder in a sum equal to one hundred per centum (100%) of the awarded contract.
  - d) ☒ No financial assurance is necessary for this item.
2. Awards will be made within **sixty (60) days of bid opening**. All bid prices will be considered firm, unless qualified otherwise. Requests for price increases will not be honored.
3. Failure to deliver within the time quoted or failure to meet specifications may result in default in accordance with the general specifications. It is agreed that deliveries and/or completion are subject to strikes, lockouts, accidents and Acts of God.

**The following entry applies only for COMMODITY BID TERMS:**

4. Payment for partial delivery will not be allowed except when provided for in blanket or term contracts.

**The following entries apply only for CONSTRUCTION AND SERVICE BID TERMS:**

5. Only one shipping charge will be applied in the event of partial deliveries for blanket or term contracts.
6. Prior to commencing performance under the contract, the successful bidder shall attest to compliance with the provisions of the Rhode Island Worker's Compensation Act, RIGL 28-29-1, et seq. If exempt from compliance, the successful bidder shall submit a sworn Affidavit by a corporate officer to that effect, which shall accompany the signed contract.
7. Prior to commencing performance under the contract, the successful bidder shall, submit a certificate of insurance, in a form and in an amount satisfactory to the City.



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**BID FORM 1: Bidders Blank**

1. Bids must meet the attached specifications. Any exceptions or modifications must be noted and fully explained.
2. Bidder's responses must be in ink or typewritten, and all blanks on the bid form should be completed.
3. The price or prices proposed should be stated both in **WRITING** and in **FIGURES**, and any proposal not so stated may be rejected. **Contracts exceeding twelve months must specify annual costs for each year.**
4. Bids **SHOULD BE TOTALED** so that the final cost is clearly stated (unless submitting a unit price bid), however **each item should be priced individually**. Do not group items. Awards may be made on the basis of *total* bid or by *individual items*.
5. All bids **MUST BE SIGNED IN INK.**

**Name of Bidder (Firm or Individual):** \_\_\_\_\_

Contact Name: \_\_\_\_\_

Business Address: \_\_\_\_\_

Business Phone #: \_\_\_\_\_

Contact Email Address: \_\_\_\_\_

Agrees to bid on (Write the "Item Description" here): \_\_\_\_\_

If the bidder's company is based in a state *other than Rhode Island*, list name and contact information for a local agent for service of process that **is located within Rhode Island** \_\_\_\_\_

Delivery Date (if applicable): \_\_\_\_\_

Name of Surety Company (if applicable): \_\_\_\_\_

Total Amount in Writing\*: \_\_\_\_\_

Total Amount in Figures\*: \_\_\_\_\_

***\* If you are submitting a unit price bid, please insert "Unit Price Bid"***

***Use additional pages if necessary for additional bidding details.***

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Title



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**BID FORM 2: Certification of Bidder**  
(Non-Discrimination/Hiring)

Upon behalf of \_\_\_\_\_ (Firm or Individual Bidding),

I, \_\_\_\_\_ (Name of Person Making Certification),

being its \_\_\_\_\_ (Title or "Self"), hereby certify that:

1. Bidder does not unlawfully discriminate on the basis of race, color, national origin, gender, sexual orientation and/or religion in its business and hiring practices.
2. All of Bidder's employees have been hired in compliance with all applicable federal, state and local laws, rules and regulations.

I affirm by signing below that I am duly authorized on behalf of Bidder, on  
this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_\_.

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Printed Name



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**BID FORM 3: Certificate Regarding Public Records**

Upon behalf of \_\_\_\_\_ (Firm or Individual Bidding),

I, \_\_\_\_\_ (Name of Person Making Certification),

being its \_\_\_\_\_ (Title or "Self"), hereby certify an

understanding that:

1. All bids submitted in response to Requests for Proposals (RFP's) and Requests for Qualification (RFQ's), documents contained within, and the details outlined on those documents become public record upon receipt by the City Clerk's office and opening at the corresponding Board of Contract and Supply (BOCS) meeting.
2. The Purchasing Department and the issuing department for this RFP/RFQ have made a conscious effort to request that sensitive/personal information be submitted directly to the issuing department and only at request if verification of specific details is critical the evaluation of a vendor's bid.
3. The requested supplemental information may be crucial to evaluating bids. Failure to provide such details may result in disqualification, or an inability to appropriately evaluate bids.
4. If sensitive information that has not been requested is enclosed or if a bidder opts to enclose the defined supplemental information prior to the issuing department's request in the bidding packet submitted to the City Clerk, the City of Providence has no obligation to redact those details and bears no liability associated with the information becoming public record.
5. The City of Providence observes a public and transparent bidding process. Information required in the bidding packet may not be submitted directly to the issuing department at the discretion of the bidder in order to protect other information, such as pricing terms, from becoming public. Bidders who make such an attempt will be disqualified.

I affirm by signing below that I am duly authorized on behalf of Bidder, on

this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Signature of Representation

\_\_\_\_\_  
Printed Name





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**WBE/MBE Form Instructions**

The City of Providence actively seeks Minority and Women business enterprises to participate in bids to meet the City's procurement needs. Pursuant to the City of Providence Code of Ordinances, Chapter 21, Article II, Sec. 21-52 (Minority and Women's Business Enterprise) and Rhode Island General Laws (as amended), Chapter 31-14, et seq. (Minority Business Enterprise), Minority Business Enterprise (MBE) and Women's Business Enterprise (WBE) participation goals apply to contracts.

The goal for Minority Business Enterprise (MBE) participation is **10%** of the total bid value.

