**ATTACHMENT C**

**proposal SUBMITTAL FORMS**

# For

**FOOD & BEVERAGE CONCESSION PRODUCTS**

**RFP #PUR0121-183**

|  |  |
| --- | --- |
| **FORM NAME** | **Page** |
| General Company Information Form……………………………………………… | 2 |
| Certification Regarding Ability to Obtain Required Insurance………... | 3 |
| Proposal Pricing Submittal Form – Beverage Products…………………… | 4 |
| Proposal Pricing Submittal Form – Food Products………………………… | 6 |
| Equipment Requirements…………………………...................................... | 12 |
| Signature Page Form…………………………………...................................... | 14 |
| Buy Local Packet (submit only if applicable)…………………................... | 15 |

**GENERAL COMPANY INFORMATION FORM**

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Company Name | |  | | | | | | | | | | | | | | | |
| Company Address | | |  | | | | | | | | | | | | | | |
| General Description of the Company: | | | | | | | |  | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| Type of Organization (franchise, corporation, partnership, etc.) | | | | | | | | | | | | | |  | | | |
| Number of years in business: | | | | | |  | | | | | | | | | | | |
| Number of service vehicles that would be available and used for delivery to City facilities: | | | | | | | | | | | | | | | | |  |
| Name and title of person who would oversee City account: | | | | | | | | | | |  | | | | | | |
| Office Phone: |  | | | | | | Mobile: | |  | | | | | | Email: |  | |
|  | | | | | | | | | | | | | | | | | |
| **References** | | | | | | | | | | | | | | | | | |
| List three (3) customers who are current or have been served by your company within the last three (3) years with projects of similar scopes. (Name of firm, address, contact person, phone number) | | | | | | | | | | | | | | | | | |
| **Reference #1 - Name:** | | | | |  | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | |
| Contact Person & Phone: | | | | |  | | | | | | | | | | | | |
| Date & Description of Job: | | | | |  | | | | | | | | | | | | |
| Contract Value: | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Reference #2 - Name:** | | | | |  | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | |
| Contact Person & Phone: | | | | |  | | | | | | | | | | | | |
| Date & Description of Job: | | | | |  | | | | | | | | | | | | |
| Contract Value: | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Reference #3 - Name:** | | | | |  | | | | | | | | | | | | |
| Address: | | | | |  | | | | | | | | | | | | |
| Contact Person & Phone: | | | | |  | | | | | | | | | | | | |
| Date & Description of Job: | | | | |  | | | | | | | | | | | | |
| Contract Value: | | | | |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
| **Delivery/Ordering Questions** | | | | | | | | | | | | | | | | | |
| Will you allow for a case to be split?  Yes  No | | | | | | | | | | | | Do you offer electronic ordering?  Yes  No | | | | | |
| Do you have a minimum dollar amount or case amount for orders?  Yes  No | | | | | | | | | | | | | | | | | |
| If yes, please explain: | | | |  | | | | | | | | | | | | | |
| Lead time for delivery following receipt of an order: | | | | | | | | | |  | | | | | | | |
| How many days per week do you provide delivery? | | | | | | | | | |  | | | | | | | |
| Please list any value added services that your company provides: | | | | | | | | | | | | |  | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | |

**CERTIFICATION REGARDING ABILITY TO OBTAIN REQUIRED INSURANCE**

**CERTIFICATION BY PROPOSER’S INSURANCE AGENT/BROKER REGARDING PROPOSER’S ABILITY TO OBTAIN REQUIRED INSURANCE COVERAGE AND ENDORSEMENTS**

I hereby certify that my client, as identified below, will be able to meet all of the insurance requirements of Attachment B, has been advised of any additional costs associated with doing so, and has agreed to obtain such coverage and endorsements if selected as the successful proposer of the RFP to which my client has responded:

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Project Name and Number: | |  | | | | |
|  | |  | | |  | |
| Legal Name of Proposer: | |  | | | | |
|  | |  | | |  | |
| Name/Address of Insurance Agency: | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  | | | | | | |
|  |  |  | | |  |  |
| Phone: |  | |  | Fax: |  | |
| Email: |  | | | | | |
|  | |  | | |  | |
| Name of Agent/Broker (Print): | |  | | | | |
|  | |  | | |  | |
| Signature of Agent/Broker: | |  | | | | |
|  | |  | | |  | |
| Date of Signature: | |  | | | | |

**PROPOSAL PRICING SUBMITTAL FORM – BEVERAGE CONCESSION PRODUCTS**

**FOB POINT**

The FOB Point, in terms of loss or damage, as well as where title to products is passed, shall be FOB - Destination.

**FREIGHT CHARGES**

Freight charges are to be included in the quoted price of all products, rather than as a separate item unless otherwise noted.

