Additional Information Regarding Vendors Performing Work in Replacement of State Employees

This document contains copies of purchase order contracts obtained by OMB by which a nongovernmental person or entity agrees with any department, commission, board, council, agency, or public corporation to provide services, valued at one hundred fifty thousand dollars (\$150,000) or more, which are substantially similar to and in replacement of work normally performed by an employee of the department, commission, board, council, agency or public corporation. For additional supporting contract documents, you may submit a public records request to the Department of Administration in accordance with the Rhode Island Access to Public Records Act ("APRA"), R.I. Gen. Laws § 38-2-1 et seq. APRA forms, procedures and other information for the Department of Administration are available at http://www.admin.ri.gov/publicrecords/index.php.

Fiscal Year: FY21

Agency: Corrections, Department Of

Vendor Name: GLEASON MEDICAL SERVICES INC

Total Amount Paid to Vendor for Services: \$230,469.27

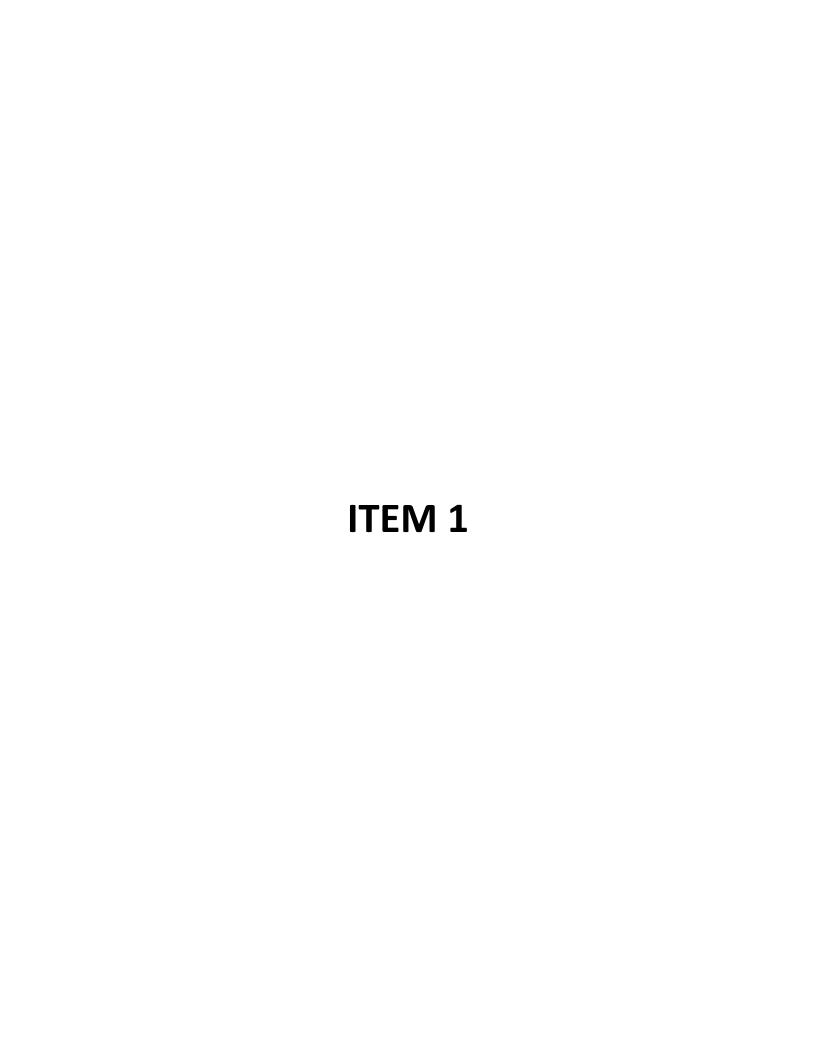
Summary of Services Rendered to Agency:

Identifying Code		Service Type	Description Amount		Notes
РО	3424524	Clerical Services		\$ 49,932.80	
PO	3424524	Nursing/Convalescent Care And/Or		\$ 180,536.47	
		Treatment			

Note: Some of the above payments may have been made under the terms of a master price agreement (MPA). MPAs are solicited as requests for proposals or requests for quotes and may have cap limits for pricing and cap limits for project cost. MPAs provide agencies with access to qualified vendors, expedited process, and opportunities for mini-bids. Such purchases are made directly under the MPA and do not require a separate and unique contract. All MPAs are public and can be viewed at http://www.purchasing.ri.gov/MPA/MPASearch.aspx.

