



**CITY OF FORT WORTH / PURCHASING DIVISION
INVITATION TO BID NO. 11-0253
SEALED BID FOR AFTER-SCHOOL SNACK SERVICES**

BID CLOSING DATE: AUGUST 4, 2011

For further information contact: Lance Wright, Buyer (817) 392-6610

FAX (817) 392-8440 Lance.Wright@fortworthgov.org

INSTRUCTIONS TO BIDDERS

Bids are solicited for furnishing the merchandise, supplies, services and/or equipment set forth in this solicitation. **Bids must be received in the Purchasing Office by 1:30 P.M., August 4, 2011**, and then publicly opened and read aloud at 2:00 P.M. in the Council Chambers. Bids must be returned in a sealed envelope, addressed to the Purchasing Manager, City of Fort Worth and have the bid number, closing date, and company name clearly marked on the outside envelope. **Bids should be mailed or hand delivered to the following address:**

**Purchasing Division, Lower Level, Municipal Building
1000 Throckmorton Street
Fort Worth, Texas 76102**

Bids to be delivered by special courier (i.e. Federal Express, Special Delivery etc.) are to be marked **"BID MUST BE DELIVERED TO PURCHASING DIVISION BEFORE 1:30 P.M."** in order to be considered. Late bids will be returned; they will not be opened nor considered in the evaluation of the bid. Bids may be withdrawn at any time prior to the official opening. Bids may not be altered, amended or withdrawn after the official opening. The undersigned agrees, if the bid is accepted, to furnish any and all items upon which prices are offered, at the price(s) and upon the terms and conditions contained in the specifications. The period for acceptance of this bid will be 90 calendar days after the bid opening date unless the bidder submits a different date. (____ days).

I have read and agreed with the attached Terms and Conditions, Instruction to Bidders and the Invitation to Bid requirements. Failure to complete the requested information below may result in rejection of your bid. Principal Place of Business (Defined as at least having one permanent active business office and employee located in Texas)

Company Name and Address	<i>The Paper Plate, Inc.</i>	Company's Authorized Agent
	<i>4848 S. Cockrell Hill Rd</i>	<i>Linda Carlisle</i>
	<i>Dallas TX 75236</i>	Signature: <i>[Handwritten Signature]</i>
Federal ID Number(TIN) or	<i>75-278474</i>	Name and Title (Typed or Printed)
Social Security Number and Legal		<i>Linda Carlisle, President</i>
Company Name	<i>The Paper Plate, Inc.</i>	Date
Telephone Number	<i>972-296-7888</i>	<i>7/28/11</i>
Fax Number	<i>214-331-7506</i>	Email address: <i>Linda@thepaperplate.com</i>

Cooperative Purchasing: Should other Governmental Entities decide to participate in this contract, would you, the Contractor, agree that all terms, conditions, specifications, and pricing would apply? Yes No

If you, the Contractor checked "Yes", the following will apply: Governmental entities within Tarrant County utilizing Inter-Governmental Contracts with the City of Fort Worth will be eligible, but not obligated, to purchase material/services under this contract(s) awarded as a result of this solicitation. All purchases by Governmental Entities other than the City of Fort Worth will be billed directly to that Governmental Entity and paid by that Governmental Entity. The City of Fort Worth will not be responsible for another Governmental Entity's debts. Each Governmental Entity will order its own material/services as needed.

Jack Dale
Purchasing Manager

BID SOLICITATION

Printed: 07/19/2011

BID OPENING DATE AND TIME: 8/4/2011 1:30:00 PM BID NUMBER: 11-0253
BUYER: Lance Wright PHONE #: (817)392 - 6610 ext. DELIVERY REQUIRED: 8/4/2011

