

State of West Virginia Request for Quotation

15 — Food

	Proc Folder: 229902				
	Doc Description: MILK AND DAIRY PRODUCTS-VICKI DOUGLAS/BUCKBEE JC				
	Proc Type: Central Mast	er Agreement			
Date Issued	Solicitation Closes	Solicitation No	Version		
2016-07-07	2016-08-09 13:30:00	CRFQ 0621 DJS17000000003	1		

BID CLERK

DEPARTMENT OF ADMINISTRATION

PURCHASING DIVISION

2019 WASHINGTON ST E

CHARLESTON

WV 25305

US

WELLOR

Vendor Name, Address and Telephone Number:

Galliker Dairy/Potomac Farms Dairy 300 West Industrial Boulevard Cumberland, MD 21502 1-800-356-6308

08/03/16 14:58:28
W Purchasins Division

FOR INFORMATION CON	IACT THE BUYER		
Crystal Rink			
(304) 558-2402 /	1		
crystal.g.rink@wv.goy	1		
	L. UM		
// /	17/1/1//		

25-0496620

Signature X FEIN #
All offers subject to all terms and conditions contained in this solicitation

Page: 1

FORM ID: WV-PRC-CRFQ-001

DATE

8/2/2016

DESIGNATED CONTACT: Vendor appoints the individual identified in this Section as the
Contract Administrator and the initial point of contact for matters relating to this Contract.
AST JUL JALES REPLESENTATIVE
(Name, Title)
Pat Fisher, Sales Representative
(Printed Name and Title)
P.O. Box 2189, Cumberland, MD 21503
(Address) (301) 697-4412, (301) 722-8433
(Phone Number) / (Fax Number) pfisher@gallikers.com
(email address)

CERTIFICATION AND SIGNATURE: By signing below, or submitting documentation through wvOASIS, I certify that I have reviewed this Solicitation in its entirety; that I understand the requirements, terms and conditions, and other information contained herein; that this bid, offer or proposal constitutes an offer to the State that cannot be unilaterally withdrawn; that the product or service proposed meets the mandatory requirements contained in the Solicitation for that product or service, unless otherwise stated herein; that the Vendor accepts the terms and conditions contained in the Solicitation, unless otherwise stated herein; that I am submitting this bid, offer or proposal for review and consideration; that I am authorized by the vendor to execute and submit this bid, offer, or proposal, or any documents related thereto on vendor's behalf; that I am authorized to bind the vendor in a contractual relationship; and that to the best of my knowledge, the vendor has properly registered with any State agency that may require registration.

Galliker/Dairy/Potomac Farms Dairy			
(Company)			
(Authorized Signature) (Representative Name, Title)			
•			
David W. Gilles, Vice President			
(Printed Name and Title of Authorized Representative)			
* '			
August 2, 2016			
(Date)			
<u>1-800-356-6308</u> , (301) 722-8433			
(Phone Number) (Fax Number)			

ADDENDUM ACKNOWLEDGEMENT FORM SOLICITATION NO.: CRFQ DJS1700000003

Instructions: Please acknowledge receipt of all addenda issued with this solicitation by completing this addendum acknowledgment form. Check the box next to each addendum received and sign below. Failure to acknowledge addenda may result in bid disqualification.

Acknowledgment: I hereby acknowledge receipt of the following addenda and have made the necessary revisions to my proposal, plans and/or specification, etc.

Addendum Numbers Received:	
(Check the box next to each addendum rec	eived)
Addendum No. 1 Addendum No. 2 Addendum No. 3 Addendum No. 4 Addendum No. 5	☐ Addendum No. 6 ☐ Addendum No. 7 ☐ Addendum No. 8 ☐ Addendum No. 9 ☐ Addendum No. 10
I further understand that any verbal represe discussion held between Vendor's represen	eipt of addenda may be cause for rejection of this bid entation made or assumed to be made during any oral statives and any state personnel is not binding. Only I to the specifications by an official addendum is
Company Well Wall	le
Authorized Signature	
August 2, 2016	
Date	

NOTE: This addendum acknowledgement should be submitted with the bid to expedite document processing.

