



BOARD OF CONTRACT AND SUPPLY
CITY OF PROVIDENCE, RHODE ISLAND

REQUEST FOR PROPOSALS

Item Description: PROVIDENCE ANIMAL CONTROL VACCINES, MEDICATIONS AND SUPPLIES

TWO YEAR CONTRACT

Procurement/MinuteTraq #: 44523

Date to be opened: 4/22/2024

Issuing Department: Providence Police Department

QUESTIONS:

Please direct questions related to the bidding process, how to fill out forms, and how to submit a bid (Pages 1-8) to the Purchasing Department.

- Email: purchasing@providenceri.gov
 - Please use the subject line “**Solicitation 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
 - 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:
 - Name: Erika Cole
 - Title: Director Providence Animal Control
 - Email Address: ecole@providenceri.gov

Pre-bid Conference

There is no pre-bid conference

Deadline for questions submissions:

QUESTIONS ARE DUE FRIDAY APRIL 12, 2024 BY 4PM



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

INSTRUCTIONS FOR SUBMISSION

Meeting Date: 4/22/2024

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 Conference Room 305, 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 solicitation 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 solicitation. 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/ 1st page (see *page 6 of this document*)
- Bid Form 2: Certification of Bidder as 2nd page (see *page 7 of this document*)
- Bid Form 3: Certificate Regarding Public Records (see *page 8 of this document*)
- Bid Form 4: Affidavit of City Vendor (see *pages 9 and 10 of this document*)
- Forms from the Minority and Women Business Enterprise Program: Based on Bidder Category. See *forms and instructions enclosed (pages 11-112) 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
CITY OF PROVIDENCE, RHODE ISLAND

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.)



**BOARD OF CONTRACT AND SUPPLY
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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. Any person signing a bid bond as an attorney-in-fact shall include with the bid bond an original, or a photocopy or facsimile of an original, power of attorney.
 - 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 **nighty (90) 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



**BOARD OF CONTRACT AND SUPPLY
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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



**BOARD OF CONTRACT AND SUPPLY
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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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BID FORM 4: Affidavit of City Vendor

Per our Code of Ordinances [Sec. 21.-28.1 \(e\)](#), this form applies to a) the business, b) any political action committee whose name includes the name of the business, c) all persons holding ten (10) percent or greater equity interest or five thousand dollars (\$5,000.00) or greater cash value interest in the business at any time during the reporting period, d) all executive officers of the business entity, e) any spouse or dependent child of any individual identified in a) though d) above.

Executive officers who are not residents of the state of Rhode Island are exempted from this requirement.

Per [R.I.G.L. § 36-14-2](#), "Business" means a sole proprietorship, partnership, firm, corporation, holding company, joint stock company, receivership, trust, or any other entity recognized in law through which business for profit or not for profit is conducted.

Name of the person making this affidavit: _____

Position in the "Business" _____

Name of Entity _____

Address: _____

Phone number: _____

The number of persons or entities in your entity that are required to report under [Sec. 21.-28.1 \(e\)](#): _____

Read the following paragraph and answer one of the options:

Within the 12 month period preceding the date of this bid submission with the City of Providence, or with respect to the contracts that are not in writing within the 12 month period preceding the date of notification that the contract has reached the \$100,000 threshold, have you made campaign contributions within a calendar year to (please list all persons or entities required under [Sec. 21.-28.1 \(e\)](#)).

a. Members of the Providence City Council? Yes No

- If Yes, please complete the following:

Recipient(s) of the Contribution:

Contribution Date(s):

Contribution Amount(s):

b. Candidates for election or reelection to the Providence City Council? Yes No

- If Yes, please complete the following:

Recipient(s) of the Contribution:

Contribution Date(s):

Contribution Amount(s):



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c. The Mayor of Providence? Yes No

- If Yes, please complete the following:

Recipient(s) of the Contribution:

Contribution Date(s):

Contribution Amount(s):

d. Candidates for election or reelection to the office of Mayor of Providence? Yes No

- If Yes, please complete the following:

Recipient(s) of the Contribution:

Contribution Date(s):

Contribution Amount(s):

Signed under the pains and penalties of perjury.

Position



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MBE/WBE Participation Plan

Please complete separate forms for each MBE/WBE subcontractor/supplier to be utilized on the solicitation.