The goal for Women's Business Enterprise (WBE) participation is **10%** of the total bid value.

The goal for combined MBE/WBE participation is **20%** of the total bid value.

Only businesses certified with the State of Rhode Island as minority and/or women business enterprises are counted towards the City's goals. Eligible minority or women-owned businesses are encouraged to seek certification from the State of Rhode Island Minority Business Enterprise Compliance Office at: <http://odeo.ri.gov/offices/mbeco/>

**Note:** MBE certification with the State of Rhode Island on the basis of Portuguese heritage is not currently recognized by the City of Providence's MBE program.

**Bid Requirements:**

**All Bidders:** All bidders must complete and submit the **MBE/WBE Participation Affidavit** indicating whether or not they are a state-certified MBE/WBE and acknowledging the City's participation goals. Submission of this form is required with **every bid**. Your bid will not be accepted without an affidavit.

**Bidders who will be subcontracting:** Bidders who will be subcontracting must submit the **Subcontractor Disclosure Form** as part of their bid submission. All subcontractors, regardless of MBE/WBE status, must be listed on this form. Business NAICS codes can be found at <https://www.naics.com/search/>. Awarded bidders are required to submit **Subcontractor Utilization and Payment Reports** with each invoice.

**Waiver Requests:**

If the percentage of the total amount of the bid being awarded to MBE or WBE vendors is less than 20% (Box F on the Subcontractor Disclosure Form) and the prime contractor is not a Rhode Island State-certified MBE or WBE, the Bidder must complete the **MBE/WBE Waiver Request Form** for review. Waivers will be considered on a case by case basis.

No waiver will be granted unless the waiver request includes documentation that demonstrates that the Bidder has made good faith efforts to achieve the City's stated participation goals. Waivers must be reviewed and signed by the City of Providence's MBE/WBE Outreach Director, Grace Diaz, or her designee. Department Directors cannot recommend a bidder for award if this form is applicable and absent. If the bid does not meet the participation goals of the City of Providence and a waiver is not filed with the signature of the MBE/WBE Outreach Director or her designee, the bid will not be accepted.

**Verifying MBE/WBE Certification**

It is the responsibility of the bidder to confirm that every MBE/WBE named in a proposal and included in a contract is certified by the Rhode Island Minority Business Enterprise Compliance office. The current MBE/WBE directory is available at the State of RI MBE Office, One Capitol Hill, 2nd Floor, Providence, RI, or online at <http://odeo.ri.gov/offices/mbeco/mbe-wbe.php>. You can also call (401) 574-8670 to verify certification, expiration dates, and services that the MBE/WBE is certified to provide. Note: MBE certification with the State of Rhode Island on the basis of Portuguese heritage is not currently recognized by the City of Providence's MBE program.

**Form Instructions:**

Access all bid forms from <http://www.providenceri.gov/oeo/> or <http://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>. **Download** the forms as blank PDFs. Once saved on your computer, fill them out using the Adobe program. The fillable PDFs must be completed in Adobe in order to be saved properly. Google Chrome and similar



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platforms do not allow for the forms to be saved as filled PDFs. Therefore, please download the blank forms to your computer, then fill them out and save.

**Assistance with Form Requirements**

Examples of completed forms can be found on the City of Providence website at <http://www.providenceri.gov/oeo/> or <http://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/>.

**Contract Requirements:**

Prime contractors engaging subcontractors must submit the *Subcontractor Utilization and Payment Report* to the City Department's Fiscal Agent with every invoice and with request for final payment. This form is not submitted as a part of the initial bid package.

For contracts with duration of less than 3 months, this form must be submitted along with the contractor's request for final payment. The form must include all subcontractors utilized on the contract, both MBE/WBE and non- MBE/WBE, the total amount paid to each subcontractor for the given period and to date. During the term of the contract, any unjustified failure to comply with the MBE/WBE participation requirements is a material breach of contract.

**Questions?**

For more information or for assistance with MBE/WBE Forms, contact the City of Providence MBE/WBE Outreach Director, Grace Diaz, at [mbwbe@providenceri.com](mailto:mbwbe@providenceri.com) or (401) 680-5766.



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**MBE/WBE PARTICIPATION AFFIDAVIT**

Item Discussion (as seen on RFP):

\_\_\_\_\_

Prime Bidder: \_\_\_\_\_

Prime Bidder (Company) Phone Number: \_\_\_\_\_

Which one of the following describes your business' status in terms of Minority and/or Woman-Owned Business Enterprise certification with the State of Rhode Island?    ☐ MBE    ☐ WBE    ☐ Neither MBE nor WBE

**By initialing the following sections and signing the bottom of this document in my capacity as the contractor or an authorized representative of contractor, I make this Affidavit:**

It is the policy of the City of Providence that minority business enterprises (MBEs) and women business enterprises (WBEs) should have the maximum opportunity to participate in procurements and projects as prime contractors and vendors. Pursuant to Sec. 21-52 of the Providence Code of Ordinances and Chapter 31-14 *et seq.* of the Rhode Island General Laws (as amended), MBE and WBE participation goals apply to contracts.

The goal for Minority Business Enterprise (MBE) participation is 10% of the total bid value.

The goal for Women's Business Enterprise (WBE) participation is 10% of the total bid value.

The goal for combined MBE/WBE participation is 20% of the total bid value.

