



Request for Quote

STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
 ONE CAPITOL HILL
 PROVIDENCE RI 02908

BUYER: Walsh, Gail M
 PHONE #: 401-574-8122

CREATION DATE : 07-SEP-18
 BID NUMBER: 7596670
 TITLE: MILK, MILK PRODUCTS, ICE CREAM MPA-70
 BID CLOSING DATE AND TIME: 28-SEP-2018 09:30:00

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Requisition Number:

Note to Bidders: QUESTIONS CONCERNING THIS SOLICITATION MAY BE EMAILED TO THE DIVISION OF PURCHASES AT GAIL.WALSH@PURCHASING.RI.GOV NO LATER THAN MONDAY, SEPTEMBER 17, 2018 AT 5:00 PM (ET). QUESTIONS SHOULD BE SUBMITTED IN A MICROSOFT WORD ATTACHMENT. PLEASE REFERENCE BID #7596670 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 THIS INFORMATION.

Line	Description	Quantity	Unit	Unit Price	Total
1	10/1/18-9/30/19 MPA-70 MILK, MILK PRODUCTS AND ICE CREAM NOTE: ALL VENDORS RESPONDING TO THIS SOLICITATION MUST COMPLETE A PROMPT PAYMENT DISCOUNT ("PPD") FORM AS PART OF THIS MASTER PRICE AGREEMENT. THE PPD FORM IS LOCATED IN THE ATTACHED .ZIP FILE. THE STATE RESERVES THE RIGHT TO AWARD TO ONE OR MULTIPLE VENDORS BASED ON COST. QUANTITIES INCLUDED ON BID FORM IN ATTACHED .ZIP FILE ARE ESTIMATES ONLY PER INSTRUCTIONS FOR SUBMISSION OF VENDOR QUOTES. INFORMATION REGARDING HEALTH CERTIFICATIONS REQUIRED BY THE RHODE ISLAND DEPARTMENT OF HEALTH ARE ATTACHED. APPLICATIONS FOR CERTIFICATION ARE INCLUDED IN ATTACHED .ZIP FILE. MPA-70 10/1/18-9/30/19, MILK PRODUCTS, AND ICE CREAM - SEE EXCEL SPREADSHEET FOR PRICING	1.00	Each		

Delivery: _____

Terms of Payment: _____

It is the Vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form must be attached to the front of the offer



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Department of Administration
DIVISION OF PURCHASES
One Capitol Hill
Providence, RI 02908-5855

Tel: (401) 574-8100
Fax: (401) 574-8387
Website: www.purchasing.ri.gov

**MILK, MILK PRODUCTS AND ICE CREAM
MPA-70
SPECIFICATIONS FOR BID**

BLANKET REQUIREMENTS: 10/1/2018 – 9/30/19

DUE TO LENGTH OF BID AND TIME CONSTRAINTS, THE STATE WILL ONLY ACKNOWLEDGE RECEIPT AND READ THE NAMES OF VENDORS SUBMITTING PROPOSALS. NO EXAMINATION OF DOCUMENTS OR PRESENTATION OF INFORMATION CONTAINED IN PROPOSALS WILL BE MADE AVAILABLE AT THE BID OPENING; HOWEVER, INSTRUCTIONS TO OBTAIN THE TABULATION OR SUMMARY OF BID RESPONSES WILL BE MADE AVAILABLE AT THE RI DIVISION OF PURCHASES WEBSITE (www.purchasing.ri.gov)

THE STATE RESERVES THE RIGHT TO AWARD TO ONE OR MULTIPLE VENDORS BASED ON COST.

NOTE: ALL VENDORS RESPONDING TO THE WITHIN SOLICITATION MUST COMPLETE A PROMPT PAYMENT DISCOUNT (“PPD”) FORM AS PART OF THIS MASTER PRICE AGREEMENT SOLICITATION. THE PPD FORM IS LOCATED IN THE ASSOCIATED BID FOLDER LABELED “APPENDIX A & B”

- **Bidders must submit a hard copy of the bid form along with the RIVIP Bidder Certification Cover Form.**
- **An Electronic Based File is attached that includes an Excel Spreadsheet for submission of the vendor bid form for this solicitation. No USB drives will be accepted.**
- **Submission instruction is as follows:**
 - Please submit a **DISC (CD) copy** of your bid form in the same excel format provided.
 - Bidders are instructed to submit pricing **ONLY** in excel on the Electronic Based Excel File. Please do not print the Sample Spread Sheet(s) and manually enter pricing.
 - Once Disc Based File is completed submit an electronic version in Excel on a disc (CD). Also submit a **printed signed hard copy** of your Excel spread sheet with your bid submission.

TESTS:

All items delivered under the contracts awarded must be in strict accordance with the specifications herein. Each delivery will be subject to tests by the State of RI, Dept. of Health.

