REQUEST FOR PROPOSALS

Item Description: INTERESTED SUPPLIERS SNOW/ICE CONTROL 22-23
Date to be opened: SEPTEMBER 29, 2022
Issuing Department: Department of Public Works-HIGHWAY

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: FGomez@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
    - 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:
  - LPerrotta@providenceri.gov

A MANDATORY MEETING SHALL BE HELD ON WEDNESDAY OCTOBER 5, 2022 AT 6:00 PM AT THE DEPARTMENT OF PUBLIC WORKS GARAGE LOCATED AT 20 ERNEST STREET. THE DEPARTMENT MAY HOLD THE MEETING REMOTELY VIA CONFERENCE OR ZOOM IF NECESSARY. VENDORS WILL BE NOTIFIED IN ADVANCE.
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 3rd floor of City Hall.

- Bidders must submit 2 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. (On page 1)
- 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.
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/ 1st page (see page 6 of this document)
- Bid Form 2: Certification of Bidder as 2nd page (see page 7 of this document)
- 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-mbewe-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.
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 2 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.)
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.

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 #: ________________________________________________

Agrees to bid on (Items(s) to be bid): _______________________________________

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: ____________________________________________

Please visit http://www.naics.com/search/ and identify the NAICS Code(s) for items being bid on. Enter the NAICS code(s) here or in parentheses next to each item listed immediately above: ________________________________

Delivery Date (when applicable): _________________________________________

Name of Surety Company (if applicable): ______________________________________
BOARD OF CONTRACT AND SUPPLY  
CITY OF PROVIDENCE, RHODE ISLAND

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 Representative

________________________________________________________
Title

8
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 Representative

________________________________________________________
Printed Name

Revised May 8, 2018
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 Representative

____________________________________
Printed Name

Revised May 8, 2018
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/mbecco/

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/mbecco/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 o 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/oee/ 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 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.

Revised May 8, 2018
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 mbe-wbe@providenceri.com or (401) 680-5766.
MBE/WBE PARTICIPATION AFFIDAVIT

Item Discussion (as seen on RFP):

Prime Bidder: ____________________________
Prime Bidder (Company) Phone Number: ____________________________
Prime Bidder (Company) Zip Code: ____________

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 subcontractor(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

Revised May 8, 2018
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. Business NAICS codes can be found at https://www.naics.com/search/

<table>
<thead>
<tr>
<th>Proposed Subcontractor</th>
<th>MBE</th>
<th>WBE</th>
<th>Primary NAICS Code</th>
<th>Date of Mobilization</th>
<th>$ Value of Subcontract</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

A. MBE SUBCONTRACTED AMOUNT:  $ ______________

B. WBE SUBCONTRACTED AMOUNT:  $ ______________

C. NON MBE WBE SUBCONTRACTED AMOUNT:  $ ______________

D. DOLLAR AMOUNT OF WORK DONE BY THE PRIME CONTRACTOR:  $ ______________

E. TOTAL AMOUNT OF BID (SUM OF A, B, & C):  $ ______________

F. PERCENTAGE OF BID SUBCONTRACTED TO MBEs AND WBEs. (Divide A by D 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 Prime Contractor: ___________________________  Printed Name: ___________________________  Date Signed: ___________________________

Revised May 8, 2018
MBE/WBE WAIVER REQUEST FORM
CITY OF PROVIDENCE, RHODE ISLAND

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@ PROVIDERI.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 you 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.

<table>
<thead>
<tr>
<th>MBE/WBE Company Name</th>
<th>Individual’s Name</th>
<th>Company Trade</th>
<th>Why did you choose not to work with this company?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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 an 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 ________________________________

Revised May 8, 2018
August 1, 2022

ATTENTION: INTERESTED SUPPLIERS OF SNOW/ICE CONTROL SERVICES

RE: REGISTRATION FOR 2022/2023 WINTER SEASON

Dear Madam or Sir:

The City of Providence is accepting bid and registration applications for vendors interested in providing snow/ice control services during the 2022/2023 winter season.

