

OBION COUNTY BOARD OF EDUCATION BREAD BID

Name of Company: HOSTESS BRANDS

Address: 2605 EAST MAIN STREET

City, State, Zip: RUSSELLVILLE, AR 72801-9632

Phone: 800-238-7343

Date: 06.06.11

Category: Bread Products

I have the legal capacity to complete the attached bid.

Jeff Harris, MUSM
Signature & Title

06.06.11
Date

JEFF HARRIS, MARKET UNIT SALES MANAGER

I fully understand and agree to comply with all provisions and product identification as set forth by the Obion County Board of Education.

Jeff Harris, MUSM
Signature & Title JEFF HARRIS, MUSM

06.06.11
Date

BREAD BID
OBION COUNTY BOARD OF EDUCATION
2011-2012

School Item	Unit Size	Product Description	Unit Cost	Estimated Usage	Extension
B-1	24 Oz.	WHITE BREAD, Sandwich loaves, enriched, sliced, 24 slices plus end pieces – each slice must weigh a minimum of 25 grams or .9 ounces	\$0.90	1500 Packages	\$1,350.00
B-2	24 Oz. 20 oz	WHOLE WHEAT BREAD, (first ingredient listed must be whole wheat flour) Loaves, sliced, –each slice must weigh a minimum of 25 grams or .9 ounces. State slices per loaf (excluding ends): 18	\$0.96	7800 Packages	\$7,488.00
B-3	3 ½”- 4” 12 ct.	HAMBURGER BUNS, sliced, Enriched, 12 per package – each bun must weigh a minimum of 43 grams or 1.5 ounces 12 pk./21 oz.	\$0.96	7000 Packages	\$6,720.00
B-4	3 ½” - 4”	HAMBURGER BUNS, WHOLE WHEAT, Sliced, no seeds, whole grain or whole grain flour listed as first ingredient. Each bun must weigh a minimum of 43 grams or 1.5 oz according to product nutrition label. State slices per loaf: 8 pack/12 oz.	\$0.83	7000 Packages	\$5,810.00
B-5	8 ct	BUNS, HOT DOG, 6” enriched, sliced - each bun must weigh a minimum of 43 grams or 1.5 ounces 8 pack/12 oz.	\$0.80	2500 Packages	\$2,000.00
B-6	8 ct.	HOT DOG BUN, WHOLE WHEAT 6” first ingredient listed must be whole grain flour. Sliced, no seeds. 43 grams or 1.5 oz or greater per bun as stated on product nutrition label. 8 pack/12 oz.	\$0.83	2000 Packages	\$1,660.00
B-7	16-Oz. 24 oz.	TEXAS TOAST, sliced, Each slice must weigh a minimum of 25 grams or .9 oz. State number of slices per loaf: 15 slices plus 2 ends	\$0.90	500 Loaves	\$ 450.00
B-8	4” -5”	BUNS, HOAGIES, split, white, Enriched – no seeds – each bun must weigh a minimum of 50 grams or 1.8 ounces, Bidder state count per package: 6 pack/16 oz.	\$0.98	2500 Packages	\$2,450.00

TOTAL BREAD PACKAGE COST \$27,928.00

Name of Company: HOSTESS BRANDS

NOTE: A bid must be placed on **all** items on this page.

CERTIFICATION REGARDING "BUY AMERICAN" REQUIREMENTS

Section 104 (d) of the William F. Goodling Child Nutrition Reauthorization Act of 1998 requires SFAs to purchase domestically grown and processed foods, to the maximum extent practicable. There is a two-part test to define the country of origin for a manufactured end product: (1) the article must be manufactured in the United States; and (2) the cost of domestic components must exceed 50 percent of the cost of all the components.

We require that suppliers certify the percentage of U.S. content in products supplied to us according to the two-part test above. If you are unable or unwilling to make such certification, we will not purchase from you.

Two situations may warrant a waiver to permit purchases of foreign food products.

- 1) The product is not produced or manufactured in the U.S. in sufficient and reasonable available quantities of a satisfactory quality.
- 2) Competitive bids reveal the cost of a U.S. product is significantly higher than the foreign product.

Requested Waiver Items

Product Description	Vendor Item #	Reason for Waiver Request

**use additional pages if needed*

"We certify that our food products were manufactured in the United States and have at least 51% U.S. contents."

Date 06.06.11

Vendor Name HOSTESS BRANDS

Jeff Harris

Completed By JEFF HARRIS, MUSM

**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.**

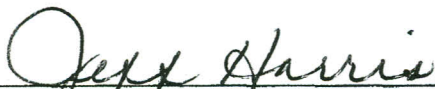
HOSTESS BRANDS

Organization Name

Bid Number

JEFF HARRIS, WEST TENNESSEE MARKET UNIT SALES MANAGER

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


Signature(s)

06.06.11

Date

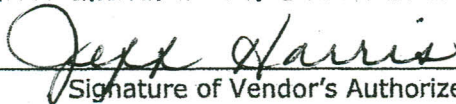
CERTIFICATE OF INDEPENDENT PRICE DETERMINATION

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

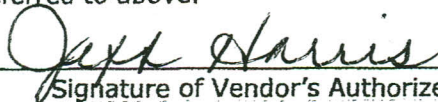
JEFF HARRIS, WEST TN MARKET UNIT SALES MANAGER

Title

06.06.11

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)
7/1/2011
5/20/2011

THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AFFIRMATIVELY OR NEGATIVELY AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW. THIS CERTIFICATE OF INSURANCE DOES NOT CONSTITUTE A CONTRACT BETWEEN THE ISSUING INSURER(S), AUTHORIZED REPRESENTATIVE OR PRODUCER, AND THE CERTIFICATE HOLDER.

