**ATTACHMENT A**

PROPOSAL COVERSHEET

INFORMATION TECHNOLOGY ASSESSMENT AND SUPPORT SERVICES

|  |  |
| --- | --- |
| **Information Request** | **Answer** |
| Legal Name of Proposing Entity |  |
| Authorized Contact/Signatory Authority |  |
| Mailing Address |  |
| Phone Number |  |
| Email |  |
| Date Established |  |
| Federal EIN |  |
| Type of Organization |  Private for-profit Private non-profit Sole Proprietor Partnership Government Agency Other (specify) |
| Historically Underutilized Business |  Yes (must attach current certificate) No/NA |
| Cooperative Purchasing Contract |  Yes (identify) No/NA |
| Name and Title of Authorized Signatory |  |
| Signature |  |
| Date |  |

**This form must be submitted with Proposal Response.**

**ATTACHMENT B**

RESPONSE QUESTIONS

1. Will you be able to meet deliveries up to 23 sites within the specified delivery hours? Yes\_\_\_ or No\_\_\_ If No, please attach a proposed delivery schedule.
2. Do you require a minimum number of cases or dollar value for deliveries?

Yes\_\_\_ or No\_\_\_ If Yes, please state your minimum delivery amounts (case quantity, dollar amounts, etc.)

1. What is your procedure for notifying customers of shortages and/or substitutions?
2. Do you have a documented HACCP plan that includes a Standard Operating Procedure for recall traceability? Yes\_\_\_ or No\_\_\_
3. What is your procedure for notifying customers of a product recall?
4. Have you, or your organization backed out of or been terminated from a distribution contract within the last two (2) years? Yes\_\_\_ or No\_\_\_, If Yes, please explain.
5. What is the lead time you require for orders to ensure a 95% fill rate?
6. Do you have an on-line ordering system? Yes\_\_\_ or No\_\_\_
7. How are emergency deliveries (deliveries not on a scheduled date) handled?
8. How late can add-ons be added to next day deliveries? Is there a limit on the number of cases that can be added on?
9. Describe any reports that you make available to your customers (e.g. monthly usage, data analysis, etc.). How are customers able to access such reports?
10. Describe your policies regarding your delivery driver staff.
11. Can you provide a logo for your farm/organization? Yes\_\_\_ or No\_\_\_
12. May we use your likeness and farm (photographs, video recordings, or electronic images) for marketing, educational programming, or publication purposes?

Yes\_\_\_ or No\_\_\_

1. What type(s) of capacity/facilities does the farm have? Check all that apply. Greenhouse\_\_\_ Hoop House\_\_\_ Cold Storage\_\_\_ Cool Storage (root cellar) Indoor wash/pack facility\_\_\_ Outdoor wash/pack facility\_\_\_ Mechanized harvest equipment\_\_\_
2. Does the farm have a written food safety plan? Yes\_\_\_ or No\_\_\_
3. Do you have liability insurance? Yes\_\_\_ or No\_\_\_ If yes, what is the limit?
4. Is a farmer or farm representative interested in partnering with CCA to educate children about farming and local food? Yes\_\_\_ or No\_\_\_
5. Are pesticides used? Yes\_\_\_ or No\_\_\_ If yes, please elaborate.
6. Are herbicides used? Yes\_\_\_ or No\_\_\_ If yes, please elaborate.

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**ATTACHMENT C**

PRODUCE & PRICING

(See Separate Excel Worksheet)

**This form must be submitted with Proposal Response.**

**ATTACHMENT D**

REFERENCES

Provide two (2) references from current customers requiring weekly deliveries to multiple locations. ALL information must be included. References will be contacted as part of the evaluation process.

|  |  |
| --- | --- |
| **Customer Name** |  |
| **Contact Name** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **Summary of work completed:** |  |
|  |  |
|  |  |
| **Customer Name** |  |
| **Contact Name** |  |
| **Address** |  |
| **Phone** |  |
| **Email** |  |
| **Summary of work completed:** |  |
|  |  |
|  |  |

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**ATTACHMENT E**

CERTIFICATIONS

Federal and state laws require assurances from applicants for federal pass-through or other state appropriated funds. The following assurances are applicable and must be included.

**CERTIFICATION OF BIDDER**

I hereby certify that the information contained in this proposal and any attachments is true and correct and may be viewed as an accurate representation of proposed services to be provided and the administrative, management, and financial systems of this organization. I certify that no employee of Child Care Associates has assisted in the preparation of this proposal.

I acknowledge that I have read and understand the requirements and provisions of this RFP and that the organization will comply with applicable local, state, and federal regulations and directives in the implementation of the services.

I certify that I have read and understand the Governing Provisions and Limitations any other limitations presented in this RFP and will comply with the terms.

This proposal is a firm offer for a minimum of 90 days.

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, certify that I am the

 (Type Name)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, of the entity named as Respondent herein.

 (Type Title)

I am authorized to sign this proposal and submit it to Child Care Associates on behalf of said entity by authority of its governing body.

