

**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:** FY22

**Agency:** Corrections, Department Of

**Vendor Name:** GLEASON MEDICAL SERVICES INC

**Total Amount Paid to Vendor for Services:** \$483,634.01

**Summary of Services Rendered to Agency:**

| Identifying Code | Service Type                               | Description | Amount       | Notes |
|------------------|--|-------------|--------------|-------|
| PO 3424524       | Nursing/Convalescent Care And/Or Treatment |             | \$483,634.01 |       |

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 |       |

# **ITEM 1**

## Notice of Blanket Purchase Agreement



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

|  |   |
|--|---|
| <b>V<br/>E<br/>N<br/>D<br/>O<br/>R</b> | <b>GLEASON MEDICAL SERVICES INC<br/>         1145 RESERVOIR AVE STE 112<br/>         CRANSTON, RI 02920-6000<br/>         United States</b> |
|--|---|

| <b>APA-11088 NURSING SERVICES - DOC</b> |                                      |
|---|--------------------------------------|
| Award Number                            | <b>3424524</b>                       |
| Revision Number                         | <b>25</b>                            |
| Effective Period                        | <b>01-JUL-2015 -<br/>30-JUN-2022</b> |
| Approved PO Date                        | <b>19-JAN-2022</b>                   |
| Vendor Number                           | <b>861-iSupplier</b>                 |

|   |  |
|---|--|
| <b>S<br/>H<br/>I<br/>P<br/><br/>T<br/>O</b> | <b>DOC REHABILITATIVE SERVICES<br/>         40 HOWARD AVE<br/>         CRANSTON, RI 02920<br/>         United States</b> |
|---|--|

|                                 |                         |
|---------------------------------|-------------------------|
| Type of Requisition             | <b>*OTHER</b>           |
| Requisition Number              | <b>1407034</b>          |
| Change Order Requisition Number | <b>01182022</b>         |
| Solicitation Number             | <b>7549482</b>          |
| Freight                         | <b>Paid</b>             |
| Payment Terms                   | <b>NET 30</b>           |
| Buyer                           | <b>Vittorioso, Dawn</b> |
| Requester Name                  | <b>Higham, Nancy L</b>  |
| Work Telephone                  | <b>401-462-5164</b>     |

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>

CHANGE TO PO #3424524 DATED 1/18/2022 - AGENCY DOCUMENT ID NUMBER 1182022

INCREASE CONTROL VALUE:  
 ORIGINAL CONTROL 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

### 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](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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<https://www.ridop.ri.gov/osp/osp-vendor-registration.php>

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|--|
| <b>STATE PURCHASING AGENT</b>  |
| <br>Nancy R. McIntyre |

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  
 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 AMENDMENT #16: \$50,000.00  
 REVISED CONTROL VALUE: \$1,359,261.00  
 INCREASE AMENDMENT #17: \$104,000.00  
 REVISED CONTROL VALUE: \$1,463,261.00  
 INCREASE AMENDMENT #18: \$40,000.00  
 REVISED CONTROL VALUE: \$1,503,261.00  
 INCREASE AMENDMENT #19: \$218,400.00  
 REVISED CONTROL VALUE: \$1,721,661.00

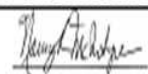
INCREASE CONTROL VALUE AND ADDED LINE 51 PER THE ATTACHED AMENDMENT #19 DATED 1/10/2022.

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 Amendment 19.pdf

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|---|
| <b>INVOICE TO</b>   |
| <p><b>IMMEDIATE VENDOR ACTION REQUIRED:</b><br/>         Paperless Invoicing is now required. Vendors who do not currently invoice electronically must comply. Get Instructions at :<br/> <a href="http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperless%20Invoicing%20Initiative_09-01-2020.pdf">http://controller.admin.ri.gov/documents/Communications/Vendor%20Information/Paperless%20Invoicing%20Initiative_09-01-2020.pdf</a></p> |
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| <p><b>IMMEDIATE VENDOR ACTION REQUIRED:</b><br/>         ALL vendors with an existing Purchase Order must be registered in OCEAN STATE PROCURES(OSP). Get Instructions at :<br/> <a href="https://www.ridop.ri.gov/osp/osp-vendor-registration.php">https://www.ridop.ri.gov/osp/osp-vendor-registration.php</a></p>  |

