



**RHODE ISLAND
COLLEGE**

5/10/16

PURCHASING DEPARTMENT
600 Mt. Pleasant Avenue, Building #5
Providence, Rhode Island 02908
Phone: 401-456-8047 Fax: 401-456-8528

BID/PROPOSAL

BID/RFP NUMBER: FOOD SERVICE INSPECTIONS
BID/RFP TITLE: 16060141

OPENING DATE & TIME: JUNE 1, 2016 @ 9:30 A.M.

PRE-BID/PROPOSAL CONFERENCE: DATE: TIME:

LOCATION OF PRE-BID:

Note to Bidders: Questions concerning this solicitation may be emailed to mlepore@ric.edu no later than 5/25/16 @ 9:00 AM (EST). Please reference the BID/RFP# on all correspondence. Questions received if any, will be posted on the internet as an addendum to this solicitation. It is the responsibility of all interested parties to download the information.

FEIN: _____
VENDOR NAME: _____
ADDRESS: _____
TELEPHONE: _____
FAX: _____
EMAIL: _____
CONTACT PERSON: _____
TITLE: _____

NOTICE TO VENDORS:

Each bid proposal for a *public works project* must include a “public copy” to be available for public inspection upon the opening of bids. **Bid proposals that do not include a copy for public inspection will be deemed nonresponsive.** For further information on how to comply with this statutory requirement, see R.I. Gen. Laws §§ 37-2-18(b) and (j). Also see Procurement Regulations 5.11, and in addition, for highway and bridge projects, also see Procurement Regulations 5.13, accessible at www.purchasing.ri.gov .

SECTION 3 — OWNERSHIP DISCLOSURE

Bidders must provide all relevant information. Bid proposals submitted without a complete response may be deemed nonresponsive.

If the Bidder is publicly held, the Bidder may provide owner information about only those stockholders, members, partners, or other owners that hold at least 10% of the record or beneficial equity interests of the Bidder; otherwise, complete ownership disclosure is required.

List each officer, director, manager, stockholder, member, partner, or other owner or principle of the Bidder, and each intermediate parent company and the ultimate parent company of the Bidder. For each individual, provide his or her name, business address, principal occupation, position with the Bidder, and the percentage of ownership, if any, he or she holds in the Bidder, and each intermediate parent company and the ultimate parent company of the bidder.

SECTION 4 — CERTIFICATIONS

Bidders must respond to every statement. Bid proposals submitted without a complete response may be deemed nonresponsive.

Indicate "Y" (Yes) or "N" (No), and if "No," provide details below.

THE BIDDER CERTIFIES THAT:

____ 1. The Bidder will immediately disclose, in writing, to the State Purchasing Agent any potential conflict of interest which may occur during the term of any contract awarded pursuant to this solicitation.

____ 2. The Bidder possesses all licenses and anyone who will perform any work will possess all licenses required by applicable federal, state, and local law necessary to perform the requirements of any contract awarded pursuant to this solicitation and will maintain all required licenses during the term of any contract awarded pursuant to this solicitation. In the event that any required license shall lapse or be restricted or suspended, the Bidder shall immediately notify the State Purchasing Agent in writing.

____ 3. The Bidder will maintain all required insurance during the term of any contract pursuant to this solicitation. In the event that any required insurance shall lapse or be canceled, the Bidder will immediately notify the State Purchasing Agent in writing.

____ 4. The Bidder understands that falsification of any information in this bid proposal or failure to notify the State Purchasing Agent of any changes in any disclosures or certifications in this Bidder Certification may be grounds for suspension, debarment, and/or prosecution for fraud.

____ 5. The Bidder has not paid and will not pay any bonus, commission, fee, gratuity, or other remuneration to any employee or official of the State of Rhode Island or any subdivision of the State of Rhode Island or other governmental authority for the purpose

BIDDER

Date: _____

Name of Bidder

Signature in ink

Printed name and title of person signing on behalf of Bidder

RETURN OF BID INVITATION - Bids must be mailed/delivered to RHODE ISLAND COLLEGE PURCHASING DEPARTMENT, BUILDING #5 in a sealed envelope furnished, by the time and date specified for the opening of responses. Bids misdirected to other locations or which are not present at the time of opening for whatever cause will be considered to be late, and will be returned unopened. For the purposes of this requirement the official time and date shall be that of the date/time stamp in the reception area."

State of Rhode Island
PAYER'S REQUEST FOR TAXPAYER
IDENTIFICATION NUMBER AND CERTIFICATION

THE IRS REQUIRES THAT YOU FURNISH YOUR TAXPAYER IDENTIFICATION NUMBER TO US. FAILURE TO PROVIDE THIS INFORMATION CAN RESULT IN A \$50 PENALTY BY THE IRS. IF YOU ARE AN INDIVIDUAL, PLEASE PROVIDE US WITH YOUR SOCIAL SECURITY NUMBER (SSN) IN THE SPACE INDICATED BELOW. IF YOU ARE A COMPANY OR A CORPORATION, PLEASE PROVIDE US WITH YOUR EMPLOYER IDENTIFICATION NUMBER (EIN) WHERE INDICATED.

Taxpayer Identification Number (T.I.N.)

Enter your taxpayer identification number in the appropriate box. For most individuals, this is your social security number.

Social Security No. (SSN)

Employer ID No. (EIN)

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NAME

ADDRESS

(REMITTANCE ADDRESS, IF DIFFERENT)

CITY, STATE AND ZIP CODE

CERTIFICATION: Under penalties of perjury, I certify that:

- (1) The number shown on this form is my correct Taxpayer Identification Number (or I am waiting for a number to be issued to me), and
- (2) I am not subject to backup withholding because either: (A) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (B) the IRS has notified me that I am no longer subject to backup withholding.

