

5/19/2016



**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: FRESH BREAD AND BAKERY

BID/RFP TITLE: 16061424

OPENING DATE & TIME: JUNE 14, 2016 @ 9:00 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 # 16061424

GROUP: FRESH BREAD AND BAKERY

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 PROCEEDURES TO ASSIT US IN DOIG 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.

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.

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)

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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.

RHODE ISLAND COLLEGE INVITATION TO BID
 BID# 16061424 FRESH BREAD AND BAKERY
 PRICES ARE TO BE EFFECTIVE ON: JULY 1, 2016 THRU: JUNE 30, 2017

PLEASE NOTE RHODE ISLAND COLLEGE IS SEEKING PRICING FOR THE SPECIFIC ITEM, BRAND, CODE, AND PACK SIZE LISTED. ALTERNATE ITEM PRICING MAY BE SUBMITTED IF IDENTIFIED AS AN ALTERNATE. IF ALTERNATE ITEM PRICING IS SUBMITTED, PLEASE INCLUDE THE CORRESPONDING DESCRIPTION, PACK SIZE, BRAND, AND CODE.

ITEM	DESCRIPTION	DESIRED PACK SIZE	BRAND	CODE	EST. NEED	UNIT PRICE
	FOR ITEMS 1-53 DELIVERY OF ITEMS TO BE AS REQUESTED BY RIC, RIC RESERVES THE RIGHT TO REQUIRE DELIVERY SEVEN DAYS PER WEEK IF NEED EXIST. ALL ITEMS TO BE FRESH, NOT PREVIOUSLY FROZEN.					
1	4" HAMBURGER ROLLS, KAVANAGH'S CODE 00042 OR EQUAL	12/22 OZ	Kavanagh's	42	4,000	
2	WHEAT CLUSTER HAMBURGER ROLL, KAVANAGH'S CODE 34316 OR EQUAL	16/1.6 OZ	Kavanagh's	34316	320	
3	FRENCH STICKS, 24" LONG, CORN MEAL BOTTOM, SMOOTH TOP NOT RAZORED, CALISE CODE 1453 OR EQUAL	11.5 oz.	Calise	1458	800	
4	6" SPLITS GRINDER ROLLS, CALISE CODE 1138 OR EQUAL	6/15OZ	Calise	1138	200	
5	8.5" SPLITS GRINDER ROLLS, CALISE CODE 1247 OR EQUAL	6/21OZ	Calise	1247	2,880	
6	9" WHEAT SPLITS GRINDER ROLLS, CALISE CODE 1228 OR EQUAL	6/16OZ	Calise	1228	200	
7	WHEAT 6" SPLIT, CALISE CODE 1704 OR EQUAL	8/17 PK	Calise	1704	30	
8	BULKIE ROLL, CALISE CODE 1133 OR EQUAL	6/15 OZ	Calise	1133	400	

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ITEM	DESCRIPTION	DESIRED PACK SIZE	BRAND	CODE	EST. NEED	UNIT PRICE
9	BULKIE WHOLE WHEAT, CALISE CODE 1130 OR EQUAL	6/15OZ	Calise	1130	400	
10	WHITE CLUB BREAD SLICED, 5/8" 18 USABLE SLICES, HOMESTEAD CODE 0002 OR EQUAL	18/25OZ	Homestead	2	480	
11	COUNTRY WHITE BREAD, GOLD MEDAL CODE 00127 OR EQUAL	14/24OZ	Gold Medal	127	800	
12	WHITE BREAD, TEXAS STYLE, 3/4" SLICES, GOLD MEDAL 6127 OR EQUAL	20/13 SL	Gold Medal	6127	300	
13	WHITE SLICED SANDWICH BREAD - GLUTEN FREE. UDIS CODE 80999 OR EQUAL	6/30 OZ PER CS	Udi's	80999	30	
14	HEARTY WHEAT, 16 SLICES PER LOAF, GOLD MEDAL CODE 00128 OR EQUAL	14/24OZ	Gold Medal	128	25	
15	WHOLE GRAIN SLICED BREAD - GLUTEN FREE. UDIS CODE 81000 OR EQUAL	6/30 OZ PER CS	Udi's	81000	25	
16	12 GRAIN, 14 USA SLICES PER LOAF, GOLD MEDAL CODE 00212 OR EQUAL	14/24OZ	Gold Medal	212	160	
17	RAISIN BREAD, SLICES, N.E. PREMIUM CODE 00016 OR EQUAL	16/16OZ	N.E. Prem.	16	20	
18	CINNAMON RAISIN SWIRL, JESSICA'S CODE 7203 OR EQUAL	32oz/14 slices	Jessica's	7203	10	

