

5/18/16



**RHODE ISLAND  
COLLEGE**

**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: PREPARED VEGETABLES/SALAD MIXES  
BID/RFP TITLE: 16061306

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OPENING DATE & TIME: JUNE 13, 2016 @ 11:00 A.M.

**Note to Bidders: Questions concerning this solicitation may be emailed to [mlepore@ric.edu](mailto:mlepore@ric.edu) no later than 6/6/16 @ 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.**

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FEIN: \_\_\_\_\_  
VENDOR NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
TELEPHONE: \_\_\_\_\_  
FAX: \_\_\_\_\_  
EMAIL: \_\_\_\_\_  
CONTACT PERSON: \_\_\_\_\_  
TITLE: \_\_\_\_\_

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**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](http://www.purchasing.ri.gov) .

## SECTION 2 – REQUIREMENTS

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

*Indicate “Y” (Yes) or “N” (No) for Disclosures 1-4, and if “Yes,” provide details below*

\_\_\_\_ 1. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been subject to suspension or debarment by any federal, state, or municipal governmental authority, or the subject of criminal prosecution, or convicted of a criminal offense within the previous 5 years. If “Yes,” provide details below.

\_\_\_\_ 2. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has had any contracts with a federal, state, or municipal governmental authority terminated for any reason within the previous 5 years. If “Yes,” provide details below.

\_\_\_\_ 3. State whether the Bidder, or any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder or any parent, subsidiary, or affiliate has been fined more than \$5000 for violation(s) of any Rhode Island environmental law(s) by the Rhode Island Department of Environmental Management within the previous 5 years. If “Yes,” provide details below.

\_\_\_\_ 4. State whether any officer, director, manager, stockholder, member, partner, or other owner or principal of the Bidder is serving or has served within the past two calendar years as either an appointed or elected official of any state governmental authority or quasi-public corporation, including without limitation, any entity created as a legislative body or public or state agency by the general assembly or constitution of this state.

*Disclosure details (continue on additional sheet if necessary):*

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## 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.

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## 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 of obtaining an award of a contract pursuant to this solicitation. The Bidder further certifies that no bonus, commission, fee, gratuity, or other remuneration has been or will be received from any third party or paid to any third party contingent on the award of a contract pursuant to this solicitation.

\_\_\_ 6. This bid proposal is not a collusive bid proposal. Neither the Bidder, nor any of its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents has in any way colluded, conspired, or agreed, directly or



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## 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.

Mail to: Rhode Island College, Purchasing Department, Building #5  
600 Mt. Pleasant Avenue, Providence, RI 02908

**BID # 16061306**  
**PREPARED VEGETABLES/SALAD MIXES**

**EFFECTIVE FROM JULY 1, 2016 UNTIL JUNE 30, 2017**

**DELIVERY INSTRUCTIONS FOR**  
**RHODE ISLAND COLLEGE**  
**DINING SERVICES**

**CONDITIONS:**

**DELIVERIES:**

- ALL DELIVERIES FOR DDC ARE TO BE DELIVERED TO  
RHODE ISLAND COLLEGE  
DINING SERVICES  
600 MT. PLEASANT AVE.  
PROVIDENCE, RI 02908
- MONDAY THROUGH FRIDAY 6AM - 11AM ONLY.
- DELIVERY TO INSIDE OF BUILDING IS REQUIRED.
- DELIVERY TO BE ACCOMPLISHED AS REQUESTED BY COLLEGE DINING SERVICES  
SUCH AS (DATE, TIME, CONDITION).
- RIC RESERVES THE RIGHT TO REQUEST AND RECEIVE PERISHABLE TYPE  
PRODUCTS SEVEN DAYS PER WEEK IN SPECIAL CIRCUMSTANCES.

**PAYMENT PROCEDURES:** COLLEGE DINING SERVICES STRIVES TO  
PROVIDE TIMELY PAYMENT TO ALL VENDORS. PLEASE COMPLY WITH THE  
FOLLOWING PROCEDURES TO ASSIST US IN DOING SO:

- ALL PACKING SLIPS MUST BE SIGNED BY AUTHORIZED PERSONNEL IN OUR  
RECEIVING DEPT.
- ORIGINAL INVOICE MUST BE SENT TO:  
RHODE ISLAND COLLEGE  
DONOVAN DINING CENTER  
600 MT. PLEASANT AVE.  
PROVIDENCE, RI 02908  
ATTN.: DEBBIE GINOLFI
- ALL INVOICES SHALL REFERENCE THE PURCHASE ORDER#, THE ITEMS COVERED,  
AND THE UNIT PRICING IN THE SAME FORMAT AS DESCRIBED IN ATTACHMENT  
"A".
- INVOICES FOR THE ITEMS NOT RECEIVED OR FOR WORK NOT YET PERFORMED  
WILL NOT BE HONORED.