Certification Instructions -- You must cross out item (2) above if you have been notified by the IRS that you are subject to backup withholding because of under-reporting interest or dividends on your tax return. However, if after being notified by IRS that you were subject to backup withholding you received another notification from IRS that you are no longer subject to backup withholding, do not cross out item (2).

PLEASE SIGN HERE

SIGNATURE _____ TITLE _____ DATE _____ TEL NO. _____

BUSINESS DESIGNATION:

- Please Check One: Individual Medical Services Corporation Government/Nonprofit Corporation
Partnership Corporation Trust/Estate Legal Services Corporation

NAME: Be sure to enter your full and correct name as listed in the IRS file for you or your business.

ADDRESS, CITY, STATE AND ZIP CODE: Enter your primary business address and remittance address if different from your primary address). If you operate a business at more than one location, adhere to the following:

- 1) Same T.I.N. with more than one location -- attach a list of location addresses with remittance address for each location and indicate to which location the year-end tax information return should be mailed.
- 2) Different T.I.N. for each different location -- submit a completed W-9 form for each T.I.N. and location. (One year-end tax information return will be reported for each T.I.N. and remittance address.)

CERTIFICATION -- Sign the certification, enter your title, date, and your telephone number (including area code and extension).

BUSINESS TYPE CHECK-OFF -- Check the appropriate box for the type of business ownership.

BIDDERS ARE ADVISED THAT ALL PROVISIONS OF TITLE 37 CHAPTER 13 OF THE GENERAL LAWS OF RHODE ISLAND APPLY TO THE WORK COVERED BY THIS REQUEST, AND THAT PAYMENT OF THE GENERAL PREVAILING RATE OF PER DIEM WAGES AND THE GENERAL PREVAILING RATE FOR REGULAR, OVERTIME, AND OTHER WORKING CONDITIONS EXISTING IN THE LOCALITY FOR EACH CRAFTSMEN, MECHANIC, TEAMSTER, LABORER, OR OTHER TYPE OF WORKER PERFORMING WORK ON PUBLIC PROJECTS WHEN STATE OR MUNICIPAL FUNDS EXCEED ONE THOUSAND DOLLARS (\$1,000). THE PREVAILING WAGE TABLE MAY BE OBTAINED AT THE RI DIVISION OF PURCHASES HOME PAGE BY INTERNET AT WWW.PURCHASING.RI.GOV SELECT "INFORMATION" AND THEN SELECT "PREVAILING WAGE TABLE" OR PLEASE GO TO WWW.DLT.RI.GOV TO ASCERTAIN THE CURRENT PREVAILING WAGE RATES.

THE STATE OF RHODE ISLAND USES THE GENERAL DECISION MEMBER RI20100001. PRINT ONLY THE PAGES THAT APPLICABLE TO YOUR BID. BIDDERS NOTE: IN THE EVENT THIS BID SPECIFIES PRICE OFFERS ON A TIME AND MATERIALS BASIS, I.E., AN HOURLY RATE, ANY OR ALL BIDS SUBMITTED IN AN AMOUNT LESS THAN THE PREVAILING RATE IN EFFET FOR THE WORK COVERED BY THIS REQUEST AS OF THE DATE OF BID ISSUANCE SHALL BE REJECTED BY THE COLLEGE.

RHODE ISLAND COLLEGE BID
BID #16060141 – FOOD SERVICES INSPECTIONS
PRICES EFFECTIVE FROM JULY 1, 2016 – JUNE 30, 2017

Successful Vendor to Provide Third Party Food Safety Inspections in Accordance with the Criteria Stated

Rhode Island 3rd Party School Inspection Criteria to cover the following locations: Donovan Dining Center, Henry Barnard School Cafeteria, Café Building #3, and Student Union Café

Company Requirements

1. The inspection agency must not provide any other products or services to the school food authority and there must be no conflicts of interests.

Inspector Requirements:

1. Education
 - a. Bachelor's degree from an accredited college or university, and
 - b. 30 semester hours in one or a combination of the following:
 - i. Biological sciences
 - ii. Chemistry
 - iii. Physical sciences
 - iv. Food science/technology
 - v. Nutrition
 - vi. Medical Science
 - vii. Engineering
 - viii. Epidemiology
 - ix. Veterinary medical Science
 - x. Psychology
 - xi. Related scientific fields that provide knowledge directly related to food protection and environmental health.
2. Experience:
 - a. Must possess a minimum of 2 years experience as an inspector for a food regulatory agency or in a private organization conducting food safety audits/inspections of food service establishments.

b. Must possess a working knowledge of the RI Food Code and the ability to demonstrate proficiency in applying the provisions of the Food Code during the course of inspections.

3. All inspectors are subject to a criminal background check prior to approval.

Inspection Requirements:

1. Inspections must be conducted in a manner that is consistent with current RI laws, regulations, policies and procedures using forms and other materials that are equivalent to current HEALTH inspection forms.

2. Inspections include the verification and assessment of all Rhode Island and federal National School Lunch Program requirements including the review of HACCP plans and verification that all inspections are posted.

3. All inspections must be submitted electronically to the HEALTH food inspection database within 24 hours of completion using software approved by HEALTH.

4. All imminent hazards to public health must be reported to HEALTH immediately upon discovery.

5. The Rhode Island Department of Health must first approve any inspector wishing to conduct inspections on behalf of the regulatory authority. The work of 3rd party inspectors will be periodically audited to determine the level of compliance with these requirements. HEALTH reserves the right to disallow any company, inspector, or reports from any person or organization for failure to comply with these requirements.

6. (2) Inspections per year (minimum.) More inspections may be requested.

Cost per Inspection: \$ _____