**I acknowledge the City of Providence's goals of supporting MBE/WBE certified businesses.** Initial \_\_\_\_\_

If awarded the contract, I understand that my company must submit to the Minority and Women's Business Coordinator at the City of Providence (MBE/WBE Office), copies of all executed agreements with the subcontractor(s) being utilized to achieve the participation goals and other requirements of the RI General Laws. **I understand that these documents must be submitted prior to the issuance of a notice to proceed.** Initial \_\_\_\_\_

**I understand that, if awarded the contract, my firm must submit to the MBE/WBE Office canceled checks and reports required by the MBE/WBE Office on a quarterly basis verifying payments to the subcontractors(s) utilized on the contract.** Initial \_\_\_\_\_

If I am awarded this contract and find that I am unable to utilize the subcontractor(s) identified in my Statement of Intent, I understand that I must substitute another certified MBE and WBE firm(s) to meet the participation goals. **I understand that I may not make a substitution until I have obtained the written approval of the MBE/WBE Office.**

Initial \_\_\_\_\_

**If awarded this contract, I understand that authorized representatives of the City of Providence may examine the books, records and files of my firm from time to time, to the extent that such material is relevant to a determination of whether my firm is complying with the City's MBE/WBE participation requirements.**

Initial \_\_\_\_\_

**I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing Affidavit are true and correct to the best of my knowledge, information and belief.**

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Date



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**SUBCONTRACTOR DISCLOSURE FORM**

**Fill out this form only if you WILL SUBCONTRACT with other parties. If you will not subcontract any portion of the proposed bid, do not fill out this form.**

Prime Bidder: \_\_\_\_\_ Primary NAICS \_\_\_\_\_

Code: \_\_\_\_\_

Item Description (as seen on RFP): \_\_\_\_\_

**Please list all Subcontractors below.** Include the total dollar value that you propose to share with each subcontractor and the dollar amount to be subcontracted. Please check off MBE and WBE where applicable. The directory of all state-certified MBE/WBE firms is located at [www.mbe.ri.gov](http://www.mbe.ri.gov). Business NAICS codes can be found at <https://www.naics.com/search/>

| Proposed Subcontractor                                                                                                      | MBE | WBE | Primary NAICS Code | Date of Mobilization | \$ Value of Subcontract |
|-----------------------------------------------------------------------------------------------------------------------------|-----|-----|--------------------|----------------------|-------------------------|
|                                                                                                                             |     |     |                    |                      | \$                      |
|                                                                                                                             |     |     |                    |                      | \$                      |
|                                                                                                                             |     |     |                    |                      | \$                      |
|                                                                                                                             |     |     |                    |                      | \$                      |
|                                                                                                                             |     |     |                    |                      | \$                      |
|                                                                                                                             |     |     |                    |                      | \$                      |
| <b>A. MBE SUBCONTRACTED AMOUNT:</b>                                                                                         |     |     |                    |                      | \$                      |
| <b>B. WBE SUBCONTRACTED AMOUNT:</b>                                                                                         |     |     |                    |                      | \$                      |
| <b>C. NON MBE WBE SUBCONTRACTED AMOUNT:</b>                                                                                 |     |     |                    |                      | \$                      |
| <b>D. DOLLAR AMOUNT OF WORK DONE BY THE PRIME CONTRACTOR:</b>                                                               |     |     |                    |                      | \$                      |
| <b>E. TOTAL AMOUNT OF BID (SUM OF A, B, C, &amp; D):</b>                                                                    |     |     |                    |                      | \$                      |
| <b>F. PERCENTAGE OF BID SUBCONTRACTED TO MBEs AND WBEs.</b><br>(Divide the sum of A and B by E and multiply result by 100). |     |     |                    |                      | %                       |

Please read and initial the following statement acknowledging you understand. If the percentage of the total amount of the bid being awarded to MBE or WBE vendors is less than 20% (Box F) and the prime contractor is NOT a Rhode Island State-certified MBE or WBE, you must fill out the MBE/WBE WAIVER REQUEST FORM for consideration by City of Providence MBE/WBE Outreach Director. Initial \_\_\_\_\_

\_\_\_\_\_  
Signature of Bidder

\_\_\_\_\_  
Printed Name



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**MBE/WBE Waiver Request Form**

**Fill out this form only if you are subcontracting and did not meet the 20% MBE/WBE participation goal.**

**State-certified MBE or WBE Prime Bidders are NOT REQUIRED to fill out this form.**

Submit this form to the City of Providence MBE/WBE Outreach Director, Grace Diaz, at [mbe-wbe@providenceri.gov](mailto:mbe-wbe@providenceri.gov), for review **prior to bid submission**. This waiver applies only to the current bid which you are submitting to the City of Providence and does not apply to other bids your company may submit in the future.

Prime Bidder: \_\_\_\_\_

Company Trade: \_\_\_\_\_

Item Discussion (as seen on RFP):  
\_\_\_\_\_  
\_\_\_\_\_

To receive a waiver, you must list the certified MBE and/or WBE companies you contacted, the name of the primary individual with whom you interacted, and the reason the MBE/WBE company could not participate on this project.

| <b>MBE/WBE Company Name</b> | <b>Individual's Name</b> | <b>Company Trade</b> | <b>Why did you choose not to work with this company?</b> |
|-----------------------------|--------------------------|----------------------|----------------------------------------------------------|
|                             |                          |                      |                                                          |
|                             |                          |                      |                                                          |
|                             |                          |                      |                                                          |
|                             |                          |                      |                                                          |
|                             |                          |                      |                                                          |
|                             |                          |                      |                                                          |

I acknowledge the City of Providence's goal of a combined MBE/WBE participation is 20% of the total bid value. I am requesting a waiver of \_\_\_\_\_ % MBE/WBE (20% minus the value of **Box F** on the Subcontractor Disclosure Form). If an opportunity is identified to subcontract any task associated with the fulfillment of this contract, a good faith effort will be made to select MBE/WBE certified businesses as partners.