VENDOR	Vendor Name: <u>The Paper Plate, Inc</u> Address: <u>4848 S. Cockrell Hill Rd</u> City, State Zip Code: <u>Dallas TX 75236</u>
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SHIP TO	City of Ft Worth 4200 SOUTH FREEWAY STE 2200 FORT WORTH TX 76115
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Item	Class-Item	Quantity	Unit	Unit Price	Total
1.000	The undersigned hereby certifies that he/she has read and understands the contents of this solicitation and agrees to furnish at the prices bid for any or all items per all instructions, conditions, specifications and attachments hereto. PAYMENT TERMS The City's standard payment terms are Net 30. However, any lesser term with a discount offered by the vendor may be accepted. When submitting a bid, the vendor must offer payment terms in the Terms of Payment section at the bottom left corner of this form and must be either Net 30 or a lesser period with a discount for early payment such as 2/20, net 30 or 1/15, net 30, etc. If the Terms of Payment section at the bottom is left blank, the City will assume Net 30 and evaluate the payment terms as Net 30.				
2.000	After School Snack Cookies Minimum Serving Size <u>.9oz</u> Brand Offered <u>Pepperidge Farms - Giant Chocolate Goldfish</u>	30920	PKG	<u>30¢</u>	<u>\$9,276.00</u>
3.000	After School Snack Chips Minimum Serving Size <u>1oz</u> Brand Offered <u>Santitas</u>	15460	PKG	<u>30¢</u>	<u>\$4,638.00</u>
4.000	After School Snack Cheese its Minimum Serving Size <u>1.5oz</u> Brand Offered <u>Sunshine</u>	7730	PKG	<u>30¢</u>	<u>\$2,319.00</u>
5.000	After School Snack Graham Crackers Minimum Serving Size <u>3ct</u> Brand Offered <u>Keeneland</u>	7730	PKG	<u>30¢</u>	<u>\$2,319.00</u>
6.000	After School Snack Cheese/Cheddar Crackers Minimum Serving Size <u>4ct</u> Brand Offered <u>Austin</u>	7730	PKG	<u>30¢</u>	<u>\$2,319.00</u>
7.000	After School Snack Goldfish Crackers Minimum Serving Size <u>1oz</u> Brand Offered <u>Pepperidge Farms</u>	7730	PKG	<u>30¢</u>	<u>\$2,319.00</u>
8.000	After School Snack Pretzel Sticks Minimum Serving Size <u>1oz</u> Brand Offered <u>Goldfish</u>	7730	EA	<u>30¢</u>	<u>\$2,319.00</u>

BID SOLICITATION

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BID OPENING DATE AND TIME: 8/4/2011 1:30:00 PM BID NUMBER: 11-0253
BUYER: Lance Wright PHONE #: (817)392 - 6610 ext. DELIVERY REQUIRED: 8/4/2011

VENDOR	Vendor Name: <u>The Paper Plate, Inc.</u>
	Address: <u>4848 S. Cockrell Hill Rd</u>
	City, State Zip Code: <u>Dallas TX 75236</u>

SHELL HO	City of Ft Worth 4200 SOUTH FREEWAY STE 2200 FORT WORTH TX 76115
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Item	Class-Item	Quantity	Unit	Unit Price	Total
9.000	Juice, Assorted Flavors, 6.75 Ounce Box It is estimated that a total of 85,000 juice boxes will be required. Five (5) flavors of juices are preferred; however, if fewer than 5 flavors are available, please adjust the number required for each flavor to reflect the cumulative total of 85,000. Indicate flavors available.	85000	EA	<u>404</u>	<u>\$34,000.00</u>
				TOTAL:	<u>\$59,509.00</u>

WE AGREE TO FURNISH ANY OR ALL OF THE ITEMS QUOTED AT THE PRICES SHOWN. QUOTE MUST BE HELD FIRM FOR PERIOD OF 60 DAYS

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TERM OF PAYMENT:
DELIVERY:
TELEPHONE NUMBER:

1/15 net 30
FOB
972 296-7888

COMPANY:
SIGNATURE:
NAME AND TITLE:

The Paper Plate, Inc.
Linda Oeliste, President

2.0 SPONSER INFORMATION FORM

Texas Health and Human Services Commission

At Risk After School Snack Program

Sponsor Information			
Name CITY OF FORT WORTH			Sponsor Agreement Number
Address (Street, City, State, ZIP Code) 4200 SOUTH FREEWAY SUITE 2200 FORT WORTH, TEXAS 76115			
Area Code and Telephone No. (817) 392 - 5780		Contact Person JAN MCMULLEN	
Contract Dates			
Commencement		Expiration	
Bid Bond Percentage Required (Sponsor shall insert appropriate percentage from 5% to 10%) Not Required			
Bid Opening			
Bid Issue Date	Bid Number	Date	Time
Location City of Fort Worth Purchasing Division, 1000 Throckmorton Street, Fort Worth, Texas 76102			
Meal Service Bids			
Sponsor to enter estimated number of meals. Fixed unit price bids to be inserted by the bidder.			
	Fixed Unit Price Bid Per Meal	Sponsor's Estimated No. of Meals	Totals
Snacks	\$ 704	X 85,000	\$ 59,500.00
.....	\$ _____	X _____	\$ _____
.....	\$ _____	X _____	\$ _____
		Estimated Total	\$ 59,500.00
Prompt Payment Discount (To be inserted by the bidder) 1 % for payment within 15 days			
Performance Bond Percentage Required (State agency shall insert appropriate percentage from 10% to 25%) Not Required			
Bidder Information			
Name The Paper Plate, Inc.			Area Code and Telephone No. 972-296-7888
Address (Street, City, State, ZIP Code) 4848 S. Cockrell Hill Rd Dallas TX 75236			
Signature (In Ink) <i>Linda Carlisle</i>		Name (Print or Type) Linda Carlisle	
Title President		Date 8/11/11	
Acceptance			
Sponsor Signature (In Ink)		Date	Contract Number
Sponsor Name (Print or Type) JAN MCMULLEN		Sponsor Title HUMAN SERVICES COORDINATOR	

9.0 **WARRANTY**

- 9.1 The Contractor warrants and guarantees services against any defects in design, workmanship, materials and failure to operate satisfactorily. The warranty and/or guarantee shall begin on the date service is and shall continue through the manufacturer's standard warranty period.
- 9.3 Any service ordered which is found to be unsatisfactory will immediately be reported to the Contractor and will require the Contractor to return to the location within a specified time as instructed by the department.

10.0 **CHANGES IN COMPANY NAME OR OWNERSHIP**

The successful bidder must notify the City's Purchasing Manager, in writing, of a company name, ownership, or address change for the purpose of keeping updated City records. The president of the company or authorize official must sign the letter. Failure to do so may adversely impact future invoice payments.

11.0 **REMITTANCE ADDRESS:** Contractor is required to provide "remit to" address below.

P.O. Box/Street Address: 4848 S. Cockrell Hill Rd
City, State, Zip Code: Dallas TX 75230

12.0 **INVOICE PAYMENT**

All invoices shall be submitted (separately) to the user department and each invoice shall be itemized to show location, description of services, unit price, purchase order number, release number, department contact information including name, phone number and location address.

13.0 **INVOICE PAYMENT**

All invoices must be mailed to the City of Fort Worth, Parks and Community Services Department, 2200 South Freeway, Suite 2200, Fort Worth, TX 76115. During the performance period, all questions or inquires regarding meals and delivery issues should be directed to Jan McMullen, Telephone No. 817-392-5797 or e-mail address: jan.mcmullen@fortworthgov.org. Additional questions may also be directed to Derek M. DeVito, Telephone No. 817-392-5786.

13.0 **METHOD OF AWARD**

The contract will be awarded to the lowest responsive and responsible bidder complying with all of the provisions of the solicitation, provided the bid price is reasonable, and it is in the best interest of the City to accept it. The City also reserves the right to reject the bid of a bidder who has previously failed to perform properly or complete on time contracts of a similar nature.

19.0 REFERENCES SHEET FOR AFTER-SCHOOL SNACK SERVICES
(This form must be completed and accompany the bid.)

Bidders shall furnish the following information with their bid, for at least three (3) previous and current customers to whom subject services were provided that are similar to the requirements stipulated in this Invitation to Bid.

1. Company's Name City Square
Name of Contact Sonia White
Title of Contact: Director of Nurture, Knowledge & Nutrition
Present Address 409 N Haskell Rd
City, State, Zip Code Dallas Tx 75246
Telephone No. 214 828 1085 Fax No. 214 828 6392
Type of Services Provided: _____
Summer food Program/ Snack Program

2. Company's Name Dallas Food & Nutrition
Name of Contact Jeffrey Britt
Title of Contact: President
Present Address PO Box 540515
City, State, Zip Code Dallas Tx 75354
Telephone No. 214 351 0288 Fax No. _____
Type of Services Provided: _____
Summer Food Program/ Snack Program

3. Company's Name The City of Garland
Name of Contact Jose Alvarado
Title of Contact: Summer Nutrition Manager
Present Address PO Box 469002
City, State, Zip Code Garland Tx 75046
Telephone No. 972 205 3316 Fax No. _____
Type of Services Provided: Summer Food Program/ Snack Program

U. S. DEPARTMENT OF AGRICULTURE

Certification Regarding Debarment, Suspension, Ineligibility
and Voluntary Exclusion – Lower Tier Covered Transactions

Suspension, 7 CFR Part 3017, Section 3017.510. Participant's responsibilities. The regulations were published as Part IV of the January 30, 1989, Federal Register (pages 4722 – 4733). Copies of the regulations may be obtained by contacting the Department of Agriculture agency with which this transaction originated.

