

REELFOOT AREA CONSORTIUM

Date Submitted: 06/08/2011

Name of Firm Submitting Proposal: Gordon Food Service

Mailing Address: P.O. Box 1787 Grand Rapids MI, 49501

Telephone: 616-717-7505 FAX: 616-717-9147

TOTAL FROZEN MEAT EXTENSION	<u>\$389,901.30</u>
TOTAL FROZEN FRUIT & VEGETABLE EXTENSION	<u>\$103,464.01</u>
TOTAL FROZEN & CHILLED MISCELLANEOUS EXTENSION	<u>\$109,514.78</u>
TOTAL BREAKFAST EXTENSION	<u>\$304,525.79</u>
TOTAL - PROPOSAL I	<u>\$907,405.88</u>
TOTAL CANNED VEGETABLE, FRUIT & MEATS EXTENSION	<u>\$131,616.54</u>
TOTAL STAPLES EXTENSION	<u>\$314,953.08</u>
TOTAL CLEANING SUPPLIES EXTENSION	<u>\$14,393.38</u>
TOTAL NON-FOOD SUPPLIES EXTENSION	<u>\$101,008.41</u>
TOTAL - PROPOSAL II	<u>\$561,971.41</u>
GRAND TOTAL	<u>\$1,469,377.20</u>

I certify by my signature below that the costs quoted in the proposal are correct and that I have the authority to obligate the company to perform under the conditions outlined in the contract.


Signature

Justin Kolarik
Print or Type Name

Bid Analyst
Title

616-717-7505
Telephone Number

AGREEMENT

The undersigned is an authorized agent or representative of the company listed below and he/she is so authorized to sign on behalf of the submitting company. By signing this agreement, the company agrees to comply with all provisions as stated in the "Invitation to Bid" package and document if awarded the bid.

Submitted By: Gordon Food Service

Company Name

Address: P.O. Box 1787

 Grand Rapids, MI 49501


Telephone: 616-717-7505

Fax Number: 616-7179147

Representative Justin Kolarik

Print Name

Title: Bid Analyst

Authorized Signature: 

Date: 06/08/2011

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

(Before completing certification, read instructions on reverse.)

- (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 participant shall attach an explanation to this proposal.

Gordon Food Service

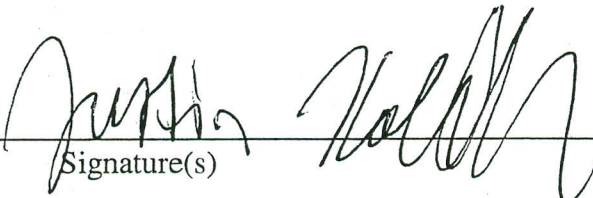
16001-1, 15235-8, 15234-8

Organization Name

Bid Number

Justin Kolarik, Bid Analyst

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



06/08/2011

Signature(s)

Date

CERTIFICATE OF INDEPENDENT PRICE DETERMINATION

- A. By submission of this offer, the offeror certifies and in case of a joint offer, each party thereto certifies as to its own organization, that in connection with this procurement:
1. The prices in this offer have been arrived at independently, without consultation, communication, agreement for the purpose of restricting competition, as to any matter relating to such prices with any other offeror or with any competitor,
 2. Unless otherwise required by law, the prices which have been quoted in this offer have not been knowingly disclosed by the offeror and will not knowingly be disclosed by the offeror prior to opening in the case of an advertised procurement, or prior to award in the case of negotiated procurement, directly or indirectly to any other offeror or to any competitor,
 3. No attempt has been made or will be made by the offeror to induce any person or firm to submit or not to submit an offer for the purpose of restricting competition.

B. Each person signing this offer certifies that:

1. He or she is the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein and that he or she has not participated, and will not participate, in any action contrary to (A)(3) above; or
2. He or she is not the person in the offeror's organization responsible within that organization for the decision as to the prices being offered herein, but that he or she has been authorized in writing to act as agent for the persons responsible for such decision in certifying that such persons have not participated and will not participate, in any action contrary to (A)(1) through (A)(3) above, and as their agent does hereby so certify, and he or she has not participated, and will not participate, in any action contrary to (A)(1) through (A)(3) above.



Signature of Vendor's Authorized Representative

Bid Analyst

Title

06/08/2011

Date

In accepting this offer, the sponsor certifies that the sponsor's officers, employees or agent have not taken any action which may have jeopardized the independence of the offer referred to above.



Signature of Vendor's Authorized Representative



CERTIFICATE OF LIABILITY INSURANCE

DATE (MM/DD/YYYY)

06/08/2011

PRODUCER 1-616-233-0910
 Arthur J. Gallagher Risk Management Services, Inc.
 300 Ottawa N.W. Suite 301
 Grand Rapids, MI 49503-2308

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.

INSURED
 Gordon Food Service, Inc
 333 50th Street SW
 Grand Rapids, MI 49548

INSURERS AFFORDING COVERAGE	NAIC #
INSURER A: DISCOVER PROP & CAS INS CO	36463
INSURER B: FIDELITY & GUAR INS CO	35386
INSURER C:	
INSURER D:	
INSURER E:	

COVERAGES

THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR ADD'L LTR INSRD	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YYYY)	POLICY EXPIRATION DATE (MM/DD/YYYY)	LIMITS
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Blanket Additional <input checked="" type="checkbox"/> Insured Endt GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PRO-JECT <input type="checkbox"/> LOC	D002L00406	08/01/10	08/01/11	EACH OCCURRENCE \$ 2,000,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 2,000,000 MED EXP (Any one person) \$ Excluded PERSONAL & ADV INJURY \$ 2,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMPI/OP AGG \$ 2,000,000
A	AUTOMOBILE LIABILITY <input checked="" type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input checked="" type="checkbox"/> HIRED AUTOS <input checked="" type="checkbox"/> NON-OWNED AUTOS <input checked="" type="checkbox"/> Self Insured Physical <input checked="" type="checkbox"/> Damage	D002A00704	08/01/10	08/01/11	COMBINED SINGLE LIMIT (Ea accident) \$ 3,000,000 BODILY INJURY (Per person) \$ BODILY INJURY (Per accident) \$ PROPERTY DAMAGE (Per accident) \$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT \$ OTHER THAN EA ACC \$ AUTO ONLY: AGG \$
	EXCESS / UMBRELLA LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE \$ AGGREGATE \$ \$ \$ \$
B	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under SPECIAL PROVISIONS below Y/N <input type="checkbox"/>	D002W00855	08/01/10	08/01/11	<input checked="" type="checkbox"/> WC STATU-TORY LIMITS <input type="checkbox"/> OTH-ER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000
	OTHER				

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / EXCLUSIONS ADDED BY ENDORSEMENT / SPECIAL PROVISIONS
 Bid # 15234-8

CERTIFICATE HOLDER

Realfoot Consortium
 408 South Depot
 Union City, TN 38261

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL 30 DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES.

AUTHORIZED REPRESENTATIVE

John Q. Durbin

USA