

**SAN ANGELO INDEPENDENT SCHOOL DISTRICT  
Child Nutrition Department  
Kim Carter, Director  
305 Baker, San Angelo, Texas 76903-7030  
Phone (325) 659-3615 Fax (325) 658-4353**

**Bakery Products Competitive Sealed Proposal #16-3**

April 3, 2015

Dear Bidder:

The San Angelo Independent School District will receive sealed proposals on Bakery Products for the 2015-16 school year. The first day of school will be Monday, August 24, 2015. This will be an all or none proposal. Awarded company must be able to provide all products and delivery services.

All awards may be renewed for up to two additional twelve (12) month periods by written agreement between the District and the bidder.

All proposals will be received until 10:00 a.m., Thursday, April 16, 2015. Any proposal received after that time and date will be returned unopened and not considered. Bidders are invited to be present at the opening. Please mail or deliver all proposals to:

**Child Nutrition Department  
Attn: Jason Henry, Purchasing Coordinator  
San Angelo Independent School District  
305 Baker Street  
San Angelo, Texas 76903-7030**

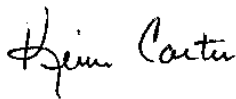
Please mark your envelope as follows: **Competitive Sealed Proposal - BAKERY PRODUCTS, PROPOSAL #16-3, OPEN 10:00 A.M., April 16, 2015**. All bids must be submitted on the "Bid Sheet" provided.

The District reserves the right to reject any proposal and/or all proposals, to make awards as they may appear to be advantageous to the district and to waive all formalities in bidding.

Bids received without proper signature will not be accepted.

Your proposal will be appreciated.

Sincerely,



Kim Carter  
Child Nutrition Director

Sincerely,



Jason Henry  
Child Nutrition Purchasing Coordinator

### Signature Page

The undersigned affirms that they are duly authorized to execute this contract, that this company, corporation, firm, partnership or individual has not prepared this bid in collusion with any other Bidder, and that the contents of this bid as to prices, terms or conditions of said bid have not been communicated by the undersigned nor by any employee or agent to any other person engaged in this type of business prior to the official opening of this bid.

Company \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Telephone\_ (\_\_\_\_) \_\_\_\_\_ 1-800-\_\_\_\_\_

Fax \_ (\_\_\_\_) \_\_\_\_\_

Bidder (Signature) \_\_\_\_\_ Date \_\_\_\_\_

Bidder (Print Name) \_\_\_\_\_

Position with Company \_\_\_\_\_

E-mail Address of Bidder \_\_\_\_\_

Signature of Company

Official Authorizing this Bid \_\_\_\_\_

Company Official (Print Name) \_\_\_\_\_

Official Position \_\_\_\_\_

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual's income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the USDA Program Discrimination Complaint Form, found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

Individuals who are deaf, hard of hearing or have speech disabilities may contact USDA through the Federal Relay Service at (800) 877-8339; or (800) 845-6136 (Spanish).

USDA is an equal opportunity provider and employer.

**THIS DOCUMENT MUST BE COMPLETED, SIGNED AND  
RETURNED IN SEALED PROPOSAL PACKAGE**



**\*\*\*\*\* IMPORTANT SUBMITTAL INFORMATION \*\*\*\*\***

Please duplicate the appropriate label and affix to the outside of your sealed bid envelope or sample case/envelope. Vendor's name and return address should be printed on the sealed bid envelope or sample case/envelope. Do not include any samples in the sealed bid envelope.

**FOR SAMPLES**

<b>S A M P L E S</b>	San Angelo ISD Child Nutrition Department 305 Baker Street San Angelo, TX 76903	<b>S A M P L E S</b>
	<b>Attn:</b> Jason Henry, Purchasing Coordinator	
	<i>Bid:</i> Bakery Products Bid #16-3 <i>Samples Due:</i> April 14, 2015	
	<b>*Labels must accompany all samples.*</b>	

**FOR SEALED BIDS**

<b>S E A L E D  B I D</b>	San Angelo ISD Child Nutrition Department 305 Baker Street San Angelo, TX 76903	<b>S E A L E D  B I D</b>
	<b>Attn:</b> Jason Henry, Purchasing Coordinator	
	<i>Bid:</i> Bakery Products Bid #16-3 <i>Bid Deadline:</i> OPEN 10:00 AM, April 16, 2015	

**It is your responsibility to meet the submittal requirements.  
We recommend that you verify the label data with the  
title page; the latter prevails.**

**SAN ANGELO INDEPENDENT SCHOOL DISTRICT**  
**Child Nutrition Department**  
**Kim Carter, Director**  
**305 Baker, San Angelo, Texas 76903-7030**  
**Phone (325) 659-3615 Fax (325) 658-4353**

**BAKERY PRODUCTS**  
**Bid #16-3**

**Forms Checklist**

- Page 2 – Signature page
- Page 4 – Check List
- Page 10 & 11 – Vendor Acknowledgment Forms
- Page 13 – Disclosure of Lobbying Activities – Signature box
- Page 14 – Conflict of Interest Questionnaire
- Page 15 – W-9
- Page 16 –**Notarized** Statement
- Page 17 – 19 – Bid Forms
  
- All samples must include Nutrition Labels, Ingredient Labels and a signed Product Analysis/ Product Formulation Statement.

