**Attachment B**

STATE OF DELAWARE

OFFICE OF MANAGEMENT AND BUDGET

GOVERNMENT SUPPORT SERVICES

CONTRACTING SECTION

100 ENTERPRISE PLACE – SUITE 4

DOVER, DELAWARE 19904-8202

**NO BID REPLY FORM**

**Contract No.** **GSS13036A-MILK\_PROD Contract Title: Milk and Milk Products**

To assist us in obtaining good competition on our Request for Bids, we ask that each firm that has received an invitation, but does not wish to bid, state their reason(s) below and return in a clearly marked envelope displaying the contract number. This information will not preclude receipt of future invitations unless you request removal from the Bidder's List by so indicating below, or do not return this form or bona fide bid.

Unfortunately, we must offer a "No Bid" at this time because:

1. We do not wish to participate in the bid process.

2. We do not wish to bid under the terms and conditions of the Request for Bid document. Our objections are:

3. We do not feel we can be competitive.

4. We cannot submit a Bid because of the marketing or franchising policies of the manufacturing company.

5. We do not wish to sell to the State. Our objections are:

6. We do not sell the items/services on which Bids are requested.

7. Other:

FIRM NAME SIGNATURE

We wish to remain on the Bidder's List **for these goods or services**.

We wish to be deleted from the Bidder's List **for these goods or services**.

**Attachment C**

**CONTRACT NO.:** GSS13036A-MILK\_PROD

**TITLE:** Milk and Milk Products

**OPENING DATE:** June 25, 2013 at 1:00PM (Local Time)

**NON-COLLUSION STATEMENT**

This is to certify that the undersigned bidder has neither directly nor indirectly, entered into any agreement, participated in any collusion or otherwise taken any action in restraint of free competitive bidding in connection with this bid submitted this date to Government Support Services.

It is agreed by the undersigned bidder that the signed delivery of this bid represents the bidder’s acceptance of the terms and conditions of this Invitation to Bid including all specifications and special provisions.

**NOTE:** Signature of the authorized representative **MUST** be of an individual who legally may enter his/her organization into a formal contract with the State of Delaware, Government Support Services.

|  |  |
| --- | --- |
|  | Corporation |
|  | Partnership |
|  | Individual |

COMPANY NAME \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (Check one)

NAME OF AUTHORIZED REPRESENTATIVE

SIGNATURE TITLE

COMPANY ADDRESS

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

STATE OF DELAWARE

FEDERAL E.I. NUMBER LICENSE NUMBER\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(circle one) (circle one) (circle one)

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| COMPANY CLASSIFICATIONS: CERT.  NO. | WomenBusiness Enterprise(WBE) | Yes | No | Minority Business Enterprise (MBE) | Yes | No | Disadvantaged Business Enterprise(DBE) | Yes | No |

[The above table is for information and statistical use only.]

PURCHASE ORDERS SHOULD BE SENT TO:

(COMPANY NAME)

ADDRESS

CONTACT

PHONE NUMBER FAX NUMBER

EMAIL ADDRESS

**AFFIRMATION:** Within the past five years, has your firm, any affiliate, any predecessor company or entity, owner,

Director, officer, partner or proprietor been the subject of a Federal, State, Local government suspension or debarment?

YES NO if yes, please explain

**THIS PAGE SHALL BE SIGNED, NOTARIZED AND RETURNED FOR YOUR BID TO BE CONSIDERED**

SWORN TO AND SUBSCRIBED BEFORE ME this \_\_\_\_\_\_\_\_ day of , 20 \_\_\_\_\_\_\_\_\_\_

Notary Public My commission expires

City of County of State of

**Attachment E**

**Subcontractor Information Form**

Contract No. **GSS13036A-MILK\_PROD**

Contract Title: **Milk and Milk Products**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **PART I – STATEMENT BY PROPOSING VENDOR** | | | | |
| 1. CONTRACT NO.  **GSS13036A-MILK\_PROD** | | 2. Proposing Vendor Name: | | 3. Mailing Address |
| 4. SUBCONTRACTOR | |  | | |
| a. NAME | | 4c. Company OSD Classification:  Certification Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | | |
| b. Mailing Address: | | 4d. Women Business Enterprise  Yes  No  4e. Minority Business Enterprise  Yes  No  4f. Disadvantaged Business Enterprise  Yes  No  4g. Veteran Owned Business Enterprise  Yes  No | | |
| 5. DESCRIPTION OF WORK BY SUBCONTRACTOR | | | | |
| 6a. NAME OF PERSON SIGNING | 7. BY (*Signature)* | | 8. DATE SIGNED | |
| 6b. TITLE OF PERSON SIGNING |
| **PART II – ACKNOWLEDGEMENT BY SUBCONTRACTOR** | | | | |
| 9a. NAME OF PERSON SIGNING | 10. BY (*Signature*) | | 11. DATE SIGNED | |
| 9b. TITLE OF PERSON SIGNING |

**Attachment F**

**Business References**

Contract No. **GSS13036A-MILK\_PROD**

Contract Title:  **Milk and Milk Products**

List a minimum of three business references, including the following information:

* Business Name and Mailing address
* Contact Name and phone number
* Number of years doing business with
* Type of work performed

Please do not list any State Employee as a business reference. If you have held a State contract within the last 5 years, please list the contract.

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 1. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
|  |  |  | | |
|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |
|  |  |  |  |  |
|  |  |  |  |  |
| 2. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
|  |  |  | | |
|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |
|  |  |  |  |  |
|  |  |  |  |  |
| 3. | **Contact Name & Title:** |  | | |
|  | **Business Name:** |  | | |
|  | **Address:** |  | | |
|  |  |  | | |
|  | **Email:** |  | | |
|  | **Phone # / Fax #:** |  | | |
|  | **Current Vendor (YES or NO):** |  | |  |
|  | **Years Associated & Type of Work Performed:** |  | | |

**State of Delaware personnel MAY NOT BE USED as references.**

**Attachment G**

**ITB Exceptions**

Contract No. **GSS13036A-MILK\_PROD**

Contract Title: **Milk and Milk Products**

Proposals must include all exceptions to the specifications, terms or conditions contained in this ITB. If the vendor is submitting the proposal without exceptions, please state so below.

🞏 By checking this box, the Vendor acknowledges that they take no exceptions to the specifications, terms or conditions found in this ITB.

|  |  |  |
| --- | --- | --- |
| **Paragraph # and page #** | **Exceptions to Specifications, terms or conditions** | **Proposed Alternative** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**Note: use additional pages as necessary.**

**Attachment H**

**Confidential Information Form**

Contract No. **13036-MILK\_PROD**

Contract Title: **Milk and Milk Products**

🞏 By checking this box, the Vendor acknowledges that they are not providing any information they declare to be confidential or proprietary for the purpose of production under 29 Del. C. ch. 100, Delaware Freedom of Information Act.

|  |
| --- |
| **Confidentiality and Proprietary Information** |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |
|  |

**Note: Add additional pages as needed.**