REQUEST FOR PROPOSALS

Item Description: CASH COLLECTION LOCKBOX SERVICES (FY21-FY23) / WITH A 2-YEAR OPTION

Date to be opened: March 30, 2020

Issuing Department: PROVIDENCE WATER

QUESTIONS

- Please direct questions relative to the bidding process, how to fill out forms, and how to submit a bid (Pages 1-8) to Purchasing Agent Patti Jordan.
  - Phone: (401) 680-5264
  - Email: pjordan@providenceri.gov
    - Please use the subject line “RFP Question”
- Please direct questions relative to the Minority and Women’s Business Enterprise Program and the corresponding forms (Pages 9-13) to the MBE/WBE Outreach Director for the City of Providence, Grace Diaz
  - Phone: (401) 680-5766
  - Email: gdiaz@providenceri.gov
    - Please use subject line “MBE WBE Forms”
- Please direct questions relative to the specifications outlined (beginning on page 14) to the issuing department’s subject matter expert:
  - Joseph Murphy, Assistant Manager, Customer Service
    - (401) 521-6300 X7110
    - joesphm@provwater.com

Pre-bid Conference

THERE IS NO PRE-BID CONFERENCE SCHEDULED.
INSTRUCTIONS FOR SUBMISSION

Bids may be submitted up to 2:15 P.M. on the above meeting date at the Department of the City Clerk. Room 311, City Hall, 25 Dorrance Street, Providence. At 2:15 P.M. all bids will be publicly opened and read at the Board of Contract Meeting in the City Council Chambers, on the 3rd floor of City Hall.

- Bidders must submit 2 copies of their bid in sealed envelopes or packages labeled with the captioned Item Description and the City Department to which the RFP and bid are related. (On page 1)
- Communications to the Board of Contract and Supply that are not competitive sealed bids (i.e. product information/samples) should have “NOT A BID” written on the envelope or wrapper.
- Only use form versions and templates included in this RFP. If you have an old version of a form do not recycle it for use in this bid.
- The bid envelope and information relative to the bid must be addressed to:

  Board of Contract and Supply  
  Department of the City Clerk – City Hall, Room 311  
  25 Dorrance Street  
  Providence, RI 02903

**PLEASE NOTE:** This bid may include details regarding information that you will need to provide (such as proof of licenses) to the issuing department before the formalization of an award.

This information is NOT requested to be provided in your initial bid by design.

All bids submitted to the City Clerk become public record. Failure to follow instructions could result in information considered private being posted to the city’s Open Meetings Portal and made available as a public record. The City has made a conscious effort to avoid the posting of sensitive information on the City’s Open Meetings Portal, by requesting that such sensitive information be submitted to the issuing department only at their request.
**BID PACKAGE CHECKLIST**

Digital forms are available in the City of Providence Purchasing Department Office or online at [http://www.providenceri.gov/purchasing/how-to-submit-a-bid/](http://www.providenceri.gov/purchasing/how-to-submit-a-bid/)

The bid package **MUST** include the following, in this order:

- Bid Form 1: Bidder's Blank as the cover page/ 1st page (see page 6 of this document)
- Bid Form 2: Certification of Bidder as 2nd page (see page 7 of this document)
- Certificate Regarding Public Records (see page 8 of this document)
- Forms from the Minority and Women Business Enterprise Program: Based on Bidder Category. See forms and instructions enclosed (pages 9-13) or on: [https://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/](https://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/)

*Please note: MBE/WBE forms must be completed for EVERY bid submitted and must be inclusive of **ALL** required signatures. Forms without all required signatures will be considered **incomplete**.

- Bidder’s Proposal/Packet: Formal response to the specifications outlined in this RFP, including pricing information and details related to the good(s) or service(s) being provided. Please be mindful of formatting responses as requested to ensure clarity.
- Financial Assurance, **if requested** (as indicated on page 5 of this document under “Bid Terms”)

**All of the above listed documents are REQUIRED.** (With the exception of financial assurances, which are only required if specified on page 5.)

***Failure to meet specified deadlines, follow specific submission instructions, or enclose all required documents with all applicable signatures will result in disqualification, or in an inability to appropriately evaluate bids.***
NOTICE TO VENDORS

