

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: FY23
Agency: Behavioral Healthcare , Dev Disabilities & Hosp, Dept Of
Vendor Name: FULLY INTEGRATED PSYCHIATRY LLC
Total Amount Paid to Vendor for Services: \$173,900.00

Summary of Services Rendered to Agency:

Identifying Code	Service Type	Amount
PO 3753082	Other Medical Services	\$173,900.00

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
Item 1	PO 3753082	Other Medical Services

ITEM 1



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

Blanket Releases
 3753082, 1

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-2
Revision Number	1
Reference Contract Number	
PO Date	04-AUG-2022
Approved PO Date	04-AUG-2022
Buyer	Autocreate, * -

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1769455
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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 27-JUL-2023
 CHANGE TO PO# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891
 11:06:36

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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

 Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR	35380	Each	1	11,340.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH @\$800 AND ONE/WEEKEND/PER/MONTH @\$1100	9500	Each	1	1,900.00
Total: 13,240.00 (USD)						

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

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-3
Revision Number	0
Reference Contract Number	
PO Date	12-SEP-2022
Approved PO Date	12-SEP-2022
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1774999
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

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STATE PURCHASING AGENT

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PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR	8190	Each	1	8,190.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	1900	Each	1	1,900.00
Total: 10,090.00 (USD)						

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STATE PURCHASING AGENT

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**State Of Rhode Island
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 3753082, 2

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-4
Revision Number	2
Reference Contract Number	
PO Date	26-SEP-2022
Approved PO Date	06-DEC-2022
Buyer	Autocreate, * -

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1778162
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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 CHANGE TO PO# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891
 11:06:44

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

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STATE PURCHASING AGENT

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PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR	25000	Each	1	15,300.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	7800	Each	1	6,600.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	70000	Each	1	50,400.00
Total:						72,300.00 (USD)

INVOICE TO

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**State Of Rhode Island
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 One Capitol Hill
 Providence, RI 02908-5860**

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-5
Revision Number	0
Reference Contract Number	
PO Date	03-FEB-2023
Approved PO Date	03-FEB-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1795038
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
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REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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STATE PURCHASING AGENT
 Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR	13000	Each	1	13,000.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	1900	Each	1	1,900.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	13200	Each	1	13,200.00
Total:						28,100.00 (USD)

INVOICE TO

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

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

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 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-6
Revision Number	0
Reference Contract Number	
PO Date	06-MAR-2023
Approved PO Date	06-MAR-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1798895
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
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STATE PURCHASING AGENT

Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR	22600	Each	1	22,600.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH @\$800 AND ONE/WEEKEND/PER/MONTH @\$1100	1900	Each	1	1,900.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	9800	Each	1	9,800.00
Total:						34,300.00 (USD)

INVOICE TO

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Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-7
Revision Number	0
Reference Contract Number	
PO Date	05-APR-2023
Approved PO Date	05-APR-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1803147
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

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STATE PURCHASING AGENT

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PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	1900	Each	1	1,900.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	28600	Each	1	28,600.00
Total: 30,500.00 (USD)						

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Blanket Releases
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V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-8
Revision Number	0
Reference Contract Number	
PO Date	03-MAY-2023
Approved PO Date	03-MAY-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1806764
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR	27200	Each	1	27,200.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	1900	Each	1	1,900.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	10400	Each	1	10,400.00
Total:						39,500.00 (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

 Nancy R. McIntyre



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

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-9
Revision Number	0
Reference Contract Number	
PO Date	11-MAY-2023
Approved PO Date	11-MAY-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1808025
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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

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

STATE PURCHASING AGENT
 Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR	64000	Each	1	64,000.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH @\$800 AND ONE/WEEKEND/PER/MONTH @\$1100	3800	Each	1	3,800.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	10000	Each	1	10,000.00
Total: 77,800.00 (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:
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<https://www.ridop.ri.gov/osp/osp-vendor-registration.php>

STATE PURCHASING AGENT

 Nancy R. McIntyre

ITEM 1



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

Blanket Releases
 3753082, 1

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
--	--

Purchase Order Number	3753082-2
Revision Number	1
Reference Contract Number	
PO Date	04-AUG-2022
Approved PO Date	04-AUG-2022
Buyer	Autocreate, * -

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1769455
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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This agreement CANCELED on 27-JUL-2023
 CHANGE TO PO# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891
 11:06:36

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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

STATE PURCHASING AGENT

 Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR	35380	Each	1	11,340.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH @\$800 AND ONE/WEEKEND/PER/MONTH @\$1100	9500	Each	1	1,900.00
Total: 13,240.00 (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