Bidder's Name:			
Bidder's Address:			
Point of Contact:			
Telephone:			
Email:			
Procurement #:			
Project Name:			
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? (Check all that apply).	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> Neither MBE nor WBE
<p>This form is intended to capture commitments between the prime contractor/vendor and MBE/WBE subcontractors and suppliers, including a description of the work to be performed and the percentage of the work as submitted to the prime contractor/vendor. Please note that all MBE/WBE subcontractors/suppliers must be certified by the Office of Diversity, Equity and Opportunity at the time of bid. The MBE/WBE Directory can be found here. Please visit, the City's MBE/WBE page for details of the program (e.g. instructions and requirements).</p> <ul style="list-style-type: none"> Nonprofit organizations are not required to complete the rest of this form. Construction projects unable to identify subcontractors prior to bid submission (e.g. Design Build) are required to provide updates to the MBE/WBE Outreach Office 			
Name of Subcontractor/Supplier:			
Type of RI Certification:	<input type="checkbox"/> MBE	<input type="checkbox"/> WBE	<input type="checkbox"/> Neither
Address:			
Point of Contact:			
Telephone:			
Email:			
Detailed Description of Work to Be Performed by Subcontractor or Materials to be Supplied by Supplier Per the Scope of Work provided in the RFP			
Total Contract Value (\$):		Subcontract Value (\$):	Participation Rate (%):
Anticipated Date of Performance:			
I certify under penalty of perjury that the forgoing statements are true and correct.			
Prime Contractor/Vendor Signature	Title		Date
Subcontractor/Supplier Signature	Title		Date

***If you did not meet the 20% MBE/WBE combined participation goal, submit a Waiver Request Form.**



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MBE/WBE Waiver Request Form

**Fill out this form only if you 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 gdiaz@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. **In case a waiver is needed, City Department Directors should not recommend a bidder for an award if this form is not included, absent or is not signed by the city of Providence MBE/WBE director.**

Prime Bidder: _____ Contact Email and Phone _____
Company Name, Address: _____ Trade _____
Project /Item Description (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.

MBE/WBE Company Name	Individual's Name	Company Name	Why did you choose not to work with this company?

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 /
or Duly Authorized Representative

Printed Name

Date Signed

Signature of City of Providence
MBE/WBE Outreach Director /
or Duly Authorized Representative

Printed Name of City of Providence
MBE/WBE Outreach Director

Date Signed



**BOARD OF CONTRACT AND SUPPLY
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BID PACKAGE SPECIFICATIONS

Overview

Scope of Work

PROVIDENCE ANIMAL CONTROL VACCINES, MEDICATIONS AND SUPPLIES Two Year Contract

Proposed Schedule

4/22/2024

Evaluation Criteria

PROVIDENCE ANIMAL CONTROL
VACCINES, MEDICATIONS AND SUPPLIES

SPECIFICATIONS

General Information

The Providence Police Department, Animal Control Division, is requesting sealed bids for the purchase of vaccines and medications and various medical supplies, for a two-year period beginning on July 1, 2024.

The Providence Animal Control shelter home to cats, dogs, and various other animals, each requiring different medical care. These vaccines and medications are a necessity and are administered to shelter animals by staff and the shelter's contracted non-emergency veterinarian.

The quantities listed in the bid specifications and on the bid form are estimates only; however, these quantities will be used to make the award(s). The Department reserves the right to adjust the quantities up or down and to purchase more than the estimated quantities for the same price at a later date.

Items bid must include all shipping and handling (FOB Destination) to the following address:

Providence Animal Control
200 Terminal Road
Providence, RI 02905

Specifications

The Providence Animal Control uses various drugs, syringes, needles and related supplies in the day to day operation of the shelter. The shelter has employed a licensed veterinarian to administer the various drugs to the animals within the shelter. The shelter is located at 200 Terminal Road, Providence, Rhode Island. This bid is to establish a firm fixed discount for medicines and non-medicine supplies as specified from the date of award through June 30, 2026.

The Providence Animal Control may elect to receive the items in one delivery or may place orders on an as needed basis. Discounts shall be firm for a period of 12 months. If prices listed on the bid sheet change at any time during the bid period, the City must be notified with a copy of the manufacturer's price change notification. The City reserves the right to obtain a full manufacturer's price list at any time during the agreement period.