1. The Board of Contract and Supply will make the award to the lowest qualified and responsible bidder.
2. In determining the lowest responsible bidder, cash discounts based on preferable payment terms will not be considered.
3. Where prices are the same, the Board of Contract and Supply reserves the right to award to one bidder, or to split the award.
4. No proposal will be accepted if the bid is made in collusion with any other bidder.
5. Bids may be submitted on an “equal in quality” basis. The City reserves the right to decide equality. Bidders must indicate brand or the make being offered and submit detailed specifications if other than brand requested.
6. A bidder who is an out-of-state corporation shall qualify or register to transact business in this State, in accordance with the Rhode Island Business Corporation Act, RIGL Sec. 7-1.2-1401, et seq.
7. The Board of Contract and Supply reserves the right to reject any and all bids.
8. Competing bids may be viewed in person at the Department of the City Clerk, City Hall, Providence, immediately upon the conclusion of the formal Board of Contract and Supply meeting during which the bids were unsealed/opened. Bids may also be accessed electronically on the internet via the City’s Open Meetings Portal.
9. As the City of Providence is exempt from the payment of Federal Excise Taxes and Rhode Island Sales Tax, prices quoted are not to include these taxes.
10. In case of error in the extension of prices quoted, the unit price will govern.
11. The contractor will NOT be permitted to: a) assign or underlet the contract, or b) assign either legally or equitably any monies or any claim thereto without the previous written consent of the City Purchasing Director.
12. Delivery dates must be shown in the bid. If no delivery date is specified, it will be assumed that an immediate delivery from stock will be made.
13. A certificate of insurance will normally be required of a successful vendor.
14. For many contracts involving construction, alteration and/or repair work, State law provisions concerning payment of prevailing wage rates apply (RIGL Sec. 37-13-1 et seq.)
15. No goods should be delivered or work started without a Purchase Order.
16. Submit 2 copies of the bid to the City Clerk, unless the specification section of this document indicates otherwise.
17. Bidder must certify that it does not unlawfully discriminate on the basis of race, color, national origin, gender, gender identity or expression, sexual orientation and/or religion in its business and hiring practices and that all of its employees are lawfully employed under all applicable federal, state and local laws, rules and regulations. (See Bid Form 2.)
BID TERMS

1. Financial assurances may be required in order to be a successful bidder for Commodity or Construction and Service contracts. If either of the first two checkboxes below is checked, the specified assurance must accompany a bid, or the bid will not be considered by the Board of Contract and Supply. The third checkbox indicates the lowest responsible bidder will be contacted and required to post a bond to be awarded the contract.

   a) □ A certified check for $_____ must be deposited with the City Clerk as a guarantee that the Contract will be signed and delivered by the bidder.

   b) □ A bid bond in the amount of _____ per centum (%) of the proposed total price, must be deposited with the City Clerk as a guarantee that the contract will be signed and delivered by the bidder; and the amount of such bid bond shall be retained for the use of the City as liquidated damages in case of default.

   c) □ A performance and payment bond with a satisfactory surety company will be posted by the bidder in a sum equal to one hundred per centum (100%) of the awarded contract.

   d) ☑ No financial assurance is necessary for this item.

2. Awards will be made within sixty (60) days of bid opening. All bid prices will be considered firm, unless qualified otherwise. Requests for price increases will not be honored.

3. Failure to deliver within the time quoted or failure to meet specifications may result in default in accordance with the general specifications. It is agreed that deliveries and/or completion are subject to strikes, lockouts, accidents and Acts of God.

The following entry applies only for COMMODITY BID TERMS:

4. Payment for partial delivery will not be allowed except when provided for in blanket or term contracts.

The following entries apply only for CONSTRUCTION AND SERVICE BID TERMS:

5. Only one shipping charge will be applied in the event of partial deliveries for blanket or term contracts.

6. Prior to commencing performance under the contract, the successful bidder shall attest to compliance with the provisions of the Rhode Island Worker’s Compensation Act, RIGL 28-29-1, et seq. If exempt from compliance, the successful bidder shall submit a sworn Affidavit by a corporate officer to that effect, which shall accompany the signed contract.

7. Prior to commencing performance under the contract, the successful bidder shall, submit a certificate of insurance, in a form and in an amount satisfactory to the City.
BID FORM 1: Bidders Blank

1. Bids must meet the attached specifications. Any exceptions or modifications must be noted and fully explained.
2. Bidder’s responses must be in ink or typewritten, and all blanks on the bid form should be completed.
3. The price or prices proposed should be stated both in WRITING and in FIGURES, and any proposal not so stated may be rejected. Contracts exceeding twelve months must specify annual costs for each year.
4. Bids SHOULD BE TOTALED so that the final cost is clearly stated (unless submitting a unit price bid), however each item should be priced individually. Do not group items. Awards may be made on the basis of total bid or by individual items.
5. All bids MUST BE SIGNED IN INK.

Name of Bidder (Firm or Individual):________________________________________________________

Contact Name:________________________________________________________

Business Address:________________________________________________________

Business Phone #:________________________________________________________

Agrees to bid on (Items(s) to be bid):________________________________________

If the bidder’s company is based in a state other than Rhode Island, list name and contact information for a local agent for service of process that is located within Rhode Island:______________________________________

Please visit http://www.naics.com/search/ and identify the NAICS Code(s) for items being bid on. Enter the NAICS code(s) here or in parentheses next to each item listed immediately above: _________________________________________

Delivery Date (if applicable):_______________________________________________

Name of Surety Company (if applicable):______________________________________

Total Amount in Writing*:___________________________________________________

Total Amount in Figures*:___________________________________________________

* If you are submitting a unit price bid, please insert “Unit Price Bid”

Use additional pages if necessary for additional bidding details.

________________________________________________________

Signature of Representation

________________________________________________________

Title
BID FORM 2: Certification of Bidder
(Non-Discrimination/Hiring)

Upon behalf of___________________________________________ (Firm or Individual Bidding),

I,______________________________________________________(Name of Person Making Certification),

being its__________________________________________________(Title or “Self”), hereby certify that:

1. Bidder does not unlawfully discriminate on the basis of race, color, national origin, gender, sexual orientation and/or religion in its business and hiring practices.