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| <b>STATE PURCHASING AGENT</b>  |
| <br>Nancy R. McIntyre |


| Line | Description  | Unit | Unit Price (USD) |
|------|--|------|------------------|
| 1    | APA-11088 FY16 LPN, MONDAY THROUGH FRIDAY FIRST SHIFT                                    | Hour | 33.6             |
| 2    | APA-11088 FY16 LPN, MONDAY THROUGH FRIDAY SECOND SHIFT                                   | Hour | 33.6             |
| 3    | APA-11088 FY16 LPN, MONDAY THROUGH FRIDAY THIRD SHIFT                                    | Hour | 16               |
| 4    | APA-11088 FY16 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT               | Hour | 35               |
| 5    | APA-11088 FY16 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT              | Hour | 35               |
| 6    | APA-11088 FY16 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT               | Hour | 16               |
| 7    | APA-11088 FY16 REGISTERED NURSE, MONDAY THROUGH FRIDAY FIRST SHIFT                       | Hour | 36.85            |
| 8    | APA-11088 FY16 REGISTERED NURSE, MONDAY THROUGH FRIDAY SECOND SHIFT                      | Hour | 36.85            |
| 9    | APA-11088 FY16 REGISTERED NURSE, MONDAY THROUGH FRIDAY THIRD SHIFT                       | Hour | 18               |
| 10   | APA-11088 FY16 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Hour | 37.8             |
| 11   | APA-11088 FY16 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 37.8             |
| 12   | APA-11088 FY16 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Hour | 18               |
| 13   | APA-11088 FY17 LPN, MONDAY THROUGH FRIDAY FIRST SHIFT                                    | Hour | 33.6             |
| 14   | APA-11088 FY17 LPN, MONDAY THROUGH FRIDAY SECOND SHIFT                                   | Hour | 33.6             |
| 15   | APA-11088 FY17 LPN, MONDAY THROUGH FRIDAY THIRD SHIFT                                    | Hour | 16               |
| 16   | APA-11088 FY17 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT               | Hour | 35               |
| 17   | APA-11088 FY17 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT              | Hour | 35               |
| 18   | APA-11088 FY17 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT               | Hour | 16               |
| 19   | APA-11088 FY17 REGISTERED NURSE, MONDAY THROUGH FRIDAY FIRST SHIFT                       | Hour | 36.85            |
| 20   | APA-11088 FY17 REGISTERED NURSE, MONDAY THROUGH FRIDAY SECOND SHIFT                      | Hour | 36.85            |
| 21   | APA-11088 FY17 REGISTERED NURSE, MONDAY THROUGH FRIDAY THIRD SHIFT                       | Hour | 18               |