CONTAINERS:

All containers shall be polyethylene lined waxed paper cartons unless otherwise specified. All containers of either type shall meet with the approval of the state of RI Dept. of Health.

All containers must be color coded to differentiate between unflavored, flavored and low fat fortified milk, and coded for shelf-life of a minimum of five days before expiration.

TEMPERATURE:

The temperature of the milk, etc., must, at no time, exceed 45 degrees F.

ELIGIBLE DAIRIES:

Bids will be considered only from dairies who have been rated by the Dept. of Health for conformance to Federal Standards (U.S. Public Health Service) prior to time of bid opening.

Certificates attesting to the existence of such policy to be issued by the insurer in duplicate and to be delivered to the Division of Purchases before an award of a contract will be made.

The following specifications will apply to all items:

Homogenized Milk – Not less than 3.25% BF

Skim Milk – Not more than .5% BF

Low Fat Milk – Not less than .5% BF
Not more than 2.5% BF

Buttermilk – Not less than 1.5% BF

Heavy Cream – Not less than 36% BF

Chocolate & Coffee Low Fat Milk – 1% BF or less

Cream Half & Half – Not less than 10% BF

Sour Cream – Not less than 18 ½ % BF

All Purpose Cream – Not less than 30% BF

Cottage Cheese – Not less than 4.25% BF

Cheese Neufchatel – Not less than 21% BF

FRESH MILK:

Note: Bids will be based on the Class I Price of the Market Administrator – Boston Regional Marketing Area – Zone 21

Price may increase or decrease monthly

Where applicable, beside each item on this bid, a price to be used for the size containers specified must be inserted for price comparison.

Deliveries will be made as requested by agencies unless otherwise noted.

All unused quantities will automatically be cancelled at the end of the contract period.

Equipment and maintenance will be provided by the successful dairy where specified.

All suppliers are requested to coordinate deliveries with agencies and familiarize their drivers with the details to avoid disagreements during the term of the agreement.

METHOD AND FORMULA FOR DETERMINING PRICE CHANGES FOR MILK:

Per Quart: $.0215 \times \text{Inc/Sept Class 1 per cwt per quarts Inc/Sept}$

Per Half Gallon: Same as quart formula multiply by two (2)

Per Half Pint: Same as quart formula but must be divided by four (4)

Increase or decrease of Class I milk per cwt is computed by using the Base Class I rate in relation to the current Class I rate for increase or decrease.

All vouchers must show the unit price increase or decrease applicable for billing period.

Example: May Billing Period
½ Gallon – Increase
½ Pint – Increase

We believe that, with your assistance and cooperation, there will be no interruption of the billing process and payments should be assured.

Failure of vendor to deliver quantities requested, and on dates specified, will be deemed cause for contract cancellation. Agency will supply 24-hour notice of requirements and delivery dates.

BASE CLASS I RATE – September 2018 - \$18.30

All bidders must specify the dairy which will be supplying them milk for the requirements of the State of RI

In the event your dairy or supplier loses its rating during the contract period, the contract will be cancelled.

LIABILITY:

The supplier will hold the State of RI free of any damages resulting from consumption of products delivered under this contract when such damages are attributed to foreign materials or other defects in products delivered by the supplier.

INVOICING:

Vendor(s) are to issue a single invoice per purchase order to each Contract User on a monthly basis for products delivered to the State. Invoices shall be itemized as follows:

- i. Date of Invoice
- ii. Invoice Number
- iii. Order Number
- iv. Purchase Order Number
- v. Date of Delivery
- vi. Contract User Name
- vii. Agency/Entity Name
- viii. Line Item Requirements for each product ordered:
 - a. Product Description
 - b. Quantity Purchased
 - c. Unit of Measure
 - d. Unit Price (pre-spot buy promotional price)
 - e. Spot Buy Price
 - f. Extended Price (Quantity x Spot Buy Price)
- ix. Delivery Location
- x. Drayage/Delivery Charges
- xi. Invoice Total

All invoices will be reconciled by the ordering entity with the spot buy offer, packing slip and completed order, any discrepancies or lack of a clear audit trail can cause a delay in processing and issuance of related payment.

Please include a sample invoice with your response.