2. All of Bidder’s employees have been hired in compliance with all applicable federal, state and local laws, rules and regulations.

I affirm by signing below that I am duly authorized on behalf of Bidder, on

this___________day of____________________20___.

_______________________________________________
Signature of Representation

_______________________________________________
Printed Name
Certificate Regarding Public Records

Upon behalf of____________________________________________________ (Firm or Individual Bidding),
I,________________________________________________________ (Name of Person Making Certification),
being its____________________________________________________ (Title or “Self”), hereby certify an understanding that:

1. All bids submitted in response to Requests for Proposals (RFP’s) and Requests for Qualification (RFQ’s), documents contained within, and the details outlined on those documents become public record upon receipt by the City Clerk’s office and opening at the corresponding Board of Contract and Supply (BOCS) meeting.
2. The Purchasing Department and the issuing department for this RFP/RFQ have made a conscious effort to request that sensitive/personal information be submitted directly to the issuing department and only at request if verification of specific details is critical the evaluation of a vendor’s bid.
3. The requested supplemental information may be crucial to evaluating bids. Failure to provide such details may result in disqualification, or an inability to appropriately evaluate bids.
4. If sensitive information that has not been requested is enclosed or if a bidder opts to enclose the defined supplemental information prior to the issuing department’s request in the bidding packet submitted to the City Clerk, the City of Providence has no obligation to redact those details and bears no liability associated with the information becoming public record.
5. The City of Providence observes a public and transparent bidding process. Information required in the bidding packet may not be submitted directly to the issuing department at the discretion of the bidder in order to protect other information, such as pricing terms, from becoming public. Bidders who make such an attempt will be disqualified.

I affirm by signing below that I am duly authorized on behalf of Bidder, on this____________________day of____________________20____.

________________________________________________________
Signature of Representation

_____________________________________________________
Printed Name
WBE/MBE Form Instructions

The City of Providence actively seeks Minority and Women business enterprises to participate in bids to meet the City’s procurement needs. Pursuant to the City of Providence Code of Ordinances, Chapter 21, Article II, Sec. 21-52 (Minority and Women’s Business Enterprise) and Rhode Island General Laws (as amended), Chapter 31-14, et seq. (Minority Business Enterprise), Minority Business Enterprise (MBE) and Women’s Business Enterprise (WBE) participation goals apply to contracts.

The goal for Minority Business Enterprise (MBE) participation is 10% of the total bid value.
The goal for Women’s Business Enterprise (WBE) participation is 10% of the total bid value.
The goal for combined MBE/WBE participation is 20% of the total bid value.

Only businesses certified with the State of Rhode Island as minority and/or women business enterprises are counted towards the City’s goals. Eligible minority or women-owned businesses are encouraged to seek certification from the State of Rhode Island Minority Business Enterprise Compliance Office at: http://odeo.ri.gov/offices/mbeco/

Note: MBE certification with the State of Rhode Island on the basis of Portuguese heritage is not currently recognized by the City of Providence’s MBE program.

Bid Requirements:

All Bidders: All bidders must complete and submit the MBE/WBE Participation Affidavit indicating whether or not they are a state-certified MBE/WBE and acknowledging the City’s participation goals. Submission of this form is required with every bid. Your bid will not be accepted without an affidavit.

Bidders who will be subcontracting: Bidders who will be subcontracting must submit the Subcontractor Disclosure Form as part of their bid submission. All subcontractors, regardless of MBE/WBE status, must be listed on this form. Business NAICS codes can be found at https://www.naics.com/search/. Awarded bidders are required to submit Subcontractor Utilization and Payment Reports with each invoice.

Waiver Requests:
If the percentage of the total amount of the bid being awarded to MBE or WBE vendors is less than 20% (Box F on the Subcontractor Disclosure Form) and the prime contractor is not a Rhode Island State-certified MBE or WBE, the Bidder must complete the MBE/WBE Waiver Request Form for review. Waivers will be considered on a case by case basis.
No waiver will be granted unless the waiver request includes documentation that demonstrates that the Bidder has made good faith efforts to achieve the City’s stated participation goals. Waivers must be reviewed and signed by the City of Providence’s MBE/WBE Outreach Director, Grace Diaz, or her designee. Department Directors cannot recommend a bidder for award if this form is applicable and absent. If the bid does not meet the participation goals of the City of Providence and a waiver is not filed with the signature of the MBE/WBE Outreach Director or her designee, the bid will not be accepted.

Verifying MBE/WBE Certification
It is the responsibility of the bidder to confirm that every MBE/WBE named in a proposal and included in a contract is certified by the Rhode Island Minority Business Enterprise Compliance office. The current MBE/WBE directory is available at the State of RI MBE Office, One Capitol Hill, 2nd Floor, Providence, RI, or online at http://odeo.ri.gov/offices/mbeco/mbewbe.php. You can also call (401) 574-8670 to verify certification, expiration dates, and services that the MBE/WBE is certified to provide. Note: MBE certification with the State of Rhode Island on the basis of Portuguese heritage is not currently recognized by the City of Providence’s MBE program.