REQUEST FOR QUOTATION CRFQ DJS1700000003 Milk & Dairy Products

- 8.3 Reports: Vendor shall provide quarterly reports and annual summaries to the Agency showing the Agency's items purchased, quantities of items purchased, and total dollar value of the items purchased. Vendor shall also provide reports, upon request, showing the items purchased during the term of this Contract, the quantity purchased for each of those items, and the total value of purchases for each of those items. Failure to supply such reports may be grounds for cancellation of this Contract.
- 8.4 Contract Manager: During its performance of this Contract, Vendor must designate and maintain a primary contract manager responsible for overseeing Vendor's responsibilities under this Contract. The Contract manager must be available during normal business hours to address any customer service or other issues related to this Contract. Vendor should list its Contract manager and his or her contact information below.

Contract Manager:	Pat Fisher
Telephone Number:	(301) 697-4412
Fax Number:	(301) 722-8433
Email Address:	pfisher@gallikers.com

	Exhibit A	CRFQ DJS170	0000003 Mill	k & Dairy Produc	ts-DJS
	Chick" Buckbee Juvenile Center	* * *			1
			*Estimated Annual		
tem #	Description Chocolate Milk Non-fat	Size	Qty (eaches)	** Unit Price	***Extended Price
1	Chocolate Wilk Non-lat	1/2 pint			
2	Strawberry Milk Non-fat	1/2 pint	20,000 ea	.2233	4,466.00
	Milk 1%		5,000 ea.	.2233	1,116.50
3	178		15 000		
4	Milk 1%	Galion	15,000 ea.	.2210	3,315.00
7	Skim Milk		10 ea.	2.9290	29.29
5	ORIGIN PAINK	1/2 pint	25 ea.		
6	Skim Milk	Gallon	25 ea.	.2110	5.28
_	Buttermilk Lowfat 1%		5 ea.	2.7670	13.84
7		1/2 Gallon	5 ea.	1 (070	
8	Buttermilk Lowfat 1%	quart	J 6a.	1.6070	8.04
	Lactose Free Milk		5 ea.	1.2040	6.02
9		1/2 pint	5 ea.	- 5900	
10	Lactose Free Milk	quart	J 6a.	. 3900	2.95
ŀ	leavy Whipping Cream		5 ea.	1.9900	9.95
11		quart	25 ea,	4.1800	
2 0	Cottage Cheese- Small Curd lowfat	5 lb	20 84,	4.1000	104.50
S	our Cream	F.10	10 ea.	7.3000	73.00
3		5 ilb.	15 ea.	7.5800	
B	idder / Vendor Information:				113.70
	_	liker Dairy/Potoma	G Forman D :	rand Total	9,264.07
Ac	ddress: P.O.	Box 2189, Cumber	land MD 0150	2	
		00-356-6308	land, MD 2150	<u> </u>	
	1 00	90.030			