IMPORTANT: If the certificate holder is an ADDITIONAL INSURED, the policy(ies) must be endorsed. If SUBROGATION IS WAIVED, subject to the terms and conditions of the policy, certain policies may require an endorsement. A statement on this certificate does not confer rights to the certificate holder in lieu of such endorsement(s).

PRODUCER LOCKTON COMPANIES, LLC-N DALLAS 717 N. HARWOOD, LB#27 DALLAS TX 75201 214-969-6700	CONTACT NAME:	
	PHONE (A/C, No, Ext):	FAX (A/C, No):
	E-MAIL ADDRESS:	
	INSURER(S) AFFORDING COVERAGE	NAIC #
	INSURER A : ACE American Insurance Company	22667
	INSURER B : St. Paul Fire and Marine Insurance Company	24767
	INSURER C :	
	INSURER D :	
	INSURER E :	
	INSURER F :	

COVERAGES HOSBR01 CI CERTIFICATE NUMBER: 10749611 REVISION NUMBER: XXXXXXXX
THIS IS TO CERTIFY THAT 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. LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.

INSR LTR	TYPE OF INSURANCE	ADDL INSR	SUBR WVD	POLICY NUMBER	POLICY EFF (MM/DD/YYYY)	POLICY EXP (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"/> \$1,000,000 SIR GEN'L AGGREGATE LIMIT APPLIES PER: <input type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	Y	N	XSLG24942867	1/1/2011	7/1/2011	EACH OCCURRENCE \$ 1,500,000 DAMAGE TO RENTED PREMISES (Ea occurrence) \$ 1,000,000 MED EXP (Any one person) \$ XXXXXXXX PERSONAL & ADV INJURY \$ 1,000,000 GENERAL AGGREGATE \$ 5,000,000 PRODUCTS - COMP/OP AGG \$ 4,000,000
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	Y	N	ISAH08590862	1/1/2011	7/1/2011	COMBINED SINGLE LIMIT (Ea accident) \$ 3,500,000 BODILY INJURY (Per person) \$ XXXXXXXX BODILY INJURY (Per accident) \$ XXXXXXXX PROPERTY DAMAGE (Per accident) \$ XXXXXXXX
B	<input checked="" type="checkbox"/> UMBRELLA LIAB <input checked="" type="checkbox"/> OCCUR <input type="checkbox"/> EXCESS LIAB <input type="checkbox"/> CLAIMS-MADE DED RETENTION \$	Y	N	QK09102057	7/1/2010	7/1/2011	EACH OCCURRENCE \$ 5,000,000 AGGREGATE \$ 5,000,000 \$ XXXXXXXX
A	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY ANY PROPRIETOR/PARTNER/EXECUTIVE OFFICER/MEMBER EXCLUDED? (Mandatory in NH) If yes, describe under DESCRIPTION OF OPERATIONS below	Y/N N	N/A	WLRC46135854 (OS)	1/1/2011	7/1/2011	<input checked="" type="checkbox"/> WC STATUTORY LIMITS <input type="checkbox"/> OTHER E.L. EACH ACCIDENT \$ 1,000,000 E.L. DISEASE - EA EMPLOYEE \$ 1,000,000 E.L. DISEASE - POLICY LIMIT \$ 1,000,000

DESCRIPTION OF OPERATIONS / LOCATIONS / VEHICLES / (Attach ACORD 101, Additional Remarks Schedule, if more space is required)
THIS CERTIFICATE SUPERSEDES ALL PREVIOUSLY ISSUED CERTIFICATES FOR THIS HOLDER, APPLICABLE TO THE CARRIERS LISTED AND THE POLICY TERM(S) REFERENCED.
THE CERTIFICATE HOLDER IS INCLUDED AS ADDITIONAL INSURED (EXCEPT WORKERS' COMPENSATION) WHERE REQUIRED BY WRITTEN CONTRACT AS RESPECTS TO OPERATIONS OF THE NAMED INSURED.

CERTIFICATE HOLDER

10749611
OBION COUNTY BOARD OF EDUCATION
ATTN: MS. JUDY DENMAN
316 SOUTH THIRD STREET
UNION CITY TN 38261

CANCELLATION

SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, NOTICE WILL BE DELIVERED IN ACCORDANCE WITH THE POLICY PROVISIONS.
AUTHORIZED REPRESENTATIVE
Frank Scuderi