Health Certifications –

- a. Food Processor License - Vendor shall have or acquire the appropriate Food Processor License issued by the Rhode Island Department of Health. Additional information can be found at <http://health.ri.gov/licenses/detail.php?id=254> or call 401-222-5960. If the vendor's facility is out-of-state, the vendor shall have their state's equivalent version of the Rhode Island Department of Health's Food Processor License in place. A copy of the vendor's applicable Food Processor License must be provided with proposal submission.
- b. Health Department Inspection Report - The most recent health department inspection report of the Vendor by the Rhode Island Department of Health. If the vendor's facility is out-of-state, the vendor shall have their state's equivalent version of the Rhode Island Department of Health's inspection report. A copy of the most recent inspection report must be provided with proposal submission.
- c. Food Safety Managers Certification - The Vendor shall provide a copy(s) of certification of all staff who are certified as Food Safety Managers by the Rhode Island Department of Health. If the vendor's facility is out-of-state, the vendor shall have their state's equivalent version of the Rhode Island Department of Health's Food Safety Manager Certification. Copies of the Food Safety Managers certifications(s) must be provided with proposal submission.
- d. Inspection(s) requirement - The awarded vendors may be subject to inspection by the Rhode Island Health Department and Environmental Health coordinators during the course of the contract. The Vendor is expected to cooperate with the inspectors and the related process. Any negative finding(s) that has potential corrective action are expected to be addressed by the vendor within the timeframes the inspectors set in order to maintain the award. If a negative finding cannot be resolved or is extreme in nature where an individual's well-being is in jeopardy, the award may be subject to immediate termination.
- e. Subcontractor Requirements - If applicable, the Prime Vendor is to supply a list names and addresses of subcontractor(s) they intend to use to support the potential contract with the State. The State requires that the Prime Vendor supply copies of the same health certifications as they do for themselves for each of their subcontractor(s). Subcontractors may also be subject to inspections.

Subcontractor(s) - Joint venture and cooperative proposals will not be considered however the Vendor is permitted to use subcontractors. All requirements of this solicitation are applicable to all subcontractors and it is the Vendor's responsibility to manage all facets of this solicitation with any subcontractor(s) they hire. It is the Vendor's responsibility to ensure subcontractor(s) are paid according to local and federal regulations as well as demonstrating insurance coverage for any subcontractor engaged on the State's account as defined in Appendix A. The vendor shall identify and disclose any known subcontractors at time of proposal. If the vendor hires a subcontractor after the award, the vendor shall notify the State within five (5) business days and submit all their identifying information and health certifications.

Contract Terms and Conditions

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Terms and Conditions

BID STANDARD TERMS AND CONDITIONS

TERMS AND CONDITIONS FOR THIS BID

READING VENDOR NAMES ONLY

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DELIVERY PER AGENCY

DELIVERY OF GOODS OR SERVICES AS REQUESTED BY AGENCY.

PURCHASE AGREEMENT BID

BIDDING (a) A single price shall be quoted for each item against which a proposal is submitted. This price will be the maximum in effect during the agreement period. Any price decline at the manufacturer's level shall be reflected in a reduction of the agreement price to the State. (b) Quantities, if any, are estimated only. The agreement shall cover the actual quantities ordering during the period. Deliveries will be billed at the single, firm, awarded unit price quoted regardless of the quantities ordered. (c) Bid price is net F.O.B. destination and shall include inside delivery at no extra cost. (d) Bids for single items and/or a small percentage of total items listed, may, at the State's sole option, be rejected as being non-responsive to the intent of this request. **ORDERING** (a) The User Agency(s) will submit individual orders for the various items and various quantities as may be required during the agreement period. (b) Exception - Regardless of any agreement resulting from this bid, the State reserves the right to solicit prices separately for any extra large requirements for delivery to specific destinations.

Mailing Address for Bid Proposals issued by the State of Rhode Island, Division of Purchases:

All Bid Proposals must be submitted to the following address:

State of Rhode Island
Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill
Providence, RI 02908

RIVIP INFO - BID SUBMISSION REQUIREMENTS

It is the vendor's responsibility to check and download any and all addenda from the RIVIP. This offer may not be considered unless a signed RIVIP generated Bidder Certification Cover Form is attached and the Unit Price column is completed. The signed Certification Cover Form should be attached to the front of the offer. Each bid proposal must be submitted in a separate sealed envelope with the bidder's name and address and the specific "Solicitation Number," "Solicitation Title," and the "Bid Proposal Submission Deadline" marked in the upper left-hand corner of the envelope.

The bid proposal must be delivered (via mail, messenger service, or personal delivery) to the Division of Purchases and date-stamped/receipted by the date and time specified for the bid proposal submission deadline. Bidders should mail bid proposals sufficiently in advance of the bid proposal

submission deadline to ensure timely delivery to the Division of Purchases or, when delivering a bid proposal in person or by messenger, should allow additional time for parking and clearance through security checkpoints. Bid proposals must be addressed to:

Rhode Island Department of Administration
Division of Purchases, 2nd Floor
One Capitol Hill, Providence, RI 02908-5855

Bid proposals that are not received by the Division of Purchases by the bid proposal submission deadline for whatever reason will be deemed late and will not be considered. The submission time will be determined by the time clock in the Division of Purchases. Postmarks will not be considered proof of timely submission.