\_\_\_\_\_  
Company

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Date

**Mandatory Forms For Bid Acceptance**  
**Failure To Complete, Sign & Return Will**  
**Result In Rejection Of Bid**

## General Conditions for Bakery Products

1. **APPLICABILITY** – These conditions are applicable and form a part of the contract documents for each purchase order and a part of the terms of each purchase order for items included in the specifications and bid forms issued herein.
2. **BIDS SHALL BE SUBMITTED ON THESE FORMS** – Failure to supply all required forms in this packet will prevent the bid from being considered for award. Deviations to the General Conditions and/or Specifications shall be conspicuously noted in writing by the bidder and shall be included with the bid.
3. **ALTERNATE BID** – If necessary, shall be written on a separate sheet and attached to the bid form provided. Each alternate must be clearly marked and variance from specifications noted. Samples must be supplied for consideration.
4. **RIGHT TO REMEDY** – Failure to notify SAISD Child Nutrition Office of deviations in schedules or quantities will allow SAISD the option to purchase product from another source. If a company defaults on any item, the item will be awarded to the next lowest bidder meeting specifications. Any increases in prices that are incurred by SAISD to secure these products may be charged to the defaulting company that received the original bid award.
5. **VENDORS WHO DO NOT BID**, are requested to notify the San Angelo Independent School District Child Nutrition Department in writing if they wish to receive future bids. Failure to do so may result in their being deleted from our vendor list.
6. **CONTRACTS** (except those of \$10,000 or less) awarded by School Food Authorities shall include a provision to the effect that the State agency or School Food Authority, the Department, the Comptroller General of the United States, or any of their duly authorized representatives, shall have access to any books, documents, papers, and records of the contractor which are directly pertinent to the program for the purpose of making audits, examination, excerpts, and transcriptions.
7. **TAX EXEMPT** – No charge will be allowed for Federal, State, or City taxes for which the Board of Education is exempt. All prices shall be net and shall not include the amount of any such tax. Exemption certificate, if required, will be furnished on forms provided by the vendor.
8. **FAX BIDS** or EMAILED BIDS will not be accepted.
9. **FELONY CONVICTION NOTICE** must be completed and returned with this bid
10. All Small Business and Minority Firms, Women's Business Enterprises, and Labor Surplus Area firms are especially invited to submit Proposals.
11. **QUESTIONS** concerning this bid shall be addressed to Jason A. Henry, Child Nutrition Purchasing Coordinator, San Angelo Independent School District.

### **Additional General Conditions for Bakery Products**

**12. PERIOD** – This proposal begins on August 1, 2015 and continues thru July 31, 2016. Prices submitted must remain **firm for the entire bid period**.

All awards may be renewed for up to two additional twelve (12) month periods by written agreement between the District and the bidder.

Proposals received after the time and date specified, regardless of cause, will not be considered. Such late bids will be returned to the bidder upon the submission of a written request. PLEASE complete all blanks for each item number.

Proposals must be submitted in a sealed envelope, plainly marked with the company's name, product, opening date and time. Proposals received without proper signature will not be accepted.

The District reserves the right to waive formalities and irregularities and to accept or reject each item separate or as a whole.

**13. PRICES** – shall be net, including transportation and delivery charges fully prepaid by the vendor, F.O.B. school site. All prices must be typed or written in ink. Bids written in pencil will not be accepted.

**14. ADDITIONAL PRODUCTS** – During the course of the contract, SAISD may choose to add new products and/or change products being purchased. The additional bread items will be awarded as a % discount from list price.

The District reserves the right to negotiate discounts for which large quantities are being produced during the contract term.

**15. EVALUATION OF PROPOSALS** - It is not the policy of San Angelo I.S.D. to purchase on the basis of low bids alone.

The Following criteria will be used to award the proposal based on the best value for the District

1. Purchase Price
2. Reputation of the vendor & vendors goods and services
3. Quality of vendor' goods and services
4. Extent to which the goods or services meet the District's specifications and needs
5. Vendor's past relationship with the District
6. Long term cost to the district to acquire the goods
7. Any other relevant factors listed in the request for proposal

**16. TIE BID** – In the case of a tie bid between a local company (in San Angelo) and an out-of-town company, the item will be awarded to the local company.