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**STATE PURCHASING AGENT**  
  
Nancy R. McIntyre

| Line | Description  | Unit | Unit Price (USD) |
|------|--|------|------------------|
| 22   | APA-11088 FY17 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Hour | 37.8             |
| 23   | APA-11088 FY17 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 37.8             |
| 24   | APA-11088 FY17 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Hour | 18               |
| 25   | APA-11088 FY18 LPN, MONDAY THROUGH FRIDAY FIRST SHIFT                                    | Hour | 33.6             |
| 25.1 | APA-11088 FY19 LPN, MONDAY THROUGH FRIDAY FIRST SHIFT                                    | Hour | 33.6             |
| 25.2 | APA-11088 FY20 LPN, MONDAY THROUGH FRIDAY FIRST SHIFT                                    | Hour | 33.6             |
| 25.3 | APA-11088 FY21 LPN, MONDAY THROUGH FRIDAY FIRST SHIFT                                    | Each | 33.6             |
| 25.4 | APA-11088 FY22 LPN, MONDAY THROUGH FRIDAY FIRST SHIFT                                    | Each | 33.6             |
| 26   | APA-11088 FY18 LPN, MONDAY THROUGH FRIDAY SECOND SHIFT                                   | Hour | 33.6             |
| 26.1 | APA-11088 FY19 LPN, MONDAY THROUGH FRIDAY SECOND SHIFT                                   | Hour | 33.6             |
| 26.2 | APA-11088 FY20 LPN, MONDAY THROUGH FRIDAY SECOND SHIFT                                   | Hour | 33.6             |
| 26.3 | APA-11088 FY21 LPN, MONDAY THROUGH FRIDAY SECOND SHIFT                                   | Each | 33.6             |
| 26.4 | APA-11088 FY22 LPN, MONDAY THROUGH FRIDAY SECOND SHIFT                                   | Each | 33.6             |
| 27   | APA-11088 FY18 LPN, MONDAY THROUGH FRIDAY THIRD SHIFT                                    | Hour | 16               |
| 27.1 | APA-11088 FY19 LPN, MONDAY THROUGH FRIDAY THIRD SHIFT                                    | Hour | 16               |
| 27.2 | APA-11088 FY20 LPN, MONDAY THROUGH FRIDAY THIRD SHIFT                                    | Hour | 16               |
| 27.3 | APA-11088 FY21 LPN, MONDAY THROUGH FRIDAY THIRD SHIFT                                    | Each | 16               |
| 27.4 | APA-11088 FY22 LPN, MONDAY THROUGH FRIDAY THIRD SHIFT                                    | Each | 16               |
| 28   | APA-11088 FY18 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT               | Hour | 35               |
| 28.1 | APA-11088 FY19 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT               | Hour | 35               |
| 28.2 | APA-11088 FY20 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT               | Hour | 35               |

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**STATE PURCHASING AGENT**  
  
 Nancy R. McIntyre


| Line | Description   | Unit | Unit Price (USD) |
|------|---|------|------------------|
| 28.3 | APA-11088 FY21 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Each | 35               |
| 28.4 | APA-11088 FY22 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Each | 35               |
| 29   | APA-11088 FY18 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 35               |
| 29.1 | APA-11088 FY19 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 35               |
| 29.2 | APA-11088 FY20 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 35               |
| 29.3 | APA-11088 FY21 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Each | 35               |
| 29.4 | APA-11088 FY22 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Each | 35               |
| 30   | APA-11088 FY18 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 16               |
| 30.1 | APA-11088 FY19 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Hour | 16               |
| 30.2 | APA-11088 FY20 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Hour | 16               |
| 30.3 | APA-11088 FY21 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Each | 16               |
| 30.4 | APA-11088 FY22 LPN, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Each | 16               |
| 31   | APA-11088 FY18 REGISTERED NURSE, MONDAY THROUGH FRIDAY FIRST SHIFT          | Hour | 36.85            |
| 31.1 | APA-11088 FY19 REGISTERED NURSE, MONDAY THROUGH FRIDAY FIRST SHIFT          | Hour | 36.85            |
| 31.2 | APA-11088 FY20 REGISTERED NURSE, MONDAY THROUGH FRIDAY FIRST SHIFT          | Hour | 36.85            |
| 31.3 | APA-11088 FY21 REGISTERED NURSE, MONDAY THROUGH FRIDAY FIRST SHIFT          | Each | 36.85            |
| 31.4 | APA-11088 FY22 REGISTERED NURSE, MONDAY THROUGH FRIDAY FIRST SHIFT          | Each | 36.85            |
| 32   | APA-11088 FY18 REGISTERED NURSE, MONDAY THROUGH FRIDAY SECOND SHIFT         | Hour | 36.85            |
| 32.1 | APA-11088 FY19 REGISTERED NURSE, MONDAY THROUGH FRIDAY SECOND SHIFT         | Hour | 36.85            |
| 32.2 | APA-11088 FY20 REGISTERED NURSE, MONDAY THROUGH FRIDAY SECOND SHIFT         | Hour | 36.85            |
| 32.3 | APA-11088 FY21 REGISTERED NURSE, MONDAY THROUGH FRIDAY SECOND SHIFT         | Each | 36.85            |