The Company shall, at its sole cost and expense, provide, perform and complete in the manner described and specified in this Request for Proposal all necessary labor, services, transportation, equipment, materials, apparatus, information, data, freight and other items necessary to provide products and services as defined below, in accordance with the Scope of Services as described in Section 4.0.

**BEVERAGE PRODUCTS**

**Fountain Drinks**

|  |  |  |  |
| --- | --- | --- | --- |
| Product Description | | UOM | Unit Price |
| CO2 Tank, per tank | |  | $ |
| PreMix Canister | |  | $ |
| B.I.B. 3 Gallon | |  | $ |
| B.I.B. 5 Gallon | |  | $ |
| Products/Brands available: |  | | |
|  | | | |
|  | | | |

**Bottled Drinks**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product Category | Brands Available  (insert additional pages if needed) | Bottle Size (oz) | # of Bottles per Case | Price per Case |
| Soft Drinks |  |  |  | $ |
| Juices |  |  |  | $ |
| Teas |  |  |  | $ |
| Water |  |  |  | $ |
| Flavored Water |  |  |  | $ |
| Sports Drinks |  |  |  | $ |
| Energy Drinks |  |  |  | $ |
| Protein Drinks |  |  |  | $ |
| Coffee Drinks |  |  |  | $ |
| Other |  |  |  | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company: |  | Date: |  |

**Other Beverage Products**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Product Description | Brands Available  (insert additional pages if needed) | UOM | # of Units  per Case | Price per Case |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

**Paper Products for Fountain Drinks:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Item | Size | Product Description | Quantity per Case | Price per Case |
| Cups | 16 oz |  |  | $ |
| Cups | 24 oz |  |  | $ |
| Lids | 16oz/24oz |  |  | $ |
| Plastic Cups | 32 oz |  |  | $ |
| Lids | 32 oz |  |  | $ |
|  |  |  |  | $ |
|  |  |  |  | $ |

Is there a minimum order requirement?  Yes  No

If yes, please describe:

Lead time for delivery of product following receipt of order:

Lead time for service calls:

Describe your refill protocol for vending machines including timing, selection, and outage criteria:

Describe your calculation method of gross payback for the full service machines:

Describe your return policy:

Additional Comments/Information:

|  |  |
| --- | --- |
| Name of Company: |  |
| Authorized Signature: |  |
| Date: |  |

**PROPOSAL PRICING SUBMITTAL FORM – FOOD CONCESSION PRODUCTS**

**FOB POINT**

The FOB Point, in terms of loss or damage, as well as where title to products is passed, shall be FOB - Destination.

**FREIGHT CHARGES**

Freight charges are to be included in the quoted price of all products, rather than as a separate item unless otherwise noted.

The Company shall, at its sole cost and expense, provide, perform and complete in the manner described and specified in this Request for Proposal all necessary labor, services, transportation, equipment, materials, apparatus, information, data, freight and other items necessary to provide products and services as defined below, in accordance with the Scope of Services as described in Section 4.0.

* The City of Cedar Rapids is a VGM Club Member
* If an item qualifies for a VGM or other discount, please list discount in dollars, not as a percentage.
* If a discount is not offered, indicate $0.00 in the discount column.

**CATEGORY #1 – Candy and Gum**

| Description | UOM | Price  per UOM | Discount  (in dollars) | Net Price  per UOM |
| --- | --- | --- | --- | --- |
| **CANDY BARS** | | | | |
| Baby Ruth | 24 count | $ | $ | $ |
| Butterfinger | 36 count | $ | $ | $ |
| Butterfinger BBs | 24 count | $ | $ | $ |
| Kit Kat | 36 count | $ | $ | $ |
| Milky Way | 36 count | $ | $ | $ |
| Three Musketeers | 36 count | $ | $ | $ |
| Snickers | 48 count | $ | $ | $ |
| Reeses Peanut Butter Cups | 36 count | $ | $ | $ |
| 10,000 Grand | 36 count | $ | $ | $ |
| Twix Caramel | 36 count | $ | $ | $ |
| **CANDY** | | | | |
| Laffy Taffy (7 flavors) | 165 count | $ | $ | $ |
| Laffy Taffy Rope (2 flavors) | 24 count | $ | $ | $ |
| Airheads (7 flavors) | 36 count | $ | $ | $ |
| Chick O Stick | 36 count | $ | $ | $ |
| Fun Dip | 48 count | $ | $ | $ |
| Pixy Stix Giant | 100 count | $ | $ | $ |
| Ring Pop (2 flavors) | 36 count | $ | $ | $ |
| Skittles | 36 count | $ | $ | $ |
| M & M – Milk Chocolate | 48 count | $ | $ | $ |
| M & M – Peanut | 48 count | $ | $ | $ |
| M & M – Peanut Butter | 24 count | $ | $ | $ |
| Starburst | 36 count | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company: |  | Date: |  |