- (1) The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently disbarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from participation in this transaction by any Federal department or agency.
- (2) Where the prospective lower tier participant is unable to certify to any of the statements in this certification, such prospective participant shall attach an explanation to this proposal.

The Paper Plate, Inc.

Contractor Name

City of Fort Worth After School Program

PR award Number or Project Name

Linda Carlisle, President

Name(s) and Title(s) of Authorized Representative(s)

Mandi Carlson

Signature

7/28/2011

Date

TEXAS CORPORATE FRANCHISE TAX CERTIFICATION

PURPOSE: By state law (Texas Business Corporation Act, Article 2.45), state agencies may not contract with for profit corporations that are delinquent in making state franchise tax payments. The following certification provides a means for establishing whether a corporation is current in its state franchise tax payments.

INSTRUCTIONS: The certification must be signed by the individual authorized on Form 2031, Corporate Board of Director's Resolution, to sign the contract for the Corporation. (For USDA funded contracts, see form 4508, Certificate of Authority, to determine who must sign.)

The certification must be newly completed by all corporations and filed with each offer or contract renewal package submitted.

Indicate the certification that applies to your corporation.

- A. The corporation is a for profit corporation and certifies that it is not delinquent in its franchise payments to the State of Texas

- B. The corporation is a not for profit corporation or is otherwise not subject to payment of franchise taxes to the State of Texas.

The undersigned authorized representative of the corporation certifies by signature that the above statements are true and correct and he understands making a false certification is a material breach of contract and is grounds for contract cancellation.

NAME OF CORPORATION (PLEASE TYPE OR PRINT) <i>The Paper Plate, Inc.</i>	NAME OF CORPORATE REPRESENTATIVE <i>Linda Carlisle</i>
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Linda Carlisle

SIGNATURE

7/28/11

DATE

TITLE <i>President</i>

CONFLICT OF INTEREST QUESTIONNAIRE

N/A

FORM CIQ

For vendor or other person doing business with local governmental entity

This questionnaire is being filed in accordance with chapter 176 of the Local Government Code by a person doing business with the governmental entity.

By law this questionnaire must be filed with the records administrator of the local government not later than the 7th business day after the date the person becomes aware of facts that require the statement to be filed. See Section 176.006, Local Government Code.

A person commits an offense if the person violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.

OFFICE USE ONLY

Date Received

1 Name of person doing business with local governmental entity.

2

Check this box if you are filing an update to a previously filed questionnaire.

(The law requires that you file an updated completed questionnaire with the appropriate filing authority not later than September 1 of the year for which an activity described in Section 176.006(a), Local Government Code, is pending and not later than the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

3

Describe each affiliation or business relationship with an employee or contractor of the local governmental entity who makes recommendations to a local government officer of the local governmental entity with respect to expenditure of money.

4

Describe each affiliation or business relationship with a person who is a local government officer and who appoints or employs a local government officer of the local governmental entity that is the subject of this questionnaire.

Amended 01/13/2009

CONFLICT OF INTEREST QUESTIONNAIRE

FORM CIQ

For vendor or other person doing business with local governmental entity

Page 2

5 Name of local government officer with whom filer has affiliation or business relationship. (Complete this section only if the answer to A, B, or C is YES.)

This section, item 5 including subparts A, B, C & D, must be completed for each officer with whom the filer has affiliation or business relationship. Attach additional pages to this Form CIQ as necessary.

A. Is the local government officer named in this section receiving or likely to receive taxable income from the filer of the questionnaire?

Yes

No

B. Is the filer of the questionnaire receiving or likely to receive taxable income from or at the direction of the local government officer named in this section AND the taxable income is not from the local governmental entity?

Yes

No

C. Is the filer of this questionnaire affiliated with a corporation or other business entity that the local government officer serves as an officer or director, or holds an ownership of 10 percent or more?

Yes

No

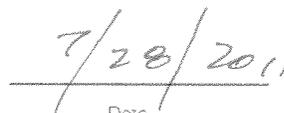
D. Describe each affiliation or business relationship.

6 Describe any other affiliation or business relationship that might cause a conflict of interest.

7



Signature of person doing business with the governmental entity



Date

Amended 01/13/2006