\_\_\_\_\_  
Signature of Prime Contractor

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date Signed

\_\_\_\_\_  
Signature of City of Providence  
MBE/WBE Outreach Director

\_\_\_\_\_  
Printed Name of City of Providence  
MBE/WBE Outreach Director

\_\_\_\_\_  
Date Signed



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**SUPPLEMENTAL INFORMATION**

If the issuing department for this RFP determines that your firm's bid is best suited to accommodate their need, you will be asked to provide proof of the following prior to formalizing an award.

An inability to provide the outlined items at the request of the department may lead to the disqualification of your bid.

*This information is **NOT** requested to be provided in your initial bid that you will submit to the City Clerk's office by the "date to be opened" noted on page 1. This list only serves as a list of items that your firm should be ready to provide on request.*

**All bids submitted to the City Clerk become public record.** Failure to follow instructions could result in information considered private being posted to the city's Open Meetings Portal and made available as a public record.

**You must be able to provide:**

- Business Tax ID will be requested after an award is approved by the Board of Contract and Supply.



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**BID PACKAGE SPECIFICATIONS**

## Certificate of Insurance

1. The Original Certificate of Insurance must be mailed to:

**Providence Water**

125 Dupont Drive

Providence, RI 02907

Attention: Elizabeth Paquin

2. Certificate must be completely filled out listing all Insurance Companies, Coverage's. and Limits. Providence Water (PW) require the following Certificate must be completely filled out listing all Insurance Companies, Coverage's. and Limits. Providence Water (PW) require the following insurances requirements.

| Required | Coverage                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |
|----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| x        | <b>Worker's Compensation and Occupational Insurance:</b> In statutory amounts, Covering all employees of the contractor. Employer's liability coverage with limits of not less than \$500,000.00/ each accident or illness shall be included.                                                                                                                                                                                                                                                                                                                                                                                                                      |
| x        | <b>Commercial General Liability Insurance:</b> Commercial Liability Insurance with limits of not less than \$1,000,000.000 per occurrence, for bodily injury and/or property damage liability \$2,000,000.000 in the aggregate. Products/completed operation, independent contractors, and contractual liability coverages are to be included. No exclusions for rigging, hoisting, explosions, collapse and/or underground. Completed operations coverage must remain in effect for a period of not less than 2 years after the completion of all work. "The City of Providence, Providence Water, its officers and agents are to name as an additional insured." |
| x        | <b>Automobile Liability Insurance:</b> When any motor vehicles are used in connection with the work to be performed the Contractor shall maintain Automobile Liability Insurance with limits of not less \$1,000,000.00 per occurrence, combined single limit, for bodily injury and property damage. "The City of Providence, Providence Water are to be named as additionally insured."                                                                                                                                                                                                                                                                          |
|          | <b>Builder's Risk Policy:</b> When a free standing unit is to be constructed or any addition to our facilities made in connection with the work specified, the Contractor must provide Builder's Risk Insurance or an Installation Floater covering all risks with limits equal to the award of the contract.                                                                                                                                                                                                                                                                                                                                                      |
|          | <b>Professional Liability Insurance:</b> When any architects, engineers, or consulting firms perform work in connection with any contract, the contractor shall maintain Professional Liability Insurance with limits not less than \$2,000,000.00 per occurrence and aggregate.                                                                                                                                                                                                                                                                                                                                                                                   |

3. The insured name must be the same name as the name on the bid submitted.
4. Insurance Certificates should state the Title of Project to be performed.



5. Certificate must read “The City of Providence, Providence Water, its Officers and Agents are named as additional insured.”
6. Certificate Holder provision of the certificate must list “The City of Providence and Providence Water.”
7. Cancellation and/or reduction in coverage must provide 30 days' notice.
8. The successful bidder must produce a satisfactory Certificate of Insurance within 10 days after award. No work will begin or contract signed unless all these requirements are met. Failure to do so may result in the cancellation of the award and award to another bidder.
9. The insurances specified shall be carried until all work required to be performed under the terms of the CONTRACTOR's services are satisfactorily completed and for a period of at least two years after the date when final payment becomes due. Failure to carry or keep such insurance in force shall constitute a violation of the contract, and the Providence Water \ maintains the right to stop work and/or withhold payment until proper evidence is provided.
10. The insurance shall provide for 30 days' prior written notice to be given to the Providence Water in the event coverage is substantially changed, canceled, or not renewed.
11. In no case shall the coverage limits stated for Commercial General Liability, Automobile Liability, or Professional Liability insurance stated above be less than the total contract amount. If the total contract amount exceeds any stated limit, the limit shall be adjusted to the satisfaction of the OWNER to the next highest \$1,000,000.00 exceeding the total contract amount.
12. Providence Water maintains the right to modify, delete, alter or change these requirements.
13. The successful bidder understands and agrees that any insurance protection furnished by the CONTRACTOR hereunder shall in no way limit its responsibility to indemnify and save harmless Providence Water.
14. For additional Information contact Elizabeth Paquin at (401)521-6300 ext. 7227

(SAMPLE ATTACHED)



# CERTIFICATE OF LIABILITY INSURANCE

DATE(MM/DD/YYYY)  
03/11/2016

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 rights to the certificate holder in lieu of such endorsement(s).

