

**Sourcing Event 000010055  
Attachment I  
Proposer Coversheet and References**

**Part I  
Proposer Information**

Name of Firm:	
Headquarter Address:	
Food Preparation Site Address (if different):	
Phone No.:	
Contact Name & Title:	
E-mail:	
SF Supplier ID:	
Federal Tax ID:	
Current Annual Revenues:	
Person Preparing Bid:	

**Part II  
Proposer Questionnaire**

Question	Yes	No
<b>1. Do you certify that you have complied and will continue to comply with Section I (G) of this Solicitation entitled “Limitation on Communications during Solicitation”?</b>		
<b>2. Have you registered as a Bidder or Supplier, through the Supplier Portal (<a href="https://sfcitypartner.sfgov.org/">https://sfcitypartner.sfgov.org/</a>)?</b>		
<b>3. Has your company enrolled with Paymode-X to receive electronic payments from the City?</b> <a href="https://www.sf.gov/get-paid-your-vendor-services">https://www.sf.gov/get-paid-your-vendor-services</a>		
<b>4. Have you registered your business with the San Francisco Treasurer &amp; Tax Collector as required prior to submission of any Proposal?</b>  <i>Enter your Business Tax Registration ID here: _____</i>		

Question	Yes	No
<b>5. Have you submitted with your Proposal all the <u>Minimum Qualification Documentation</u> outlined in the accompanying solicitation document?</b> If you reply NO to any document, please explain.		
<b>6. Have you submitted with your Proposal all the <u>Required Supporting Documentation</u> outlined in the accompanying solicitation document?</b> If you reply NO to any document, please explain.		
<b>7. Have you submitted with your Proposal a <u>Price Proposal</u> that complies with the requirements of the accompanying solicitation document?</b> If you reply NO to any document, please explain.		
<b>8. Have you submitted with your Proposal a <u>Written Proposal</u> that complies with the requirements of the accompanying solicitation document?</b> If you reply NO to any document, please explain.		

**Part III  
General Nutrition Service Questionnaire**

What is the agency's mission?:

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Number of years providing commercial food vending for USDA Nutrition Programs (must be two or more to meet Minimum Qualifications):

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If your agency is currently contracted with other San Francisco city departments for food services, please provide the following information:

City Department	Duration	Amount	Scope of Work
		\$	
		\$	
		\$	

If your agency is currently contracted with other USDA sponsors providing nutrition services, please provide the following information:

Sponsor	Duration	Amount	Scope of Work
		\$	
		\$	
		\$	
		\$	

**Part IV  
Proposer References**

All proposers, including current Contractor, must provide references for at least three (3) but no more than four (4) organizations of the approximate size and volume comparable to commodities and/or services described in this Solicitation. Upon request, successful proposer(s) may also be required to submit a letter of reference from each reference listed within five (5) days of notification. Failure to do so may result in rejection of proposal.

1. Name of Company	
Address (street, city, state, zip)	
Lead Project Manager	
Phone No.	
Email	
Number of Years Providing Service	

2. Name of Company	
Address (street, city, state, zip)	
Lead Project Manager	
Phone No.	
Email	
Number of Years Providing Service	

3. Name of Company	
Address (street, city, state, zip)	
Lead Project Manager	
Phone No.	
Email	
Number of Years Providing Service	

4. Name of Company

Address (street, city, state, zip)

Lead Project Manager

Phone No.

Email

Number of Years Providing Service

**Part V**  
**Proposer Release of Liability for References**

The undersigned hereby fully and forever release, exonerate, discharge and covenant not to sue the City, its commissions and boards, officers and employees, and all individuals, entities and firms providing information, comments, or conclusions ("Reference Information") in response to inquiries that the City may make regarding the qualifications or experience of a Prime proposer, proposed joint venture partner, proposed subconsultant or proposed key/lead team member in connection with the selection process for Sourcing Event Number 0000010055, *Commercial Food Service Vendor for San Francisco Summer Food Service Program and Child and Adult Care Food Program*, from and for any and all claims, causes of action, demands, damages, and any and all liabilities of any kind or description, in law, equity, or otherwise arising out of the provision of said Reference Information. This Release and Waiver is freely given and will be applicable whether or not the responses by said individuals, entities or firms are accurate or not, or made willfully or negligently.

Company Name

Signature of Authorized Representative of Company

Date

Print Name and Title

**Part VI**  
**Proposer Certification of Truth, Accuracy, and Completeness**

I certify that based on information and belief formed after reasonable inquiry, the statements and information contained in this document are true, accurate, and complete. Additionally, by submitting this bid/proposal, I attest that I have reviewed and accepted all terms found in this solicitation, any and all addenda issued to this solicitation, and City's contract terms.

Company Name

Signature of Authorized Representative of Company

Date

Print Name and Title