All items must be as specified or equal. Any substitution or deviation from the specifications must be clearly stated and fully described.

Quantities listed on the bid form are estimates only. The Providence Animal Control will purchase amounts as needed.

Certain items contained on the bid form will require a drug number. That number will be provided at the time of order and required drug use forms will be completed as needed.

Contract Period

The contract period shall be July 1, 2023, through June 30, 2024. Pricing may be increased or decreased throughout this period if the increase is due to a manufacturer's pricing change and documentation is provided to support the pricing change.

Bid Submittal

All bid discounts must be firm for the contract period. Bids must include all handling and shipping costs, FOB Destination.

Bidders may bid on all or some of the items.

Bidders must include a catalog with their bid if their pricing is based off a catalog. Any price increases or decreases must be supported by the manufacturer's notification to the vendor. Discounts must stay constant for the contract period.

Bidders should also provide specifications and literature if bidding an equivalent product.

Bid Evaluation and Award

Bids will be awarded to the lowest and best bid meeting the needs of the department. Bids may be awarded to multiple bidders.

List price less percentage discount equals net price to the City. Bidders must indicate list price, percent discount, and net price on an item-by-item basis for all items you are bidding on. All prices are to be bid FOB Destination, Providence, RI.

Category: Tablets and Capsules

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NET PRICE
1.	1 Bottle	Amoxicillin/Clavulanate Potassium - (Generic) 62.5mg Tablets (100ct)			
2.	1 Bottle	Amoxicillin caps 250 mg (500ct)			
3.	1 Bottle	Amoxicillin caps 500 mg (500ct)			
4.	1 Bottle	Cephalexin 250mg (500ct)			
5.	1 Bottle	Cephalexin 500mg (500ct)			
6.	1 Bottle	Clindamycin 150mg, List quantities:			
7.	1 Bottle	Doxycycline 100mg caps, List quantities:			
8.	1 Box	Doxycycline Hyclate, 20 mg Tablets (100ct)			
9.	1 Box	Gabapentin Capsules, 100 mg, 1/box			
10.	1 Bottle	Ketoconazole 200mg (100ct)			
11.	1 Bottle	Metronidazole Tabs 250mg (250ct)			
12.	1 Bottle	Mirtazapine 15 mg (30ct)			
13.	1 Bottle	Ondansetron 8 mg (30ct)			
14.	1 Bottle	Prednisone 10 mg (100ct)			
15.	1 Bottle	Rimadyl (or generic) 100mg (30 ct)			
16.	1 Bottle	Rimadyl (or generic) 25mg (30ct)			
17.	1 Bottle	Terbinafine 250 mg (100ct)			
18.	1 Box	Credelio (lotilaner) 25.1-50 lbs (green)			
19.	1 Bottle	Trazedone (100 mg)			

Category: Liquid Orals and Powders

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NET PRICE
20.	1 Bottle	Amoxicillin oral powder 200mg/5ml (50ml)			
21.	1 Bottle	Amoxicillin/Clavulanate Potassium - (Generic) 200mg/28.5mg/ml (50 ml)			
22.	1 Bottle	Horse and Cattle Dewormer Suspension, febendazole 10% 1000 ml, 6/case			
23.	1 Box	Marquis (15% ponazuril) - 4 tubes/box			
24.	1 Bottle	Meloxicam Oral Solution (1.5 mg/ml)			
25.	1 Bottle	Panacur Syp. (1000 ml)			
26.	1 Bottle	Strongid T or equal item (quart size)			
27.	1 Syringe	Pro-Pectalin Paste, 30 ml			

Category 3 Injectables

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NET PRICE
28.	1 Bottle	Acepromazine (10mg/ml (50ml)			
29.	1 Each	Antisedan (10ml)			
30.	1 Bottle	Atropine (100 ml)			
31.	1 Bottle	Baytril LA 100mg/ml			
32.	1 Bottle	Butorphanol (generic) 10mg/ml (50ml)			
33.	1 Bottle	Cerenia 10mg/ml			
34.	1 Bottle	Canine Distemper Vaccine, modified live virus, 25 x 1 ml, 10/case			
35.	1 Vial	Cerenia 20 ml injectable solution			
36.	1 Each	Dexdomitor (generic) (10ml)			
37.	1 Bottle	Diazepam 5mg/ml (5ml)			
38.	1 Box	Diphenhydramine 50mg/ml 1ml vials			
39.	1 Bottle	Epinephrine 1:1000 (30ml)			