**17. ORDER AND DELIVERY CONDITIONS:**

a. Orders for the items included in this bid will be placed with your company by our office. Orders will be based on usage.

b. SAISD is estimating 2015-16 usage:	<u>Elementary</u>	<u>Secondary</u>
Hamburger Buns	19 times	33 times
Hot Dog Buns	17 times	17 times
Sliced Bread	17 times	70 times
Texas Toast	9 times	9 times

c. All bread shall be delivered to each school on Monday (or Tuesday, if Monday is a holiday) and Thursday before lunch service at the school. Products are to be delivered according to the delivery schedule set by the Child Nutrition Department.

d. The supplier must deliver promptly on the following school day any products omitted on the regular delivery day or to replace unacceptable products.

e. Bread for the first day of school will be delivered to Secondary schools on Friday, August 21, 2015, and to Elementary schools on Monday, August 24, 2015. A detailed schedule will be given after this bid is awarded. *Delivery dates are subject to change due to menu changes.*

f. All bread is to be delivered on clean bread racks. All products must be properly sealed.

g. Individual weekly statements for each location shall be sent. The statements shall reflect items delivered in that calendar week. Please send to:

San Angelo Independent School District  
Child Nutrition Department  
305 Baker  
San Angelo, Texas 76903

**18. SPECIFICATIONS**

a. Bakery products must be fresh upon delivery.

b. Whole Grain Products – Foods that qualify as whole grain-rich for the school meal programs are foods that contain 100-percent whole grain or contain a blend of whole-grain meal and/or flour and enriched meal and/or flour of which at least 50-percent is whole grain. Whole grain-rich products must contain at least 50-percent whole-grains and the remaining grain, if any, must be enriched.

**19. LABELS** – Nutrition Labels, Ingredient Labels and a signed Product Analysis/ Product Formulation Statement must be attached for all products submitted on this Proposal.

**20. SUPPLIERS** are expected to carry sufficient inventories to cover the needs of the District. Unopened product is to be credited by the vendor after any school holiday period if it no longer has an acceptable code date. Unopened product must be collected and credited prior to summer vacation. Credit for such bread shall be designated on a separate Credit Invoice.

**21. IF A SCHOOL** must serve lunches or breakfasts without bread through the fault of the awarded company, that company must provide the reimbursement for those meals at the current USDA or DHS reimbursement rate.

22. **THE SUCCESSFUL BIDDER** will furnish code information and a list showing delivery routes, days and route men's names. The agreed upon written procedures for placing and changing orders, replacement of bad products, and hot shot service will be required.

23. **NONPERFORMANCE OF CONTRACT** – The District reserves the right to cancel the entire contract with a ten (10) day notice in the event:

- a. any item is not delivered according to the specifications and/or bid price
- b. delivery is not made within the specified time period.
- c. product quality is not acceptable.

24. **QUANTITIES REQUIRED** are substantially correct. The District reserves the right to purchase additional quantities above that stated at the same unit price unless otherwise specified by the bidder.

25. **QUALITY** of products will be tested for acceptability as per bid specifications. Selection will be based on testing. The decision of the Child Nutrition Department regarding the quality and acceptability will be final.

All products must be dated as to the date processed so it may be easily understood.

Out-dated items and items not meeting specifications will be refused and returned to the vendor at the vendor's expense.

26. **TESTING** – All products will be tested upon delivery for wholesomeness, quality, grade, texture, appearance, and flavor. The vendor will be notified by the Child Nutrition Department if any portion of the specified shipment does not meet specification for quality and/or wholesomeness.

It will then be the responsibility of the vendor to pick up the entire shipment. The San Angelo I.S.D. reserves the right to purchase the specified product elsewhere and charge the increase in price, and cost of handling, if any, to the contractor.

27. **CONTRACTS FOR PURCHASE** will be put into effect by a purchase order(s) executed by the Child Nutrition Director after bids have been awarded. This bid will be submitted to the School Board on May 18, 2015. Purchase Orders will be mailed thereafter.

28. **SAMPLES** shall be delivered or mailed by the bidder to the attention of Jason A. Henry, Child Nutrition Purchasing Coordinator, 305 Baker, San Angelo, Texas 76903. Each sample shall be clearly tagged to show the bidder's name, address, bid title, and bid item for which the sample is proposed. A label has been provided for you on page 3 of this bid packet. Samples are to be sent at NO CHARGE.

**All samples must include Nutrition Labels, Ingredient Labels and a signed Product Analysis/Product Formulation Statement. Samples will not be considered without these documents. Samples must be received by April 14, 2015 on all products submitted on this bid.**



**29. BUY AMERICAN PROVISION** – Schools and RCCIs participating in the NSLP and SBP are required by law to use nonprofit SNP funds, to the maximum extent practicable, to buy domestic commodities or products for meals served under the NSLP and SBP. A “domestic commodity or product” is defined as one that is either produced in the U.S. or is processed in the U.S. *substantially* using agricultural commodities that are produced in the U.S. The term “substantially” means that over 51 percent of the final processed product consists of agricultural commodities that were grown domestically. Therefore, when nonprofit SNP funds are used to acquire foods, schools and institutions must ensure that the items are in compliance with this requirement. Additional requirements for preference for agricultural products from Texas are applicable to the use of nonprofit school Child Nutrition funds, in accordance with Section 44.042, Texas Education Code.

**30. EQUAL EMPLOYMENT OPPORTUNITY –**

The U.S Department of Agriculture prohibits discrimination against its customers, employees, and applicants for employment on the bases of race, color, national origin, age, disability, sex, gender identity, religion, reprisal, and where applicable, political beliefs, marital status, familial or parental status, sexual orientation, or all or part of an individual’s income is derived from any public assistance program, or protected genetic information in employment or in any program or activity conducted or funded by the Department. (Not all prohibited bases will apply to all programs and/or employment activities.)