|                               |                                                |                 |
|-------------------------------|------------------------------------------------|-----------------|
| PRODUCER<br>A                 | CONTACT NAME:                                  |                 |
|                               | PHONE (A/C. No. Ext): (                      ) | FAX (A/C. No.): |
| E-MAIL ADDRESS:               |                                                |                 |
| INSURER(S) AFFORDING COVERAGE |                                                |                 |
| NAIC #                        |                                                |                 |
| INSURED                       | INSURER A:                                     |                 |
|                               | INSURER B: N                                   |                 |
|                               | INSURER C:                                     |                 |
|                               | INSURER D:                                     |                 |
|                               | INSURER E:                                     |                 |
|                               | INSURER F:                                     |                 |

Holder Identifier :

**COVERAGES****CERTIFICATE NUMBER:** 570061419077**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.

Limits shown are as requested

| INSR LTR | TYPE OF INSURANCE                                                                                                   | ADDL INSD                                                        | SUBR WVD    | POLICY NUMBER | POLICY EFF (MM/DD/YYYY) | POLICY EXP (MM/DD/YYYY) | LIMITS                                                                         |              |
|----------|---------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------|-------------|---------------|-------------------------|-------------------------|--------------------------------------------------------------------------------|--------------|
| A        | <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY                                                    |                                                                  |             | GL            |                         |                         | EACH OCCURRENCE                                                                | \$1,000,000  |
|          | <input type="checkbox"/> CLAIMS-MADE <input checked="" type="checkbox"/> OCCUR                                      |                                                                  |             |               |                         |                         | DAMAGE TO RENTED PREMISES (Ea occurrence)                                      | \$           |
|          |                                                                                                                     |                                                                  |             |               |                         |                         | MED EXP (Any one person)                                                       | \$10,000     |
|          |                                                                                                                     |                                                                  |             |               |                         |                         | PERSONAL & ADV INJURY                                                          | \$1,000,000  |
|          | GEN'L AGGREGATE LIMIT APPLIES PER:                                                                                  |                                                                  |             |               |                         |                         | GENERAL AGGREGATE                                                              | \$2,000,000  |
|          | <input type="checkbox"/> POLICY <input checked="" type="checkbox"/> PROJECT <input checked="" type="checkbox"/> LOC |                                                                  |             |               |                         |                         | PRODUCTS - COMP/OP AGG                                                         | \$2,000,000  |
|          | OTHER:                                                                                                              |                                                                  |             |               |                         |                         |                                                                                |              |
| A        | AUTOMOBILE LIABILITY                                                                                                |                                                                  |             | B             |                         |                         | COMBINED SINGLE LIMIT (Ea accident)                                            | \$1,000,000  |
|          | <input checked="" type="checkbox"/> ANY AUTO                                                                        |                                                                  |             |               |                         |                         | BODILY INJURY (Per person)                                                     |              |
|          | <input type="checkbox"/> OWNED AUTOS ONLY <input type="checkbox"/> SCHEDULED AUTOS                                  |                                                                  |             |               |                         |                         | BODILY INJURY (Per accident)                                                   |              |
|          | <input type="checkbox"/> HIRED AUTOS ONLY <input type="checkbox"/> NON-OWNED AUTOS ONLY                             |                                                                  |             |               |                         |                         | PROPERTY DAMAGE (Per accident)                                                 |              |
| B        | UMBRELLA LIAB                                                                                                       | <input checked="" type="checkbox"/>                              | OCCUR       |               |                         |                         | EACH OCCURRENCE                                                                | \$25,000,000 |
|          | <input checked="" type="checkbox"/> EXCESS LIAB                                                                     |                                                                  | CLAIMS-MADE |               |                         |                         | AGGREGATE                                                                      | \$25,000,000 |
|          | DED <input type="checkbox"/> RETENTION <input type="checkbox"/>                                                     |                                                                  |             |               |                         |                         |                                                                                |              |
| A        | WORKERS COMPENSATION AND EMPLOYERS' LIABILITY                                                                       |                                                                  |             |               |                         |                         | <input checked="" type="checkbox"/> PER STATUTE <input type="checkbox"/> OTHER |              |
|          | ANY PROPRIETOR / PARTNER / EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH)                                     | <input type="checkbox"/> Y <input checked="" type="checkbox"/> N | N / A       |               |                         |                         | E.L. EACH ACCIDENT                                                             | \$1,000,000  |
|          | If yes, describe under DESCRIPTION OF OPERATIONS below                                                              |                                                                  |             |               |                         |                         | E.L. DISEASE-EA EMPLOYEE                                                       | \$1,000,000  |
|          |                                                                                                                     |                                                                  |             |               |                         |                         | E.L. DISEASE-POLICY LIMIT                                                      | \$1,000,000  |

Certificate No : 570061419077

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

**CERTIFICATE HOLDER****CANCELLATION**

|                                                              |                                                                                                                                                                |
|--------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Providence Water<br>125 Dupont Drive<br>Providence, RI 02907 | 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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### **Background Information:**

Providence Water maintains and operates over 10 facilities that support the transmission and delivery of clean potable water. These facilities are located throughout the Northern Rhode Island area. Many of these facilities do not have Providence Water employees stationed at them, but on occasion are visited for periodic service and monitoring.

- a. In accordance with the requirements set forth in 40 CFR § 112, facility Spill Prevention, Control and Countermeasure (SPCC) Plans are required to be reviewed and/or amended every five years.
- b. All sites have been visited and SPCC plans have been prepared, however, 5-year SPCC updates are mandated. Additionally, new locations have been added to the Providence Water facilities list and there are no existing plans for those locations.
- c. Providence Water seeks to have existing SPCC plans rewritten in a concise, user-friendly format, or amended that guides the reader through the steps necessary to maintain compliance with 40 CFR § 112.