**CATEGORY #1 – Candy and Gum, cont.**

| Description | UOM | Price  per UOM | Discount  (in dollars) | Net Price  per UOM |
| --- | --- | --- | --- | --- |
| Chewy Runts | 24 count | $ | $ | $ |
| Salted Nut Roll | 36 count | $ | $ | $ |
| Super Ropes (Red) | 30 count | $ | $ | $ |
| Dynoz Giant Ice Asst. 17” | 48 count | $ | $ | $ |
| Lik-M-Aid Fun Dip | 36 count | $ | $ | $ |
| Y & S Twizzler Bar | 36 count | $ | $ | $ |
| Mason Dots | 24 count | $ | $ | $ |
| Hot Tamales | 24 count | $ | $ | $ |
| Ring Pop | 36 count | $ | $ | $ |
| Tootsie Roll | 280 count | $ | $ | $ |
| Charms Old Pop | 38 count | $ | $ | $ |
| **GUM** | | | | |
| Bubble Yum (2 flavors) | 18 count | $ | $ | $ |
| Bubblicious (4 flavors) | 18 count | $ | $ | $ |
| Big League Chew | 60 count | $ | $ | $ |

**CATEGORY #2 – Chips and Snacks**

| Description | UOM | Price  per UOM | Discount  (in dollars) | Net Price  per UOM |
| --- | --- | --- | --- | --- |
| Rice Krispie Treats | 20 count | $ | $ | $ |
| Lays Potato Chips – Grab | 1 count | $ | $ | $ |
| Lays KC BBQ Potato Chips – Grab | 1 count | $ | $ | $ |
| Cheetos Cheese Curls – Grab | 1 count | $ | $ | $ |
| Doritos Nacho Cheese Tortilla Chips – Grab | 1 count | $ | $ | $ |
| Doritos Cool Ranch Tortilla Chips – Grab | 1 count | $ | $ | $ |
| Lays Sour Cream/Onion Chips – Grab | 1 count | $ | $ | $ |
| Fritos Corn Chips – Grab | 1 count | $ | $ | $ |
| Funyuns – Grab | 1 count | $ | $ | $ |
| Rold Gold Pretzel Twists – Grab | 1 count | $ | $ | $ |
| Fritos Corn Chips (2.25 oz) | 60 count | $ | $ | $ |
| Lays KC BBQ Potato Chips (1.5 oz) | 60 count | $ | $ | $ |
| Lays Sour Cream/Onion Chips (1.5 oz) | 60 count | $ | $ | $ |
| Doritos Nacho Cheese Tortilla Chips (1.75 oz) | 60 count | $ | $ | $ |
| Doritos Cool Ranch Tortilla Chips (1.75 oz) | 60 count | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company: |  | Date: |  |

**CATEGORY #2 – Chips and Snacks, cont.**

| Description | UOM | Price  per UOM | Discount  (in dollars) | Net Price  per UOM |
| --- | --- | --- | --- | --- |
| Rold Gold Tiny Tim Pretzel Twists (2.25 oz) | 60 count | $ | $ | $ |
| Sunchips Cheddar Multi-Grain Chips (1.5 oz) | 60 count | $ | $ | $ |
| Cheetos Cheese Curls (2.125 oz) | 60 count | $ | $ | $ |
| Funyuns Onion Flavor (1.25 oz) | 60 count | $ | $ | $ |
| Nature Valley Granola Bars | count | $ | $ | $ |
| Energy Bars – Name: | count | $ | $ | $ |
| Gurley Salt-in-Shell Peanuts (4 oz) | 12 count | $ | $ | $ |
| Gurley Salt-in-Shell Peanuts (2 oz) | 12 count | $ | $ | $ |
| Dill Pickle – Individually Wrapped | 12 count | $ | $ | $ |
| Salt-in-Shell Sunflower Seeds | 12 count | $ | $ | $ |
| Sunflower Seeds (3.25 oz) | 12 count | $ | $ | $ |
| Trails Best Beef ‘n Cheese Steak PP | 18 count | $ | $ | $ |
| King Jerky Stuff | 6 count | $ | $ | $ |
| King Jerky Stuff Hex. Jar | 36 count | $ | $ | $ |
| Slim Jim Big #150 | 24 count | $ | $ | $ |
| Slim Jim Super #155 | 24 count | $ | $ | $ |