If you wish to file a Civil Rights program complaint of discrimination, complete the [USDA Program Discrimination Complaint Form](http://www.ascr.usda.gov/complaint_filing_cust.html), found online at [http://www.ascr.usda.gov/complaint\\_filing\\_cust.html](http://www.ascr.usda.gov/complaint_filing_cust.html), or at any USDA office, or call (866) 632-9992 to request the form. You may also write a letter containing all of the information requested in the form. Send your completed complaint form or letter to us by mail at U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410, by fax (202) 690-7442 or email at [program.intake@usda.gov](mailto:program.intake@usda.gov).

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**VENDOR ACKNOWLEDGMENT FORM**

**BIDDER PREFERENCE CERTIFICATION**

Please answer the following questions and return them with this Bid:

Is your principal place of business in Texas? (Circle One)      Yes      No

If no, in which state is your principal place of business?

If your principal place of business is not Texas, does your state favor resident Bidders in your state by some dollar increment or percentage? (Circle one)      Yes      No

If yes, what is that dollar increment or percentage?  
For information regarding this series of questions, see Article 601g of the Texas Civil Statutes.

**FELONY CONVICTION NOTIFICATION**

State of Texas Legislative Senate Bill No.1, Section 44.034, Notification of criminal History, Subsection (a), states, "a person or business entity that enters into a contract with a school district must give advance notice to the district if the person or an owner or operator of the business entity has been convicted of a felony. The notice must include a general description of the conduct resulting in the conviction of a felony."

Subsection (b) states "a school district may terminate a contract with a person or business entity if the district determines that the person or business entity failed to give notices as required by Subsection (a) or misrepresented the conduct resulting in the conviction. The district must compensate the person or business entity for services performed before the termination of the contract."

**This Notice Is Not Required of a Publicly-Held Corporation**

Check One:

- My firm is a publicly-held corporation; therefore, this reporting requirement is not applicable.
- My firm is not owned nor operated by anyone who has been convicted of a felony.
- My firm is owned or operated by the following individual(s) who has/have been convicted of a felony:

Name of Felon(s): \_\_\_\_\_

Details of Conviction(s): \_\_\_\_\_

**CERTIFICATION REGARDING TEXAS FAMILY CODE**

As per Section 14.52 of the Texas Family Code, added by S.B. 84, Acts, 73<sup>rd</sup> Legislature, R.S. (1993), all bidders must complete and submit with the bid the following required affidavit:

I, the undersigned authorized bidder, do hereby acknowledge that *NO* sole proprietor, partner, majority shareholder of a corporation, or an owner of 10% or more of an other business entity is 30 days or more delinquent in paying child support under a court order or a written repayment agreement. I understand that under this code, a sole proprietorship, partnership, corporation, or other entity in which a sole proprietor, partner, majority shareholder of a corporation, or an owner of 10% or more of another entity is 30 days or more delinquent in paying child support under a court order or a written repayment agreement is *NOT* eligible to bid or receive a state contract.

I, the undersigned agent for the firm named below, certify that the information concerning notifications and certifications listed above has been reviewed by me and the information furnished is true to the best of my knowledge.

\_\_\_\_\_  
Organization Name

\_\_\_\_\_  
Printed Name of Authorized Representative

\_\_\_\_\_  
Address

\_\_\_\_\_  
Title of Authorized Representative

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

### VENDOR ACKNOWLEDGMENT FORM

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**CERTIFICATION REGARDING DEBARMENT, SUSPENSION, INELIGIBILITY AND VOLUNTARY EXCLUSION – LOWER TIER COVERED TRANSACTIONS**

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This certification is required by the regulations implementing Executive Order 12549, Debarment and Suspension, 7 CFR Part 3017, Section 3017.510, Participants' 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. (Before completing certification, read attached instructions)

1. The prospective lower tier participant certifies, by submission of this proposal, that neither it nor its principals is presently debarred, 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 participants shall attach an explanation to this proposal.

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**APPLICABLE TO GRANTS, SUBGRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS EXCEEDING \$100,000 IN FEDERAL FUNDS**

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Submissions of the certification is a prerequisite for making or entering into this transaction and is imposed by section 1352, Title 31, U.S. Code. This certification is a material representation of fact upon which reliance was placed when this transaction was made or entered into. Any person who fails to file the required certification shall be subject to a civil penalty of not less than \$10,000 and not more the \$100,000 for each such failure.

The undersigned certifies, to the best of his/her knowledge and belief, that:

1. No Federal appropriated funds have been paid or will be paid 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 a Federal contract, the making of a Federal grant, the making of a Federal loan, the entering into a cooperative agreement, and the extension, continuation, renewal, amendment, or modification of a 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, an officer or employee of Congress, or an employee of a Member of Congress in connection with this Federal grant 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 covered subawards exceeding \$100,000 in Federal funds at all appropriate tiers and that all subrecipients shall certify and disclose accordingly.