In an effort to establish early availability of reliable suppliers of snow/ice control services, the City of Providence is offering an incentive bonus to those firms who complete and provide all the proper paper work with equipment inspection and also have an operational City of Providence GPS installed by November 30, 2022- details to follow. The enclosed package provides:

- Appendix A-General Instructions to Prospective Vendors and Compensation Conditions
- Appendix B- Instructions for Completing Bid and Registration Application
- Appendix C- Hourly Rate Schedule
- Appendix D-Example Application/Certification Form
- Appendix E-Application/Certification Form
- Appendix F-Bidder's Form

As described in Appendix C, applicants must submit the following documentation to complete the registration process along with the properly completed, original, notarized Application/Certification Form and the Bidder’s Form by the bid. Bids will be opened on or about September 12, 2022. Bids that are received or opened after this date are not eligible for the sign on bonus.

- Vehicle Registration or Suitable Proof of Ownership (Legible copies)
- Certificate of Insurance (Legible copies)
- Copy of each operator’s current driver’s license (Legible copies)

DEPARTMENT OF PUBLIC WORKS
700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148
www.providenceri.com
20% INCENTIVE BONUS: In order to encourage early registration, the City offers a 20% incentive bonus. Eligibility for this bonus is as follows:

1. Each vehicle and/or piece of equipment must pass a safety and vehicle road worthiness inspection administered by the City of Providence Department of Public Works. The inspections will take place at 20 Ernest Street, or at the vendor’s facility, by prior arrangement. Also, a GPS must be installed in each vehicle. The inspection period will start on October 11, 2022, and will close on November 30, 2022. The inspection must be scheduled and conducted with the City of Providence no later than 3:00 PM on November 30, 2022. Vendors who fail to have their vehicles inspected and GPS installed by this date who were previously eligible for the bonus rate WILL NO LONGER BE ELIGIBLE FOR THE INCENTIVE RATE. The phone number to the department is 580-8360. Inspection hours are Monday through Friday, between 7 AM and 3 PM, depending on schedule openings and emergency workload. DPW will sponsor a dedicated vehicle inspection day on November 5, 2022 from 8 a.m. to 3 p.m.

THE FOLLOWING WILL BE INSPECTED:
- PROOF OF EACH OPERATOR’S CURRENT DRIVER’S LICENSE
- PROOF OF CURRENT INSURANCE FOR EACH VEHICLE
- PROOF OF REGISTRATION FOR EACH VEHICLE
- VALID AND CURRENT STATE VEHICLE INSPECTION STICKER
- PROOF OF STATE WORKERS’ COMPENSATION INSURANCE
- EQUIPMENT CALIBRATION TEST (SPREADER) IF APPLICABLE.

ALL REQUIREMENTS MUST BE VALIDATED AND SUBMITTED BY 3:00 PM NOVEMBER 30, 2021 DEADLINE, IN ORDER TO BE ELIGIBLE FOR THE 20% BONUS.

The Director of DPW shall be the final authority as to the completeness of the application and the timeliness of the inspection for the vendor to be eligible for the bonus.

Every vendor in good standing complying with the conditions to qualify for the 20% incentive will also be guaranteed to be paid for not less than a season total of 10 hours, sanding and/or plowing truck(s) ONLY, contracted through April 15, 2023.

DEPARTMENT OF PUBLIC WORKS
700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148
www.providenceri.com
Example 1) Called in and worked during the season for six hours. You receive compensation of four hours after April 15, 2023.

Example 2) Called in and worked 10 hours or more during the season. You do not receive any additional compensation.

The bonuses for each inspected vehicle will remain in effect as long as the vehicle is “ready when called” and the GPS is operational.

The definition of “ready when called” is a vehicle that has a verified complete and verified inspection report and is ready to plow snow and/or sand roads when notified by the Department of Public Works, with an operational GPS.

The City of Providence will employ an automated call system that will send vendors notifications by phone, text, and email. Those contact numbers must be submitted to DPW before November 5, 2022.

Vendors must reliably respond to calls for work from the City of Providence in a timely manner throughout the winter season. If at any time the vehicle is not available, it will lose its incentive bonus, and possibly all subsequent work assignments, for the remainder of the winter season. Should there be extraordinary or extenuating circumstances, the vendor must demonstrate this in correspondence directed to the City of Providence, Department of Public Works, whose management staff will determine whether to accept or reject such documentation. The decision of the Director of Public Works or his designee will be final.

**VENDOR MEETING:**

A Vendor meeting shall be held on Wednesday, October 5, 2022 at 6:00 PM at the Department of Public Works Highway Garage located at 20 Ernest Street. The Department may hold the meeting remotely via conference call or zoom if necessary. Vendors will be notified in advance.