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**STATE PURCHASING AGENT**  
  
Nancy R. McIntyre


| Line | Description  | Unit | Unit Price (USD) |
|------|--|------|------------------|
| 32.4 | APA-11088 FY22 REGISTERED NURSE, MONDAY THROUGH FRIDAY SECOND SHIFT                      | Each | 36.85            |
| 33   | APA-11088 FY18 REGISTERED NURSE, MONDAY THROUGH FRIDAY THIRD SHIFT                       | Hour | 18               |
| 33.1 | APA-11088 FY19 REGISTERED NURSE, MONDAY THROUGH FRIDAY THIRD SHIFT                       | Hour | 18               |
| 33.2 | APA-11088 FY20 REGISTERED NURSE, MONDAY THROUGH FRIDAY THIRD SHIFT                       | Hour | 18               |
| 33.3 | APA-11088 FY21 REGISTERED NURSE, MONDAY THROUGH FRIDAY THIRD SHIFT                       | Each | 18               |
| 33.4 | APA-11088 FY22 REGISTERED NURSE, MONDAY THROUGH FRIDAY THIRD SHIFT                       | Each | 18               |
| 34   | APA-11088 FY18 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Hour | 37.8             |
| 34.1 | APA-11088 FY19 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Hour | 37.8             |
| 34.2 | APA-11088 FY20 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Hour | 37.8             |
| 34.3 | APA-11088 FY21 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Each | 37.8             |
| 34.4 | APA-11088 FY22 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, FIRST SHIFT  | Each | 37.8             |
| 35   | APA-11088 FY18 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 37.8             |
| 35.1 | APA-11088 FY19 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 37.8             |
| 35.2 | APA-11088 FY20 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Hour | 37.8             |
| 35.3 | APA-11088 FY21 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Each | 37.8             |
| 35.4 | APA-11088 FY22 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, SECOND SHIFT | Each | 37.8             |
| 36   | APA-11088 FY18 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Hour | 18               |
| 36.1 | APA-11088 FY19 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Hour | 18               |
| 36.2 | APA-11088 FY20 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Hour | 18               |
| 36.3 | APA-11088 FY21 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Each | 18               |
| 36.4 | APA-11088 FY22 REGISTERED NURSE, WEEKENDS, FRIDAY 11:00PM - SUNDAY 11:00PM, THIRD SHIFT  | Each | 18               |

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**STATE PURCHASING AGENT**  
  
Nancy R. McIntyre



| Line | Description  | Unit  | Unit Price (USD) |
|------|--|-------|------------------|
| 37   | APA-11088 HOLIDAY REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 2 TIMES REGULAR RATE AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE                                     | TOTAL | 1                |
| 38   | APA-11088 OVERTIME REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE AT \$1.00 FOR EVERY \$1.00 ALLOWABLE EXPENSE                        | TOTAL | 1                |
| 39   | APA-11088 8/1/17- 9/30/17 SUMMER RATE FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE AT \$1.00 FOR EVERY \$1.00 ALLOWABLE EXPENSE | TOTAL | 1                |
| 39.1 | APA-11088 FY-18-19 SUMMER RATE FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE AT \$1.00 FOR EVERY \$1.00 ALLOWABLE EXPENSE        | TOTAL | 1                |
| 39.2 | APA-11088 FY20 SUMMER RATE FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE AT \$1.00 FOR EVERY \$1.00 ALLOWABLE EXPENSE            | TOTAL | 1                |
| 39.3 | APA-11088 FY21 SUMMER RATE FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE AT \$1.00 FOR EVERY \$1.00 ALLOWABLE EXPENSE            | Each  | 1                |
| 39.4 | APA-11088 FY22 SUMMER RATE FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE AT \$1.00 FOR EVERY \$1.00 ALLOWABLE EXPENSE            | Each  | 1                |
| 40   | 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                                     | TOTAL | 1                |
| 41   | APA-11088 7/1/2020 - 12/31/2020- CERTIFIED NURSING ASSISTANT (7A - 7P, NO MORE THAN 84 HOURS/WEEK)   | TOTAL | 28.8             |
| 42   | APA-11088 11/1/2020 - 04/31/2021 - PUBLIC HEALTH NURSE (40 HOURS/WEEK)   | Hour  | 36.85            |
| 43   | APA-11088 5/1/2021 - 6/30/2021 - PUBLIC HEALTH NURSE (40 HOURS/WEEK)   | Each  | 1                |
| 44   | APA-11088 HOLIDAY - CERTIFIED NURSING ASSISTANT, ALL SHIFTS PAID @ 2 TIMES REGULAR RATE AT \$1.00 FOR EVERY \$1.00 OF ALLOWABLE EXPENSE.                                       | Each  | 1                |
| 45   | APA-11088 7/1/2020 - 12/31/2021 COVID- 19 RATES FOR REGISTERED NURSE OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE.                                   | Each  | 1                |
| 46   | APA-11088 PUBLIC HEALTH NURSE (40 HOURS/WEEK) -  | Each  | 1                |

