

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: PEDRO F TACTACAN
Total Amount Paid to Vendor for Services: \$172,300.00

Summary of Services Rendered to Agency:

Identifying Code	Service Type	Amount
PO 3750244	Other Medical Services	\$172,300.00

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 3750244	Other Medical Services

ITEM 1



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

Blanket Releases
 3750244, 2

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244
Revision Number	
Reference Contract Number	
PO Date	13-JUL-2022
Approved PO Date	14-NOV-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	1763793
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
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# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4

PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

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


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	44216	Each	1	44,216.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	29000	Each	1	29,000.00
Total: 182,416.00 (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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 One Capitol Hill
 Providence, RI 02908-5860**

Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-3
Revision Number	0
Reference Contract Number	
PO Date	11-JAN-2023
Approved PO Date	11-JAN-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	1791977
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL

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
 Nancy R. McIntyre


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total: 25,000.00 (USD)						

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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
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-4
Revision Number	0
Reference Contract Number	
PO Date	20-JAN-2023
Approved PO Date	20-JAN-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	1792484
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL

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
 Nancy R. McIntyre


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	51000	Each	1	51,000.00
Total: 51,000.00 (USD)						

INVOICE TO

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STATE PURCHASING AGENT

 Nancy R. McIntyre



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

Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-5
Revision Number	0
Reference Contract Number	
PO Date	06-FEB-2023
Approved PO Date	06-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	1794935
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL

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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REGISTRATION REQUIREMENTS

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STATE PURCHASING AGENT
 Nancy R. McIntyre

Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total: 25,000.00 (USD)						

INVOICE TO

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STATE PURCHASING AGENT

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**State Of Rhode Island
 Department of Administration
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 One Capitol Hill
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Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-6
Revision Number	0
Reference Contract Number	
PO Date	03-MAR-2023
Approved PO Date	03-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	1798632
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

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
 Nancy R. McIntyre


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	10500	Each	1	10,500.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	3200	Each	1	3,200.00
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total: 38,700.00 (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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REGISTRATION REQUIREMENTS

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STATE PURCHASING AGENT

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**State Of Rhode Island
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Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-7
Revision Number	0
Reference Contract Number	
PO Date	06-APR-2023
Approved PO Date	06-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	1803278
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4

PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

INVOICE TO

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STATE PURCHASING AGENT
Nancy R. McIntyre


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	12600	Each	1	12,600.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	7800	Each	1	7,800.00
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total:						45,400.00 (USD)

INVOICE TO

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STATE PURCHASING AGENT

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**State Of Rhode Island
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 Providence, RI 02908-5860**

Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-8
Revision Number	0
Reference Contract Number	
PO Date	05-MAY-2023
Approved PO Date	05-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	1807236
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

INVOICE TO

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STATE PURCHASING AGENT
 Nancy R. McIntyre


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	10000	Each	1	10,000.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	8400	Each	1	8,400.00
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total: 43,400.00 (USD)						

INVOICE TO

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STATE PURCHASING AGENT

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 Providence, RI 02908-5860**

Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-9
Revision Number	0
Reference Contract Number	
PO Date	09-MAY-2023
Approved PO Date	09-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	1807698
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
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# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898


CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4

PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

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
 Nancy R. McIntyre


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	26000	Each	1	26,000.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	15600	Each	1	15,600.00
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	50000	Each	1	50,000.00
Total: 91,600.00 (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

ITEM 1



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

Blanket Releases
 3750244, 2

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244
Revision Number	
Reference Contract Number	
PO Date	13-JUL-2022
Approved PO Date	14-NOV-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	1763793
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4

PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

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


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	44216	Each	1	44,216.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	29000	Each	1	29,000.00
Total: 182,416.00 (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
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-3
Revision Number	0
Reference Contract Number	
PO Date	11-JAN-2023
Approved PO Date	11-JAN-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	1791977
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL

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


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total: 25,000.00 (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
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-4
Revision Number	0
Reference Contract Number	
PO Date	20-JAN-2023
Approved PO Date	20-JAN-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	1792484
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
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# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL

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


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	51000	Each	1	51,000.00
Total: 51,000.00 (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
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-5
Revision Number	0
Reference Contract Number	
PO Date	06-FEB-2023
Approved PO Date	06-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	1794935
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
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# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL

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


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total: 25,000.00 (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

 Nancy R. McIntyre



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

Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-6
Revision Number	0
Reference Contract Number	
PO Date	03-MAR-2023
Approved PO Date	03-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	1798632
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

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

STATE PURCHASING AGENT
 Nancy R. McIntyre


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	10500	Each	1	10,500.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	3200	Each	1	3,200.00
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total: 38,700.00 (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



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

Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-7
Revision Number	0
Reference Contract Number	
PO Date	06-APR-2023
Approved PO Date	06-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	1803278
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

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:
 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


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	12600	Each	1	12,600.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	7800	Each	1	7,800.00
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total:						45,400.00 (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



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

Blanket Releases
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-8
Revision Number	0
Reference Contract Number	
PO Date	05-MAY-2023
Approved PO Date	05-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	1807236
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
Requester Name	Parenti, Elaine M
Work Telephone	401-462-3196

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CHANGE TO PO# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4

PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

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:
 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


Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	10000	Each	1	10,000.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	8400	Each	1	8,400.00
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	25000	Each	1	25,000.00
Total: 43,400.00 (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
 3750244, 0

V E N D O R	PEDRO F TACTACAN 1995 DIVISION RD EAST GREENWICH, RI 02818 United States
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Purchase Order Number	3750244-9
Revision Number	0
Reference Contract Number	
PO Date	09-MAY-2023
Approved PO Date	09-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	1807698
Solicitation Number	
Freight	Paid
Payment Terms	NET 30
Vendor Number	15958
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# 3750244 DATED 2/13/23 AGENCY DOC ID- 076EMP898

CHANGE TO CONTROL VALUE:

CURRENT CONTROL VALUE: \$600,200.00
 INCREASE: \$245,600.00
 REVISED CONTROL VALUE: \$845,800.00

REASON/JUSTIFICATION: INCREASE FUNDS FOR ADDITIONAL SERVICES TO BE PROVIDED AS NOTED ON AMENDMENTS 3&4


PO DESCRIPTION: DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)

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Line	Code	Description	Quantity	Unit	Unit Price (USD)	Amount (USD)
1		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE 20/HOURS/PER/WK @ \$200.00/PER/HOUR (\$208,000.00)	26000	Each	1	26,000.00
2		DEL-41192 FY22-23 TO PROVIDE THE PATIENTS OF ELEANOR SLATER HOSPITAL WITH PSYCHIATRIC COVERAGE ON CALL SHIFTS PER WEEK (WEEKDAY) @ \$800.00 PER SHIFT (\$83,000.00)	15600	Each	1	15,600.00
3		DEL-41192 FY22- FY23 ACTING CMO FOR THE RHODE ISLAND STATE PSYCHIATRIC HOSPITAL	50000	Each	1	50,000.00
Total: 91,600.00 (USD)						

INVOICE TO

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