Category 3 Continued

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NETPRICE
40.	1 Bottle	Fatal Plus (pentobarbital) 250ml			
41.	1 Bottle	Feline Distemper Vaccine, modified live virus, 25 x 1 ml, 10/case			
42.	1 Bottle	Heparin 1000 units (10 ml)			
43.	1 Bottle	Ivermectin 1% (50ml)			
44.	1 Each	Ketofen (100cc)			
45.	1 Bag	Lactated ringers 1000 ml bag			
46.	1 Bag	Lactated ringers 500 ml bag			
47.	1 Bottle	Lidocaine 2% (100cc)			
48.	1 Bottle	Naloxone			
49.	1 Bottle	Pen G 300,000 units/ml (100ml)			
50.	1 Bottle	Praziquantel 56.8 mg/ml (50 ml)			
51.	1 Bottle	Rabies Vaccine, Killed Virus, 50 x 1 ml, 1/box			
52.	1 Bottle	Sterile Water Inj. (100 ml)			
53.	1 Bottle	Xvlazine 100 mg/ml (50ml)			
54.	1 Bottle	Hydromorphone injectable - List sizes:			
55.	1 Bottle	Meloxicam injectable - List sizes:			
56.	1 Bottle	Carprofen injectable - List sizes:			
57.	1 Bottle	Midazolam injectable - List sizes:			
58.	1 Bottle	Telazol injectable - List sizes:			
59.	1 Bottle	Buprenorphine injectable - List sizes:			
60.	1 Bottle	Ketamine HCL injectable - List sizes:			
61.	1 Tray	Vanguard Plus 5 L4 (25 dose/tray)			
62.	1 Tray	Vanguard Rapid Resp 3 (25 dose/tray)			

Category 3 Continued

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NET PRICE
63.	1 Tray	Defensor 1 (50 dose/tray)			
64.	1 Trav	Felocell 3 RCP (25 dose/trav)			
65.	1 Tray	Felocell 4 RCP-CH (25 dose/tray)			
66.	1 Vial	Convenia 10 ml injectable, 80 mg powder			
67.	1 Pkg	Diroban-1 DFC 25 mg/ml 50 mg x 2 ml vial, 5 pack			

Category 4: Ophthalmics, Optics, Topicals, Shampoo

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NET PRICE
68.	1 Tube	BNP (triple antibiotic) Opth 3.5g			
69.	1 Tube	Clotrimazole ointment (list sizes)			
70.	1 Bottle	Ear cleaner (list sizes)			
71.	1 Tube	Eye Lubricant Ointment			
72.	1 Bottle	Eye Wash-(list sizes)			
73.	1 Sleeve	Interceptor Plus, 2-8 lbs, 6 pack			
74.	1 Sleeve	Interceptor Plus, 8-25 lbs, 6 pack			
75.	1 Sleeve	Interceptor Plus, 25-50 lbs, 6 pack			
76.	1 Pkg	Fluralaner for dogs, 44 to 88 lbs			
77.	1 Sleeve	Interceptor Plus, 50-100 lbs, 6 pack			
78.	1 Gallon	Lime Sulfur Dip			
79.	1 Bottle	Otomax Ointment or generic 215g			
80.	1 Sleeve	Revolution for dogs, 85-130 lbs (plum)			
81.	1 Sleeve	Selamectin for dogs, 85-130 lbs			
82.	1 Pkg	Selamectin for cats, 5.1 to 15 lbs			

Category 4 Continued

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NETPRICE
83.	1 Bottle	Sodium Chloride for irrigation (250 ml)			
84.	1 Gallon	Universal Medicated Shampoo			
85.	1 6-Pack	Vectra 3D Dog 95lb+			
86.	1 Tube	Vetropolycin HC			
87.	1 Tube	Vetropolycin (No HC)			
88.	1 Bottle	Gentamicin ophthalmic			
89.	1 Pkg	Terramycin Ophthalmic Oil (10 pack)			

Category 5 Inhalants

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NETPRICE
90.	1 Bottle	Isoflurane (250cc bottle)			

