

5/17/2016



**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: DAIRY, ICE CREAM, FROZEN YOGURT, FROZEN LEMONADE
BID/RFP TITLE: 16061320

OPENING DATE & TIME: JUNE 13, 2016 @ 10:00 A.M.

Note to Bidders: Questions concerning this solicitation may be emailed to 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.

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 2 – REQUIRMENTS

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):

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 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 indirectly, with any other bidder or person to submit a collusive bid proposal in response to the solicitation or to refrain from submitting a bid proposal in response to the solicitation, or has in any manner, directly or indirectly, sought by agreement or collusion or other communication with any other bidder or person to fix the price or prices in the bid proposal or the bid proposal of any other bidder, or to fix any overhead, profit, or cost component of the bid price in the bid proposal or the bid proposal of any other bidder, or to secure through any collusion, conspiracy, or unlawful agreement any advantage against the State of Rhode Island or any person with an interest in the contract awarded pursuant to this solicitation. The bid price in the bid proposal is fair and proper and is not tainted by any collusion, conspiracy, or unlawful agreement on the part of the Bidder, its owners, stockholders, members, partners, principals, directors, managers, officers, employees, or agents.

___ 7. The Bidder: (i) is not identified on the General Treasurer's list created pursuant to R.I. Gen. Laws § 37-2.5-3 as a person or entity engaging in investment activities in Iran described in § 37-2.5-2(b); and (ii) is not engaging in any such investment activities in Iran.

___ 8. The Bidder will comply with all of the laws that are incorporated into and/or applicable to any contract with the State of Rhode Island.

Certification details (continue on additional sheet if necessary):

Submission by the Bidder of a bid proposal pursuant to this solicitation constitutes an offer to contract with the State of Rhode Island through the Division of Purchases on the terms and conditions contained in this solicitation and the bid proposal. The Bidder certifies that: (1) the Bidder has reviewed this solicitation and agrees to comply with its terms and conditions; (2) the bid proposal is based on this solicitation; and (3) the information submitted in the bid proposal (including this Bidder Certification Cover Form) is accurate and complete. The Bidder acknowledges that the terms and conditions of this solicitation and the bid proposal will be incorporated into any contract awarded to the Bidder pursuant to this solicitation and the bid proposal. The person signing below represents, under penalty of perjury, that he or she is fully informed regarding the preparation and contents of this bid proposal and has been duly authorized to execute and submit this bid proposal on behalf of the Bidder.

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.

BID # 16061320

GROUP: DAIRY, ICE CREAM, FROZEN YOGURT, FROZEN LEMONADE

EFFECTIVE FROM JULY 1, 2016 UNTIL JUNE 30, 2017

DELIVERY INSTRUCTIONS FOR
RHODE ISLAND COLLEGE
DONOVAN DINING CENTER

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.

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)

Form boxes for Social Security No. (SSN)

Employer ID No. (EIN)

Form boxes for Employer ID No. (EIN)

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

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 BID INVITATION
 BID #16061320, DAIRY, ICE CREAM, FROZEN YOGURT, FROZEN LEMONADE
PRICES TO BE EFFECTIVE FROM JULY 1, 2016 UNTIL JUNE 30, 2017