### **Scope of Services:**

#### **a. Review and Update SPCC Plans**

(1) The contractor shall submit to Providence Water a detailed Project Schedule within fifteen (15) calendar days of Notice to Proceed. The schedule shall include a timeline chart of activities showing project tasks, field site activities, a description of project staffing (to include qualifications) and responsibilities, appropriate milestones, identification of decision points, deliverable dates, review times, and key schedule responsibilities. If, for any reason, the schedule is changed or modified, the Contractor shall provide an amended schedule as soon as possible. Amended schedules shall not be permitted to affect previously scheduled milestones that were to occur within five (5) working days of an amended schedule submission date. Schedule revisions shall not be effective until approved by Providence Water.

The Contractor shall designate and submit a Point of Contact (POC) for the technical aspects of the contract and performance. This POC designation shall be provided concurrently with initial schedule submission. The Contractor POC shall work with Providence Water to ensure coordination between the Contractor and all affected parties. The POC shall coordinate and cooperate with Providence Water for review and approval of all technical aspects/operations within the scope of this contract.

(2) Current SPCCs shall be reviewed and rewritten with updates for all locations specified in Attachment 1: *Site List for Spill Prevention, Control, and Countermeasure (SPCC) Plans* in accordance with requirements set forth in 40 CFR § 112, RI DEM 250-RICR-140-25-2, and all applicable federal, state, and local environmental laws and regulations.

(a) The Contractor shall prepare, at a minimum, Draft, Draft Final, and Final SPCC Plans for all locations specified in Attachment 1. If deemed necessary by Providence Water in consultation with the Contractor, additional drafts may be prepared for review to resolve all comments and concerns.

(b) Plans shall be rewritten with an emphasis on “How to Comply” and shall include, at a minimum, the information described in Attachment 2: *SPCC Plan Outline*. Any deviations from this list shall be reviewed and approved by Providence Water.

(c) Verbiage concerning monthly tank inspections shall be updated (if necessary) to reflect that tank inspections are conducted periodically by personnel that are knowledgeable of storage facility operations, characteristics of the liquid stored, the type of Aboveground Storage Tank, and its associated components.

(d) Draft plan submittals shall include an MS Word file and a “clean copy” Adobe PDF file. Providence Water will provide comments on drafts by using the MS Word “Track Changes” feature.

(e) The Contractor shall be required to constructively resolve all of Providence Water’s comments and concerns.

(f) The Contractor shall allow Providence Water staff review periods of approximately three (3) weeks per draft plan.

(3) The Contractor shall visit each identified facility.

(a) The existing SPCC Plans shall be studied for site-specific familiarization. Providence Water shall provide existing plans in electronic format (MS Word and/or PDF).

(b) Each Providence Water location shall be individually evaluated on-site, by a Professional Engineer currently registered in the State of Rhode Island, or an authorized and qualified agent of that engineer.

(c) During the site visit, the Contractor shall verify that information displayed on the site map is accurate and reflects the true and current condition of each site.

(d) The Contractor shall compile and supply Providence Water with a list of deficiencies, if any, for each facility within 10 days of visiting that facility.

(4) Final plans shall be delivered no later than thirty (30) days before the technical amendment deadline, as required by 40 CFR § 112.5.

## **b. Site Visit Schedules**

The Contractor shall coordinate closely with Providence Water in scheduling site visits to avoid interference with other projects, and to coordinate with the Division Manager (**Project Manager**) in Support Services. Site visits and schedules shall be projected by the contractor within five (5) working days of receipt of notice to proceed. Site visits are subject to approval by Providence Water two weeks prior to field execution.

## **c. SPCC PLAN LAYOUT**

The Contractor shall rewrite and make updates based upon actual information that is obtained during site visits. Final plans shall reflect the true current condition of each site.

**d. MAPS**

The Contractor shall supply new maps that reflect the true current condition of each site. Each SPCC plan shall include at least three maps as follows:

- (1) State/Area map.
- (2) Community Aerial Photograph Map. The most current available imagery shall be utilized and the Providence Water Facilities shall be clearly indicated on the map. Providence Water GIS will provide the imagery for the contractor to generate the map.
- (3) Site diagram/map. Minimum data to be shown on site diagram/map include:
  - (a) Structural footprints;
  - (b) Building access points;
  - (c) Tank location(s) and contents;
  - (d) Type and location of ancillary equipment;
  - (e) Fuel system emergency valve(s)/shut down(s);
  - (f) Additional site features such as drums, spill kits, outbuildings, etc.;
  - (g) Roads, boardwalks, and/or trails;
  - (h) Significant surface features that might prevent or promote surface drainage such as culverts, pipelines, and utility corridors;
  - (i) Hazardous material storage lockers;
  - (j) Day tank(s) and interior/exterior piping;
  - (k) Surface drainage information and direction;
  - (l) General site topography and direction/distance to nearest potentially impacted navigable water body;
  - (m) Approximate location of subject and adjacent property lines; and
  - (n) Map north orientation arrow, map scale, features key, and map legend.