Category 6: Non-Medicine Supplies

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NETPRICE
91.	1 Box	Elastic Tape 2" x 2.5 yards, 12/case			
92.	1 Pkg	Microscope covers 22 x 22m #2; Thickness - 1 oz			
93.	1 Box	Cotton tip applicators 6" - packets 100, 10 pkt/box			
94.	1 Pkg	Wood applicator sticks			
95.	1 Sleeve	Gauze Sponges 4 x 4 - 100s			
96.	12 Rolls	Standard Porous Tape 1" x 360"			
97.	1 Box	Surgical blades #10, 100/box			
98.	1 Box	Surgical blades #15, 100/box			
99.	1 Box	Powder Latex gloves - 100s: Small, Medium, Large			
100.	1 Gallon	Chlorhexidene Scrub			

Category 6: Continued

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NET PRICE
101.	1 Roll	Autoclave Tape ½"			
102.	1 Bag	Cast Padding 2"			
103.	1 Bag	Cast Padding 4"			
104.	1 Bag	Stretch Gauze 2"			
105.	1 Bag	Stretch Gauze 4"			
106.	1 Roll	Sterilization Tubing 3"			
107.	1 Roll	Sterilization Tubing 4"			
108.	1 Box	Centrifuge Tubes disposable 15cc 100/box			
109.	1 Box	Nitrile Powder free gloves; Small & Medium 100/box			
110.	1 Gallon	Topi-Zyme or equal instrument cleaner (concentrate)			
111.	1 Gallon	Instrument Milk/lubricant			
112.	1 Each	Accel 1 Gallon			
113.	1 Each	Anesthesia bags 0.5L Don't need these			
114.	1 Each	Anesthesia bags 1.0L			
115.	1 Each	Anesthesia bags 2.0L			
116.	1 Each	Anesthesia bags 3.0L			
117.	1 Each	Anesthesia bags 5.0L			
118.	1 Gallon	Clippicide or equal clipper Blade cleaner/lube/disinfectant			
119.	1 Box	Rabies Tags, 200/box, circular, engraved			
120.	1 Box	Dermatophyte Mini Plates (Not lidded jars) – List quantity per box: _____			
121.	1 Box	Glass Slides (non-frosted)			
122.	1 Box	Microscope slides (frosted) (20ct)			
123.	1 Each	Sharps Container 5qt			

Category 6 Continued

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NETPRICE
124.	1 Each	Sharps Container 8qt			
125.	1 Box	Disposable tie-on surgery masks 50/Box			
126.	1 Set	Dip Quick Stain (set of 3)			
127.	1 Box	Size 6.5 Surgical Gloves			
128.	1 Box	Size 7.5 Surgical Gloves			
129.	1 Box	Size 6 Surgical Gloves			
130.	1 Box	Size 7 Surgical Gloves			
131.		Sodasorb - List Sizes Available:			
132.	1 Each	Tissue adhesive			
133.	1 Each	Clean Air or F-Air or generic canisters			
134.	1 Each	Suture Cassettes - 3-0, 2-0, 0Vicryl or equal generic suture			
135.	1 Each	Suture Cassettes - 3-0, 2-0, 0 PDS or equal suture			
136.	1 Each	Suture Cassettes - 3-0, 2-0, 0 Ethilon or equal suture			
137.	1 Each	Cloth Instrument Drapes Non-fenestrated, 30"x30"			
138.	1 Each	Cloth 4-Quarter Drapes, 16"x16"			
139.	1 Each	Red Rubber Catheters, 3.5ft			
140.	1 Each	Red Rubber Catheters, 5ft			
141.	1 Each	Red Rubber Catheters, 8ft			
142.	1 Each	Red Rubber Catheters, 10ft			
143.	1 Pack	3/8 circle cutting edge surgical needles; Size 14; 6 pack			
144.	1 Pack	3/8 circle cutting edge surgical eye needles; 6 pack			
145.	1 Box	Needle/syringe 22 x 3/4" - 3 cc luer lock; 100/box			
146.	1 Box	Tuberculin syringe/needle, 1 cc, 25 gauge (25g x 5/8") - 100s			