Contents:

Item Number Document ID		Description	Notes	
	Item 1	PO 3424524	Purchase Order contract	





State Of Rhode Island **Department of Administration Division of Purchases One Capitol Hill Providence, RI 02908-5860**

\mathbf{V}	
\mathbf{E}	GLEASON MEDICAL SERVICES INC
N	1145 RESERVOIR AVE STE 112
D	CRANSTON, RI 02920-6000
О	United States
R	

	<u> </u>
S	DOC REHABILITATIVE SERVICES
H	40 HOWARD AVE
I	CRANSTON, RI 02920
P	United States
Т	
1	
0	
9	

Purchase Order Number	3424524-11
Revision Number	9
Reference Contract Number	
PO Date	07-AUG-2020
Approved PO Date	05-MAR-2021
Buyer	Autocreate, *
	-

Type of Requisition	
Requisition Number	1669869
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	861
Requester Name	Higham, Nancy L
Work Telephone	401-462-5164
Payment Terms Vendor Number Requester Name	NET 30 861 Higham, Nancy L

This Purchase Order is issued pursuant to and in accordance with the terms and conditions of the solicitation and applicable federal, state, and local law, including the State of Rhode Island's General Conditions of Purchase which are incorporated herein by reference contain specific contract terms applicable to this Purchase Order. See: https://rules.sos.ri.gov/regulations/part/220-30-00-13

This agreement CANCELED on 29-SEP-2021

TO PO #3424524 DATED 8/11/2021 - AGBNCY DOCUMENT ID NUMBER DOCNLH081121

INCREASE CONTROL VALUE:

ORIGINAL CONTRACT VALUE: \$600,000.00 DECREASE AMENDMENT #1: (150,000.00) REVISED CONTROL VALUE: \$450,000.00 INCREASE AMENDMENT #2: \$30,000.00 REVISED CONTROL VALUE: \$480,000.00 INCREASE AMENDMENT #3: \$50,000.00 REVISED CONTROL VALUE: \$530,000.00 INCREASE AMENDMENT #4: \$165,000.00 REVISED CONTROL VALUE: \$695,000.00 INCREASE AMENDMENT #5: \$80,000.00 REVISED CONTROL VALUE: \$775,000.00 INCREASE AMENDMENT #6: \$80,000.00 REVISED CONTROL VALUE: \$855,000.00

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:

Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at:

http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperl ess%20Invoicing%20Initiative 09-01-2020.pdf

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:

ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at:

https://www.ridop.ri.gov/osp/osp-vendor-registration.php

STATE PURCHASING AGENT

INCREASE AMENDMENT #7: \$80,000.00 REVISED CONTROL VALUE: \$935,000.00 INCREASE AMENDMENT #8: \$50,000.00 REVISED CONTROL VALUE: \$985,000.00 INCREASE AMENDMENT #9: \$50,000.00 REVISED CONTROL VALUE: \$1,035,000.00 INCREASE AMENDMENT #10: \$50,000.00 REVISED CONTROL VALUE: \$1,085,000.00 INCREASE AMENDMENT #11: \$38,324.00 REVISED CONTROL VALUE: \$1,123,324.00 INCREASE AMENDMENT #12: \$54,000.00 REVISED CONTROL VALUE: \$1,177,324.00 INCREASE AMENDMENT #13: \$100,000.00 REVISED CONTROL VALUE: \$1,277,324.00 INCREASE AMENDMENT #14: \$12,774.00 REVISED CONTROL VALUE: \$1,290,098.00 INCREASE AMENDMENT #15: \$19,163.00 REVISED CONTROL VALUE: \$1,309,261.00

INCREASE FOR ADDITIONAL SERVICES TO BE PROVIDED AS INDICATED ON THE ATTACHED AMENDMENT DATED 8/6/2021.