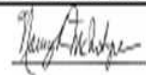
**INVOICE TO**

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

**REGISTRATION REQUIREMENTS**

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

**STATE PURCHASING AGENT**



Nancy R. McIntyre


| Line | Description   | Unit | Unit Price (USD) |
|------|---|------|------------------|
|      | <b>REGULAR RATE: \$36.85/HOUR, COVID RATE: \$55.28/HOUR</b>   |      |                  |
| 47   | APA-11088 CERTIFIED NURSING ASSISTANT (7AM-7PM, NO MORE THAN 84 HOURS/WEEK) @ \$28.80/HOUR  | Each | 1                |
| 48   | APA-11088 COVID-19 RATES - RN OR LPN (RICLAS), ALL SHIFTS PAID @ 1 1/2 TIMES THE SHIFT'S HOURLY RATE.   | Each | 1                |
| 49   | APA-11088 OVERTIME - CERTIFIED NURSING ASSISTANT/MEDICAL ASSISTANT, ALL SHIFTS PAID AT 1 1/2 TIMES THE REGULAR RATE.  | Each | 1                |
| 50   | APA-11088 – 12/1/21-3/31/22 - INFECTION CONTROL NURSE (SUPPORTED THROUGH DOH/AMERICAN RESCUE PLAN ACT OF 2021 DETECTION AND MITIGATION OF COVID-19 IN CONFINEMENT FACILITIES) | Each | 1                |
| 51   | APA-11088 CERTIFIED NURSING ASSISTANTS, 12/27/2021 - 6/30/2022 (2) TWELVE HOUR SHIFTS, 7 DAYS/WEEK @ \$50.00/HOUR   | Each | 1                |

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**STATE PURCHASING AGENT**  
  
Nancy R. McIntyre

**Contract Terms and Conditions**

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**Terms and Conditions**

**PURCHASE ORDER STANDARD TERMS AND CONDITIONS**

**TERMS AND CONDITIONS FOR THIS PURCHASE ORDER**

**INSURANCE REQUIREMENTS (ADDITIONAL)**

ANNUAL RENEWAL INSURANCE CERTIFICATES FOR WORKERS' COMPENSATION, PUBLIC LIABILITY, PROPERTY DAMAGE INSURANCE, AUTO INSURANCE, PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS), BUILDER'S RISK INSURANCE, SCHOOL BUSING AUTO LIABILITY, ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL), VESSEL OPERATION (MARINE OR AIRCRAFT) PROTECTION & INDEMNITY, ETC., MUST BE SUBMITTED TO THE SPECIFIC AGENCY IDENTIFIED IN THE "SHIP TO" SECTION OF THE PURCHASE ORDER. CERTIFICATES ARE ANNUALLY DUE PRIOR TO THE BEGINNING OF ANY CONTRACT PERIOD BEYOND THE INITIAL TWELVE-MONTH PERIOD OF A CONTRACT. FAILURE TO PROVIDE ANNUAL INSURANCE CERTIFICATION MAY BE GROUNDS FOR CANCELLATION.

**MULTI YEAR AWARD**

THIS IS A MULTI-YEAR BID/CONTRACT. PER RHODE ISLAND STATE LAW 37-2-33, CONTRACT OBLIGATIONS BEYOND THE CURRENT FISCAL YEAR ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

**BLANKET PAYMENT**

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY. PAYMENTS WILL BE AUTHORIZED UPON SUBMISSION OF PROPERLY RENDERED INVOICES NO MORE THAN MONTHLY TO THE RECEIVING AGENCY. ANY UNUSED BALANCE AT END OF BLANKET PERIOD IS AUTOMATICALLY CANCELLED.