Form Instructions:
Access all bid forms from http://www.providenceri.gov/oeo/ or http://www.providenceri.gov/purchasing/minority-women-owned-business-mbewbe-procurement-program/. Download the forms as blank PDFs. Once saved on your computer, fill them out using the Adobe program. The fillable PDFs must be completed in Adobe in order to be saved properly. Google Chrome and similar
platforms do not allow for the forms to be saved as filled PDFs. Therefore, please download the blank forms to your computer, then fill them out and save.

**Assistance with Form Requirements**

**Contract Requirements:**
Prime contractors engaging subcontractors must submit the *Subcontractor Utilization and Payment Report* to the City Department’s Fiscal Agent with every invoice and with request for final payment. This form is not submitted as a part of the initial bid package.

For contracts with duration of less than 3 months, this form must be submitted along with the contractor’s request for final payment. The form must include all subcontractors utilized on the contract, both MBE/WBE and non-MBE/WBE, the total amount paid to each subcontractor for the given period and to date. During the term of the contract, any unjustified failure to comply with the MBE/WBE participation requirements is a material breach of contract.

**Questions?**
For more information or for assistance with MBE/WBE Forms, contact the City of Providence MBE/WBE Outreach Director, Grace Diaz, at mbe-wbe@providenceri.com or (401) 680-5766.
BOARD OF CONTRACT AND SUPPLY
CITY OF PROVIDENCE, RHODE ISLAND

MBE/WBE PARTICIPATION AFFIDAVIT
Item Discussion (as seen on RFP):
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
_________________________________________________________________________________________________
Prime Bidder: _____________________________________________
Prime Bidder (Company) Phone Number:__________________________
Prime Bidder (Company) Zip Code: ___________

Which one of the following describes your business’ status in terms of Minority and/or Woman-Owned Business Enterprise certification with the State of Rhode Island? _____MBE _____WBE _____Neither MBE nor WBE

By initialing the following sections and signing the bottom of this document in my capacity as the contractor or an authorized representative of contractor, I make this Affidavit:
It is the policy of the City of Providence that minority business enterprises (MBEs) and women business enterprises (WBEs) should have the maximum opportunity to participate in procurements and projects as prime contractors and vendors. Pursuant to Sec. 21-52 of the Providence Code of Ordinances and Chapter 31-14 et seq. of the Rhode Island General Laws (as amended), MBE and WBE participation goals apply to contracts.

The goal for Minority Business Enterprise (MBE) participation is 10% of the total bid value.
The goal for Women’s Business Enterprise (WBE) participation is 10% of the total bid value.
The goal for combined MBE/WBE participation is 20% of the total bid value.

I acknowledge the City of Providence’s goals of supporting MBE/WBE certified businesses. Initial ___________

If awarded the contract, I understand that my company must submit to the Minority and Women’s Business Coordinator at the City of Providence (MBE/WBE Office), copies of all executed agreements with the subcontractor(s) being utilized to achieve the participation goals and other requirements of the RI General Laws. **I understand that these documents must be submitted prior to the issuance of a notice to proceed.** Initial ___________

I understand that, if awarded the contract, my firm must submit to the MBE/WBE Office canceled checks and reports required by the MBE/WBE Office on a quarterly basis verifying payments to the subcontractors(s) utilized on the contract. **I understand that these documents must be submitted prior to the issuance of a notice to proceed.** Initial ___________

If I am awarded this contract and find that I am unable to utilize the subcontractor(s) identified in my Statement of Intent, I understand that I must substitute another certified MBE and WBE firm(s) to meet the participation goals. **I understand that I may not make a substitution until I have obtained the written approval of the MBE/WBE Office.** Initial ___________

If awarded this contract, I understand that authorized representatives of the City of Providence may examine the books, records and files of my firm from time to time, to the extent that such material is relevant to a determination of whether my firm is complying with the City’s MBE/WBE participation requirements. Initial ___________

I do solemnly declare and affirm under the penalty of perjury that the contents of the foregoing Affidavit are true and correct to the best of my knowledge, information and belief.

________________________________________  __________________________________
Signature of Bidder                                    Printed Name
________________________________________  ______________________
Company Name                                    Date
**SUBCONTRACTOR DISCLOSURE FORM**

Fill out this form only if you WILL SUBCONTRACT with other parties. If you will not subcontract any portion of the proposed bid, do not fill out this form.