THE STATE OF RHODE ISLAND'S GENERAL CONDITIONS OF PURCHASE. https://rules.sos.ri.gov/regulations/part/220-30-00-13

AGENCY CONTACT: NANCY HIGHAM 401-462-5164

Reference Documents: 3424524 8-11-21.pdf

PO DESCRIPTION: APA-11088 3/15/2020 - 6/30/2020 COVID-19 RATES FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE

Line	Code	Description	Quantity	Unit	Unit Price	Amount
					(USD)	(USD)
40		APA-11088 3/15/2020 - 6/30/2020 COVID-19	10000	TOTAL	1	10,000.00
		RATES FOR REGISTERED NURSE OR				
		LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2				
		TIMES THE SHIFT'S HOURLY RATE				
		SHOWS COVID-19 RATES ENDED AS OF 6/30				
THR	U 12/31/20 - WIL	L REQUEST A LINE ITEM TO BE CREATED	TO REFLEC	T THE EX	KTENDED D	PATE)
41		APA-11088 7/1/2020 - 12/31/2020-	500	TOTAL	28.8	4,932.00
		CERTIFIED NURSING ASSISTANT (7A -				

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:

Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at:

http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperless%20Invoicing%20Initiative 09-01-2020.pdf

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:

ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at :

https://www.ridop.ri.gov/osp/osp-vendor-registration.php



Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
		7P, NO MORE THAN 84 HOURS/WEEK)				

AGENCY CONTACT: DR. PAULINE MARCUSSEN (401-462-3880), HEALTHCARE SERVICES

PERIOD THIS RELEASE: 7/1/20-12/31/20

Total: 160,881.00 (USD)

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:

Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at :

 $http://controller.admin.ri.gov/documents/Communications/Vendor\%20Information/Paperless\%20Invoicing\%20Initiative_09-01-2020.pdf$

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:

ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at :

https://www.ridop.ri.gov/osp/osp-vendor-registration.php

STATE PURCHASING AGENT



State Of Rhode Island
Department of Administration
Division of Purchases
One Capitol Hill
Providence, RI 02908-5860

\mathbf{V}	
E	GLEASON MEDICAL SERVICES INC
N	1145 RESERVOIR AVE STE 112
D	CRANSTON, RI 02920-6000
O	United States
R	

S H I P	DOC REHABILITATIVE SERVICES 40 HOWARD AVE CRANSTON, RI 02920 United States
T O	

Purchase Order Number	3424524-12
Revision Number	4
Reference Contract Number	
PO Date	13-NOV-2020
Approved PO Date	16-JUN-2021
Buyer	Autocreate, *
	-

Type of Requisition	
Requisition Number	1684224
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	861
Requester Name	Higham, Nancy L
Work Telephone	401-462-5164

This Purchase Order is issued pursuant to and in accordance with the terms and conditions of the solicitation and applicable federal, state, and local law, including the State of Rhode Island's General Conditions of Purchase which are incorporated herein by reference contain specific contract terms applicable to this Purchase Order. See: https://rules.sos.ri.gov/regulations/part/220-30-00-13

This agreement CANCELED on 29-SEP-2021

<u>- CHÁNGE TO PO #3424524 DATED 8/11/2021 - AGE</u>NCY DOCUMENT ID NUMBER DOCNLH081121

INCREASE CONTROL VALUE:

ORIGINAL CONTRACT VALUE: \$600,000.00 DECREASE AMENDMENT #1: (150,000.00) REVISED CONTROL VALUE: \$450,000.00 INCREASE AMENDMENT #2: \$30,000.00 REVISED CONTROL VALUE: \$480,000.00 INCREASE AMENDMENT #3: \$50,000.00 REVISED CONTROL VALUE: \$530,000.00 INCREASE AMENDMENT #4: \$165,000.00 REVISED CONTROL VALUE: \$695,000.00 INCREASE AMENDMENT #5: \$80,000.00 INCREASE AMENDMENT #5: \$80,000.00 REVISED CONTROL VALUE: \$775,000.00 INCREASE AMENDMENT #6: \$80,000.00 REVISED CONTROL VALUE: \$855,000.00

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:

Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at:

http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperless%20Invoicing%20Initiative 09-01-2020.pdf

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:

ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at :

https://www.ridop.ri.gov/osp/osp-vendor-registration.php

STATE PURCHASING AGENT

INCREASE AMENDMENT #7: \$80,000.00 REVISED CONTROL VALUE: \$935,000.00 INCREASE AMENDMENT #8: \$50,000.00 REVISED CONTROL VALUE: \$985,000.00 INCREASE AMENDMENT #9: \$50,000.00 REVISED CONTROL VALUE: \$1,035,000.00 INCREASE AMENDMENT #10: \$50,000.00 REVISED CONTROL VALUE: \$1,085,000.00 INCREASE AMENDMENT #11: \$38,324.00 REVISED CONTROL VALUE: \$1,123,324.00 INCREASE AMENDMENT #12: \$54,000.00 REVISED CONTROL VALUE: \$1,177,324.00 INCREASE AMENDMENT #13: \$100,000.00 REVISED CONTROL VALUE: \$1,277,324.00 INCREASE AMENDMENT #14: \$12,774.00 REVISED CONTROL VALUE: \$1,290,098.00 INCREASE AMENDMENT #15: \$19,163.00 REVISED CONTROL VALUE: \$1,309,261.00

INCREASE FOR ADDITIONAL SERVICES TO BE PROVIDED AS INDICATED ON THE ATTACHED AMENDMENT DATED 8/6/2021.

THE STATE OF RHODE ISLAND'S GENERAL CONDITIONS OF PURCHASE.

https://rules.sos.ri.gov/regulations/part/220-30-00-13

AGENCY CONTACT: NANCY HIGHAM 401-462-5164

Reference Documents: 3424524 8-11-21.pdf

PO DESCRIPTION: APA-11088 3/15/2020 - 6/30/2020 COVID-19 RATES FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE

Line	Code	Description	Quantity	Unit	Unit Price	Amount
					(USD)	(USD)
40		APA-11088 3/15/2020 - 6/30/2020 COVID-19	20000	TOTAL	1	19,655.47
		RATES FOR REGISTERED NURSE OR				
		LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2				
		TIMES THE SHIFT'S HOURLY RATE				
THIS	THIS RELEASE WILL BE USED TO PROCESS PAYMENT OF HOURS WORKED BY THE PUBLIC					
HEALTH NURSE (REGULAR HOURLY RATE: \$36.85, COVID-19 HOURLY RATE: \$55.275)						
_					Total:	69,588.27 (USD)

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:

Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at:

http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperless%20Invoicing%20Initiative 09-01-2020.pdf

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:

ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at :

https://www.ridop.ri.gov/osp/osp-vendor-registration.php

STATE PURCHASING AGENT

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:

Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at:

 $http://controller.admin.ri.gov/documents/Communications/Vendor\%20Information/Paperless\%20Invoicing\%20Initiative_09-01-2020.pdf$

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:

ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at :

https://www.ridop.ri.gov/osp/osp-vendor-registration.php

STATE PURCHASING AGENT



State Of Rhode Island
Department of Administration
Division of Purchases
One Capitol Hill
Providence, RI 02908-5860

\mathbf{V}	
E	GLEASON MEDICAL SERVICES INC
N	1145 RESERVOIR AVE STE 112
D	CRANSTON, RI 02920-6000
O	United States
R	

S H I P	DOC REHABILITATIVE SERVICES 40 HOWARD AVE CRANSTON, RI 02920 United States
T O	

Purchase Order Number	3424524-13
Revision Number	1
Reference Contract Number	
PO Date	04-JUN-2021
Approved PO Date	04-JUN-2021
Buyer	Autocreate, *
	-