**e. SPCC PHOTOGRAPHS**

- (1) During each site visit, photographs shall be taken of each facility for which a plan is prepared.
- (2) Photographs shall show each side of the facility from approximately 100 feet out, showing the viewer the type of vegetative ground cover around and up to the facility from each side.
- (3) Photographs shall be taken of each aboveground fuel storage tank (AST) and all of its appurtenances to include, but not limited to: vents, spill buckets, vent whistle, remote monitoring sensors, alarms, cam-lock fittings and/or fill limiters, and any labels and placarding, if present.
- (4) These photos shall provide a means to determine the capacity and type of tank. The photograph shall include one each view of the end, side, top, and base of each AST.
- (5) Photographs shall be taken of any existing or potential spill problem areas (indoor or outside). These have historically included concerns with storage tank piping, hazardous substance storage areas, day tanks, fuel transfer sites, drums, etc.

- (6) All photographs shall be clearly labeled to include facility identification, description of photographed subject, direction of view, and date of inspection.
- (7) Photos shall be included on the SPCC Plan thumb drive deliverable.

**f. REPORTS**

The Contractor shall report to the Project Manager or their alternate as soon as possible any condition that is unusual, hazardous to human health or the environment, new or recent soil staining, and/or any potential violation of the Clean Water Act and/or 40 CFR § 112.

**g. HAZARDOUS WASTE MANAGEMENT PROGRAM**

The contractor shall develop a Hazardous Waste Management Program that lists the roles and responsibilities for regulating the storage, treatment, transport, and disposal of hazardous waste generated at Providence Water facilities, to include asbestos cement water pipes. The Hazardous Waste Management Program will also provide instructions on the proper procedures for technical assistance, conducting inspections, conducting compliant investigations, and assigning generator identification numbers. Providence Water personnel who regulate the disposal of solid wastes such as municipal garbage, tires, yard waste, construction and demolition debris, contaminated soil, and sludge, will be provided regular training allowing for a clear understanding of their responsibilities based on the program guidelines.

**Deliverables**

**a. SPCC PLANS.**

The Contractor shall establish suspense dates to meet the prescribed deadline with due consideration to required review period for each plan. Suspense dates are subject to approval by Providence Water Project Manager. The contractor, or their representative, shall attend any special meetings designated by the Providence Water Project Manager relating to the performance of this contract, and shall provide monthly progress reports. Progress reports shall include personnel utilization and associated time applied to the project, in addition to an itemization of expenses. All sheets and covers of all draft reports shall be overprinted with the word "DRAFT". The original copies of the final documents shall become the property of Providence Water. Plan deliverables are:

- (1) One complete electronic copy each of the Draft and Draft Final SPCC plans for each facility.
- (2) Final printed and signed SPCC plans.
  - (a) Three printed copies for each facility as follows:
    - i. One unbound original, single-sided final plan, signature pages stamped and signed by Principal Engineer. Providence Water will secure the signature for commitment of plan resources from the Senior Director of Administration in Support Services.
    - ii. One individually comb-bound, double-sided final plan, signature pages stamped and signed by P.E. Providence Water will secure the signature for

commitment of plan resources from the Senior Director of Administration in Support Services.

(b) Formatting for plans shall be as follows:

i. Normal (1") margins all around.

ii. Times New Roman font type utilizing font size 12.

(3) Final electronic SPCC plans.

(a) One separate electronic copy on thumb drive for each facility Final SPCC plan.

(b) One each copy formatted in both MS Word and Adobe PDF.

(c) Original graphics files for each Figure in the Final SPCC plan.

(4) Hazardous Waste Management Program contains procedures for the following:

(a) Removal of asbestos cement water pipes

(b) Regulating disposal of all solid waste products

(c) How to conduct inspections and investigations

(d) Generator identification numbers

(e) Proper training guidelines for waste generators

Attachment 1: Site List for Spill Prevention, Control and Countermeasures (SPCC) Plan Updates

UST/AST Sites Requiring SPCC Plan Updates or Creation

|   | Facility                                        | Regulatory Driver/<br>Purpose | Tank Number/<br>Type                                                             | Individual Volume<br>(Gal)         | Aggregate Volume<br>(Gal) |
|---|-------------------------------------------------|-------------------------------|----------------------------------------------------------------------------------|------------------------------------|---------------------------|
| 1 | Philip J. Holton<br>Water Purification<br>Works | Review &<br>Update            | No. 2 Fuel Oil                                                                   | 8000                               | 8000                      |
| 2 | Forestry<br>Maintenance<br>Building             | Review &<br>Update            | Gasoline AST<br>Diesel AST<br>No. 2 Fuel Oil<br>Lube Oil Drums<br>Used Oil Drums | 3000<br>1000<br>4000<br>825<br>660 | 9485                      |
| 3 | Raw Water<br>Booster<br>Pump Station            | Review &<br>Update            | Diesel AST<br>No. 2 Fuel Oil<br>Lube Oil Drums                                   | 8000<br>4000<br>1650               | 13650                     |
| 4 | Alpine<br>Estates                               | Review &<br>Update            | No. 2 Fuel Oil<br>Diesel AST<br>Lube Oil Drums<br>Used oil Drums                 | 4000<br>470<br>550<br>605          | 5625                      |
| 5 | Aqueduct<br>Reservoir<br>Pump Station           | Review &<br>Update            | Diesel AST                                                                       | 2000                               | 2000                      |
| 6 | Bath Street<br>Pump Station                     | Review &<br>Update            | Diesel AST                                                                       | 1500                               | 1500                      |