Category 6: Continued

IT E M #	EST. QT Y	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NET PRICE
147.	1 Box	Syringes, 12 cc, luer lock 50/box			
148.	1 Box	Syringes only - 6 cc - 50s			
149.	1 Box	Oral Syringes - 3 cc - 100s			
150.	1 Box	Oral Syringes - 1 cc - 100s			
151.	1 Box	Needles only, 24 x 5/8" - 100s			
152.	1 Box	Needles only, 22 x 1 - 100s			
153.	1 Box	Needles only, 20 x 1 - 100s			
154.	1 Box	Needles only, 20 x 1/2 - 100s			
155.	1 Each	2" vet wrap multi-color pack			
156.	1 Each	E - Collars, List sizes:			
157.	1 Box	6" Silver Nitrate Applicators			
158.	1 Each	KMR powder 12oz			
159.	1 Each	KMR powder 28oz			
160.	1 Each	Esbilac powder 12oz			
161.	1 Each	Esbilac powder 28oz			
162.	1 Each	Clinicare			
163.	1 Each	Drip sets (15 drops/ml)			
164.	1 Each	IV catheters 24g			
165.	1 Each	IV catheters 22g			
166.	1 Each	IV catheters 20g			
167.	1 Box	Feline Forti Flora			

Category 6: Continued

ITEM #	EST. QTY	ITEM DESCRIPTION	LIST PRICE	PERCENT DISCOUNT	NETPRICE
168.	1 Box	Disposable gowns for isolation, List quantities :			
169.		Level 4 Disposable Isolation Gown - Open Back Waist Ties, List quantities:			
170.		30cc sterile glass bottles with injection ports, List quantities:			
171.	1 Box	Fluorescence stain strips			
172.	1 Gallon	Hand Sanitizer			
173.	1 Gallon	Anti-Bacterial Hand Soap			
174.	Discount for other items	\$10,000 value of other items purchased not listed, less discount			

Delivery time required from receipt of order _____ days.

Do you require a minimum order? Yes _____ No _____ If so, state requirement _____

Are the products bid manufactured, produced, or assembled in the United States? Yes _No_

Discount for prompt payment on invoices only _____ % _____ days. Discount will not be evaluated on bid.

I/We the undersigned do hereby certify that the information presented in this bid is true and accurate and agree to provide the specified products and services at the price and time stated if awarded the bid.

*****References: Please provide us with three (3) references from other municipalities you have done business with*****

NAME OF COMPANY _____

AGENT AND TITLE _____

ADDRESS _____

TELEPHONE ___ DATE _____

E-MAIL _____

SIGNATURE OF BIDDER _____

Form of Business: Corporation Sole Proprietorship Partnership Corporation Limited Liability Corporation



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

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.
- Proof of Insurance.
- Certificate of Good Standing with the Rhode Island Secretary of State.
- **USE THESE BULLETS TO OUTLINE ITEMS YOU WILL NEED VENDORS TO PRODUCE ON REQUEST IF YOU SEEK TO AWARD THIS BID TO THEM.**