^{*} Estimated Annual quantities X ** Unit Price= ***Extended Price

E-mail Address lcampbell@gallikers.com

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EXII.	IUIL	

CRFQ DJS1700000003

Milk & Dairy Products-DJS

Vickie V. Douglas Juvenile Center 900 Emmett Rosch Drive, Martinsburg, WV					<u> </u>	
ltem #	Description	Size	Qty (eaches)	** Unit Price		
1	Chocolate Milk Non-fat	1/2 pint	5,000 ea	.2233	1,116.50	
2	Strawberry Milk Non-fat	1/2 plnt	1,000 ea.	.2233	223.30	
3	Milk 1%	1/2 pint	18,000 ea.	.2210	3,978.00	
4	Milk 1%	Gallon	100 ea.	2.9290	292.90	
5	Skim Milk	1/2 pint	500 ea.	.2110	105.50	
6	Skim Milk	Galion	10 ea.	2.7670	27.67	
7	Buttermilk Lowfat 1%	1/2 Gallon	25 ea.	1.6070	40.18	
8	Buttermilk Lowfat 1%	quart	25 ea.	1.2040	30.10	
9	Lactose Free Milk	1/2 pint	25 ea.	.5900	14.75	
10	Lactose Free Milk	quart	50 ea.	1.9900	99.50	
11	Heavy Whipping Cream	quart	25 ea.	4.1800	104.50	
12	Cottage Cheese- Small Curd lowfat	24oz. (16 oz)	10 ea.	1.3600	13.60	
13	Sour Cream	5lb.	10 ea.	7.5800	75.80	
	Bidder / Vendor Information:	P (P		Grand Total	6,122.30	
A	Name: Galliker Dairy/Potomac Farms Dairy					
4.		P.O. Box 2189, Cumberland, MD 21503 1-800-356-6308				
	-mail Address 1 c ampt	Address 1campbell@gallikers.com Outse this form may result in disqualification				

^{*} Estimated Annual quantities X ** Unit Price= ***Extended Price

RFQ No.	

STATE OF WEST VIRGINIA Purchasing Division

PURCHASING AFFIDAVIT

MANDATE: Under W. Va. Code §5A-3-10a, no contract or renewal of any contract may be awarded by the state or any of its political subdivisions to any vendor or prospective vendor when the vendor or prospective vendor or a related party to the vendor or prospective vendor is a debtor and: (1) the debt owed is an amount greater than one thousand dollars in the aggregate; or (2) the debtor is in employer default.

EXCEPTION: The prohibition listed above does not apply where a vendor has contested any tax administered pursuant to chapter eleven of the W. Va. Code, workers' compensation premium, permit fee or environmental fee or assessment and the matter has not become final or where the vendor has entered into a payment plan or agreement and the vendor is not in default of any of the provisions of such plan or agreement.

DEFINITIONS:

"Debt" means any assessment, premium, penalty, fine, tax or other amount of money owed to the state or any of its political subdivisions because of a judgment, fine, permit violation, license assessment, defaulted workers' compensation premium, penalty or other assessment presently delinquent or due and required to be paid to the state or any of its political subdivisions, including any interest or additional penalties accrued thereon.

"Employer default" means having an outstanding balance or liability to the old fund or to the uninsured employers' fund or being in policy default, as defined in W. Va. Code § 23-2c-2, failure to maintain mandatory workers' compensation coverage, or failure to fully meet its obligations as a workers' compensation self-insured employer. An employer is not in employer default if it has entered into a repayment agreement with the Insurance Commissioner and remains in compliance with the obligations under the repayment agreement.

"Related party" means a party, whether an individual, corporation, partnership, association, limited liability company or any other form or business association or other entity whatsoever, related to any vendor by blood, marriage, ownership or contract through which the party has a relationship of ownership or other interest with the vendor so that the party will actually or by effect receive or control a portion of the benefit, profit or other consideration from performance of a vendor contract with the party receiving an amount that meets or exceed five percent of the total contract amount.

AFFIRMATION: By signing this form, the vendor's authorized signer affirms and acknowledges under penalty of law for false swearing (*W. Va. Code* §61-5-3) that neither vendor nor any related party owe a debt as defined above and that neither vendor nor any related party are in employer default as defined above, unless the debt or employer default is permitted under the exception above.

WITNESS THE FOLLOWING SIGNATURE	
Vendor's Name: Galliker Dairy Hot Mac Far	rms Dairy
Authorized Signature:	Date:8/2/2016
State ofMaryland	
County of Allegany to-wit:	
Taken, subscribed, and sworn to before me this 2nd day of A	lgust, 20 16.
My Commission expiresAugust 8, 20	<u> </u>
AFFIX SEAL HERE NOTARY	Obedgas Peril

Purchasing Affidavit (Revised 07/01/2012)