

THE SCHOOL DISTRICT OF OSCEOLA COUNTY, FLORIDA

Purchasing/Property Records/Warehouse

817 Bill Beck Boulevard, Building 2000 • Kissimmee • Florida 34744-4495
Phone: 407-870-4630 • Fax: 407-870-4616 • www.osceola.k12.fl.us

SCHOOL BOARD MEMBERS

District 1 – Jay Wheeler
407-390-0505
District 2 – Julius Melendez
407-922-5113
District 3 – Cindy Lou Hartig
407-832-3999
District 4 – David Stone, Vice Chair
407-933-2700
District 5 – John McKay, Chair
407-957-4056



Superintendent of Schools
Michael A. Grego, Ed.D.

July 30, 2009

REQUEST FOR PROPOSAL (RFP)

SDOC-09-P-114-LC BEVERAGE: EXCLUSIVE CONTRACT

Addendum # 2 (To be attached and become a part of the RFP)

The original solicitation documents shall remain in full force and effect, except as modified herein, and shall take precedence over any contrary provisions in the prior documents. The solicitation closing date and time, Wednesday, August 5, 2009 at 2:00 p.m. and location will remain the same as stated in original solicitation document.

This addendum is being issued to address questions received and to make revisions to the above referenced solicitation document.

A. The following are revisions to the solicitation document:

Page 15 of 62, Section 3.0 shall be amended to read:

3.02 Proposed Schedule

<i>June 22, 2009</i>	Release date for Request for Proposal
<i>July 1, 2009</i>	Pre-proposal Conference – 9:00AM
<i>July 15, 2009</i>	Final date to receive written questions
<i>July 22, 2009</i>	Release date for Addenda to answer written questions
<i>August 5, 2009</i>	Closing Date
August 10, 2009	Written Evaluations (Committee) – 7:00AM
August 11, 2009	Oral Presentations – 7:30AM
<i>September 1, 2009</i>	Recommendation of Top-Ranked Firm
<i>October 10, 2009</i>	Submission of Final Contract for Board Approval

B. **QUESTION:** We will need to know the quantity, type and location of coolers (and fountain equipment, if necessary) required for Food Service.

ANSWER: Merchandising Barrels - two (2) per Elementary Schools, four (4) per Middle Schools and eight (8) per High Schools. Merchandising Full Size Cold Cabinets – no more than ten (10) will be needed throughout the District. All located in the Food Service area.

C. The School District has implemented a process to track specific categories of certified businesses (minority, women and/or service disabled veterans) as listed below and will accept certifications from the State of Florida Office of Supplier Diversity as well as certifications from other government agencies. Please complete the section below and provide the required documentation if applicable.

CERTIFIED BUSINESS CATEGORIES (Check One)

Asian American (A) African American (B) Hispanic American (C) Native American (D)
 American Woman (E) Service Disabled Veteran (V)

*Certifying Agency Name: _____ *Certification Number: _____ *Expiration Date: _____

*Attach copy of Certification from Certifying Agency

*Complete the attached **Certified Business Program Reciprocity Affidavit** (Attachment "A") and include it with this Addendum if your firm qualifies for one of the above business categories.

***Required Information**

If you should have any questions regarding this addendum, please do not hesitate to contact Linda L. Ciraldo, the Purchasing Agent responsible for this project at ciraldol@osceola.k12.fl.us or by phone at 407-343-8604.

Sincerely,



Cheryl L. Olson, CPPO, C.P.M., CPM, FCCN
Director of Purchasing and Warehouse Services

CLO/lc

Acknowledgment of Addendum #2 by Vendor:

This addendum shall be completed by the Vendor and returned with the RFP response. If the RFP has already been submitted, this addendum must be submitted to the above address in a sealed envelope, which is marked on the outside: Addendum to RFP, RFP title and number.

This is to acknowledge receipt of this addendum, which will become part of the RFP document.

NAME (TYPED OR PRINTED)

TITLE

SIGNATURE

VENDOR NAME

DATE

PHONE NUMBER

Attachment "A"
Certified Business Program Reciprocity Affidavit

By signing and submitting this affidavit and business certification copy, I acknowledge individually and on behalf of the applicant business that the applicant and I understand that:

- The attached business certification is a copy of an official business certification as issued by the State of Florida Office of Supplier Diversity or other government agency, and said business certification has not been modified,
- All information and documents submitted to the School District of Osceola County, Florida becomes an official public record. As such, the District bears no obligation to return to the applicant any items of original production or any copies of file documents,
- The applicant consents to examinations of its books, records and premises and to interviews of its principals, employees, business contacts, creditors, and bonding companies by the District as necessary for the purpose of verifying the applicant's proof of certification,
- The District may request additional documentation not requested on this vendor application, and
- Pursuant to Section 287.094, Florida Statutes, the false representation of any entity as a minority business enterprise for the purpose of claiming certification as such under this reciprocity program may be punishable as a felony of a second degree. The certifying entity may initiate such disciplinary actions it deems appropriate including, but not limited to, forwarding pertinent information to the Department of Legal Affairs and/or certifying entity's legal counsel for investigation and possible prosecution.

Further, applicant declares and affirms that ownership and management of this firm has not changed, except as indicated in the application/affidavit, during the past year since certification status was granted:

Authorized Officer Name: _____
Title: _____
Company Name: _____
Signature: _____

On this _____ day of _____, 20____ personally appeared before me, the undersigned officer authorized to administer oaths, known to me the persons described in the foregoing affidavit who acknowledged that he/she execute the same in the capacity stated for the purpose therein contained.

In witness whereof, I have hereunto set my hand and official seal;

Notary Public: _____

Form of Identification Presented: _____

My Commission expires: _____