Prime Bidder: ____________________________________________
Primary NAICS Code: ___________________________________

Item Description (as seen on RFP): ______________________________________________________
__________________________________________________________________________________

Please list all Subcontractors below. Include the total dollar value that you propose to share with each subcontractor and the dollar amount to be subcontracted. Please check off MBE and WBE where applicable. The directory of all state-certified MBE/WBE firms is located at www.mbe.ri.gov. Business NAICS codes can be found at https://www.naics.com/search/

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<th>Proposed Subcontractor</th>
<th>MBE</th>
<th>WBE</th>
<th>Primary NAICS Code</th>
<th>Date of Mobilization</th>
<th>$ Value of Subcontract</th>
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A. MBE SUBCONTRACTED AMOUNT: $ 
B. WBE SUBCONTRACTED AMOUNT: $ 
C. NON MBE WBE SUBCONTRACTED AMOUNT: $ 
D. DOLLAR AMOUNT OF WORK DONE BY THE PRIME CONTRACTOR: $ 
E. TOTAL AMOUNT OF BID (SUM OF A, B, C, & D): $ 
F. PERCENTAGE OF BID SUBCONTRACTED TO MBEs AND WBEs. (Add A and B. Divide by E and multiply result by 100). % 

Please read and initial the following statement acknowledging you understand. If the percentage of the total amount of the bid being awarded to MBE or WBE vendors is less than 20% (Box F) and the prime contractor is NOT a Rhode Island State-certified MBE or WBE, you must fill out the MBE/WBE WAIVER REQUEST FORM for consideration by City of Providence MBE/WBE Outreach Director. Initial ________

________________________________________  __________________________________________
Signature of Bidder                      Printed Name
MBE/WBE Waiver Request Form
Fill out this form only if you are subcontracting and did not meet the 20% MBE/WBE participation goal.
State-certified MBE or WBE Prime Bidders are NOT REQUIRED to fill out this form.

Submit this form to the City of Providence MBE/WBE Outreach Director, Grace Diaz, at mbe-wbe@providenceri.gov, for review prior to bid submission. This waiver applies only to the current bid which you are submitting to the City of Providence and does not apply to other bids your company may submit in the future.

Prime Bidder: __________________________________________________
Company Trade: __________________________________________________
Item Discussion (as seen on RFP):
____________________________________________________________________________________________________
____________________________________________________________________________________________________

To receive a waiver, you must list the certified MBE and/or WBE companies you contacted, the name of the primary individual with whom you interacted, and the reason the MBE/WBE company could not participate on this project.

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<tr>
<th>MBE/WBE Company Name</th>
<th>Individual’s Name</th>
<th>Company Trade</th>
<th>Why did you choose not to work with this company?</th>
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I acknowledge the City of Providence’s goal of a combined MBE/WBE participation is 20% of the total bid value. I am requesting a waiver of _______% MBE/WBE (20% minus the value of Box F on the Subcontractor Disclosure Form). If an opportunity is identified to subcontract any task associated with the fulfillment of this contract, a good faith effort will be made to select MBE/WBE certified businesses as partners.

_________________________________  _______________________________________________  ________________________
Signature of Prime Contractor       Printed Name                             Date Signed

_________________________________  _______________________________________________  ________________________
Signature of City of Providence     Printed Name of City of Providence   Date Signed
MBE/WBE Outreach Director
MBE/WBE Outreach Director
BID PACKAGE SPECIFICATIONS
SUPPLEMENTAL INFORMATION

If the issuing department for this RFP determines that your firm’s bid is best suited to accommodate their need, you will be asked to provide proof of the following prior to formalizing an award.

An inability to provide the outlined items at the request of the department may lead to the disqualification of your bid.

This information is NOT requested to be provided in your initial bid that you will submit to the City Clerk’s office by the “date to be opened” noted on page 1. This list only serves as a list of items that your firm should be ready to provide on request.

All bids submitted to the City Clerk become public record. Failure to follow instructions could result in information considered private being posted to the city’s Open Meetings Portal and made available as a public record.

You must be able to provide:

- Business Tax ID will be requested after an award is approved by the Board of Contract and Supply.
- PROOF OF INSURANCE
INFORMATION TO ALL BIDDERS

OVERVIEW

Providence Water is looking for a vendor to process their lockbox payments, remote deposits, and ACH Origination. Also provide Providence Water with Information Reporting and ability to wire transfer funds from our Lockbox Account.

Providence Water reserves the right to select the contractor whose proposal is the most beneficial and comprehensive in scope, and best addresses the needs of the Providence Water. Providence Water reserves the right to reject any and all proposals if the proposals received are found to be in error, should not meet the specifications or judged by Providence Water to not be in the best interest of the Providence Water.

The selected vendor shall be prepared to begin providing on-line services by July 1, 2020.

GENERAL

This is a Blanket Contract from July 1, 2020 to June 30, 2023. **ALL PRICES QUOTED MUST REMAIN FIRM FOR THIS TIME PERIOD.** Providence Water reserves the right to extend this contract for two (2) additional years.

Providence Water requires all quoted prices to include any and all costs, including costs that are not asked for but are part of your bid. Providence Water reserves the right to deny payment for any charges that were not included in the bid.

Providence Water services approximately 75,000 customers and bills them on a monthly basis. Providence Water mails out the water bills, in cycles, at a rate of approximately 19,000 per week.

The vendor must be prepared to process all payments, in a timely manner, consistent with this contract using Providence Water’s current bill as of April 2015. The coupon is a standard 3.5” coupon. Providence Water’s printing vendor currently prints a 42 character OCR-A scan line on all bills. The vendor is expected to verify that an occasional change to the coupon can still be read successfully by the scan reader.

The vendor must be able to accept a wire deposit transfer for our vendors who process our on-line payments, and various customers.