**DEPARTMENT OF PUBLIC WORKS**

700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148

www.providencecri.com
The purpose of this meeting is to promulgate the City’s snow plowing strategy for the coming winter season. Further it is to answer any questions regarding bidding, payment, training, GPS communications or other issues. It is also a meeting for the vendors to present any concerns, recommendations, lessons learned and plowing standards in order to improve the city’s efficiency and performance in snow plowing/removal.

Therefore any and all vendors interested in plowing for the City of Providence are highly encouraged to attend this meeting. Any significant clarification or modification to the bid document shall be done in writing, if needed.
APPENDIX A

GENERAL INSTRUCTIONS TO PROSPECTIVE VENDORS FOR WINTER STORM OPERATIONS
CONDITIONS COVERING COMPENSATION

1. The City of Providence requires all city and vendor vehicles involved in snow plow operations be equipped with a Global Positioning System (GPS) to effectively and efficiently manage snow plow operations.

2. At no-charge to the approved Vendor, the City of Providence, through a third-party contractor, will install the GPS unit on each Vendor vehicle plow asset. Installation takes approximately 15 minutes. In the event that your company no longer wishes to have a snow contract with the City of Providence, the GPS unit must be returned to the City in a timely fashion. By submitting this bid, the Vendor agrees to reimburse the City for the cost of unit if it is not returned. In addition, as an alternative GPS Tracking software can be installed on the Vendor’s phone or a phone can be provided to the Vendor if needed. If a phone is provided, it must be returned at the conclusion of each storm to the Department of Public Works.

3. The City will only activate the GPS during snow events when that particular Vendor vehicle plow asset is called for service.

4. The City of Providence will consult the automated GPS log for all billing purposes.

5. Compensated time will begin only when the hired equipment is on City time. Compensatory time may be reduced due to extended time spent for

6. attachment or detachment of plowing equipment, travel, stand-by, breakdown or meals, as determined by GPS logs.

7. Hired equipment shall meet State of Rhode Island Division of Motor Vehicle and City of Providence Fleet Manager and the Superintendent of Public Safety Maintenance minimum safety standards. Safety lighting on all hired equipment must conform to public safety requirements. The City of

DEPARTMENT OF PUBLIC WORKS
700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148
www.providenceri.com
8. Providence Fleet Manager or the DPW Highway Supervisor reserves the right to refuse the use of a piece of hired equipment if in their opinion, the equipment is not able or is in an unsafe condition to complete contracted plow services. Vendors shall contact Garage Shop Supervisor, Mr. Steven Dutra at (401) 580-8360, to schedule the inspection.

   **For vendors furnishing more than two vehicles, arrangements can be made to perform the inspection at the vendor’s location.**

9. The vendor shall be in compliance with the applicable provisions of the State Workers’ Compensation Insurance. The owner agrees to accept all responsibility for any liability incurred by the rented equipment or its operators during the term of operations to which it is assigned. The owner further agrees that the City of Providence, its agents, servants, officers, and employees shall be held harmless from any and all claims and actions whatsoever that might arise from these assigned operations.

10. To ensure adequate response, all vehicles must be equipped with cellular phones that are charged and operable at all times. The City of Providence is not responsible for any vendor cell phones that may be lost or damaged during a storm. If the operator fails to respond to a phone call within 15 minutes, it will be presumed that the vehicle is no longer in service and compensated time will end.

11. Vendor contact information must be included on the Application/Certification Form.

12. It is a requirement of the Federal Government that employees who hold a Commercial Drivers License (CDL) are subject to random alcohol and controlled substance testing. This requirement is applicable to owner independents as well.

**INSTRUCTIONS FOR COMPLETING BID AND REGISTRATION APPLICATION**

1. Fill out the Application/Certification Form listing equipment that is available for hire by the City of Providence using the Codes and Rates found in Appendix B.

2. **DEPARTMENT OF PUBLIC WORKS**

   700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148  
   www.providenceri.com
3. Additional submissions during the winter season could cause delays of approvals and/or processing of payments and, consequently, such submissions should be avoided. Please sign Application/Certification Form and have signature notarized. The original Application/ Certification Form together with the completed Bidder’s Form must be filed with the Purchasing Department.