**ATTACHMENT A**  
**BID # 16061306**  
**PREPARED VEGETABLES/SALAD MIXES**

**EFFECTIVE FROM JULY 1, 2016 UNTIL JUNE 30, 2017**

COLE SLAW SPECIFICATIONS

HARD NATIVE CABBAGE, TRIMMED COMPLETELY DECORED, WASHED AND VERY FINELY SHREDDED (1/8"). 15% TO BE THOROUGHLY MIXED AND DIPPED IN R.I. STATE PUBLIC HEALTH APPROVED SOLUTION TO GUARANTEE SHELF LIFE OF 3-5 DAYS.

COLE SLAW MIX TO BE LOOSELY PACKED AS SPECIFIED IN POLY BAGS CONTAINING DRAIN HOLES. ALL DELIVERIES/RECEIVED WEIGHTS TO BE NET (CONTENTS ONLY). PRODUCT TO BE DELIVERED PRIOR TO 8:00AM, FOUR TIMES WEEKLY OR ON DAYS SPECIFIED BY AGENCY.  
SOLUTION AND WASHING INSTRUCTIONS TO BE SHOWN ON LABEL.

FRESH TOSSED SALAD MIX SPECIFICATIONS

CARROTS, PEELED, WASHED AND SHREDDED 5% RED CABBAGE, TRIMMED, DECORED, SHREDDED 1/4" AND WASHED 5%. ICEBERG LETTUCE, TRIMMED, CORED, WASHED AND CUT TO LESS THAN 1" CUBES 90%.  
SOLUTION AND WASHING INSTRUCTIONS TO BE SHOWN ON LABELS.

ONION AND CELERY SPECIFICATIONS

EACH POLY BAG TO CONTAIN SOLUTION APPROVED BY PUBLIC HEALTH. SAID SOLUTION TO PREVENT PRODUCT DISCOLORATION 3 TO 5 DAYS UNDER REFRIGERATION. SOLUTION AND WASHING INSTRUCTIONS TO BE SHOWN ON LABELS.

NOTES:

- A. AWARDS WILL BE BASED UPON THE ABILITY OF THE PACKER TO DELIVER ON A CONTINUING BASIS TO DONOVAN DINING CENTER IN A TIMELY MANNER IN ORDER TO INSURE MAXIMUM FRESHNESS. THE JUDGMENT OF THE R.I. DEPARTMENT OF HEALTH WILL BE CONSIDERED IN THIS RESPECT.
- B. ALL COLE SLAW AND TOSSED SALAD MIX DELIVERIES MUST BE MADE IN REFRIGERATED VEHICLES BETWEEN 34-38 DEGREES.
- C. "VENDOR REQUIRED TO HAVE PRODUCT LIABILITY INSURANCE".
- D. VENDOR MUST BE APPROVED BY FEDERAL INSPECTORS AND THE RHODE ISLAND DEPARTMENT OF HEALTH. ONLY PACKERS WILL BE CONSIDERED.
- E. ALL BAG WEIGHTS TO BE QUOTED BY NET. TOTAL WEIGHT TO INCLUDE BAG WEIGHT AND SOLUTION WEIGHT.

## **NUTRITION LABELING REQUIREMENTS**

Rhode Island College in accordance with the Federal Food, Drug, and Cosmetic Act § 403 (Q)(3) – (5), nutrition labeling as specified in 21 CFR 101 – Food Labeling and 9 CFR 317 Subpart B Nutrition Labeling.

Awarded vendors will require to follow the standards based on manufacturers' nutritional data or nutrient fact labels.

- When food is in package form, the required nutrition labeling information shall appear on the label.
- When food is not in package form, the required nutrition labeling information shall be displayed clearly at the point of purchase or available for customers to view in a binder format.
- Expiration Dates will also be noted on the packages.

## **Local Vendor Purchases**

In an effort to achieve efficiency, while also maximizing opportunity for local producers Rhode Island College in accordance with R.I. Gen. Laws § 37-2-8 (Rhode island Food Stuffs) request any selected vendor must maximize local food purchases in accordance with the terms herein.

RIC acknowledges that locally sourced ingredients are seasonal. Successful vendor(s) may be requested to provide quality reports stating the amount of locally sourced ingredients provided to RIC for this contract agreement.

RHODE ISLAND COLLEGE INVITATION TO BID  
 BID #16061306, PREPARED VEGETABLES/SALAD MIXES  
 PRICES TO BE EFFECTIVE FROM JULY 1, 2016 THROUGH JUNE 30, 2017

Rhode Island College reserves the right to order and receive items up to six days per week, without minimum weight or dollar restrictions for any or all items listed herein.