The vendor must also offer remote deposit services and online access to view our account.
INFORMATION TO ALL BIDDERS

1. Providence Water reserves the right to cancel this contract at any time with a thirty 30-day written notice.

2. The required services will be made upon the request of Providence Water officials. PROVIDENCE WATER RESERVES THE RIGHT TO REQUEST THESE SERVICES AS DEEMED NECESSARY.

3. This is a Blanket contract from July 1, 2020 to June 30, 2023. All quoted prices must remain firm for this period. Providence Water reserves the right to extend this contract for two (2) additional years.

4. The general and specific characteristics of the attached specifications shall not be interpreted as to exclude any vendor. Each vendor must have the in house capabilities to produce all contain herein.

5. The award of this contract in no way obligates the City to spend the corresponding estimated dollars.

6. If additional fees are necessary by the institution not listed herein, Vendor must include all other fees in this proposal.

7. The vendor must include their name and state of incorporation. The name, title, address, e-mail address and the phone and fax numbers of the Project Manager or the individual who can answer questions Providence Water may have in regards to your response to this RFP.

8. Describe the capacity and capability of the firm to perform the work for the contract period, as well as any partners or sub-contractors being used as a Third Party for the Providence Water’s agreement.

9. Providence Water reserves the right to reject any and all proposals that do not meet the submission requirements, minimum and comparative criteria. Failure to submit the requested information may result in the determination that your proposal is nonresponsive.

10. Each proposal should include a letter of transmittal which bears the signature of an authorized representative if the prime contractor and designates by name not more than two individuals who will execute the contract with Providence Water on behalf of the prime contractor. The letter should state that the contract will remain in effect for a minimum of 45 days after the deadline for the submissions of proposals. The may also which to list any non-cost information the vendor wishes to bring to Providence Water’s attention.
SCOPE OF WORK

1) Providence Water’s PO Box is located in Providence with daily pick-ups of mail.

2) Ability to process both single and multiple payments.

3) Same day deposit of items received at the PO Box.

4) ARC conversion of applicable check payments.

5) Re-depositing of both check and ARC returns as permitted by regulations.

6) Electronic receipt of online banking payments and consolidation with the daily lockbox file.

7) Data entry of account number for posting check only payments (no remittance included).

8) Daily output file transmission via email and a secure FTP connection.

9) Online access to images of reports and processed items (remittances and checks front and back).

10) Monthly DVD of daily reports and processed items for archival purposes.

11) Daily Messenger for the delivery of reports, correspondence and unprocessed items.

12) Robust back-up recovery and Disaster Recovery Plan for both the bidder and third party if out-sourced.


14) Ability to wire transfer funds out of the Lock Box Account.

15) Ability to block payments to certain accounts (Derogatory File).

16) Remote Deposit – for depositing checks received at Providence Water’s Office – must have same day cash availability.

17) Ability to reconcile – on-line - Remote Deposits.

18) Ability to accept wire deposit transfers from our credit card vendor, ACH Vendor and the customers of Providence Water.

19) ACH Origination for initiating ACH transactions for customers on auto debit.

20) Information Reporting – accessing account balances and activity including large vendor payments in CTX format.
SCOPE OF WORK (CONT.)

21) Providence Water’s account(s) must be an interest bearing account(s).

22) Ability for Providence Water to view their account(s) on-line.

23) Ability to receive only the original bills back that contain a sensitivity mark on the water bills.

24) Vendors have the option to bid a Flat Monthly Fee for all services or an Itemized Bid.
SCAN LINE FORMAT (LOCKBOX)

The scan line for this stub will be printed in OCRA font. The following format contains the requirements for Format 2:

<table>
<thead>
<tr>
<th>Field Name</th>
<th>Length</th>
<th>Required</th>
<th>Visible</th>
<th>Database Field</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Number</td>
<td>8</td>
<td>Y</td>
<td>Y</td>
<td>Account Number</td>
</tr>
<tr>
<td>Bill Date</td>
<td>6</td>
<td>Y</td>
<td>Y</td>
<td>User String 1</td>
</tr>
<tr>
<td>Special 1 Field</td>
<td>3</td>
<td>Y</td>
<td>Y</td>
<td>User Integer 1</td>
</tr>
<tr>
<td>Total Amount</td>
<td>10</td>
<td>Y</td>
<td>Y</td>
<td>Gross Amount</td>
</tr>
<tr>
<td>Water Amount</td>
<td>8</td>
<td>Y</td>
<td>Y</td>
<td>Net Amount</td>
</tr>
<tr>
<td>Tax Amount</td>
<td>6</td>
<td>Y</td>
<td>Y</td>
<td>Amount 3</td>
</tr>
<tr>
<td>Scan Line Check Digit</td>
<td>1</td>
<td>Y</td>
<td>Y</td>
<td>Scan Line CD</td>
</tr>
</tbody>
</table>

If a required field is missing or has can’t reads, it must be corrected in Scan Line Fix.