Type of Requisition	
Requisition Number	
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	861
Requester Name	Higham, Nancy L
Work Telephone	401-462-5164

This Purchase Order is issued pursuant to and in accordance with the terms and conditions of the solicitation and applicable federal, state, and local law, including the State of Rhode Island's General Conditions of Purchase which are incorporated herein by reference contain specific contract terms applicable to this Purchase Order. See: https://rules.sos.ri.gov/regulations/part/220-30-00-13

This agreement CANCELED on 07-JUN-2021

<u>- CHANGE TO PO #3424524 DATED 8/11/2021 - AGENCY DOCUMENT ID NUMBER DOCNLH081121</u>

INCREASE CONTROL VALUE:

ORIGINAL CONTRACT VALUE: \$600,000.00
DECREASE AMENDMENT #1: (150,000.00)
REVISED CONTROL VALUE: \$450,000.00
INCREASE AMENDMENT #2: \$30,000.00
REVISED CONTROL VALUE: \$480,000.00
INCREASE AMENDMENT #3: \$50,000.00
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INCREASE AMENDMENT #5: \$80,000.00
INCREASE AMENDMENT #5: \$80,000.00
REVISED CONTROL VALUE: \$775,000.00
INCREASE AMENDMENT #6: \$80,000.00
REVISED CONTROL VALUE: \$855,000.00

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:

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http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperless%20Invoicing%20Initiative 09-01-2020.pdf

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:

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STATE PURCHASING AGENT

INCREASE AMENDMENT #7: \$80,000.00 REVISED CONTROL VALUE: \$935,000.00 INCREASE AMENDMENT #8: \$50,000.00 REVISED CONTROL VALUE: \$985,000.00 INCREASE AMENDMENT #9: \$50,000.00 REVISED CONTROL VALUE: \$1,035,000.00 INCREASE AMENDMENT #10: \$50,000.00 REVISED CONTROL VALUE: \$1,085,000.00 INCREASE AMENDMENT #11: \$38,324.00 REVISED CONTROL VALUE: \$1,123,324.00 INCREASE AMENDMENT #12: \$54,000.00 REVISED CONTROL VALUE: \$1,177,324.00 INCREASE AMENDMENT #13: \$100,000.00 REVISED CONTROL VALUE: \$1,277,324.00 INCREASE AMENDMENT #14: \$12,774.00 REVISED CONTROL VALUE: \$1,290,098.00 INCREASE AMENDMENT #15: \$19,163.00 REVISED CONTROL VALUE: \$1,309,261.00

INCREASE FOR ADDITIONAL SERVICES TO BE PROVIDED AS INDICATED ON THE ATTACHED AMENDMENT DATED 8/6/2021.

THE STATE OF RHODE ISLAND'S GENERAL CONDITIONS OF PURCHASE.

https://rules.sos.ri.gov/regulations/part/220-30-00-13

AGENCY CONTACT: NANCY HIGHAM 401-462-5164

Reference Documents: 3424524 8-11-21.pdf

PO DESCRIPTION: APA-11088 3/15/2020 - 6/30/2020 COVID-19 RATES FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE

(USD) 40 APA-11088 3/15/2020 - 6/30/2020 COVID-19 12774 TOTAL 1	(USD)
40 ADA 11099 2/15/2020 6/20/2020 COVID 10 12774 TOTAL 1	
40	0.00
RATES FOR REGISTERED NURSE OR	
LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2	
TIMES THE SHIFT'S HOURLY RATE	
Total: (0.00 (USD)

INVOICE TO

IMMEDIATE VENDOR ACTION REQUIRED:

Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at:

http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperless%20Invoicing%20Initiative 09-01-2020.pdf

REGISTRATION REQUIREMENTS

IMMEDIATE VENDOR ACTION REQUIRED:

ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at :

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STATE PURCHASING AGENT