**EQUAL OPPORTUNITY COMPLIANCE**

THIS PURCHASE ORDER IS AWARDED SUBJECT TO EQUAL OPPORTUNITY COMPLIANCE.

**PURCHASE AGREEMENT AWARD**

THIS IS A NOTICE OF AWARD, NOT AN ORDER. Any quantity reference in the agreement or in the bid preceding it are estimates only and do not represent a commitment on the part of the state to any level of billing activity, other than for quantities or volumes specifically released during the term. No action is to be taken except as specifically authorized, as described herein under AUTHORIZATION AND RELEASE. ENTIRE AGREEMENT - This NOTICE OF AWARD, with all attachments, and any release(s) against it shall be subject to: (1) the specifications, terms and conditions set forth in the Request/Bid Number cited herein, (2) the General Terms and Conditions of Contracts for the State of Rhode Island and (3) all provisions of, and the Rules and Regulations promulgated pursuant to, Title 37, Chapter 2 of the General Laws of the State of Rhode Island. This NOTICE shall constitute the entire agreement between the State of Rhode Island and the Vendor. No assignment of rights or responsibility will be permitted except with the express written permission of the State Purchasing Agent or his designee. CANCELLATION, TERMINATION and EXTENSION - This Price Agreement shall automatically terminate as of the date(s) described under CONTRACT PERIOD unless this Price Agreement is altered by formal amendment by the State Purchasing Agent or his designee upon mutual agreement between the State and the Vendor.

#### **PARTIAL PAYMENTS**

PARTIAL OR PROGRESS PAYMENTS MAY BE MADE. PAYMENT WILL BE AUTHORIZED UPON RECEIPT AND ACCEPTANCE BY THE AGENCY OF THE PORTION OF THE CONTRACT OR PURCHASE ORDER COMPLETED BY THE VENDOR. PAYMENT UPON THE RENDERING OF A PROPERLY SUBMITTED INVOICE.

#### **AUTHORIZATION AND RELEASE**

In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency. A Direct Purchase Order (DPO) shall be created by the agency listing the items ordered, using the pricing and format set forth in the Master Blanket. All pricing shall be as described in the Master Blanket and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected in Master Blanket.

#### **CAMPAIGN FINANCE COMPLIANCE**

CAMPAIGN FINANCE: In accordance with RI General Law 17-27-2, Every person or business entity providing goods or services of \$5,000 or more, and has in the preceding 24 months, contributed an aggregate amount in excess of \$250 within a calendar year to any general officer, or candidate for general office, any member, or candidate for general assembly, or political party, is required to electronically file an affidavit regarding political contributions at: <https://secure.ricampaignfinance.com/RhodeIslandCF/Public/VendorAffidavit.aspx>

#### **ARRA SUPPLEMENTAL TERMS AND CONDITIONS**

For contracts and sub-awards funded in whole or in part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto, such contracts and sub-awards shall be subject to the Supplemental Terms and Conditions For Contracts and Sub-awards Funded in Whole or in Part by the American Recovery and Reinvestment Act of 2009. Pub.L.No. 111-5 and any amendments thereto located on the Division of Purchases website at [www.purchasing.ri.gov](http://www.purchasing.ri.gov).

#### **DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:**

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

## **TERMS AND CONDITIONS OF PRICING AGREEMENT**

**SCOPE AND LIMITATIONS - This Agreement covers requirements as described herein, ordered by State agencies during the Agreement Period. No additional or alternative requirements are covered, unless added to the Agreement by formal amendment by the State Purchasing Agent or his designee.**

Under State Purchasing Law, 37-2-54, no purchase or contract shall be binding on the state or any agency thereof unless approved by the department [of administration] or made under general regulations which the chief purchasing officer may prescribe. Under State Purchasing Regulation 8.2.1.1.2, any alleged oral agreement or arrangements made by a bidder or contractor with any agency or an employee of the Office of Purchases may be disregarded and shall not be binding on the state.

**PRODUCT ACCEPTANCE** - All merchandise offered or otherwise provided shall be new, of prime manufacture, and of first quality unless otherwise specified by the State. The State reserves the right to reject all nonconforming goods, and to cause their return for credit or replacement, at the State's option.