Check Digit Routines:
Scan line check digit

Derogatory File: None

Other Edits:

<table>
<thead>
<tr>
<th>Field</th>
<th>Edit Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Number</td>
<td>Numeric</td>
</tr>
<tr>
<td>Bill Date</td>
<td>Numeric</td>
</tr>
<tr>
<td>Special 1 Filed</td>
<td>Numeric</td>
</tr>
<tr>
<td>Scan Line CD</td>
<td>Numeric</td>
</tr>
</tbody>
</table>

Check Digit Routines
This section includes the check digit verification routines that are required by this sort pattern.
SCAN LINE FORMAT (CONT)

Scan Line Check Digit

In the stub format, there is a check digit for the entire scan line. The scan line is 41 digits in length (not counting the check digit) and the check digit is 1 digit in length. The check digit is calculated using the following routine:

1. Each of the 41 digits is multiplied by the following weights, which are assigned to the digits of the field from left to right: 6,5,4,3,2,7,6,5,4,3,2,7,.....

2. Divide the sum of the products by 11. The modulus of 11 minus the remainder is the check digit.

Example:

For a scan line of: 8020330002090000000003952800003755000054 and a check digit of 1, the following is calculated:

\[
\begin{align*}
\text{8020330002090000000003952800003755000054} \\
\times \\
65432765432765432765432765432765432765432765432765432
\end{align*}
\]

\[
\begin{align*}
408062000606000000006631300001211000018 & = 3 \\
8 & 1 & 3 & 3002 & 5850 & 5 & 8 \\
& & & & & 4
\end{align*}
\]

\[
48+8+6+21+6+63+6+63+30+10+32+15+28+15+10+15+8 = 384
\]

\[
384 / 11 = 34 \text{ with a remainder of } 10
\]

Modulus of 11 - remainder of 10 = check digit of 1

Extract File Format

Inputs:

- Batch Headers from database
- Batch Details from database
Outputs:

The extract creates a disk file in the format specified in this section and also a report of batches processed and the total amount processed for the extract.

The extract creates a disk file in the format specified in this section and also a report of batches processed and the total amount processed for the extract.

The output file name will be R2700001.FLE

Processing Logic:

For the processed transactions the program produces output records as follows:
• One File Header record is output for each file
• One Detail record is output for each stub
• One File Trailer record is output for each file

Ex.

File Header
Detail Record - Batch 1

Detail Record - Batch 1
Detail Record - Batch 2

Detail Record - Batch 2
Detail Record - Batch N

Detail Record - Batch N
File Trailer Record

All batches will be extracted. The file has variable length records. The header record in the file is 8 bytes in length, the detail record are 59 bytes long, and the trailer record is 16 bytes in length. All records are terminated with Carriage Return and Line Feed characters.
SCAN LINE FORMAT (CONT)

**JCL Requirements**
JCL information does not need to be added to the extract file for this sort pattern.

### File Header Record

<table>
<thead>
<tr>
<th>Description</th>
<th>Length</th>
<th>Value</th>
<th>Source</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filler</td>
<td>1</td>
<td>Space</td>
<td>Constant</td>
<td></td>
</tr>
<tr>
<td>Filler</td>
<td>1</td>
<td>“G”</td>
<td>Constant</td>
<td></td>
</tr>
<tr>
<td>Extract Date</td>
<td>6</td>
<td></td>
<td>System Date</td>
<td>YYMMDD</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>8</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Detail Record (for each Stub)

<table>
<thead>
<tr>
<th>Description</th>
<th>Length</th>
<th>Value</th>
<th>Source</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filler</td>
<td>1</td>
<td>Space</td>
<td>Constant</td>
<td></td>
</tr>
<tr>
<td>Account Number</td>
<td>6</td>
<td></td>
<td>TMS Image</td>
<td>1st 6 digits of scan line’s 8 digit account number</td>
</tr>
<tr>
<td>Sub Account</td>
<td>2</td>
<td></td>
<td>TMS Image</td>
<td>Last 2 digits of scan line’s 8-digit account number</td>
</tr>
<tr>
<td>Bill Date</td>
<td>6</td>
<td></td>
<td>TMS Image</td>
<td>From scan line or data entry; MMDDYY</td>
</tr>
<tr>
<td>Special 1 Field</td>
<td>3</td>
<td></td>
<td>TMS Image</td>
<td>From scan line or data entry</td>
</tr>
<tr>
<td>Total Amount</td>
<td>10</td>
<td></td>
<td>TMS Image</td>
<td>From scan line or data entry (Gross)</td>
</tr>
<tr>
<td>Water Amount</td>
<td>8</td>
<td></td>
<td>TMS Image</td>
<td>From scan line or data entry (Net)</td>
</tr>
<tr>
<td>Tax Amount</td>
<td>6</td>
<td></td>
<td>TMS Image</td>
<td>From scan line or data entry (Amt 3)</td>
</tr>
<tr>
<td>Scan Line Check Digit</td>
<td>1</td>
<td></td>
<td>TMS Image</td>
<td>From scan line or data entry</td>
</tr>
<tr>
<td>Payment Date</td>
<td>6</td>
<td></td>
<td></td>
<td>Processing Date; MMDDYY</td>
</tr>
<tr>
<td>Payment Amount</td>
<td>10</td>
<td></td>
<td>TMS Image</td>
<td>Assigned Amount</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>59</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### Filler Trailer Record