ITEM	DESCRIPTION	BRAND & CODE	PACK SIZE	PRICE	VENDOR
I. MILK					
1	LACTAID MILK: 100% LACTOSE REDUCED, FAT FREE, CALCIUM FORTIFIED	Garelick	1/2 PINT CONTAINER		
2	HOMOGENIZED MILK	Garelick	1/2 GAL CONTAINER		
3	LOW FAT MILK 1%	Garelick	1/2 GAL CONTAINER		
4	EGGNOG PASTURIZED	Garelick	1/2 GAL CONTAINER		
5	SOY MILK PLAIN	Silk Brand Only	12/11 OZ. CONTAINERS		
6	SOY MILK CHOCOLATE	Silk Brand Only	12/11 OZ. CONTAINERS		
7	SOY MILK VANILLA	Silk Brand Only	12/11 OZ. CONTAINERS		
8	CHOCOLATE MILK, LOW FAT	RHODY FRESH MILK	1/2 PINT CONTAINER		
9	SKIM MILK, WHITE	RHODY FRESH MILK	1/2 PINT CONTAINER		
10	LOW FAT MILK 1%	RHODY FRESH MILK	1/2 PINT CONTAINER		
11	COFFEE MILK, LOW FAT	RHODY FRESH MILK	1/2 PINT CONTAINER		
12	WHOLE MILK	Garelick	8 oz. Bottles		
13	1% LOW FAT MILK	Garelick	8 oz. Bottles		
14	1 % LOW FAT CHOCOLATE MILK	Garelick	8 oz. Bottles		
15	1% LOW FAT COFFEE MILK	Garelick	8 oz. Bottles		
16	1% LOW FAT STRAWBERRY MILK	Garelick	8 oz. Bottles		
17	SKIM MILK	Garelick	8 oz. Bottles		

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ITEM	DESCRIPTION	BRAND & CODE	PACK SIZE	PRICE	VENDOR
II. CREAMS					
18	SOUR CREAM	Cabot	5# CONTAINER		
19	HEAVY CREAM	Summer Maid	QUARTS		
20	HALF & HALF INDIVIDUAL CREAMERS	Garelick	3/8 OZ.		
21	SHELF STABLE INDIVIDUAL CREAMERS CODE 3308	Garelick	360 CT 3/8 OZ./CS		
22	HALF & HALF	Garelick	1/2 GAL PAPER		
23	LIGHT CREAM	Garelick	1 QUART		
24	WHIPPED CREAM AEROSAL	Garelick	12/15 OZ.		
25	SHELF STABLE INDIVIDUAL CREAMERS	Garelick	360 CT. BOX		
III. BUTTER/OTHERS					
26	BUTTER BLOCK STSTE AA	Cabot	36/1#		
27	BUTTER CONTINENTAL GOLD	Continental	59 CT./17#		
28	BUTTER PATS	Continental	1030 CT 12#		
29	MARGARINE PATS	Continental	1080 CT/ 12#		
30	LARGE LOOSE WHITE EGGS	LITTLE RHODY EGG FARMS	30/15 CS		
IV. CHEESE					
31	LOW FAT COTTAGE CHEESE MED. CURD	Hoods	5# CONTAINER		
32	RICOTTA CHEESE PART SKIM	Bella Francesca	2 OR 5# CONTAINER		
33	AMERICAN CHEESE, WHITE	Summer Maid	5#/160 SLICES		

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ITEM	DESCRIPTION	BRAND & CODE	PACK SIZE	PRICE	VENDOR
34	CREAM CHEESE	Summer Maid	1 OZ.		
35	PARMESAN CHEESE GRATED	Chef Louis	5# CONTAINER		
36	RICOTTA CHEESE PART SKIM	Bella Francesa	5# CONTAINER		
37	PC CREAM CHEESE	Summer Maid	100/1 OZ.		
V. YOGURT/FROZEN YOGURT/ICE CREAM					
A. YOGURT					
38	YOPLAIT ASSTD YOGURT	Yoplait	6 OZ. EA./12 CS.		
39	YOPLAIT - RASPBERRY/ RAINBOW	Yoplait	4 OZ/ 48 CS		
40	DANON YOGURT GREEK ASSORTED	Danon	12/5.3 OZ.		
41	DANON #3271 - STRAWBERRY PARFAIT	Danon	12/5.3 OZ.		
42	STONEFIELD FARMS ORGANIC LF - STRAWBERRY/BLUEBERRY	Stonefield Farms	12/6 OZ.		
B. FROZEN YOGURT					
43	FROZEN YOGURT, ASSTD. FLAVORS INCL.: STRAWBERRY, VANILLA, CHOCOLATE, CAPPUCCINO, RASPBERRY, VANILLA BEAN	Nestle	6/.5 GAL PACKS		
44	BULK FROZEN YOGURT ASSTD FLAVORS	Nestle	3 GALLON CONTAINERS		