2. Attach copies of valid registrations for vehicles. Also attach a Certificate of Insurance (standard form) from your insurance company designating the City of Providence as additionally named insured. The Certificate of Insurance shall contain the following language: “The City of Providence, its agents, servants, officers, and employees as additionally named insured.” You shall show conclusive evidence of the following insurance coverage, which shall continue and be in effect for the duration of the rental season. (All Equipment must be fully insured from 10/1/2022 through 5/1/2023).

   (1) General Liability
   (2) Auto Liability, and
   (3) Workers’ Compensation, if applicable.

3. This office must be notified of any changes made involving vehicles or accessories and/or change of address.

4. NO PAYMENTS WILL BE MADE TO VENDORS NOT SUPPLYING THE NECESSARY FORMS.

REPORTING TO WORK/COMPENSATION CONDITIONS

1. When the vendor vehicle is called to start work the driver and vehicle is to report directly to the Highway Superintendent at 20 Ernest Street, Providence, RI. The driver will be issued a time card to punch in and the GPS Log will be used to track location and time of the vehicle during snow event.

2. When vehicle is notified to end work, the vendor vehicle will check-out directly with the assigned Sector Supervisor who will ensure their time card is punched out.
3. The time cards will be processed by the Administrative Assistant to the Director of Public Works to ensure timely payment based upon approved hourly rates and bonus percentage as applicable. Please call Public Works three (3) business days after a storm for your correct snow hours. Invoices issued by the vendor for payment by the city shall include an itemized breakdown showing: Storm #, vehicle used, and time on clock (#Hours/Minutes).

INVOICES WILL STILL BE NECESSARY FROM THE VENDOR AND SHALL BE SUBMITTED NO LATER THAN THIRTY (30) DAYS AFTER THE END OF EACH STORM, TO ENSURE PAYMENT. VENDOR SHALL BE PAID WITHIN 14 DAYS AFTER RECEIPT OF INVOICE. INVOICES RECEIVED AFTER THE SNOW SEASON WILL NOT BE ACCEPTED AND SHALL BE CONSIDERED NULL AND VOID.

4. If you have any questions, do not hesitate to contact the DPW Highway Superintendent at (401) 680-7558 or the Administrative Assistant to the Director at (401) 680-7512.
APPENDIX B

FILLING OUT THE APPLICATION CERTIFICATION FORM

The top line of the APPENDIX D has been filled in to give you an idea of how to fill out the Application Certification Form, using the rates in Appendix B. APPENDIX D IS A SAMPLE PAGE ONLY.

The example given would be correct if you had a 1975 Mack truck, Registration Number 91234, that was between 36,001 and 45,000 lbs. (CODE 500), that had a plow that was 11 feet or greater (CODE 040), that happened to be a power reversible plow (CODE 050), and that also had a material spreader with a capacity of at least 6 cubic yards, but less than 10 cubic yards (CODE 070). Note where these underlined items have been placed on the line on the EXAMPLE.

Once you have figured out your CLASS CODE and ACCESSORY CODES from the R-FORM, you may total the amounts found at the right on the same line as your CODES to find your HOURLY RATE.

In this example, CODE 500 ($115.00), plus CODE 040 ($13.50), plus CODE 050 ($5.75), plus CODE 070 ($28.75) equals $163.00.

Don't forget your name, address, telephone numbers, Social Security or Federal ID Number, signature, and notarization on the bottom half of the FORM.

If you need any further assistance, please call (401) 680-7512.
### APPENDIX C

**MAXIMUM HOURLY RATES FOR HIRED EQUIPMENT USED ON SNOW AND ICE CONTROL OPERATOR, FUEL AND EQUIPMENT MAINTENANCE INCLUDED IN ALL RATES**

