

5/19/16



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: BEVERAGES
BID/RFP TITLE: 16061426

OPENING DATE & TIME: JUNE 14, 2016 @ 11:00AM

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 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:
CONTACT PERSON:
EMAIL:
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.

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.

BID # 16061426

GROUP: BEVERAGES

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.

**BID 16061426 – RHODE ISLAND COLLEGE
PRICES EFFECTIVE FROM JULY 1, 2016 – JUNE 30, 2017**

ITEM	DESCRIPTION	PACK SIZE REQUIRED	EST. NEED	PACK SIZE QUOTED	UNIT PRICE	BRAND & CODE #	VENDOR
I.	SODA PRODUCTS						
	Note: Where specific brands are listed, no substitutions will be accepted unless a sample is submitted 7 days prior to bid opening, and the samples is deemed equal to or better than original specifications by RIC. ITEMS 1-9 WILL BE AWARDED TO THE TOTAL LOW VENDOR BID.						
1	COLA, COKE OR PEPSI ONLY	24/12 OZ./CANS	150 CS				
2	DIET COLA, COKE OR PEPSI ONLY	24/12 OZ./CANS	100 CS				
3	SPRITE OR 7UP	24/12 OZ./CANS	50 CS				
4	ORANGE FLAVORED SODA	24/12 OZ./CANS	50 CS				
5	GINGERALE, SCHWEPES OR CANADA DRY	24/12 OZ./CANS	30 CS				
6	DIET GINGER ALE, SCHWEPES OR CANADA DRY	24/12 OZ./CANS	30 CS				
7	ROOTBEER	24/12 OZ./CANS	50 CS				
8	DIET ROOTBEER	24/12 OZ./CANS	50 CS				
9	FLAVORED SODA (SIERRA MIST OR FRESCA)	24/12 OZ/CANS	30 CS				

**BID 16061426 – RHODE ISLAND COLLEGE
PRICES EFFECTIVE FROM JULY 1, 2016 – JUNE 30, 2017**

ITEM	DESCRIPTION	PACK SIZE REQUIRED	EST. NEED	PACK SIZE QUOTED	UNIT PRICE	BRAND & CODE #	VENDOR
	Successful Vendor(s) for items 10 – 23 will be required to stock coolers on a daily basis or as requested by Dining Services.						
II.	WATER						
10	WATER, DASANI OR POLAND SPRING	8 OZ./8 PK	400 CS				
11	WATER, DASANI ONLY	24/16.9 OZ./CS	3000 CS				
12	FIJI BRAND NATURAL WATER	24/16 OZ./CS	100 CS				
13	VITAMIN WATER, GLACEAU – VARIOUS FLAVORS	24/20 OZ./CS	400 CS				
III.	JUICES(BOTTLED)						
14	OCEAN SPRAY Apple, cranberry apple, cranberry cocktail, cran/ grape, kiwi strawberry, lemonade cranberry, pineapple peach mango	15.2 OZ	2500 CS				
15	100% ORANGE JUICE, OCEAN SPRAY OR TROPICANA	24/10 OZ./CS	50 CS				
16	100% GRAPEFRUIT, OCEAN SPRAY OR TROPICANA	24/10 OZ./CS	10 CS				
17	100% APPLE JUICE, OCEAN SPRAY OR TROPICANA	24/10 OZ./CS	10 CS				
18	100% CRANBERRY JUICE, OCEAN SPRAY OR TROPICANA	24/10OZ./CS	30 CS				
19	ASSORTED TROPICANA TWISTERS tropical fruit, blueberry raspberry, orange strawberry banana, strawberry kiwi cyclone	12/20 OZ./CS	600 CS				

**BID 16061426 – RHODE ISLAND COLLEGE
PRICES EFFECTIVE FROM JULY 1, 2016 – JUNE 30, 2017**

ITEM	DESCRIPTION	PACK SIZE REQUIRED	EST. NEED	PACK SIZE QUOTED	UNIT PRICE	BRAND & CODE #	VENDOR
IV.	JUICE BLENDS						
20	ASSORTED NANTUCKET NECTAR JUICES cranberry orange, kiwi berry, grapeade, apple, orange mango, watermelon strawberry	16 OZ/24 CS	500 CS				
V.	ICED TEA						
21	ASSORTED ICED TEA, ARIZONA BRAND ONLY raspberry, green tea, ginseng honey, lemon, peach	20/16.9 OZ./CS	220 CS				
22	ASSORTED DIET ICED TEA, ARIZONA BRAND ONLY green tea	20/16.9 OZ/CS	50 CS				
23	SWEET LEAF TEA, ASSORTED citrus, half and half, raspberry, peach, mint honey green tea, original	12/16 OZ/CS	100 CS				

**BID 16061426 – RHODE ISLAND COLLEGE
 PRICES EFFECTIVE FROM JULY 1, 2016 – JUNE 30, 2017**

ITEM	DESCRIPTION	PACK SIZE REQUIRED	EST. NEED	PACK SIZE QUOTED	UNIT PRICE	BRAND & CODE #	VENDOR
VI.	MISC.						
24	V8 SPLASH ASST. FLAVORS	12/16OZ./CS	10/CS				
25	ORANGINA, ONLY	24/12 OZ./CS	30 CS				
26	YACHT CLUB SODA, ASSORTED FLAVORS	24/12 OZ./CS	40 CS				
27	YACHT CLUB SODA DIET , ASSORTED FLAVORS	24/12 OZ./CS	30 CS				
28	YACHT CLUB SODA SPARKLING WATER	24/12 OZ./CS	20 CS				
29	YACHT CLUB SODA SELTZERS, ASSORTED FLAVORS	24/12 OZ./CS	20 CS				

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: _____