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**COMPLIANCE CERTIFICATION TO EPA REGULATIONS APPLICABLE TO GRANTS, SUBGRANTS, COOPERATIVE AGREEMENTS, AND CONTRACTS EXCEEDING \$100,000 IN FEDERAL FUNDS**

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I, the vendor, am in compliance with all applicable standards, orders or regulation issued pursuant to the Clean Air Act of 1970, as amended (42 U.S.C. 1857 (h)), Section 508 of the Clean Water Act, as amended (33 U.S.C. 1368), Executive Order 117389 and Environmental Protection Agency Regulation, 40 CFR Part 15 as required under OMB Circular A-102, Attachment O, Paragraph 12 (1) regarding reporting violations to the grantor agency and to the United States Environmental Protection Agency Assistant Administrator for the Enforcement.

\_\_\_\_\_  
Name/Address of Organization

\_\_\_\_\_  
Name/Title of Submitting Official

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

## Procurement

### Instructions for Completion of SF-LLL, Disclosure of Lobbying Activities

This disclosure form shall be completed by the reporting entity, whether sub awardee or prime Federal recipient, at the initiation or receipt of a covered Federal action, or a material change to a previous filing, pursuant to title 31 U.S.C. section 1352. The filing of a form is required for each payment or agreement to make payment to any lobbying entity for influencing or attempting to influence an officer or employee of any agency, a Member of Congress, an officer or employee of Congress, or an employee of a Member of Congress in connection with a covered Federal action. Use the SF-LLL-A Continuation Sheet for additional information if the space on the form is inadequate. Complete all items that apply for both the initial filing and material change report. Refer to the implementing guidance published by the Office of Management and Budget for additional information.

1. Identify the type of covered Federal action for which lobbying activity is and / or has been secured to influence the outcome of a covered Federal Action.
2. Identify the status of the covered Federal Action.
3. Identify the appropriate classification of this report. If this is a follow-up report caused by a material change to the information previously reported, enter the year and quarter in which the change occurred. Enter the date of the last previously submitted report by this reporting entity for this covered Federal Action.
4. Enter the full name, address, city, state and zip code of the reporting entity. Include Congressional District, if known. Check the appropriate classification of the reporting entity that designates if it is, or expects to be, a prime or sub award recipient. Identify the tier of the sub awardee, e.g., the first sub awardee of the prime is the 1<sup>st</sup> tier. Sub awards include but are not limited to subcontracts, sub grants, and contract awards under grants.
5. If the organization filing the report in item 4 checks "Sub awardee," then enter the full name, address, city, state and zip code of the prime Federal recipient. Include Congressional District, if known.
6. Enter the name of the Federal Agency making the award or loan commitment. Include at least one organizational level below agency name, if known. For example, Department of Transportation, United States Coast Guard.
7. Enter the Federal program name or description for the covered Federal action (item 1). If known, enter the full Catalog of Federal Domestic Assistance (CFDA) number for grants, cooperative agreements, loans, and loan commitments.
8. Enter the most appropriate Federal identifying number available for the Federal action identified in item 1 (e.g., Request for Proposal (RFP) number; Invitation for Proposal (IFB) number; grant announcement number; the contract, grant, or loan award number; the application Proposal control number assigned by the Federal agency). Include prefixes, e.g. "RFP-DE-90-001."
9. For a covered Federal action where there has been an award or loan commitment by the Federal agency, enter the Federal amount of the award / loan commitment for the prime entity identified in item 4 or 5.
10. (a) Enter the full name, address, city, state and zip code of the lobbying entity engaged by the reporting entity identified in item 4 to influence the covered Federal action.  
(b) Enter the full names of the individual(s) performing services, and include full address if different from 10 (a). Enter Last Name, First Name, and Middle Initial (MI).
11. Enter the amount of compensation paid or reasonably expected to be paid by the reporting entity (item 4) to the lobbying entity (item 10). Indicate whether the payment has been made (actual) or will be made (planned). Check all boxes that apply. If this is a material change report, enter the cumulative amount of payment made or planned to be made.
12. Check the appropriate box (es). Check all boxes that apply. If payment is made through an in-kind contribution, specify the nature and value of the in-kind payment.
13. Check the appropriate box (es). Check all boxes that apply. If other, specify nature.
14. Provide a specific and detailed description of the services that the lobbyist has performed, or will be expected to perform, and the date(s) of any services rendered. Include all preparatory and related activity, not just time spent in actual contact with Federal officials. Identify the Federal official(s) or employee(s) contacted or the officer(s), employee(s), or Member(s) of Congress that were contacted.
15. Check whether or not a SF-LLL-A Continuation Sheet(s) is attached.
16. The certifying official shall sign and date the form print his/her name, title, and telephone number.

Public reporting burden for this collection of information is estimated to average 30 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Send comments regarding the burden estimate or any other aspect of this collection of information, including suggestions for reducing this burden, to the Office of Management and Budget, Paperwork Reduction Project (0348-0046), Washington, D.C. 20503.