 Nancy R. McIntyre



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

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-3
Revision Number	0
Reference Contract Number	
PO Date	12-SEP-2022
Approved PO Date	12-SEP-2022
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1774999
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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

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PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR	8190	Each	1	8,190.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH @\$800 AND ONE/WEEKEND/PER/MONTH @\$1100	1900	Each	1	1,900.00
Total: 10,090.00 (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:
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STATE PURCHASING AGENT

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

Blanket Releases
 3753082, 2

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-4
Revision Number	2
Reference Contract Number	
PO Date	26-SEP-2022
Approved PO Date	06-DEC-2022
Buyer	Autocreate, * -

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1778162
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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 27-JUL-2023
 CHANGE TO PO# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891
 11:06:44

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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

STATE PURCHASING AGENT

 Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR	25000	Each	1	15,300.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	7800	Each	1	6,600.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	70000	Each	1	50,400.00
Total: 72,300.00 (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

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

STATE PURCHASING AGENT

 Nancy R. McIntyre



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

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-5
Revision Number	0
Reference Contract Number	
PO Date	03-FEB-2023
Approved PO Date	03-FEB-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1795038
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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:
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STATE PURCHASING AGENT

 Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR	13000	Each	1	13,000.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	1900	Each	1	1,900.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	13200	Each	1	13,200.00
Total:						28,100.00 (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

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STATE PURCHASING AGENT

 Nancy R. McIntyre



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

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-6
Revision Number	0
Reference Contract Number	
PO Date	06-MAR-2023
Approved PO Date	06-MAR-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1798895
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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

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STATE PURCHASING AGENT
 Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR	22600	Each	1	22,600.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH @\$800 AND ONE/WEEKEND/PER/MONTH @\$1100	1900	Each	1	1,900.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	9800	Each	1	9,800.00
Total:						34,300.00 (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

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STATE PURCHASING AGENT

 Nancy R. McIntyre



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

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-7
Revision Number	0
Reference Contract Number	
PO Date	05-APR-2023
Approved PO Date	05-APR-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1803147
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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

 Nancy R. McIntyre

PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	1900	Each	1	1,900.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	28600	Each	1	28,600.00
Total: 30,500.00 (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

 Nancy R. McIntyre



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

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-8
Revision Number	0
Reference Contract Number	
PO Date	03-MAY-2023
Approved PO Date	03-MAY-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1806764
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

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

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STATE PURCHASING AGENT

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PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK@\$180/HR	27200	Each	1	27,200.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH@\$800 AND ONE/WEEKEND/PER/MONTH@\$1100	1900	Each	1	1,900.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	10400	Each	1	10,400.00
Total:						39,500.00 (USD)

INVOICE TO

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REGISTRATION REQUIREMENTS

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STATE PURCHASING AGENT

 Nancy R. McIntyre



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

Blanket Releases
 3753082, 0

V E N D O R	FULLY INTEGRATED PSYCHIATRY LLC 903 PROVIDENCE PL APT 262 C/O HEATHER ABRAHAMS PROVIDENCE, RI 02903 United States
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Purchase Order Number	3753082-9
Revision Number	0
Reference Contract Number	
PO Date	11-MAY-2023
Approved PO Date	11-MAY-2023
Buyer	- - Autocreate, *

S H I P T O	BHDDH-ESH CENTRAL RECEIVING REGAN BLDG, FIRST FLOOR ATTN: SEE BELOW CRANSTON, RI 02920 United States
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Type of Requisition	
Requisition Number	1808025
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	62888
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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# 3753082 DATED 2/8/23- AGENCY DOC ID 076EMP891

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$713,800.00
 INCREASE: \$ 90,000.00
 REVISED CONTROL VALUE: \$803,800.00

CHANGE TO TERM DATES:

FROM: 12/1/21=11/30/22
 TO: 12/1/21- 11/30/23

REASON/JUSTIFICATION: PLEASE INCREASE CONTRACT AMOUNT

INVOICE TO

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STATE PURCHASING AGENT
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PO DESCRIPTION: DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE 12/HRS/WEEK @\$180/HR	64000	Each	1	64,000.00
2		DEL-41258 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC CARE ON/CALL ONE/NIGHT/PER/MONTH @\$800 AND ONE/WEEKEND/PER/MONTH @\$1100	3800	Each	1	3,800.00
3		DEL-41258 FY22- FY23 PSYCHIATRIC SERVICES FOR FORENSIC OUTPATIENT CLINIC \$200/HR	10000	Each	1	10,000.00
Total: 77,800.00 (USD)						

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