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

## Applicable Content

|  |  |
| --- | --- |
| 1. | Upload a copy of the company’s Milk Dealers License issued by the State of Connecticut, Department of Agriculture (DOA). |
| Response: |  |

|  |  |
| --- | --- |
| 2. | Describe the company’s ability to provide Connecticut CT Grown or produced products. |
| Response: |  |

|  |  |
| --- | --- |
| 3. | Describe the company’s ability to provide service and meet specifications, requirements, terms and conditions and provide services as outlined throughout this RFP. |
| Response: |  |

|  |  |
| --- | --- |
| 4. | Provide product specifications for each product listed in the bid model.  |
| Response: |  |

|  |  |
| --- | --- |
| 5. | Provide a copy of the company’s current product list. Please upload the list in an excel format.  |
| Response: |  |

|  |  |
| --- | --- |
| 6. | Describe the company’s ability to provide uninterrupted delivery of dairy products to Client Agency facilities located throughout the State.  |
| Response: |  |

|  |  |
| --- | --- |
| 7. | Describe the company’s ability to provide products that are Grade A and meet or exceed the salient characteristics as prescribed within the most current USDA Agricultural Marketing Services (AMS), Commercial Item Description(s) (“CIDs”). |
| Response: |  |

|  |  |
| --- | --- |
| 8. | Describe the company’s product availability, fill rates, Environmentally Preferable Product (EPP) efforts, Buy American efforts, company’s recall process and product return procedure.  |
| Response: |  |

|  |  |
| --- | --- |
| 9. | Describe the company’s quality control and quality assurance programs in place for all aspects of providing services outlined throughout the RFP.  |
| Response: |  |

|  |  |
| --- | --- |
| 10. | Describe the company’s food safety programs including the company’s HACCP plan, Integrated Pest Management (IPM).  |
| Response: |  |

|  |  |
| --- | --- |
| 11. | Describe the steps the company will take to comply with Section N. Monthly Market Adjustments requirement of the RFP. Include documentation that you will submit on a monthly basis to comply.  |
| Response: |  |

|  |  |
| --- | --- |
| 12. | Upload copies of the company’s: |
|  | 1. Most recent health department inspection report.
2. Written integrated pest management plan that is consistent with the requirements of Regulations of Connecticut State Agencies Section 22a-66l-1. If no such plan exists, you must provide written assurance that a written integrated pest management plan and program that satisfies the aforementioned criteria will be developed within 45 days of the award of the contract and submitted to the Department of Energy and Environmental Protection Pesticide Management Program and DAS for review and approval.
3. HACCP (“Hazard Analysis Critical Control Points”) Certificate of Compliance.
4. Emergency backup plan.
5. Civil preparedness emergency plan.
 |

## Delivery

|  |  |
| --- | --- |
| 1. | Detail the company’s ability to adhere to delivery requirements.  |
| Response: |  |

|  |  |
| --- | --- |
| 2. | Can the company adhere to the delivery schedules as requested by the Client Agencies listed in Schedule 1? If not, attach a delivery schedule for each Client Agency. |
| Response: |  |

|  |  |
| --- | --- |
| 3. | Detail the company’s ability to make immediate deliveries to Client Agency facility locations throughout the State.  |
| Response: |  |

|  |  |
| --- | --- |
| 4. | Detail the company’s method of transportation and delivery process. (I.e. company owned vehicles, third party delivery, etc.). Include Department of Transportation Numbers, models, average age, and refrigeration capabilities for the vehicles. |
| Response: |  |

|  |  |
| --- | --- |
| 5. | Detail the company’s warehousing capacity. |
| Response: |  |

|  |  |
| --- | --- |
| 6. | Provide the company’s DOT ID #: |
| Response: |  |

|  |  |
| --- | --- |
| 7. | 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: |  |

 |

 |

## Account Management

|  |  |
| --- | --- |
| 1. | Describe the company’s process to ensure successful implementation and management of the contract.  |
| Response: |  |

|  |  |
| --- | --- |
| 2. | Describe how the company will use the time between contract award and commencement date to prepare for delivery of goods. Provide a timeline and names of assigned personnel, including telephone numbers.  |
| Response: |  |

|  |  |
| --- | --- |
| 3. | Provide answer to the following features as they pertain to the company’s ordering system: |
| Response: |  |

|  |  |
| --- | --- |
| 1. Is the system available online:
 |  |

|  |  |
| --- | --- |
| 1. Does your system allow for the use of custom lists of products, ordering guides, or past/recent orders? Describe this functionality:
 |  |

|  |  |
| --- | --- |
| 1. Can you browse by category for order creation:
 |  |

|  |  |
| --- | --- |
| 1. Does your system have a quick order entry feature:
 |  |

|  |  |
| --- | --- |
| 1. Can you browse your system by “word” searches:
 |  |

|  |  |
| --- | --- |
| 1. Can you browse your system by “manufacturer name”:
 |  |

|  |  |
| --- | --- |
| 1. Does your system display the extended price (unit price ax’s quantity entered):
 |  |

|  |  |
| --- | --- |
| 1. Does your system display a total number of items ordered and the total dollar value for the order:
 |  |

|  |  |
| --- | --- |
| 1. Describe your approval process: number of levels of approval, the number of e-mail addresses that can be entered for notification:
 |  |