## Disclosure of Lobbying Activities

*Complete this form to disclose lobbying activities pursuant to 31 U.S.C. 1352  
(See reverse for public burden disclosure)*

Approved by OMB  
0348-0046

<b>1. Type of Federal Action:</b> <input type="checkbox"/> a. contract <input type="checkbox"/> b. grant <input type="checkbox"/> c. cooperative agreement <input type="checkbox"/> d. loan <input type="checkbox"/> e. loan guarantee <input type="checkbox"/> f. loan insurance	<b>2. Status of Federal Action:</b> <input type="checkbox"/> a. bid/offer/application <input type="checkbox"/> b. initial award <input type="checkbox"/> c. post-award	<b>3. Report Type:</b> <input type="checkbox"/> a. initial filing <input type="checkbox"/> b. material change <b>For material change only:</b> Year _____ quarter _____ Date of last report _____
<b>4. Name and Address of Reporting Entity:</b> <input type="checkbox"/> Prime <input type="checkbox"/> Subawardee Tier _____, if Known:  Congressional District, if known:	<b>5. If Reporting Entity in No. 4 is Subawardee,</b> Enter Name and Address of Prime:  Congressional District, if known:	
<b>6. Federal Department/Agency:</b>	<b>7. Federal Program Name/Description:</b>  CFDA Number, if applicable: _____	
<b>8. Federal Action Number, if known:</b>	<b>9. Award Amount, if known:</b> \$ _____	
<b>10. a. Name and Address of Lobbying Entity</b> (if individual, last name, first name, MI):	<b>b. Individuals Performing Services</b> (including address if different from No. 10a) (last name, first name, MI):	
<small>(Attach Continuation Sheet(s) SF-LLL-A, if necessary)</small>		
<b>11. Amount of payment (check all that apply):</b> \$ _____ <input type="checkbox"/> Actual <input type="checkbox"/> Planned	<b>13. Type of Payment (check all that apply):</b> <input type="checkbox"/> a. retainer <input type="checkbox"/> b. one-time fee <input type="checkbox"/> c. commission <input type="checkbox"/> d. contingent fee <input type="checkbox"/> e. deferred <input type="checkbox"/> f. Other, specify: _____	
<b>12. Form of Payment (check all that apply):</b> <input type="checkbox"/> a. cash <input type="checkbox"/> b. in-kind; specify: nature _____ value _____		
<b>14. Brief Description of Services Performed or to be Performs and Date(s) of Service, including officer(s), employee(s), or Member(s) contacted, for Payment Indicated in Item 11:</b>  <small>(Attach Continuation Sheet(s) SF-LLL-A, if necessary)</small>		
<b>15. Continuation Sheet(s) SF-LLL-A attached:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>16. Information requested through this form is authorized by title 31 U.S.C. section 1352. This disclosure of lobbying activities is a material representation of fact upon which reliance was placed by the tier above when this transaction was made or entered into. This disclosure is required pursuant to 31 U.S.C. 1352. This information will be reported to the Congress semi-annually and will be available for public inspection. Any person who fails to file the required disclosure shall be subject to a civil penalty of not less than \$10,000 and not more than \$100,000 for each such failure.</b>	<b>Signature:</b> _____ <b>Print Name:</b> _____ <b>Title:</b> _____ <b>Telephone No.:</b> _____ <b>Date:</b> _____	
<b>Federal Use Only:</b>	Authorized for Local Reproduction Standard Form - LLL (Rev. 7-97)	

**THIS DOCUMENT MUST BE COMPLETED, SIGNED AND  
RETURNED IN SEALED PROPOSAL PACKAGE**

<p align="center"><b>CONFLICT OF INTEREST QUESTIONNAIRE</b></p> <p align="center"><b>For vendor or other person doing business with local governmental entity</b></p>	<p><b>FORM CIQ</b></p>
---	------------------------

<p><b>This questionnaire reflects changes made to the law by H.B. 1491, 80th Leg., Regular Session.</b>                  This questionnaire is being filed in accordance with Chapter 176, Local Government Code by a person who has a business relationship as defined by Section 176.001(1-a) with a local governmental entity and the person meets requirements under Section 176.006(a).</p> <p>By law this questionnaire must be filed with the records administrator of the local governmental entity 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.</p> <p>A person commits an offense if the person knowingly violates Section 176.006, Local Government Code. An offense under this section is a Class C misdemeanor.</p>	<p><b>OFFICE USE ONLY</b></p> <hr/> <p>Date Received</p>
--	--

**1** Name of person who has a business relationship 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 the 7th business day after the date the originally filed questionnaire becomes incomplete or inaccurate.)

**3** Name of local government officer with whom filer has employment or business relationship.

\_\_\_\_\_

Name of Officer

This section (item 3 including subparts A, B, C & D) must be completed for each officer with whom the filer has an employment or other business relationship as defined by Section 176.001(1-a), Local Government Code. 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, other than investment income, from the filer of the questionnaire?