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ITEM	DESCRIPTION	DESIRED PACK SIZE	BRAND	CODE	EST. NEED	UNIT PRICE
19	OATMEAL BREAD SLICED, 14 USABLE SLICES, GOLD MEDAL CODE 6124 OR EQUAL	14/24 OZ	Gold Medal	6124	120	
20	MARBLE BREAD SLICED, KASANOF'S CODE 00114 OR EQUAL	12/16OZ	Kasanof's	114	60	
21	BRIOCHE SLICED LOAF, JESSICA'S CODE 7207 OR EQUAL	22/14 SLICE	Jessica's	7207	60	
22	BAGELS, SLICED, ASSORTED FLAVORS, TO INCLUDE: SESAME SEED, POPPYSEED, SPINACH GARLIC, ONION, CINNAMON APPLE, PESTO, BLUEBERRY, MARBLE WHEAT, PLAIN, ETC. BAGELS TO BE NOT LESS THAN 4 OZ EA, EACH BAG RO CONTAIN SAME TYPE IN HALF DOZEN AMOUNT, WITH EACH BAG LABELED AS TO CONTENTS AND EXPIRATION DATE. ELIE'S CODE 00900-00915 OR EQUAL	6/24OZ	Eli's	00900-00915	3,200	
23	FINE WHITE BREAD CRUMBS, CALISE CODE 6100, OR EQUAL	25 LBS	Calise	6100	100 LBS	
24	ENGLISH MUFFINS, FORK SPLIT 6 PKG, KAVANAGH'S CODE 00102 OR EQUAL	6/12 OZ	Kavanagh's	102	1,600	
25	GARLIC BREAD STICKS, CALISE CODE 1197, OR EQUAL	8/13.5oz	Calise	1197	300	
26	WRAP WHEAT 8" 4PKG, ELIE'S CODE 7162 OR EQUAL	10/16OZ	Eli's	7162	36	

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ITEM	DESCRIPTION	DESIRED PACK SIZE	BRAND	CODE	EST. NEED	UNIT PRICE
27	TORTILLA WHEAT WRAPS 10", ELIE'S CODE 7160 OR EQUAL	10/22.75 pk	Eli's	7160	2,000	
28	TORTILLA WHITE WRAPS 10", ELIE'S CODE 7157 OR EQUAL	10/36 oz	Eli's	7157	3,000	
29	TORTILLA SPINACH PESTO GARLIC WRAPS 10", ELIE'S CODE 7158 OR EQUAL	10/36 oz	Eli's	7158	320	
30	TORTILLA TOMATO BASIL WRAPS 10", ELIE'S CODE 7159 OR EQUAL	10/36 oz	Eli's	7159	320	
31	GARLIC HERB DINNER ROLL, CALISE CODE 1297 OR EQUAL	12/18 OZ	Calise	1228	40	
32	POCKET BREAD 7" DIAMETER WHITE OR WHEAT AS REQUESTED, HOMESTEAD CODE 0018700188 OR EQUAL	4/12 OZ	Homestead	00187 00188	50	
33	WHEAT ENGLISH 12 PKG, HOMESTEAD CODE 10112 OR EQUAL	12/24OZ	Homestead	10112	30	
34	PAN ROLLS, HOMESTEAD CODE 00093 OR EQUAL	12/14oz	Homestead	93	80	
35	DINNER WHOLE GRAIN, CALISE CODE 1263 OR EQUAL	12/12.78	Calise	1263	50	
36	DINNER ROLLS, CALISE, OR EQUAL	15.3 oz	Calise	1283	120	
37	CIABATTA 4X4 MULTIGRAIN	6/24OZ	Multigrain	7120	10 CS	
38	NEW ENGLAND STRIP, KAVANAGH'S CODE 00041 OR EQUAL	12/16OZ	Kavanagh's	41	600	
39	LANKY 12 HOT DOG ROLLS SPLIT, HEATH STONE CODE 6106 OR EQUAL	8pk/16 oz	Health Stone	6106	150	

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ITEM	DESCRIPTION	DESIRED PACK SIZE	BRAND	CODE	EST. NEED	UNIT PRICE
40	WIENER ROLLS, GOLD MEDAL CODE 6107 OR EQUAL	16/18oz	Gold Medal	6107	80	
41	HOT DOG WHOLE GRAIN SL, CALISE CODE 1704 OR EQUAL	8/17 OZ	Calise	1704	400	
42	FINGER ROLL, CALISE CODE 1129 OR EQUAL	12/14 OZ	Calise	1129	25	
43	DINNER WHITE , CALISE CODE 1250 OR EQUAL	12/15 OZ	Calise	1250	10	
44	DINNER WHOLE GRAIN, CALISE CODE 1263 OR EQUAL	12/12.75	Calise	1263	20	
45	VIENNA MULTIGRAIN 9/16", CALISE CODE 1526 OR EQUAL	16 SL/24 OZ	Calise	1526	10	
46	VIENNA MARBLE RYE 9/16", CALISE CODE 1527 OR EQUAL	16 SL/24 OZ	Calise	1527	10	
47	ITALIAN SL BREAD 5/8", CALISE CODE 1302 OR EQUAL	18 SL/15 OZ	Calise	1302	30	

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.

COMPANY: _____

NAME: _____

TITLE: _____

DATE: _____

SIGNATURE: _____