|  |  |
| --- | --- |
| 1. Describe your check out procedures:
 |  |

|  |  |
| --- | --- |
| 1. Describe your edit order functionality:
 |  |

|  |  |
| --- | --- |
| 1. Describe your delete order functionality:
 |  |

|  |  |
| --- | --- |
| 1. Does your system have a print order function:
 |  |

|  |  |
| --- | --- |
| 1. Does your system have a reference number functionality:
 |  |

|  |  |
| --- | --- |
| 1. Does your system have a projected delivery date display:
 |  |

|  |  |
| --- | --- |
| 1. Does your system allow for a single user to order for multiple delivery locations? Describe this functionality:
 |  |

|  |  |
| --- | --- |
| 1. Detail any order tracking functionality for your system:
 |  |

|  |  |
| --- | --- |
| 1. Detail all reports that can be generated from your system:
 |  |

|  |  |
| --- | --- |
| 1. Is your system capable of ordering splits of products? Example a product can be sold by the case for users that can consume a case of product; however, for a smaller facility they may only need 3 boxes of the product:
 |  |

|  |  |
| --- | --- |
| 1. Are there any special computer and browser requirements to use your system? Detail what those requirements are:
 |  |

|  |  |
| --- | --- |
| 1. What are the normal hours of operation for access to your system:
 |  |

|  |  |
| --- | --- |
| 1. Do you have regular schedule maintenance on your system and what is the maintenance schedule:
 |  |

|  |  |
| --- | --- |
| 1. What are the normal hours of your customer support center:
 |  |

|  |  |
| --- | --- |
| 1. Is there a toll free customer support telephone number:
 |  |

|  |  |
| --- | --- |
| 1. Does your system have an online help feature? Describe that functionality:
 |  |

|  |  |
| --- | --- |
| 1. Does your system have a screen to display special notes to customers or users of your system? Describe this functionality:
 |  |

|  |  |
| --- | --- |
| 1. Detail your order deadlines and time frames for delivery:
 |  |

|  |  |
| --- | --- |
| 4. | How will user accounts be initially set up? How will user accounts be managed with respect to additions, deletions and modifications during the life of the contract? |
| Response: |  |

|  |  |
| --- | --- |
| 5. | Describe the company’s process to ensure ongoing access to training and support to new users? |
| Response: |  |

|  |  |
| --- | --- |
| 6. | Describe the company’s Customer Service Department (hours of operation, number of service centers, etc.) |
| Response: |  |

|  |  |
| --- | --- |
| 7. | Discuss strategy for problem resolution if dispute arises. How are issues handled and resolved? What is the turnaround time? |
| Response: |  |

|  |  |
| --- | --- |
| 8. | Detail implementation process with timeline (account representative, resources and systems) that will be in place before the contract start date to allow Client Agency ordering.  |
| Response: |  |

|  |  |
| --- | --- |
| 9. | Describe the company’s ability to provide reports as outlined in the RFP. Submit sample copies of reports currently available. |
| Response |  |

|  |  |
| --- | --- |
| 10. | Describe the company’s ability to provide reports showing the usage of post-consumer recycled content. |
| Response: |  |

## Experience and Business Information

|  |  |
| --- | --- |
| 1. | Provide a brief outline of the company’s business history along with the length of time in business. The proposer shall have maintained an organization capable of performing the work hereinafter described, in continuous operation for at least the past three (3) years. |
| Response: |  |

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

|  |  |
| --- | --- |
| 3. | Describe the experience of the individuals who will be assigned to contract. Include resumes and licensure. |
| Response: |  |

|  |  |
| --- | --- |
| 4. | Provide at least three (3) clients references that the company has provided similar service and scope of work within the last three (3) years. Provide the following information for each reference. Use more space, if needed. |
| Response: |  |
|

|  |  |
| --- | --- |
| Company Name of the Reference: |  |
| Contact Person Name: |  |
| Contact Person Telephone Number: |  |
| Contact Person Email Address: |  |
| Estimated Yearly Contract Value: |  |
| Contract/Project Start and End Dates: |  |
| How long has the company provided service to this company? |  |
| Detailed Description of Service Provided: |  |

|  |  |
| --- | --- |
| Company Name of the Reference: |  |
| Contact Person Name: |  |
| Contact Person Telephone Number: |  |
| Contact Person Email Address: |  |
| Estimated Yearly Contract Value: |  |
| Contract Start and End Dates: |  |
| How long has the company provided service to this company? |  |
| Detailed Description of Service Provided: |  |

|  |  |
| --- | --- |
| Company Name of the Reference: |  |
| Contact Person Name: |  |
| Contact Person Telephone Number: |  |
| Contact Person Email Address: |  |
| Estimated Yearly Contract Value: |  |
| Contract/Project Start and End Dates: |  |
| How long has the company provided service to this company? |  |
| Detailed Description of Service Provided: |  |

 |

|  |  |
| --- | --- |
| 4. | 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. |

## Added Value Offerings:

|  |  |
| --- | --- |
| 1. | Describe any pricing incentives, discounts, rebates, or other value added offerings the company is willing to offer that is not covered in this RFP. Examples include but not limited to: *Volume Purchase Discount:* discount for accounts with an average delivery of at least XX amount of cases. *Prompt Payment Discount:* discount for each monthly invoice that is paid within a time period shorter than the standard net 45 days or via Electronic Funds Transfer (EFT). *Dock Delivery Discount:* discount if a one stop drop at dock  |
| Response: |  |