**CATEGORY #3 – Miscellaneous**

| Description | UOM | Price  per UOM | Discount  (in dollars) | Net Price  per UOM |
| --- | --- | --- | --- | --- |
| Bakery – Danish, Fruit | count | $ | $ | $ |
| Bakery – Danish, Cheese | count | $ | $ | $ |
| Bakery – Bear Claw | count | $ | $ | $ |
| Bakery – Cinnamon Bun | count | $ | $ | $ |
| Bakery – Muffins, Large | count | $ | $ | $ |
| Ketchup (Gallon) | count | $ | $ | $ |
| Mustard (Gallon) | count | $ | $ | $ |
| Sweet Relish (Gallon) | count | $ | $ | $ |
| Miracle Whip (9g packets) | 500 count | $ | $ | $ |
| Sauerkraut (#10) | 12 count | $ | $ | $ |
| Salt/Pepper (individual packs) | count | $ | $ | $ |
| Kaiser Buns, 8 per pkg. | 12 count | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company: |  | Date: |  |

**CATEGORY #4 – Meats**

| Description | UOM | Price  per UOM | Discount  (in dollars) | Net Price  per UOM |
| --- | --- | --- | --- | --- |
| Pre-cooked Microwave Pub Burger, 4 oz.  Brand:       Fat Content: | 40 count | $ | $ | $ |
| 100% Pure Ground Beef Patty, 1/3 lb.  Brand:       Fat Content: | 60 count | $ | $ | $ |
| Pre-cooked Microwave Meatloaf, 6 oz.  Brand:       Fat Content: | 30 count | $ | $ | $ |
| Cooked Bratwurst  Brand: Johnsonville Stadium Brat | 10 lbs | $ | $ | $ |
| Smoked Polish Sausage  Brand: Johnsonville | 10 lbs | $ | $ | $ |
| Chicken Breast, not marinated, 4 oz.  Brand: | 10 lbs | $ | $ | $ |
| Chicken Breast, not marinated, 5 oz.  Brand: | 10 lbs | $ | $ | $ |
| Chicken Breast, not marinated, 8 oz.  Brand: | 10 lbs | $ | $ | $ |
| Frank, All Meat, 5 in 1, 6 inch  Brand: | 10 lbs | $ | $ | $ |
| Hot Dog, 5 in 1, 6 inch  Brand: | 10 lbs | $ | $ | $ |
| “Deli” Style Sandwiches (Prepackaged)  Brand: | count | $ | $ | $ |
| Pulled Pork, 5lb container  Brand: | 5 lbs | $ | $ | $ |
| Chicken Salad, 5lb container, Mrs. Gerry of equal  Brand: | 5 lbs | $ | $ | $ |
| Deli Turkey, sliced, 24 oz. pkg.  Brand: | 6 count | $ | $ | $ |
| Deli Ham, sliced, 24 oz. pkg.  Brand: | 6 count | $ | $ | $ |

**CATEGORY #5 – Nachos and Popcorn**

| Description | UOM | Price  per UOM | Discount  (in dollars) | Net Price  per UOM |
| --- | --- | --- | --- | --- |
| Snappy Yellow Popcorn (12.5 oz) | 4 count | $ | $ | $ |
| Flavacol Salt (35 oz) | 1 count | $ | $ | $ |
| Pop-All Oil (10 qt) | 3 count | $ | $ | $ |
| Popcorn, Microwave (Individual Packs) | count | $ | $ | $ |
| Gehl’s Jalapeno Cheese Sauce BIB (no subs) | 4 count | $ | $ | $ |
| Rico Nacho Cheese Sauce | 6 count | $ | $ | $ |
| Nacho Chips (1.25 lb) | 5 count | $ | $ | $ |

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Company: |  | Date: |  |

**CATEGORY #6 – Frozen Foods**

| Description | UOM | Price per UOM | Discount (in dollars) | Net Price per UOM |
| --- | --- | --- | --- | --- |
| Blue Bunny Vanilla Ice Cream Sandwich | 24 count | $ | $ | $ |
| Blue Bunny or Schoep’s Malt Cup (12 oz) | 12 count | $ | $ | $ |
| Snickers Big One Ice Cream Bar | 24 count | $ | $ | $ |
| Snow Cone (3 flavors) | 24 count | $ | $ | $ |
| Flinstones Push-Ups | 24 count | $ | $ | $ |
| Choco Taco Ice Cream Bar | 24 count | $ | $ | $ |
| Jumbo Soft Pretzel (5 oz) | 50 count | $ | $ | $ |