 (Signature) (Date)

 (Address)

 (Phone)

**This form must be submitted with Proposal Response.**

**CERTIFICATION REGARDING LOBBYING, DEBARMENT, SUSPENSION AND**

**OTHER RESPONSIBILITY MATTERS, EQUAL OPPORTUNITY/NON- DISCRIMINATION, AND DRUG-FREE WORKPLACE REQUIREMENTS**

*Lobbying:* This certification is required by the Federal Regulations, implementing Section 1352 of the Program Fraud and Civil Remedies Act, Title 31 U.S. Code, for the Department of Education (34 CFR Part 82), Department of Health and Human Services (45 CFR Part 93).

The undersigned certifies that:

1. No federal appropriated funds have been paid or will be paid, by or on behalf of the undersigned, to any person for influencing or attempting to influence an officer or employee of Congress, or an employee of a Member of Congress in connection with the awarding of any federal grant, the making of any federal loan, the entering into of any cooperative agreement, and the extension, continuation, renewal, amendment, or modification of any federal contract, grant, loan or cooperative agreement.
2. If any funds other than federal appropriated funds have been paid or will be paid to any person for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, and officer or employee of Congress, or an employee of a Member of Congress in connection with this federal contract, grant, loan or cooperative agreement, the undersigned shall complete and submit Standard Form — LLL, "Disclosure Form to Report Lobbying", in accordance with its instructions.
3. The undersigned shall require that the language of this certification be included in the award documents for all sub awards at all tiers (including subcontracts, sub grants, and contracts under grants, loans, and cooperative agreements) and that all sub recipients shall certify and disclose accordingly.

*Debarment, Suspension, and Other Responsibility Matters:* This certification is required by the Federal Regulations, implementing, Executive Order 12549, Government-wide Debarment and Suspension, for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), Department of Health and Human Services (45 CFR Part 76).

The undersigned certifies that neither it nor its principals:

1. Are presently debarred, suspended, proposed for debarment, and declared ineligible or voluntarily excluded from participation in this transaction by any federal department or agency.
2. Have not within a three-year period preceding this contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (federal, State or Local) transaction or contract under a public transaction, violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;
3. Are not presently indicted for or otherwise criminally or civilly charged by a governmental entity with commission of any of the offenses enumerated in Paragraph (2) of this certification; and,

 4. Have not within a three-year period preceding this contract had one or more public transactions terminated for cause or default.

Where the prospective recipient of federal assistance funds is unable to certify to any of the statements in this certification, such prospective recipient shall attach an explanation to this certification.

*Drug-Free Workplace:* This certification is required by the Federal Regulations, implementing Sections 5151-5160 of the Drug-Free Workplace Act, 41 U.S.C. 701; for the Department of Agriculture (7 CFR Part 3017), Department of Labor (29 CFR Part 98), Department of Education (34 CFR Parts 85, 668 and 682), and Department of Health and Human Services (45 CFR Part 76).

The undersigned certifies that it shall provide a drug-free workplace by:

1. Publishing a policy statement notifying employees that the unlawful manufacture, distribution, dispensing, possession or use of a controlled substance is prohibited in the workplace and specifying the consequences of any such action by an employee;
2. Establishing an ongoing drug-free awareness program to inform employees of the dangers of drug abuse in the workplace, the entity’s policy of maintaining a drug-free workplace, the availability of counseling, rehabilitation and employee assistance programs, and the penalties that may be imposed on employees for drug abuse violations in the workplace;
3. Providing each employee with a copy of the entity’s policy statement;
4. Notifying the employee in the statement that as a condition of employment under this contract, employees shall abide by the terms of the policy statement and notifying the entity in writing within five (5) calendar days after any conviction for a violation by the employee of a criminal drug statute in the workplace;
5. Notifying Child Care Associates within ten (10) calendar days of entity’s receipt of a notice of a conviction of an employee; and,
6. Taking appropriate personnel action against an employee convicted of violating a criminal drug statute or requires such employee to participate in a drug abuse assistance or rehabilitation program.

These certifications are a material representation of fact upon which reliance was placed when this transaction was made or entered. Submission of this certification is a prerequisite for making or entering into this transaction.

(Signature) (Date)

(Printed Name and Title)

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**CERTIFICATION REGARDING CONFLICT OF INTEREST**

By signature of this proposal, bidder covenants and affirms that:

1. No manager, employee or paid consultant of the bidder is a member of the Board, or a manager of Board;
2. No manager or paid consultant of the bidder is a spouse to a member of the Board or a manager of Board;
3. No spouse or member of the Board, CEO, or employee of Child Care Associates a manager or paid consultant for the bidder;
4. No member of the Board or an employee of the Board owns or controls more than ten percent (10%) interest in the bidder;
5. No member of the Board, President, or employee of the Board receives compensation from bidder for lobbying activities as defined in federal laws or Chapter 305 of the Texas Government Code;
6. Bidder has disclosed within the proposal any interest, fact or circumstance that does or may present a potential conflict of interest;
7. Should bidder fail to abide by the foregoing covenants and affirmations regarding conflict of interest, bidder shall not be entitled to the recovery of any costs or expenses incurred in relation to any contract with the Board and shall immediately refund to the Board any fees or expenses that may have been paid under the contract and shall further be liable for any other costs incurred or damages sustained by the Board relating to that contract.

(Name of Entity)

(Name of Authorized Signatory)

(Title of Authorized Signatory)

(Signature) (Date)

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