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ITEM	DESCRIPTION	BRAND & CODE	PACK SIZE	PRICE	VENDOR
45	ASSTD FLAVORS W/OUT NUTS, WAIWICK ICE CREAM	Warwick Ice Cream	3 GALLON CONTAINERS		
46	ASSTD FLAVORS W/ NUTS, WARWICK ICE CREAM	Warwick Ice Cream	3 GALLON CONTAINERS		
47	SHERBERT, ORANGE - RAINBOW	Warwick Ice Cream	3 GALLON CONTAINERS		
48	SUGAR FREE ICE CREAM, VANILLA	Warwick Ice Cream	3 GALLON CONTAINERS		
49	SUGAR FREE ICE CREAM, COFFEE	Warwick Ice Cream	3 GALLON CONTAINERS		
IV. ICE CREAM NOVELITIES					
50	CANDY CENTER CRUNCH BAR	Good Humor	24 CT/4 OZ EA.		
51	CHOCOLATE ÉCLAIR BAR	Warwick Ice Cream	24 CT/4 OZ EA.		
52	STRAWBERRY SHORTCAKE	Warwick Ice Cream	24 CT/4 OZ EA.		
53	TOASTED ALMOND CRISPY	Warwick Ice Cream	24 CT/4 OZ EA.		
54	COOKIES AND CREAM	Warwick Ice Cream	24 CT/2.7 OZ EA.		
55	OREO ICE CREAM BAR	Good Humor	24 CT/4 OZ EA.		
56	ORIGINAL ICE CREAM BAR	Warwick Ice Cream	24 CT/4 OZ EA.		
57	RESSES ICE CREAM BAR	Good Humor	24 CT/4 OZ EA.		

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ITEM	DESCRIPTION	BRAND & CODE	PACK SIZE	PRICE	VENDOR
A. ICE CREAM CONES					
58	KING CONE	Good Humor	24 CT/4 OZ EA.		
59	SUNDAE CONE	Good Humor	24 CT/4.3 OZ EA.		
60	LACTAID ICE CREAM CUPS	Lactaid	24 CT/4 OZ EA.		
61	TRAIANGLE CHOC. BROWNIE KING CONE	Good Humor	12 CT/ 8 OZ EA.		
62	VANILLA CHOC. KING CONE	Good Humor	24 CT/ 8 OZ EA.		
B. ICE CREAM SANDWICHES					
63	CHOC. CHIP COOKIE SANDWICH	Good Humor	24 CT/ 4.5 OZ EA.		
64	GIANT VANILLA SANDWICH	Blue Bunny	24 CT/ 6 OZ EA.		
65	GIANT NEAPOLITAN SANDWICH	Blue Bunny	24 CT/ 6 OZ EA.		
66	VANILLA SANDWICH	Good Humor	24 CT/ 3.5OZEA.		
67	VANILLA SANDWICH WARWICK	Warwick Ice Cream	24 CT/ 3.5OZEA.		
<u>SECTION VII - FROZEN LEMONADE</u>					
SUCCESSFUL VENDOR TO PROVIDE DDC WITH TWO COLDILITE COUNTER TOP DISPENSING MACHINES, AND CUPS AT NO ADDITIONAL CHARGE					
68	DRY MACHINE MIX LEMON FOR COLDILITE MACHINES. DEL'S OR EQUAL AS DETERMINED BY AGENCY.	Del's	18 LB/1 LB Bags		
69	FROZEN LEMONADE/WITH CART READY TO SERVE DEL'S BRAND OR EQUAL AS DETERMINED BY RIC.	Del's	300 GALLONS		

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It is the intention of RIC to award these items to one vendor capable of providing all items requested. RIC reserves the right to award to multiple vendors if it is determined to be in the College's best interest.

IF A DISCOUNT FOR PROMPT PAYMENT IS AVAILABLE PLEASE STATE TERMS

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

DATE: _____

COMPANY: _____

NAME: _____

TITLE: _____