**CATEGORY #7 – Paper Products**

| Description | UOM | Price  per UOM | Discount  (in dollars) | Net Price  per UOM |
| --- | --- | --- | --- | --- |
| Paper Napkin (7.25 x 13.5) – 250/pkg. | 40 count | $ | $ | $ |
| Paper Napkin (6.5 x 3.5 for HyNap Disp.) -     /pkg. | count | $ | $ | $ |
| Stir Straws (5 ½” stripe) – 1000/pkg. | 1 count | $ | $ | $ |
| #2 White Paper Bag | 500 count | $ | $ | $ |
| Hot Dog Tray – 250/pkg. | 12 count | $ | $ | $ |
| Nacho Cheese Tray – 125/pkg. | 4 count | $ | $ | $ |
| Disposable Gloves | 100 count | $ | $ | $ |
| Disposable Gloves – vinyl (no powder) | 100 count | $ | $ | $ |
| Jumbo Straw (7.75”) | 500 count | $ | $ | $ |
| Deli Paper (12 x 10.75”) – 500/pkg. | 12 count | $ | $ | $ |
| Klearguard (12 x 10) – 1000/pkg. | 8 count | $ | $ | $ |
| Plastic Cup (8.25 oz) – 250/pkg. | 10 count | $ | $ | $ |
| Transparent Plastic Beer Cup (12 oz) – 50/pkg. | 10 count | $ | $ | $ |
| Transparent Plastic Beer Cup (14 oz) – 50/pkg. | 10 count | $ | $ | $ |
| Transparent Plastic Beer Cup (21 oz) – 50/pkg. | 10 count | $ | $ | $ |
| Transparent Plastic Beer Cup (32 oz) – 50/pkg. | 10 count | $ | $ | $ |
| Conical Cup (4 oz) -      /pkg. | count | $ | $ | $ |
| Duo Shield® Insulated Paper Hot Cups, or equal (12oz) | count | $ | $ | $ |
| Traveler® Dome Hot Cup Lids (or equal) | count | $ | $ | $ |

Is there a minimum order requirement?  Yes  No

If yes, please describe:

Lead time for delivery of product following receipt of order:

Describe your return policy:

Additional Comments/Information:

|  |  |
| --- | --- |
| Name of Company: |  |
| Authorized Signature: |  |
| Date: |  |

|  |
| --- |
| **EQUIPMENT REQUIREMENTS** |

**Minimum Required Equipment for Concession Operations by Division:**

**Golf Course Clubhouses:**

Twin Pines – 3800 42nd St. NE; season long; limited service

* 6 Flavor B.I.B. in counter unit, installed and serviced (quantity 1)
* Interior refrigerated display cooler – double door (quantity 1)
* Interior refrigerated display cooler – single door, regular height (quantity 3)
* Patio umbrellas (quantity 8)

Gardner – 5101 Golf Course Rd.; season long; limited service

* Interior refrigerated display cooler – double door (quantity 1)
* Interior refrigerated display cooler – single door, regular height (quantity 5)
* Patio umbrellas (quantity 8)

Ellis – 1401 Zika Ave. NW; season long; limited service

*2021 Season: Temporary Trailer*

* Interior refrigerated display cooler – single door, regular height (quantity 4)
* Patio umbrellas (quantity 8)

*2022 Season and beyond: New Clubhouse*

* Interior refrigerated display cooler – single door, regular height (quantity 4) – *carry over from 2021*
* Interior refrigerated display cooler – double door (quantity 1)
* Patio umbrellas (quantity 8) – *carry over from 2021*

**Softball Complexes:**

Tait Cummins Sports Complex – 3000 C St. SW; 24-28 weeks

* Interior refrigerated display cooler – double door (quantity 1)
* Interior refrigerated display cooler – “Large” single door (quantity 1)
* Product menu board (quantity 1)

Ellis Softball- Ellis Concession Stand; 24-28 weeks

* Interior refrigerated display cooler – “Large” single door (quantity 2)
* Product menu board (quantity 1)

**Aquatics:**

Cherry Hill Aquatic Center – 341 Stoney Point Rd. NW; 12-14 weeks

* 8 Flavor B.I.B. in counter unit, installed and serviced (quantity 1)
* Ice Bin or Portable Cooler (quantity 1)
* Interior refrigerated display cooler – “Large” single door (quantity 3)
* Product menu boards (quantity 2)

Noelridge Aquatic Center – 1248 42nd St. NE; 12-14 weeks

* 8 Flavor B.I.B. in counter unit, installed and serviced (quantity 1)
* Ice Bin or Portable Cooler (quantity 1)
* Interior refrigerated display cooler – “Large” single door (quantity 2)
* Product menu boards (quantity 2)

Bever Pool – 2700 Bever Ave. SE; 12-14 weeks

* 8 Flavor B.I.B. in counter unit, installed and serviced (quantity 1)
* Ice Bin or Portable Cooler (quantity 1)
* Interior refrigerated display cooler – “Medium” single door (quantity 1)
* Product menu boards (quantity 2)