Bid proposals in electronic format are not accepted at this time.

At the bid proposal submission deadline, bid proposals will be opened and read aloud in public.

DIVESTITURE OF INVESTMENTS IN IRAN REQUIREMENT:

No vendor engaged in investment activities in Iran as described in R.I. Gen. Laws §37-2.5-2(b) may submit a bid proposal to, or renew a contract with, the Division of Purchases. Each vendor submitting a bid proposal or entering into a renewal of a contract is required to certify that the vendor does not appear on the list maintained by the General Treasurer pursuant to R.I. Gen. Laws §37-2.5-3.

FISCAL YEAR - AWARD EXTENDING PAST FISCAL YR END

AWARDS EXTENDING BEYOND JUNE 30TH ARE SUBJECT TO AVAILABILITY OF FUNDS. CONTINUATION OF THE CONTRACT BEYOND THE INITIAL FISCAL YEAR WILL BE AT THE DISCRETION OF THE STATE. TERMINATION MAY BE EFFECTED BY THE STATE BASED UPON DETERMINING FACTORS SUCH AS UNSATISFACTORY PERFORMANCE OR THE DETERMINATION BY THE STATE TO DISCONTINUE THE GOODS/SERVICES, OR TO REVISE THE SCOPE AND NEED FOR THE TYPE OF GOODS/SERVICES; ALSO MANAGEMENT OWNER DETERMINATIONS THAT MAY PRECLUDE THE NEED FOR GOODS/SERVICES.

INSURANCE REQUIREMENTS

AN INSURANCE CERTIFICATE IN COMPLIANCE WITH PROVISIONS OF ITEM 31 (INSURANCE) OF THE GENERAL CONDITIONS OF PURCHASE IS REQUIRED FOR COMPREHENSIVE GENERAL LIABILITY, AUTOMOBILE LIABILITY, AND WORKERS' COMPENSATION AND MUST BE SUBMITTED BY THE SUCCESSFUL BIDDER(S) TO THE DIVISION OF PURCHASES PRIOR TO AWARD. THE INSURANCE CERTIFICATE MUST NAME THE STATE OF RHODE ISLAND AS CERTIFICATE HOLDER AND AS AN ADDITIONAL INSURED. FAILURE TO COMPLY WITH THESE PROVISIONS MAY RESULT IN REJECTION OF THE OFFEROR'S BID. ANNUAL RENEWAL CERTIFICATES MUST BE SUBMITTED TO THE AGENCY IDENTIFIED ON THE PURCHASE ORDER. FAILURE TO DO SO MAY BE GROUNDS FOR CANCELLATION OF CONTRACT.

NOTE: IF THIS BID COVERS CONSTRUCTION, SCHOOL BUSING, HAZARDOUS WASTE, OR VESSEL OPERATION, APPLICABLE COVERAGES FROM THE FOLLOWING LIST MUST ALSO BE SUBMITTED TO THE DIVISION OF PURCHASES PRIOR TO AWARD: * PROFESSIONAL LIABILITY INSURANCE (AKA ERRORS & OMISSIONS) - \$1 MILLION OR 5% OF ESTIMATED PROJECT COST, WHICHEVER IS GREATER. * BUILDER'S RISK INSURANCE - COVERAGE EQUAL TO FACE AMOUNT OF CONTRACT FOR CONSTRUCTION. * SCHOOL BUSING - AUTO LIABILITY COVERAGE IN THE AMOUNT OF \$5 MILLION. * ENVIRONMENTAL IMPAIRMENT (AKA POLLUTION CONTROL) - \$1 MILLION OR 5% OF FACE AMOUNT OF CONTRACT, WHICHEVER IS GREATER. * VESSEL OPERATION - (MARINE OR AIRCRAFT) - PROTECTION & INDEMNITY COVERAGE REQUIRED IN THE AMOUNT OF \$1 MILLION.

LICENSE REQUIREMENTS

VENDOR (OWNER OF COMPANY) IS RESPONSIBLE TO COMPLY WITH ALL LICENSING OR STATE PERMITS REQUIRED FOR THIS TYPE OF SERVICE. A COPY OF LICENSE/PERMIT SHOULD BE SUBMITTED WITH THIS BID. IN ADDITION TO THESE LICENSE REQUIREMENTS, BIDDER, BY SUBMISSION OF THIS BID, CERTIFIES THAT ANY/ALL WORK RELATED TO THIS BID, AND ANY SUBSEQUENT AWARD WHICH REQUIRES A RHODE ISLAND LICENSE(S), SHALL BE PERFORMED BY AN INDIVIDUAL(S) HOLDING A VALID RHODE ISLAND LICENSE.