- a) Failure by the state to discover latent defect(s) or concealed damage or non-conformance shall not foreclose the State's right to subsequently reject the goods in question.
- b) Formal or informal acceptance by the State of non-conforming goods shall not constitute a precedent for successive receipts or procurements.

Where the vendor fails to cure the defect promptly or replace the goods, the State reserves the right to cancel the Release, contract with a different vendor, and to invoice the original vendor for any differential in price over the original contract price.

### **ORDER AUTHORIZATION AND RELEASE AGAINST PRICING AGREEMENT**

**In no event shall the Vendor deliver goods or provide service until such time as a duly authorized release document is certified by the ordering Agency.**

**State Agencies shall request release as follows: All releases shall reference the Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein.**

A Department Purchase Order (DPO) listing the items ordered shall be created by the agency. The agency may mail or fax a copy of the order to the Vendor. In some cases the agency may request delivery by telephone, but must provide the Vendor with a DPO Order Number reference for billing purposes. Vendors are encouraged to require written orders to assure payments are processed accurately and promptly.

**DELIVERY** If this is an MPA, Vendor will obtain "ship to" information from each participating agency. This information will be contained in the DPO. APA delivery information will be contained in the Notice of Award.

**PRICING** - All pricing shall be as described herein, and is considered to be fixed and firm for the term of the Agreement, unless specifically noted to the contrary herein. All prices include prepaid freight. Freight, taxes, surcharges, or other additional charges will not be honored unless reflected herein.

**INVOICING** All invoices shall reference the DPO Order Number(s), Price Agreement number, the Contract Issue number, the item(s) covered, and the unit pricing in the same format as described herein. If this is an MPA, Vendor will obtain "bill to" information from each participating agency. This information will be contained in the DPO. APA billing information will be contained in the Notice of Award.

**PAYMENT** - Invoices for items not received, not priced according to contract or for work not yet performed will not be honored. No payment will be processed to any vendor for whom there is no IRS W-9 on file with the State Controller.



STATE OF RHODE ISLAND  
DEPARTMENT OF CORRECTIONS  
CONTRACT AMENDMENT

This agreement with the State of Rhode Island, Department of Corrections (DOC) and Gleason Medical Services, Inc., 1145 Reservoir Avenue, Suite 112, Cranston, RI 02920 (collectively referred to as "the parties") is an amendment to Purchase Order Award 3424524 for Nursing Pool Services and the original Contractual Agreement between the parties dated 1/1/2013. This Amendment is an agreement to increase the number of Certified Nurse Assistants (CNAs) to Purchase Order Award 3424524 for the time period of 12/27/2021 to 6/30/2022 new effective period, in accordance with the provisions of the original contract.

The total dollar value of this amendment will be \$50.00 an hour for two (2) twelve hour shifts – seven days a week for a maximum of \$ 218,400 and Gleason Medical Services, Inc., will continue to provide the services outlined in PO #3424524. All other agreement commitments will remain in effect unless further amended in writing by mutual agreement.

If this contract or a portion of this contract is supported with federal funds, the vendor agrees to comply with all federal regulations/guidelines outlined and/or referred to in the Office of Management and Budget Uniform Administrative Requirements, Cost Principles, and Audit Requirements for Federal Awards, which can be located at [www.federalregister.gov](http://www.federalregister.gov).

This agreement will be valid only upon the issuance of an official change order from the State of Rhode Island, Division of Purchases.

IN WITNESS THEREOF, the parties hereto have caused this agreement to be executed by their duly authorized representatives, within the parameters identified above.

**For the Contractor:**

By: *Patricia A. Gleason* Date: 12/30/21  
Signature of Officer or Delegated Official  
PATRICIA A. GLEASON Title: 12/30/21  
Name, Printed or Typed

**For the State of Rhode Island, Department of Corrections:**

By: *Patricia A. Coyne-Fague* Date: 1-10-22  
Patricia A. Coyne-Fague, Esq.  
Director

**REVIEWED BY:**

Contract Administrator

*[Signature]*

*[Signature]*

REV: 7/2020