Ellis Pool – 2000 Ellis Blvd. NW; 12-14 weeks

* Beverage vending machines – 20 oz. bottles (quantity 2)
* Snack vending machine (quantity 1)

Jones Pool – 201 Wilson Ave. Dr. SW; 12-14 weeks

* Beverage vending machines – 20 oz. bottles (quantity 2)
* Snack vending machine (quantity 1)

Authorized signature on this form indicates agreement to provide all equipment listed above for no additional charge.

|  |  |
| --- | --- |
| Name of Company: |  |
| Authorized Signature: |  |
| Date: |  |

**SIGNATURE PAGE FORM**

The undersigned, having examined these documents and having full knowledge of the condition under which the Services described herein must be provided, hereby proposes fulfillment of the obligations contained herein in accordance with all insurance documents, instructions, terms, conditions, and specifications set forth; and that all required Services be furnished and that all incidental costs be paid in strict conformity with these documents, for the stated prices as payment in full.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Submitting Firm: | | | |  | | | | | | | | | |
| Address: | | |  | | | | | | | | | | |
| City: |  | | | | County: |  | | | | State: |  | Zip: |  |
| Authorized Representative (print): | | | | |  | | | | | | Title: |  | |
| Authorized Signature: | | | | |  | | | | | | | | |
| Date: | |  | | | | | E-mail: |  | | | | | |
| Phone # | |  | | | | | Fax # |  | | | | | |
| Federal ID Number | | | | | | | | |  | | | | |
| D-U-N-S (<https://fedgov.dnb.com/webform>) | | | | | | | | |  | | | | |
| Iowa Department of Labor Registration Number, if applicable | | | | | | | | |  | | | | |

The State of Iowa requires that all individual contractors and businesses performing “construction” work within Iowa be registered with the Division of Labor and renew that registration annually. More information about this law can be found at <http://www.iowaworkforce.org/labor/contractor.htm>

**FIRM PRICING**

Offered pricing shall remain firm for a minimum of sixty (60) days after the due date of this solicitation unless indicated otherwise. Accepted pricing shall remain firm for the duration of the contract.

**ADDENDA {It is the Proposer’s responsibility to check for issuance of any addenda}**

The above-signed hereby acknowledges receipt of the following addenda:

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Addenda Number: |  | Date: |  |  | Addenda Number: |  | Date: |  |
|  | | | | | | | | |
| Addenda Number: |  | Date: |  |  | Addenda Number: |  | Date: |  |

**PAYMENT METHOD**

|  |  |  |
| --- | --- | --- |
| Do you accept a credit card for payment of purchases? | Yes | No |

**QUICK PAY DISCOUNT**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| If you provide a discount for quick payment, please state the discount and terms: | | |  | % | |  | days |
| Does this discount apply to payments made by MasterCard? | Yes | No | | |

**PROPOSED SUBCONTRACTORS (Reference General Terms and Conditions, section titled *Subcontracting).***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| If awarded this project, do you plan to use any Subcontractors? | | Yes | No | If yes, list information below. | |
| Subcontractor Company Name | Address | | | | IA Contractor Registration #  (if applicable) |
|  |  | | | |  |
|  |  | | | |  |
|  |  | | | |  |

We choose not to bid at this time.  We would like to be considered for future solicitations.

**BUY LOCAL PACKET**

The Cedar Rapids City Council adopted the Buy Local Purchasing Policy through City Council Resolution No. 1239-10-10.

1. Who is local?

a. Businesses located within Linn County, Iowa who have paid Linn County property taxes on a plant, office or store occupied by the business for the past year; or

b. Businesses located within Linn County, Iowa who have paid rent for the past year to a landlord or owner who has paid Linn County property taxes for the past year on the plant, office or store occupied by the business.

2. How do I apply for local preference status?

a. Complete a “Local Business Certificate”. (See page 3 of this packet)

b. Mail the notarized, completed certificate to:

City of Cedar Rapids – Purchasing Division

101 First Street SE

Cedar Rapids, IA 52401

3. After I return the notarized certificate, how do I know if my business is on the list?

A list of certified businesses can be viewed on the City’s website:

<http://www.cedar-rapids.org/local_government/departments_g_-_v/purchasing_services/buy_local.php>

Please allow up to 10 days for processing of the certificate before the business is listed.

4. Will the local preference policy be applied to all purchases for goods and services?

No, the following types of purchases are excluded:

a. Purchases subject to the competitive laws of the State of Iowa

b. Purchases subject to federal, state or county grant stipulations

c. Purchases from the State of Iowa or other national contracts

d. Sole source purchases

5. Do you have questions or feedback about the Buy Local Program?

Please send questions via email to [buylocal@cedar-rapids.org](mailto:buylocal@cedar-rapids.org)

6. If I work out of my home, and my home is in Linn County, am I eligible to become a certified local business?

In order to qualify as local business your business must pay commercial property taxes related to the business being certified as local business.  Residential property taxes paid for a home business do not qualify for the buy local certification.