|    | Facility                                       | Regulatory Driver/<br>Purpose | Tank Number                                                                              | Individual Volume (Gal)                    | Aggregate Volume (Gal) |
|----|------------------------------------------------|-------------------------------|------------------------------------------------------------------------------------------|--------------------------------------------|------------------------|
| 7  | Neutaconkanut Pump Station                     | Review & Update               | Diesel AST                                                                               | 1500                                       | 1500                   |
| 8  | Central Avenue Pump Station<br><br>(New Asset) | Inspect & Create Plan         | Day Tank Diesel                                                                          | 546                                        | 546                    |
| 9  | Shun Pike Pump Station<br><br>(New Asset)      | Inspect & Create Plan         | Day Tank Diesel                                                                          | 790                                        | 790                    |
| 10 | Waltham Street Pump Station<br><br>(New Asset) | Inspect & Create Plan         | Day Tank Diesel                                                                          | 400                                        | 400                    |
| 11 | COF<br>125 DuPont Drive<br><br>(New Asset)     | Inspect & Create Plan         | Diesel AST<br>Gasoline AST<br>Diesel UST 1<br>Diesel UST 2<br>Diesel DT 1<br>Diesel DT 2 | 3000<br>3000<br>2500<br>10000<br>50<br>100 | 18650                  |

## Attachment 2: Spill Prevention, Control and Countermeasure (SPCC) Plan Outline

### **Table of Contents:**

Regulatory Cross Reference

Emergency Contact List

General Information

Certifications

*(i.e. management approval, professional engineer certification, certification of applicable substantial harm criteria).*

Facility Information

*(i.e. site description, fuel storage/tank inventory, description of tank characteristics, potential spill and predicted flow, discharge prevention, security, countermeasures).*

Emergency Response Procedures

*(i.e. maintenance of SPCC, roles and responsibilities, how to respond to spills/spill response procedures, notification procedures).*

Plan Review and Amendments Procedures

SPCC Training Program

Inspections, Tests, and Record Maintenance

Acronyms & References

### **Tables:**

Potential Discharge Volumes and Predicted Flow Direction

Aboveground Petroleum Storage Management Areas (if applicable)

### **Figures:**

Facility Layout Plan

Site Location Map

### **Appendices:**

AST/UST Installation Design Plans

Emergency Response and Investigative Report Form

Record of SPCC 5-year Plan Reviews

Record of SPCC Plan Amendments Log Sheet

Implementation Plan

Monthly Inspection Log



## BIDDERS BLANK PWSB

### Spill Prevention, Control, and Countermeasure (SPCC) Plans – 2022

Proposals are being requested from qualified Environmental Consultants to provide Spill Prevention, Control, and Countermeasure (SPCC) plan reviews, updates, and creation of SPCC plans for newly acquired UST/AST's at Providence Water locations. Additionally, the creation of a Hazardous Waste Management Plan that lists the roles and responsibilities for regulating the storage, treatment, transport, and disposal of hazardous waste generated at Providence Water facilities, to include asbestos water pipes.

| Item # | Description and Location                                                       | Tank Type                                                                                   | Quantity (gal)                         | Bid Amount |
|--------|--------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|----------------------------------------|------------|
| 1      | Philip J. Holton Water Purification Works<br>61 North Road, Scituate, RI 02831 | No. 2 Fuel Oil – AST                                                                        | 8000                                   |            |
| 2      | Forestry Maintenance Building<br>61 North Road, Scituate, RI 02831             | Gasoline – AST<br>Diesel – AST<br>No. 2 Fuel Oil<br>AST<br>Lube Oil Drums<br>Used Oil Drums | 3000<br>1000<br>4000<br><br>825<br>660 |            |
| 3      | Raw Water Booster Pump Station<br>8 Gainer Dam Access Road, Scituate, RI 02831 | Diesel – AST<br>No. 2 Fuel Oil<br>AST<br>Lube Oil Drums                                     | 8000<br>4000<br><br>1650               |            |
| 4      | Alpine Estates Pump Station<br>7 Basil Crossing Road, Cranston, RI 02920       | No. 2 Fuel Oil – AST<br>Diesel – AST<br>Lube Oil Drums<br>Used Oil Drums                    | 4000<br><br>470<br>550<br>605          |            |
| 5      | Aqueduct Reservoir Pump Station<br>430 Scituate Avenue, Cranston, RI 02921     | Diesel – AST                                                                                | 2000                                   |            |
| 6      | Bath Street Pump Station<br>142 Bath Street, Providence, RI 02908              | Diesel – AST                                                                                | 1500                                   |            |

| Item # | Description and Location                                                          | Tank Type                                                                                                        | Quantity                                   | Bid Amount |
|--------|-----------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------|------------|
| 7      | Neutaconkanut Pump Station<br>60 Ashby Street, Johnston, RI 02919                 | Diesel – AST                                                                                                     | 1500                                       |            |
| 8      | Central Avenue Pump Station (New Asset)<br>753 Central Avenue, Johnston, RI 02919 | Diesel – Day Tank                                                                                                | 546                                        |            |
| 9      | Shun Pike Pump Station<br>93 Shun Pike Johnston, RI 02919                         | Diesel – Day Tank                                                                                                | 790                                        |            |
|        |                                                                                   |                                                                                                                  |                                            |            |
| 10     | Waltham Street Pump Station<br>1 Pinewood Drive, Smithfield, RI 02917             | Diesel – Day Tank                                                                                                | 400                                        |            |
| 11     | Central Operation Facility (COF)<br>125 DuPont Drive, Providence, RI 02907        | Diesel – AST<br>Gasoline – AST<br>Diesel – UST 1<br>Diesel – UST 2<br>Diesel – Day Tank 1<br>Diesel – Day Tank 2 | 3000<br>3000<br>2500<br>10000<br>50<br>100 |            |