Yes       No

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

Yes       No

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

Yes       No

D. Describe each employment or business relationship with the local government officer named in this section.

**4**

\_\_\_\_\_

Signature of person doing business with the governmental entity

\_\_\_\_\_

Date

Adopted 06/29/2007

**THIS DOCUMENT MUST BE COMPLETED, SIGNED AND  
 RETURNED IN SEALED PROPOSAL PACKAGE**

Form **W-9**  
(Rev. December 2014)  
Department of the Treasury  
Internal Revenue Service

## Request for Taxpayer Identification Number and Certification

**Give Form to the  
requester. Do not  
send to the IRS.**

Print or type See Specific Instructions on page 2.	<b>1</b>	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.	
	<b>2</b>	Business name/disregarded entity name, if different from above	
	<b>3</b>	Check appropriate box for federal tax classification; check only <b>one</b> of the following seven boxes: <input type="checkbox"/> Individual/sole proprietor or single-member LLC <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partnership) ▶ _____ <input type="checkbox"/> Other (see instructions) ▶ _____ <small>Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the line above for the tax classification of the single-member owner.</small>	<input type="checkbox"/> C Corporation <input type="checkbox"/> S Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Trust/estate
	<b>4</b>	Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3): Exempt payee code (if any) _____ Exemption from FATCA reporting code (if any) _____ <small>(Applies to accounts maintained outside the U.S.)</small>	
	<b>5</b>	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	<b>6</b>	City, state, and ZIP code	
	<b>7</b>	List account number(s) here (optional)	

### Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 3. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN* on page 3.

**Note.** If the account is in more than one name, see the instructions for line 1 and the chart on page 4 for guidelines on whose number to enter.

<b>Social security number</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 25%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 40%; height: 20px;"></td> </tr> </table>		-		-		
	-		-			
<b>or</b>						
<b>Employer identification number</b>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 10%; height: 20px;"></td> <td style="width: 5%; text-align: center;">-</td> <td style="width: 90%; height: 20px;"></td> </tr> </table>		-				
	-					

### Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions on page 3.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
------------------	----------------------------	--------

### General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at [www.irs.gov/fw9](http://www.irs.gov/fw9).

#### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
  - Form 1099-C (canceled debt)
  - Form 1099-A (acquisition or abandonment of secured property)
- Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.*

By signing the filled-out form, you:

- Certify that the TIN you are giving is correct (or you are waiting for a number to be issued),
- Certify that you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See *What is FATCA reporting?* on page 2 for further information.

**NOTARIZED STATEMENT VALIDATING PROPOSAL CONTENTS  
NON COLLUSION STATEMENT**

---

*Vendor* shall not prepare this Proposal in collusion with any other *Vendors* and the contents of this Proposal as to prices, terms or conditions may not be communicated by this organization nor by an employee or agent of this organization to any other *Vendor* or to any other persons engaged in this type of business activity prior to the official Proposal due date. However, the authorized agent or officer signing this Proposal is not and has not been, for six months, directly or indirectly concerned in any agreement to control the conditions and/ or prices of services proposed, or has not influenced any person to propose or not purpose thereon.

I have read the complete Proposal for **Bakery Products CSP #16-3** and verify the accuracy of all information contained in the Proposal.

Authorized Vendor Officer

---

Signature

---

Typed name

---

Date

NOTARY PUBLIC

---

Name

---

Date

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

**THIS DOCUMENT MUST BE COMPLETED, SIGNED AND  
RETURNED IN SEALED PROPOSAL PACKAGE**



**SAN ANGELO INDEPENDENT SCHOOL DISTRICT  
 CHILD NUTRITION DEPARTMENT**

Kim Carter, Director  
 305 Baker, San Angelo, Texas 76903-7030  
 Phone (325) 659-3615 Fax (325) 658-4353

**BAKERY PRODUCTS  
 Competitive Sealed Proposal #16-3**

Item	Estimated Quantity	Item Description							
1	15,250	<p><b>Sandwich Bread, 24 oz., 24 slice loaf</b>                      Sliced, minimum of 4" square, extra thin                      Serving Size: 28g                      Total Weight of Creditable Grain ingredients per serving: 16g                      Total Weight of Whole Grain ingredients per serving: 8g                      Must provide a Minimum of 1 oz. Grain Equivalence</p> <p><b>Approved Product:</b> Bimbo 70870-00013 GP1</p>							
			# of slices per loaf (excluding heels)	Product Code	Package Count	Weight in Ounces Loaf/Pkg	Baked Weight Each Serving	Each Price	Package Price
		a.	≥ 50 % Whole Grain						
b.	100% Whole Grain								
Item	Estimated Quantity	Item Description							
2	304,800	<p><b>Hamburger Buns, 4", 12CT, 26oz</b>                      Sliced and wrapped, Bulk, Plain                      Serving Size: 61g                      Total Weight of Creditable Grain ingredients per serving: 32g                      Total Weight of Whole Grain ingredients per serving: 18g                      Must provide a Minimum of 2 oz. Grain Equivalence</p> <p><b>Approved Product:</b> Bimbo 78700-80021 RI 1</p>							
				Product Code	Package Count	Weight in Ounces Loaf/Pkg	Baked Weight Each Serving	Each Price	Package Price
		a.	≥ 50 % Whole Grain						
b.	100% Whole Grain								