7. How does the Buy Local Program work?

Preference shall be applied to acceptable quotes, bids and proposals greater than $1,000 from businesses within Linn County, Iowa who have submitted a notarized “Local Business Certificate”.

Example A: Preference shall be given in the procurement of goods and/or services by bid or quote when a local vendor’s bid or quote exceeds the acceptable low bid by no more than:

10% for bids less than $25,000

5% for bids equal to or greater than $25,000 but less than $200,000

1% for bids equal to or greater than $200,000

|  |  |  |  |
| --- | --- | --- | --- |
| Bid Tabulation for a 20’ Enclosed Trailer | | | |
|  | Vendor A | Vendor B | Vendor C |
|  | Marion, IA | Des Moines, IA | Davenport, IA |
| BID PRICE | $ 15,147.99 | $ 14,770.55 | $ 18,250.00 |

* This bid is less than $25,000 so the preference is 10%
* Vendor B submitted the lowest bid of $14,770.55
* Vendor B is not a local business
* Vendor A submitted the next lowest bid of $15,147.99
* Vendor A is a certified local business
* $15,147.99 - $14,770.55 = $377.44 / 14,770.55 = 2.56%
* The difference between the two bids is 2.56% which is within 10% so the local preference applies
* The bid is awarded to the local vendor, Vendor A for $15,147.99

Example B: Preference shall be given in the procurement of goods and/or services by Request for Proposal (RFP) by awarding additional points to the evaluation scores of proposals received from certified local businesses as follows:

10% of all available points for proposals less than $25,000

5% of all available points for proposals equal to or greater than $25,000 but less than $200,000

1% of all available points for proposals equal to or greater than $200,000

|  |  |  |  |
| --- | --- | --- | --- |
| Proposal Summary | | | |
|  | Vendor A | Vendor B | Vendor C |
|  | Iowa City, IA | Cedar Rapids, IA | Hiawatha, IA |
| Points | 976.7 | 723 | 636.8 |
| Points for Local Preference | 0 | 50 | 50 |
| TOTAL POINTS | 976.7 | 773 | 686.8 |

* This proposal is greater than $25,000 but less than $200,000 so the preference is 5%
* The total available points are 1,000 (5% of 1,000 points = 50 points)
* The proposal received from Vendor A was given 976.7 points by the evaluation team
* Vendor B and Vendor C each received 50 additional points per the local preference policy
* After the additional points were applied, Vendor A remained the highest ranked proposal
* Local preference did not change the award in this case



**CITY OF CEDAR RAPIDS**

**LOCAL BUSINESS CERTIFICATE**

**STATEMENT OF POLICY**

Pursuant to Cedar Rapids City Council Resolution 1239-10-10, in conducting the procurement of goods and/or services by competitive solicitation, the City of Cedar Rapids shall give preference to a responsive bid or proposal from a business located within the limits of Linn County, Iowa over an acceptable bid or proposal submitted by a business located outside of Linn County.

Preference shall be given in conducting procurement of goods and/or services by bid or quote when a local bidder’s bid or quote exceeds the acceptable low bid by no more than:

* 10% for bids less than $25,000
* 5% for bids equal to or greater than $25,000 but less than $200,000
* 1% for bids equal to or greater than $200,000

Preference shall be given in conducting procurement of goods and/or services by request for proposal by awarding additional points to each proposal where the business is located in Linn County as follows:

* 10% of all available points for proposals less than $25,000
* 5% of all available points for proposals equal to or greater than $25,000 and less than $200,000
* 1% of all available points for proposals equal to or greater than $200,000

The local preference is not applicable to goods and services purchased with the assistance of federal, state or county grants or funds, or pursuant to the competitive laws of the State of Iowa.

**WRITTEN STATEMENT REQUESTING LOCAL BUSINESS STATUS**

|  |  |  |
| --- | --- | --- |
| I,      , am an authorized representative of       (name of business) and on behalf of the business request that it be deemed to be a local business for purposes of the City of Cedar Rapids “Buy Local” program. Answering yes to question 1 and either question 2 or 3 listed below will qualify the business as a local business. In support of this request I certify the following information as being true and correct: | | |
| Name of Business: | | |
| 1. Is your business located within the limits of Linn County, Iowa? | Yes  No | No. of Years: |
| 1. Did your business pay Linn County property taxes on a plant, office or store occupied by the business for the past year? | Yes  No | Street address of property:  Is this your home residence?  Yes  No  If yes, see page 1, #6 |
| 1. Did your business pay rent for the past year to a landlord or owner who has paid Linn County property taxes for the past year on a plant, office or store occupied by your business? | Yes  No | Street address of property:  Is this your home residence?  Yes  No  If yes, see page 1, #6 |

I understand that misrepresentation of any facts in connection with this request may be cause for removal from the certified local business list. I also agree the business is required to notify the City in writing should it cease to qualify as a local business.

