|  |  |
| --- | --- |
| Proposer Name: |  |

## Applicable Content

|  |  |
| --- | --- |
| 1. | Describe the company’s ability to meet specifications, requirements, terms and conditions as outlined throughout this RFP. |
| Response: |  |

|  |  |
| --- | --- |
| 2. | Describe the company’s ability to provide the services outlined in Section 1. Description of Goods and Services of the RFP. |
| Response: |  |

|  |  |
| --- | --- |
| 3.. | Describe the company’s ability to provide products during an emergency related situation. |
| Response: |  |

|  |  |
| --- | --- |
| 4. | Describe the Pre-Packaged Meal products offered. Provide product specifications, nutritional information, shelf-life and product catalogs for each product offered. Describe how the products offered meet the requirements outlined throughout this RFP. If the products do not meet the requirements, please explain why? |
| Response: |  |

|  |  |
| --- | --- |
| 5. | Provide a list of contacts that will be available 24-hours a day, 7 days a week including holidays. Include the name, phone number, cell phone, and email address. Describe the company’s process for communicating updates to emergency contact information to the Client Agency authorized representative and DAS Contract Specialist. |
| Response: |  |

## Delivery

|  |  |
| --- | --- |
| 1. | Describe the company’s ability to deliver products within twenty-four (24) to forty-eight (48) hours of placing order. Include the company’s ability to deliver throughout the State of Connecticut. |
| Response: |  |

|  |  |
| --- | --- |
| 2. | Describe the company’s distribution channel, including any shipping company’s used. |
| Response: |  |

|  |  |
| --- | --- |
| 3. | Provide the location of each distribution center that would service this contract. Use more space, if needed. Indicate whether company owned facilities or owned by another company. |
| Response: |  |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  | | --- | --- | --- | |  | Location of distribution center: |  | |  | Size of Inventory: |  | |  | Number of Vehicles: |  | |  | Total square footage: |  | |  | Number of employees at this location: |  | |  | Hours of operation: |  | |  | Number of shifts: |  | |

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | |  | Location of distribution center: |  | |  | Size of Inventory: |  | |  | Number of Vehicles: |  | |  | Total square footage: |  | |  | Number of employees at this location: |  | |  | Hours of operation: |  | |  | Number of shifts: |  | | |
| |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | | |  |  |  | | --- | --- | --- | |  | Location of distribution center: |  | |  | Size of Inventory: |  | |  | Number of Vehicles: |  | |  | Total square footage: |  | |  | Number of employees at this location: |  | |  | Hours of operation: |  | |  | Number of shifts: |  | | |

## Value

|  |  |
| --- | --- |
| 1. | Complete and upload Form RFP-16 Exhibit B Price Schedule. |
| Response: |  |

|  |  |
| --- | --- |
| 2. | Describe any pricing incentives, discounts, rebates, volume discounts or other value added offerings the company is willing to offer that is not covered in this RFP.  *For Example: (****Prompt Payment****: each monthly invoice that is paid within a time period shorter than the standard net 45 days or via Electronic Funds Transfer (EFT).)* |
| Response: |  |

## Experience and Business Information

|  |  |
| --- | --- |
| 1. | Provide a brief outline of the company’s business history. Include length of time in business, number of years of experience providing products and services sought by the RFP. |
| Response: |  |

|  |  |
| --- | --- |
| 2. | Describe the company’s experience/similar operations. |
| Response: |  |

|  |  |
| --- | --- |
| 3. | Describe the company’s reporting capabilities. Provide a sample report. |
| Response: |  |

|  |  |
| --- | --- |
| 4. | Does your company have contracts with the Federal Emergency Management Agency or any other entity or cooperatives? |
| Response: |  |

|  |  |
| --- | --- |
| 5. | Provide a list of current customers (more than 3) along with their address, phone number, and the customer contact information (name, title, phone number and email address) along with the products and services provided to that customer by the Company. |
| Response: |  |

|  |  |
| --- | --- |
| 6. | Financial Statements: |
|  | Upload the company’s financial statements for the past 2 years. Should proposers wish this information to be considered confidential, this information should be placed in a sealed envelope marked “Confidential”, this information will not be made viewable to the public and will only be reviewed by the evaluation committee. |