**All samples must include Nutrition Labels, Ingredient Labels and a signed Product Analysis/ Product Formulation Statement.**

Item	Estimated Quantity	Item Description																					
3	184,800	<b>Hot Dog Buns, 6", 16Ct, 34.4oz</b> Sliced and wrapped Serving Size: 61g Total Weight of Creditable Grain ingredients per serving: 32g Total Weight of Whole Grain ingredients per serving: 18g Must provide a Minimum of 2 oz. Grain Equivalence  <b>Approved Product:</b> Bimbo 78700-80070 RI 1																					
		<table border="1"> <thead> <tr> <th></th> <th>Product Code</th> <th>Package Count</th> <th>Weight in Ounces Loaf/Pkg</th> <th>Baked Weight Each Serving</th> <th>Each Price</th> <th>Package Price</th> </tr> </thead> <tbody> <tr> <td>a.</td> <td colspan="2">≥ 50 % Whole Grain</td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td>b.</td> <td colspan="2">100% Whole Grain</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Product Code	Package Count	Weight in Ounces Loaf/Pkg	Baked Weight Each Serving	Each Price	Package Price	a.	≥ 50 % Whole Grain						b.	100% Whole Grain					
			Product Code	Package Count	Weight in Ounces Loaf/Pkg	Baked Weight Each Serving	Each Price	Package Price															
		a.	≥ 50 % Whole Grain																				
b.	100% Whole Grain																						
Item	Estimated Quantity	Item Description																					
5	259,920	<b>Texas Toast</b> Serving Size: 40g Total Weight of Creditable Grain ingredients per serving: 23.2g Total Weight of Whole Grain ingredients per serving: 11.8g Must provide a Minimum of 1.25 oz. Grain Equivalence  <b>Approved Product:</b> Bimbo 78700-80097 GP 1																					
		<table border="1"> <thead> <tr> <th></th> <th>Product Code</th> <th>Package Count</th> <th>Weight in Ounces Loaf/Pkg</th> <th>Baked Weight Each Serving</th> <th>Each Price</th> <th>Package Price</th> </tr> </thead> <tbody> <tr> <td colspan="7"><b>≥ 50 % Whole Grain</b></td> </tr> <tr> <td>a.</td> <td colspan="2">Pre-Sliced</td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Product Code	Package Count	Weight in Ounces Loaf/Pkg	Baked Weight Each Serving	Each Price	Package Price	<b>≥ 50 % Whole Grain</b>							a.	Pre-Sliced					
			Product Code	Package Count	Weight in Ounces Loaf/Pkg	Baked Weight Each Serving	Each Price	Package Price															
<b>≥ 50 % Whole Grain</b>																							
a.	Pre-Sliced																						

**All samples must include Nutrition Labels, Ingredient Labels and a signed Product Analysis/ Product Formulation Statement.**

Item	Estimated Quantity	Item Description	Product Code	Package Count	Weight in Ounces Loaf/Pkg	Baked Weight Each Serving	Each Price	Package Price
6		<b>Concession products:</b> Serving Size: <b>Hamburger:</b> 50g or 1.8oz ea <b>Hot Dog:</b> 38g or 1.4oz ea  <b>Approved Product:</b> Bimbo						
		<b>White Enriched</b>						
	900	a.	<b>Hamburger Buns, 4", sliced and wrapped, bulk 12 ct. Plain</b>					
	3,000	b.	<b>Hot Dog Buns, 6" std. size, sliced and wrapped, 16 ct.</b>					

**New Products (Catalog bid): Adding or Deleting Items on Bid**

**Due to Texas Public School Nutrition Policy, SAISD reserves the right to add, delete or change any item on the bid with written (e-mail) notice to the awarded vendor if the product doesn't meet the Federal or State Guidelines.** Also, if at the determination of the SAISD Child Nutrition Director, that a better product benefits the SAISD Child Nutrition Department customers; then we reserve the right to provide these newer products to our customers over the duration of this contract bid period.

New products shall be added to the vendor's order guide with a written notice (e-mail); and shall be marked up from the manufactures' price at a predetermined market % stated in the blank below. Manufactures pricing shall be verified with the local food broker or the manufacture itself. The vendor is required to have a manufacturer REP send a statement of unit cost of the new product to determine the actual price charged to SAISD Child Nutrition Department.

New Products:        Mark-up \_\_\_\_\_% (example: put 7 in space if 7% mark-up over manufactures' price)

**Bid Questionnaire**

1. Will you be able to make all delivers on Mondays and Thursdays?  Yes     No  
 Individual schools lunch serving times will be excluded from delivery times.  
 Preference will be given to bidders who can meet the above schedule.  
 If no, attach or state your delivery schedule below. Day and Time

2. Will you be able to make delivery corrections within 24 hours?  Yes     No

**All samples must include Nutrition Labels, Ingredient Labels and a signed Product Analysis/ Product Formulation Statement.**