*** HOURLY RATES & ACCESSORIES HAS INCREASED ***

<table>
<thead>
<tr>
<th>CLASS CODE</th>
<th>EQUIPMENT</th>
<th>VEHICLE REGISTRATION</th>
<th>RATE/HOUR</th>
</tr>
</thead>
<tbody>
<tr>
<td>100</td>
<td>TRUCK</td>
<td>* 5,500 to 8,500 lb.</td>
<td>$69.00</td>
</tr>
<tr>
<td>200</td>
<td>TRUCK</td>
<td>8,501 to 10,999 lb.</td>
<td>$74.75</td>
</tr>
<tr>
<td>250</td>
<td>TRUCK</td>
<td>11,000 to 16,000 lb.</td>
<td>$80.50</td>
</tr>
<tr>
<td>300</td>
<td>TRUCK</td>
<td>16,001 to 26,000 lb.</td>
<td>$92.00</td>
</tr>
<tr>
<td>400</td>
<td>TRUCK</td>
<td>26,001 to 36,000 lb.</td>
<td>$103.50</td>
</tr>
<tr>
<td>500</td>
<td>TRUCK</td>
<td>36,001 to 45,000 lb.</td>
<td>$115.00</td>
</tr>
<tr>
<td>600</td>
<td>TRUCK</td>
<td>45,001 to 59,000 lb.</td>
<td>$126.50</td>
</tr>
<tr>
<td>700</td>
<td>TRUCK</td>
<td>59,001 to OVER</td>
<td>$138.00</td>
</tr>
<tr>
<td>.800</td>
<td>FRONT END LOADER</td>
<td>2 1/2 to UNDER 4 C.Y.</td>
<td>$138.00</td>
</tr>
<tr>
<td>900</td>
<td>FRONT END LOADER</td>
<td>4 to UNDER 6 C.Y.</td>
<td>$149.50</td>
</tr>
<tr>
<td>1000</td>
<td>FRONT END LOADER</td>
<td>6 C.Y. and OVER</td>
<td>$161.00</td>
</tr>
</tbody>
</table>

* THIS SIZE VEHICLE (CODE 100) MUST HAVE ALL WHEEL DRIVE. ADD ON ACCESSORY CODE 010 ($9.80)

**ADD THE FOLLOWING AMOUNTS TO EQUIPMENT RATES FOR THESE ACCESSORIES**

<table>
<thead>
<tr>
<th>ACCESSORY CODE</th>
<th>ACCESSORY</th>
<th>ADD ON</th>
</tr>
</thead>
<tbody>
<tr>
<td>010</td>
<td>ALL WHEEL DRIVE</td>
<td>$9.80</td>
</tr>
<tr>
<td>015</td>
<td>PLOWS LESS THAN 9' 0&quot;</td>
<td>$8.00</td>
</tr>
<tr>
<td>020</td>
<td>PLOWS AT LEAST 9' 0&quot; BUT LESS THAN 10' 0&quot;</td>
<td>$9.20</td>
</tr>
<tr>
<td>030</td>
<td>PLOWS AT LEAST 10' 0&quot; BUT LESS THAN 11' 0&quot;</td>
<td>$11.50</td>
</tr>
<tr>
<td>040</td>
<td>PLOWS 11' 0&quot; OR GREATER</td>
<td>$13.50</td>
</tr>
<tr>
<td>050</td>
<td>POWER REVERSIBLE PLOW</td>
<td>$5.75</td>
</tr>
<tr>
<td>060</td>
<td>** MATERIAL SPREADER 1.0 CY TO UNDER 3.0 CY CAPACITY</td>
<td>$10.35</td>
</tr>
<tr>
<td>065</td>
<td>** MATERIAL SPREADER 3 CY. TO UNDER 6 CY. CAPACITY</td>
<td>$17.25</td>
</tr>
<tr>
<td>070</td>
<td>** MATERIAL SPREADER 6 CY. TO UNDER 10 CY. CAPACITY</td>
<td>$28.75</td>
</tr>
<tr>
<td>080</td>
<td>** MATERIAL SPREADER 10 CY. TO UNDER 14 CY. CAPACITY</td>
<td>$34.50</td>
</tr>
<tr>
<td>090</td>
<td>** MATERIAL SPREADER 14 CY. OR GREATER</td>
<td>$40.25</td>
</tr>
<tr>
<td>GSOC</td>
<td>*** GROUND SPEED ORIENTED CONTROLS (070-090 spreaders)</td>
<td>$17.25</td>
</tr>
</tbody>
</table>

---

**DEPARTMENT OF PUBLIC WORKS**
700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148
[www.providenceri.com](http://www.providenceri.com)
**MATERIAL SPREADER IS ONLY PAID IF ASKED BY THE CITY TO PUT MATERIAL DOWN FOR STORM OPERATIONS. MATERIAL IS SUPPLIED BY THE CITY OF PROVIDENCE.**
# APPLICATION CERTIFICATION FORM (SAMPLE)