<table>
<thead>
<tr>
<th>Description</th>
<th>Length</th>
<th>Value</th>
<th>Source</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>Filler</td>
<td>1</td>
<td>Space</td>
<td>Constant</td>
<td></td>
</tr>
<tr>
<td>Filler</td>
<td>1</td>
<td>“T”</td>
<td>Constant</td>
<td></td>
</tr>
<tr>
<td>Item Count</td>
<td>5</td>
<td>Calculated</td>
<td></td>
<td>Count of detail lines in file</td>
</tr>
<tr>
<td>Total Amount</td>
<td>9</td>
<td>Calculated</td>
<td></td>
<td>Total amount in file</td>
</tr>
<tr>
<td>Total</td>
<td>16</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
**ITEMIZED BID**

<table>
<thead>
<tr>
<th>Service</th>
<th>Providence Water Average Monthly Transactions</th>
<th>Average Unit Bid Prices</th>
<th>Monthly Charges</th>
</tr>
</thead>
<tbody>
<tr>
<td>Account Maintenance Fee</td>
<td>1.0</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Credits</td>
<td>42</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>On-Us Items Deposited</td>
<td>3</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Transit Items #1</td>
<td>6,300</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Items Deposited as ARC</td>
<td>9,500</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Returned Deposit Item</td>
<td>6</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Return Check Redeposit</td>
<td>6</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>ACH Filter Monthly Fee</td>
<td>1</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Wires – Repetitive transfer</td>
<td>3</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>Remote Capture Monthly Fee</td>
<td>1</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>ACH Direct Monthly Fee</td>
<td>1</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>ACH File Transmission Charge</td>
<td>9</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>ACH Origination CR Trans Fee</td>
<td>9</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>ACH Origination DB Trans Fee</td>
<td>1,800</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>ACH Credit Trans-Receiving Chg</td>
<td>35</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>ACH Notification of Change Fee</td>
<td>3</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>EDI</td>
<td>1</td>
<td>$____________</td>
<td>$____________</td>
</tr>
<tr>
<td>ACH Notification of Change Fee</td>
<td>3</td>
<td>$____________</td>
<td>$____________</td>
</tr>
</tbody>
</table>
## DEPOSIT ACCOUNT SERVICES (CONT)

<table>
<thead>
<tr>
<th>Service</th>
<th>Quantity</th>
<th>Amount 1</th>
<th>Amount 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lock-box item Processing</td>
<td>16,000</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-box reject fee</td>
<td></td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-box Electronic Payments</td>
<td>6,900</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-box CD-ROM Per CD Fee</td>
<td>1</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-box CD-ROM Per Item Fee</td>
<td>45,400</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-box Web Inquiry Service</td>
<td>1</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Carrier Service (1 Round Trip Per Day)</td>
<td>20</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-Box Data-Transmission</td>
<td></td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-Box ret ARC – Redeposit</td>
<td>24</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-Box unprocessed returns</td>
<td>70</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-Box Photocopies</td>
<td>1</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-Box Monthly Maintenance</td>
<td>1</td>
<td>$________</td>
<td>$________</td>
</tr>
<tr>
<td>Lock-Box Data Entry</td>
<td>1</td>
<td>$________</td>
<td>$________</td>
</tr>
</tbody>
</table>

**ALL QUESTIONS & CONCERNS REGARDING THIS RFP SHOULD BE E-MAILED TO** jmurphy@provwater.com. **ANSWERS WILL BE PROVIDED VIA E-MAIL**

**PLEASE INCLUDE ANY ADDITIONAL COSTS THAT ARE NOT LISTED ABOVE PROVIDENCE WATER RESERVES THE RIGHT TO DENY ALL CHARGES NOT INCLUDED IN THIS RFP.**
# EVALUATION CRITERIA

<table>
<thead>
<tr>
<th>Evaluation Criteria</th>
<th>Distribution</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Experience, and Performance entering payments</td>
<td>25 %</td>
</tr>
<tr>
<td>2. Understanding of the Work - Proposed Services</td>
<td>25 %</td>
</tr>
<tr>
<td>3. Experience with Government Banking</td>
<td>25 %</td>
</tr>
<tr>
<td>4. Total Proposal Cost Versus Value</td>
<td>40 %</td>
</tr>
</tbody>
</table>

1. **Experience and Performance.** This factor considers the ability to enter payments in a timely and efficient manner. Ability to follow up with issues that may arise.
   a. Projects of Comparable Size, Type, and Complexity
   b. Previous Client Assessment of Respondent’s Performance
   c. Adherence to Schedule
   d. Customer Service person/center to assist with issues
   e. References

2. **Understanding of the Work - Proposed Services**
   a. Must clearly demonstrate an understanding of the goals and objectives of the project.
   b. Ability to adapt to Providence Water’s specifications and needs regarding lock box format.
   c. Identify any unknown or variable issues that may impact the overall cost of the project once the project is underway.
   d. Proposer must clearly identify areas and tasks that will require a significant effort by PW to complete. This should include an explanation of the reasons why the involvement of the owner is either important or required.

3. **Experience with Government Banking**

4. **Total Proposal Cost Versus Value**
   a. Proposal Cost will be evaluated based on both the lump sum prices submitted and/or itemized prices submitted.