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

CITY OF PROVIDENCE STANDARD TERMS & CONDITIONS

1. The terms “you” and “your” contained herein refer to the person or entity that is a party to the agreement with the City of Providence (“the City”) and to such person’s or entity’s employees, officers, and agents.
2. The Request For Proposals (“RFP”) and these Standard Terms and Conditions together constitute the entire agreement of the parties (“the Agreement”) with regard to any and all matters. By your submission of a bid proposal or response to the City’s RFP, you accept these Standard Terms & Conditions and agree that they supersede any conflicting provisions provided by bid or in any terms and conditions contained or linked within a bid and/or response. Changes in the terms and conditions of the Agreement, or the scope of work thereunder, may only be made by a writing signed by the parties.
3. You are an independent contractor and in no way does this Agreement render you an employee or agent of the City or entitle you to fringe benefits, workers’ compensation, pension obligations, retirement or any other employment benefits. The City shall not deduct federal or state income taxes, social security or Medicare withholdings, or any other taxes required to be deducted by an employer, and this is your responsibility to yourself and your employees and agents.
4. You shall not assign your rights and obligations under this Agreement without the prior written consent of the City. Any assignment without prior written consent of the City shall be voidable at the election of the City. The City retains the right to refuse any and all assignments in the City’s sole and absolute discretion.
5. Invoices submitted to the City shall be payable sixty (60) days from the time of receipt by the City. Invoices shall include support documentation necessary to evidence completion of the work being invoiced. The City may request any other reasonable documentation in support of an invoice. The time for payment shall not commence, and invoices shall not be processed for payment, until you provide reasonably sufficient support documentation. In no circumstances shall the City be obligated to pay or shall you be entitled to receive interest on any overdue invoice or payment. In no circumstances shall the City be obligated to pay any costs associated with your collection of an outstanding invoice.
6. For contracts involving construction, alteration, and/or repair work, the provisions of applicable state labor law concerning payment of prevailing wage rates (R.I. Gen. Laws §§ 37-13-1 et seq., as amended) and the City’s First Source Ordinance (Providence Code of Ordinances §§ 21-91 et seq., as amended) apply.
7. With regard to any issues, claims, or controversies that may arise under this Agreement, the City shall not be required to submit to dispute resolution or mandatory/binding arbitration. Nothing prevents the parties from mutually agreeing to settle any disputes using mediation or non-binding arbitration.
8. To the fullest extent permitted by law, you shall indemnify, defend, and hold harmless the City, its employees, officers, agents, and assigns from and against any and all claims, damages, losses, allegations, demands, actions, causes of action, suits, obligations, fines, penalties, judgments, liabilities, costs and expenses, including but not limited to attorneys’ fees, of any nature whatsoever arising out of, in connection with, or resulting from the performance of the work provided in the Agreement.
9. You shall maintain throughout the term of this Agreement the insurance coverage that is required by the RFP or, if none is required in the RFP, insurance coverage that is considered in your industry to be commercially reasonable, and you agree to name the City as an additional insured on your general liability policy and on any umbrella policy you carry.
10. The City shall not subject itself to any contractual limitations on liability. The City shall have the time permitted within the applicable statute of limitations, and no less, to bring or assert any and all causes of action, suits, claims or demands the City may have arising out of, in connection with, or resulting from the performance of the work provided in the Agreement, and in no event does the City agree to limit your liability to the price of the Agreement or any other monetary limit.
11. The City may terminate this Agreement upon five (5) days’ written notice to you if you fail to observe any of the terms and conditions of this Agreement, or if the City believes your ability to perform the



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

terms and conditions of this Agreement has been materially impaired in any way, including but in no way limited to loss of insurance coverage, lapsing of a surety bond, if required, declaration of bankruptcy, or appointment of a receiver. In the event of termination by the City, you shall be entitled to just and equitable compensation for any satisfactory work completed and expenses incurred up to the date of termination.

12. Written notice hereunder shall be deemed to have been duly served if delivered in person to the individual or member of the firm or entity or to an officer of the entity for whom it was intended, or if delivered at or sent by registered or certified mail to the last business address known by the party providing notice.
13. In no event shall the Agreement automatically renew or be extended without a writing signed by the parties.
14. You agree that products produced or resulting from the performance of the Agreement are the sole property of the City and may not be used by you without the express written permission of the City.
15. For any Agreement involving the sharing or exchange of data involving potentially confidential and/or personal information, you shall comply with any and all state and/or federal laws or regulations applicable to confidential and/or personal information you receive from the City, including but not limited to the Rhode Island Identity Theft Protection Act, R.I. Gen. Laws § 11-49.3-1, during the term of the Agreement. You shall implement and maintain appropriate physical, technical, and administrative security measures for the protection of, and to prevent access to, use, or disclosure of, confidential and/or personal information. In the event of a breach of such information, you shall notify the City of such breach immediately, but in no event later than twenty-four (24) hours after discovery of such breach.
16. The Agreement is governed by the laws of the State of Rhode Island. You expressly submit yourself to and agree that any and all actions arising out of, in connection with, or resulting from the performance of the Agreement or relationship between the parties shall occur solely in the venue and jurisdiction of the State of Rhode Island or the federal court located in Rhode Island.
17. The failure of the City to require performance of any provision shall not affect the City's right to require performance at any time thereafter, nor shall a waiver of any breach or default of this Agreement constitute a waiver of any subsequent breach or default or a waiver of the provision itself.
18. If any term or provision of this Agreement, or the application thereof to any person or circumstance shall, in any extent, be invalid or unenforceable, the remainder of this Agreement shall not be affected thereby, and each term and provision shall be valid and enforceable to the fullest extent permitted by law.