<table>
<thead>
<tr>
<th>Class Code (See Appendix B)</th>
<th>Make</th>
<th>Year</th>
<th>Reg.#</th>
<th>List Accessory Codes (Appendix B)</th>
<th>Hourly Rate (See Appendix B)</th>
</tr>
</thead>
<tbody>
<tr>
<td>500</td>
<td>Mock</td>
<td>0975</td>
<td>91234</td>
<td>040 050 070</td>
<td>$163.00</td>
</tr>
</tbody>
</table>

(Read Instructions Appendix D)

In signing this application, I certify that I have read, understand, and agree to comply with any and all directives contained in the attached document.

NAME AND ADDRESS OF OWNER*

__________________________________________

__________________________________________

Telephone Numbers:

Home_____________________________________

Work_____________________________________

Cellular_________________________________

*Please supply the following:
If vehicles are owned by an Individual, SS#_____________________
If vehicles are owned by a Company, FEIN#_____________________

OWNER'S SIGNATURE:

__________________________________________

(Checks will be made payable to above)

NOTARY PUBLIC:

__________________________________________ Date________

(Notary Public acknowledges Owner's personal signature)

DEPARTMENT OF PUBLIC WORKS
700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148
www.providenceri.com
# APPENDIX E

## APPLICATION CERTIFICATION FORM

<table>
<thead>
<tr>
<th>Class Code (See Appendix B)</th>
<th>Make</th>
<th>Year</th>
<th>Reg.#</th>
<th>List Accessory Codes (Appendix B)</th>
<th>Hourly Rate (See Appendix B)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

(Read Instructions Appendix D)

In signing this application, I certify that I have read, understand, and agree to comply with any and all directives contained in the attached document.

**NAME AND ADDRESS OF OWNER***

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

**OWNER'S SIGNATURE:**

________________________________________________________________________

*(Checks will be made payable to above)*

**NOTARY PUBLIC:**

________________________________________________________________________

(Notary Public acknowledges Owner's personal signature)

**Telephone Numbers:**

Home ____________________________
Work ____________________________
Cellular ____________________________

*Please supply the following:

If vehicles are owned by an Individual, SS#__________________________
If vehicles are owned by a Company, FEIN#__________________________

---

**DEPARTMENT OF PUBLIC WORKS**
700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148
www.providenceri.com
# APPENDIX F

## BIDDER'S FORM

<table>
<thead>
<tr>
<th>Name of Company:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agrees to bid on:</td>
<td>Snow and Ice Control – Hired Equipment 2022/2023 Winter Season</td>
</tr>
<tr>
<td>Items(s) to be bid</td>
<td></td>
</tr>
<tr>
<td>Date of Award:</td>
<td></td>
</tr>
<tr>
<td>Total Amount in Writing:</td>
<td></td>
</tr>
<tr>
<td>Total Amount in Figures:</td>
<td>UNIT PRICE PER ATTACHED APPLICATION &amp; CERTIFICATION FORM</td>
</tr>
</tbody>
</table>

**Additional Bidding Details**

**Minority Participation**

<table>
<thead>
<tr>
<th>Federal ID# or Social Security #:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Signature:</td>
<td></td>
</tr>
<tr>
<td>Title of Person Signing:</td>
<td></td>
</tr>
<tr>
<td>Firm Name:</td>
<td></td>
</tr>
<tr>
<td>Address:</td>
<td></td>
</tr>
<tr>
<td>Phone #</td>
<td></td>
</tr>
<tr>
<td>Delivery Date:</td>
<td></td>
</tr>
<tr>
<td>Name of Surety Company:</td>
<td></td>
</tr>
</tbody>
</table>

Purchasing Department City Hall, Room 311, Providence, RI 02903 (401) 680-5000 ext. 5264 / 751-0203 (TDD)

**DEPARTMENT OF PUBLIC WORKS**

700 Allens Ave. Providence Rhode Island 02905 ph/401-680-5710 fax/ 401-467-3148

www.providenceri.com
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.
- USE THESE BULLETS TO OUTLINE ITEMS YOU WILL NEED VENDORS TO PRODUCE ON REQUEST IF YOU SEEK TO AWARD THIS BID TO THEM.
- EX. PROOF OF INSURANCE