

# CITY OF EAST PROVIDENCE BEVERAGE & SNACK VENDING MACHINES

# **BID FORM**

# **REQUEST FOR PROPSALS**

### RFP EP22/23-05

## **BID OPENING WEDNESDAY MARCH 8, 2023 AT 11:00AM**

The City of East Providence is requesting bidders to supply beverage and snack machines to the following locations:

- City Hall 145 Taunton Ave East Providence RI 02914
  - 1<sup>st</sup> Floor Main Lobby 1 Beverage Machine
  - 3<sup>rd</sup> Floor Outside of Break Room 1 Beverage and 1 Snack Machine
- Senior Center 610 Waterman Ave East Providence RI 02914
  - 1<sup>st</sup> Floor Dining Room 1 Beverage Machine
- DPW 60 Commercial Way East Providence RI 02914
  - 1<sup>st</sup> Floor Break Room 1 Beverage and 1 Snack Machine
- Possibility of additional machines in the future

# Types of vending items to be placed in machines:

- Beverage various sized bottled/canned drinks (water, juice, soda, energy and sport drinks)
- Snack chips, cookies, crackers, candy, granola, \*gum, danish and breath mints

# **Vending Machine, Service and Pricing Information:**

•	Number of restocking visits per week	
•	Provide 24 hour phone number	
•	Time required to respond to a service call	attach maintenance service schedule.

• I	Explain provisions made for any loss of money in the vending machines.				
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• I	Percentage of monthly net sales paid a	as commission:			
I	First year commission to City of East	Providence	%		
5	Second year commission to City of Ea	ast Providence	%		
7	Third year commission to City of East	Providence	%		
1	Note: If percentage is different for a p	articular food\drink categ	ory		
I	Frequency of commission checks				
• A	Any additional Requirements needed for installation of Units (Ex. outlets, phone line)				
• I	Estimated time frame to receive and install all Units when contract is awarded				
y not	derstood that the intent of this propert exceed the increase in the consum	ner price index from the	-		
Pre-B	e rounded to the next highest nickel <b>Bid walk through</b> will be held on 'a all located at 145 Taunton Ave, Eas	Thursday February 16	,		
DDIN	IG FIRM:			_	
MBE	ER & STREET:			_	
Y/ST	ΓATE/ZIP:				
SNAT	ΓURE:	DATE: _		-	
INT N	NAME:	TITLE: _		_	
ONE	NO: ()	FAX NO:			