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Signature |  |  | Title |  |  | Date |  |
|  |  |  |  |  |  |  |  |
| Address |  |  | City/State |  |  | Zip |  |
|  |  |  |  |  |  |  |  |
| Phone |  |  | Email |  |  | County |  |

Subscribed and sworn to this       day of      , 20      before the undersigned Notary Public.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY PUBLIC, STATE OF IOWA

To confirm your status, check the certified local business list which is posted on the City’s website:

<http://www.cedar-rapids.org/local_government/departments_g_-_v/purchasing_services/buy_local.php>.

Questions about the Buy Local program may be emailed to [buylocal@cedar-rapids.org](mailto:buylocal@cedar-rapids.org).

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mail the notarized, completed certificate to →→→  Internal Use Only: | | | | City of Cedar Rapids – Purchasing Division  101 First Street SE  Cedar Rapids, IA 52401 | | | |
| Vendor ID: |  |  | Vendor Location ID: |  |  | Updated by: |  | |

|  |  |
| --- | --- |
| **STATEMENT OF POLICY**  C:\Documents and Settings\rsj11575\Local Settings\Temporary Internet Files\Content.Outlook\I5KJG6UK\CRP logo small-01-01 for media releases.JPG | **CITY OF CEDAR RAPIDS SMALL BUSINESS PREFERENCE** |

On August 8, 2017, the City Council approved Resolution No. 1048-08-17 to amend the Purchasing Manual to include an additional preference for Certified Small Businesses within Linn County, Iowa. The business must be registered with the Iowa Economic Development Targeted Small Business Program as a **Service Disabled Veteran Owned Small Business, Persons with Disabilities, Minority Owned Small Business or Woman Owned Small Business**.

In order for a business to be entitled to a local preference **and** a small business preference, a business must have the following:

1. Completed, approved, notarized Local Business Certificate on file with the City of Cedar Rapids Finance Department (see pages 1-3);
2. Completed, approved, notarized Small Business Certificate on file with the City of Cedar Rapids Finance Department (see page 4); and
3. Be registered with the Iowa Economic Development Targeted Small Business Program.

The preference is not applicable to sole source purchases, goods and services purchased with the assistance of federal, state or county grants or funds, or pursuant to the competitive laws of the State of Iowa.

Preference shall be given to Certified Small Businesses in conducting procurement of goods and/or services by bid, quote or proposal as follows:

1. For Bids and Quotes: An extra 2% shall be applied for Certified Local Businesses who are registered with the Iowa Economic Development Targeted Small Business Program and designated as one or more of the types of businesses described herein.

2. For Proposals: An extra 2% of all available points shall be applied for Certified Local Businesses who are registered with the Iowa Economic Development Targeted Small Business Program and designated as one or more of the types of businesses described herein.

**WRITTEN STATEMENT REQUESTING SMALL BUSINESS STATUS**

|  |  |  |
| --- | --- | --- |
| I,      , am an authorized representative of       (name of business) and on behalf of the business request that it be deemed to be a small business for purposes of the City of Cedar Rapids “Buy Local” program. In support of this request I certify the following information as being true and correct: | | |
| Name of Business: | | |
| Does your company have an active registration with the Iowa Economic Development Targeted Small Business Program | | Yes  No |
| Under which designation is your company registered | Service Disabled Veteran Owned Small Business  Persons with Disabilities  Minority Owned Small Business  Woman Owned Small Business | |

I understand that misrepresentation of any facts in connection with this request may be cause for removal from the certified small business list. I also agree the business is required to notify the City in writing should it cease to qualify as a certified small business.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Signature | |  | | | |  | Title | |  | |  | | Date | |  |
|  | | | | | | | | | | | | | | | |
| Address |  | | |  | City/State | | | |  |  | | Zip | |  | |
|  | | | | | | | | | | | | | | | |
| Phone | | |  |  | Email | | |  | | | | | | | |

Subscribed and sworn to this       day of      , 20      before the undersigned Notary Public.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ NOTARY PUBLIC, STATE OF IOWA

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Mail the notarized, completed certificate to →→→ | | | | City of Cedar Rapids – Purchasing Division  101 First Street SE Cedar Rapids, IA 52401 | | | |
|  | | | |  | | | |
| Internal Use Only: | | | |  | | | |
| Vendor ID: |  |  | Vendor Location ID: |  |  | Updated by: |  | |