**\*\*ALL PRICES TO BE QUOTED PER POUND ONLY\*\***

Item #	Description	Required Pack Size	Estimated Need	UNIT PRICE	
1	POTATOES, PREPARED FRESH DAILY, DICED, 3/4".	20LB/ PAIL	300 PAILS	/PAIL	
2	POTATOES, PREPARED FRESH DAILY GOLF BALLS, PEELED	20LB/ PAIL	45 PAILS	/PAIL	
3	POTATOES, FINGERLING	20LB/ Boxes	30	/BOX	
4	POTATOES, PREPARED FRESH DAILY SLICED, PEELED	20LB/ PAIL	40 PAILS	/LB	
5	ONIONS, 3/8". PEELED, SLICED, DIPT	5 LB/POLYBAGS	250 LBS	/LB	
6	ONIONS, DICED 1/4" OR AS SPECIFIED BY AGENCY, DIP.	5 LB/POLYBAGS	480 LBS	/LB	
7	PEPPERS, GREEN CUT INTO STRIPS, 6 TO 8 EQUAL PIECES.	5 LB/POLYBAGS	250 LBS	/LB	
8	PEPPERS, WHOLE GREEN, CORED AND DESEEDED.	5 LB/POLYBAGS	100 LBS	/LB	
9	PEPPERS, DICED 1/4"	5 LB /POLYBAGS	250 LBS	/LB	
10	PEPPERS, RED CUT INTO STRIPS, 6 TO 8 EQUAL PIECES	5 LB /POLYBAGS	200 LBS	/LB	
11	PEPPERS, YELLOW CUT INTO STRIPS, 6 TO 8 EQUAL PIECES	5 LB/POLYBAGS	250 LBS	/LB	
12	CELERY, 3/8", 1/2", OR 3/4" AS SPECIFIED BY AGENCY, WASHED, DICED & DIPT	5 LB/POLYBAGS	200 LBS	/LB	
13	CELERY STICKS, PEELED 4" LENGTH	5 LB/POLYBAGS	200 LBS	/LB	
14	SQUASH, BUTTERNUT, PEELED	5LB/POLYBAGS	100 LBS	/LB	
15	SQUASH, SUMMER, SLICED	5 LB/POLYBAGS	200 LBS	/LB	
16	SQUASH, ZUCCHINI, SLICED	5 LB/POLYBAGS	200 LBS	/LB	
17	BROCCOLI, FLORETS, NO LONGER THAN 2" NO STEMS.	5 LB/POLYBAGS	200 LBS	/LB	
18	CAULIFLORETTES, NO LONGER THAN 2"	5 LB/POLYBAGS	200 LBS	/LB	
19	STIR FRY VEGETABLES, PRODUCT TO CONTAIN BROCCOLI, PEPPERS, ONIONS BOK CHOY, SNOW PEAS, AND CARROTS.	5/3#/CS	150 LBS	/LB	

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**\*\*ALL PRICES TO BE QUOTED PER POUND ONLY\*\***

Item #	Description	Required Pack Size	Estimated Need	Unit Price	Vendor Name
20	FRESH COLE SLAW MIX	10# POLYBAG	50 LBS	/LB	
21	FRESH SHREDDED ICEBERG LETTUCE, GRADE A SPIN DRY OR CRY-O-VAC	4 /5lbs per cases	600 LBS	/LB	
22	FRESH TOSSED SALAD MIX, GRADE A SPIN DRY, OR CRY-O- VAC	AS REQUESTED BY AGENCY	300 LBS	/LB	
23	STRAWBERRY Washed/Whole	Flats	150 LBS	/LB	
24	PINEAPPLE Washed/Cubed	Case	1400 lbs.	/CS	
25	HONEY DEW Washed/Cubed	Case	5	/CS	
26	BANANAS, PETITE -GREEN TIP	40 LBS	240	/LB	
27	BANANAS, REGULAR -GREEN TIP	40 LBS	1200	/LB	
28	MIXED FRUIT SALAD	10 LB Pail	20	/LB	
29	FLAT PARSLEY	BUNCH	160	/OZ	
30	TARRAGON	BUNCH	20	/OZ	
31	MINT	BUNCH	15	/OZ	
32	ROSEMARY	BUNCH	20	/OZ	
33	SAGE	BUNCH	10	/OZ	
34	THYME	BUNCH	10	/OZ	
35	LEEKs	BUNCH	80	/OZ	

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**\*\*ALL PRICES TO BE QUOTED PER POUND ONLY\*\***

**DELIVERY AS REQUESTED BY AGENCY PER ATTACHMENT AND IN ACCORDANCE WITH ATTACHMENT B**

**FRESH:** MUST BE ALL NATURAL - NO PRESERVATIVES OR ADDITIVES - NO SULFITES

PRODUCT TO BE PACKED IN WATER WITHOUT PRESERVATIVES , IN A HIGH GAUGE POLYBAG LINER STAPLED SHUT. BAG TO BE PLACED IN A HEAVY DUTY WAXED BOX.

THE ESTIMATED NEEDS ARE ANTICIPATED USAGE **ESTIMATES ONLY** AND DO NOT REPRESENT A COMMITMENT BY RIC TO PURCHASE THE FULL QUANTITIES LISTED.

**IF A DISCOUNT FOR PROMPT PAYMENT IS AVAILABLE PLEASE STATE TERMS**

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I certify that the prices quoted here in are accurate and that I am authorized to quote these prices.

Name: \_\_\_\_\_

Title: \_\_\_\_\_

Date: \_\_\_\_\_